



Health Sciences High and Middle College

November 27, 2023 Board Meeting

Published on November 21, 2023 at 1:29 PM PST

Date and Time

Monday November 27, 2023 at 8:00 AM PST

Location

Sharp Prebys Innovation and Education Center
8695 Spectrum Center Blvd. CONFERENCE ROOM 212
San Diego, CA 92123

Join Zoom Meeting

<https://hshmc.zoom.us/j/3720403229>

Meeting ID: 372 040 3229

Passcode: Board

Agenda

	Purpose	Presenter	Time
I. Opening Items			8:00 AM
A. Record Attendance			1 m
B. Call the Meeting to Order		Frederick Johnson	1 m
C. Approve Minutes	Approve Minutes	Frederick Johnson	1 m
Approve minutes for August 30, 2023 Board Meeting on August 30, 2023			

	Purpose	Presenter	Time
D. Approve Minutes	Approve Minutes	Frederick Johnson	1 m
Approve minutes for HSHMC Emergency Board Meeting on August 31, 2023			
II. Information Items			8:04 AM
A. HSHMC Student Representative	FYI	Noor Esmailpour	3 m
B. District Site Visit Update from November 16	FYI	Dan and Ian	5 m
C. Brown Act Information	Discuss	Ian Pumpian	5 m
III. Closed Session			8:17 AM
A. Independent Auditor Report	FYI	Brian Ruff, Eide Bailly	10 m
B. Board Personnel	Discuss	Ian Pumpian	5 m
IV. OPEN SESSION: Action Items - Consent Agenda			8:32 AM
A. 2023-2024 First Interim	Discuss	Douglas Fisher	10 m
B. 2022-2023 Consolidated Independent Audit of HSHMC	Discuss	Ian Pumpian	5 m
C. Consent Agenda Vote	Vote	Frederick Johnson	5 m
Consent Agenda Vote on Items A and B			
V. Closing Items			8:52 AM
A. Adjourn Meeting		Frederick Johnson	1 m

Coversheet

Record Attendance

Section: I. Opening Items
Item: A. Record Attendance
Purpose: FYI
Submitted by:
Related Material: Team Simplified DRAFT 1.docx

[Document title]

AUTHORS:

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Introduction: Advocating for Change in Vocational Rehabilitation

In the landscape of American workforce development, the role of State Vocational Rehabilitation Service Agencies (SVRAs) under the Workforce Innovation and Opportunity Act (WIOA) stands as a testament to our nation's commitment to inclusivity and empowerment. These agencies are the frontline in our collective effort to ensure that individuals with disabilities are not merely participants but active contributors to our economy and society. However, a critical challenge threatens to undermine this noble mission: the overwhelming burden of data collection requirements imposed on these agencies.

The extensive data collection mandates for SVRAs, surpassing those of other workforce partners under WIOA, have unintended but profound consequences. They create significant barriers for the very individuals they aim to serve, individuals with disabilities seeking meaningful employment. The current system, with its focus on over 400 distinct data points, shifts attention from personalized, effective vocational counseling to a tick-box exercise in data capture. This not only impedes the delivery of tailored services to clients but also places an unsustainable strain on Rehabilitation Counselors – professionals dedicated to guiding individuals with disabilities towards fulfilling careers.

Our Rehabilitation Counselors, a cornerstone of the vocational rehabilitation process, find themselves increasingly mired in administrative tasks. The job, once a fulfilling profession centered on empowering individuals, is now at risk of becoming a role dominated by paperwork and compliance. This shift has real consequences: demoralized staff, high turnover rates, and most critically, diminished service quality for those in need of specialized guidance and support.

While data plays a crucial role in measuring program effectiveness and accountability, the current extent of data collection goes far beyond these objectives, encroaching upon the very essence of the vocational rehabilitation process. This overemphasis on data collection has profound implications for both Rehabilitation Counselors and their clients. For counselors, it has transformed a role once focused on empowerment and guidance into one mired in administrative tasks, leading to high turnover and a decline in job satisfaction. More critically, for the clients – individuals with disabilities seeking gainful employment – this shift has detrimental effects on their experiences and outcomes.

Clients often find themselves overwhelmed by the barrage of questions posed to them in initial meetings, a time when establishing trust and building rapport should be paramount. Particularly for those with mental health challenges, which account for a significant portion of the clientele in states like Iowa, this can be an arduous and disheartening process. Questions that delve into deeply personal areas, such as marital status or past educational experiences, can trigger distressing emotional responses, further alienating them from the services meant to assist them. This invasive approach not only undermines the client-counselor relationship but also raises concerns about data security and the relevance of the information gathered.

As advocates for people with disabilities, it is imperative to recognize and address this growing crisis. The intent of the WIOA and the Rehabilitation Act is clear – to foster an inclusive workforce where every individual has the opportunity to thrive. However, the current trajectory of SVRAs, driven by overbearing data demands, diverges from this goal. It is time to realign our approach, to ensure that our systems and policies truly reflect the values of empowerment, equality, and opportunity for all. In doing so, we not only uphold our commitment to individuals with disabilities but also safeguard the future of a

critical profession – the Rehabilitation Counselor – ensuring that it remains a vibrant and fulfilling career dedicated to making a tangible difference in people's lives.

Client Perspective: The Impact of Data Collection on Consumer Relationships

Eroding Trust and Rapport

Research underscores that the cornerstone of any successful counseling relationship is the establishment of trust and mutual respect between the counselor and client. In vocational rehabilitation, however, this foundational aspect is being compromised. In Iowa, for instance, the top reasons for unsuccessful case closures — "unable to locate and contact" and "no longer interested in receiving services" — are telltale signs of a rapport breakdown. This disconnection is often accelerated by the requirement to ask numerous data collection questions in the initial meetings, a time when building a basic rapport should be the focus.

Mental Health Considerations

The impact is particularly pronounced among clients with mental health challenges. With over 60% of cases in Iowa involving a co-diagnosis of mental health conditions such as anxiety, depression, or schizophrenia, the barrage of questions can be overwhelming. For example, just querying about other state or federal program affiliations involves over 30 questions. This not only consumes entire meetings but can also exacerbate the communication challenges these individuals already face.

Data Collection vs. Consumer Comfort

Repeatedly, consumers question the necessity of certain data points, to which staff often have no concrete answers. This lack of transparency and understanding around data collection has led to consumers withdrawing from services. Additionally, concerns about data security arise. If the collected information isn't directly relevant to rehabilitation, it raises the question of why such sensitive data is gathered, increasing the risk of identity theft in the event of a data breach.

Triggering Questions and Emotional Responses

Moreover, certain questions, while seemingly innocuous, can trigger distressing memories or reactions. Inquiries about marital status, for instance, have led to emotional responses unrelated to employment goals. Even questions about education, which could be relevant, may evoke traumatic or embarrassing memories and are not necessarily crucial in initial meetings. In today's sensitive climate, queries about gender identity can also prompt negative reactions.

Conclusion: Data Collection's Detrimental Effect

This overemphasis on data collection, coupled with a lack of transparency, is not only straining consumer relationships but also impeding their path to employment and self-sufficiency. While data is essential for guiding services, it's imperative that its collection be balanced with the fundamental goal of the rehabilitation process – empowering consumers towards gainful employment.

Counselor Perspective: The Burden of Data Collection on Vocational Rehabilitation Professionals

Increasing Stress and Ethical Dilemmas

The escalation in data collection demands within State Vocational Rehabilitation Service Agencies (SVRAs) has had a multifaceted negative impact on counselors. These professionals, often licensed and highly qualified, are increasingly burdened with collecting and entering data that may not align with their clients' needs, wants, or interests. This shift toward a data-centric approach not only hampers the development of trust and rapport with clients, who may perceive the information requests as invasive, but also leads counselors away from a person-centric service model to a system-centric, transactional approach. Such a shift can create ethical dilemmas for counselors, forcing them to choose between actions that benefit their clients and actions that align with data-driven requirements.

Administrative Burden and Mixed Messages

The administrative load of gathering and reporting metrics imposes a significant strain on counselors, diverting their attention and resources away from their primary role in counseling. Vocational Rehabilitation Counselors are empowered to make pivotal decisions in the VR process, with the ultimate goal of aiding people with disabilities in achieving their employment aspirations. However, the overemphasis on process metrics sends conflicting signals to these professionals. The perceived 'importance' of data collection can leave counselors feeling that their expertise and counseling efforts are undervalued, leading to demoralization and a lack of fulfillment in their roles.

High Turnover and Its Impact on Consumers

This situation contributes to high turnover among counselors, exacerbating retention issues faced by VR agencies nationwide. High turnover not only affects the counselors but also has a direct, detrimental impact on consumers. In regions where counselor vacancies persist, it is not uncommon for consumers to experience frequent changes in their assigned counselors, with some having to adapt to 3-5 different counselors over time. This instability erodes trust in the VR process, leading to decreased consumer engagement and negatively impacting overall outcomes.

Conclusion: The Need for a Balanced Approach

The current trend in vocational rehabilitation, with its disproportionate focus on data collection, is leading to an unsustainable environment for counselors. To truly support the mission of VR programs and ensure effective service delivery to consumers, a balanced approach is essential – one that recognizes the importance of data but also values the expertise and well-being of counselors. Addressing these challenges is crucial, not just for the health of the profession, but for the success and trust of the individuals these programs aim to serve.

Agency Focus on Data

The depth and breadth of data collection required by RSA and WIOA has shifted agency focus from program excellence and successful client outcomes to administrative overwhelm and counseling interventions that prioritize data gathering over focused attention on client needs. Data and case management systems, such as AWARE, used by most SVRAs, are structured primarily for data capture

for the RSA911, rather than following the VR process and focusing on the unique needs of vocational rehabilitation clients. Consequently, system customization to better address workflow instead of data capture is cost prohibitive for most SVRAs. In summary, the VR process is increasingly driven by data collection demands, detrimentally affecting staff's ability to provide the unique guidance and counseling required to move people with disabilities into successful employment outcomes.

While all workforce development programs under WIOA are required to report data, SVRAs face additional data collection mandates not required of other workforce partners. These include:

Medical and Disability-Related Information: Vocational Rehabilitation Services collect detailed medical and disability-related information, including diagnostic codes, functional limitations, and specific rehabilitation plans. This level of detail is not required by other WIOA partners.

Assistive Technology Needs: Information on the need for and use of assistive technologies, ranging from screen readers to mobility devices, is also collected.

Longitudinal Outcomes: SVRAs engage in longitudinal tracking to assess the effectiveness of rehabilitation interventions over time, measuring skills, earnings, and labor force engagement post-service.

Counseling and Guidance: Detailed logs of counseling sessions, individualized employment plans, and vocational adjustment training are meticulously recorded.

Cost of Services: Costs associated with rehabilitation services, including transportation and education-related expenses, are tracked.

Case Closure Reasons: Specific reasons for case closures, such as successful employment or unsuccessful closure, are recorded, going beyond the program completion or exit status tracked by other agencies.

Custom Outcome Metrics: Depending on state requirements and the nature of the disability, SVRAs might collect custom outcome metrics like life satisfaction scores and social participation scales.

In total, these additional requirements result in some 400 unique data points being collected by SVRAs, far exceeding the data collection by other WIOA partners. While intended to reflect WIOA's objective of creating more individualized, needs-based services, this extensive data collection, coupled with state-specific requirements, adds a layer of complexity that is administratively burdensome. This burden, while challenging and time-consuming for staff, most acutely impacts the customer experience and outcomes, creating additional employment barriers for people with disabilities.

Recommendations: Towards a More Effective Vocational Rehabilitation System

Streamlining Data Collection: Simplify the data collection process by identifying and focusing on key data points that directly contribute to meaningful employment outcomes for individuals with

disabilities. This will alleviate the administrative burden on counselors and allow them to dedicate more time to client-centric services.

Enhancing Counselor Training and Support: Invest in additional training and support for counselors to better equip them to navigate the current data requirements while maintaining a strong focus on client relationships and personalized service.

Developing Client-Centric Data Systems: Advocate for the development of case management systems that are more aligned with the vocational rehabilitation process, prioritizing client needs over mere data capture. Funding should be allocated to make these systems accessible and customizable for SVRAs.

Legislative Review and Policy Reform: Urge lawmakers to review the data collection mandates under WIOA and the Rehabilitation Act, with the aim of revising them to reduce unnecessary data collection. This review should involve input from SVRAs, counselors, and clients to ensure that any changes made are in the best interest of all stakeholders.

Promoting Transparency and Understanding: Improve transparency around the need for specific data points, both to counselors and clients. A clearer understanding of how data collection contributes to program goals can increase cooperation and lessen the perceived invasiveness of the process.

Conclusion: Realigning Vocational Rehabilitation with Its Core Mission

As we advocate for change in the vocational rehabilitation system, it is imperative to remember the core mission of these services: to empower individuals with disabilities to achieve meaningful employment and integration into society. The current overemphasis on data collection detracts from this mission, placing undue stress on both counselors and clients. By implementing the recommended changes, we can realign the vocational rehabilitation process with its intended purpose. This realignment will not only enhance the efficacy of the services provided but also restore the dignity and centrality of the client-counselor relationship. As we move forward, let us ensure that our policies and practices in vocational rehabilitation are truly reflective of our commitment to inclusivity, empowerment, and the betterment of lives.

Coversheet

Call the Meeting to Order

Section: I. Opening Items
Item: B. Call the Meeting to Order
Purpose: FYI
Submitted by:
Related Material: Team Simplified DRAFT 1.docx

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AUTHORS:

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for the RSA911, rather than following the VR process and focusing on the unique needs of vocational rehabilitation clients. Consequently, system customization to better address workflow instead of data capture is cost prohibitive for most SVRAs. In summary, the VR process is increasingly driven by data collection demands, detrimentally affecting staff's ability to provide the unique guidance and counseling required to move people with disabilities into successful employment outcomes.

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Recommendations: Towards a More Effective Vocational Rehabilitation System

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disabilities. This will alleviate the administrative burden on counselors and allow them to dedicate more time to client-centric services.

Enhancing Counselor Training and Support: Invest in additional training and support for counselors to better equip them to navigate the current data requirements while maintaining a strong focus on client relationships and personalized service.

Developing Client-Centric Data Systems: Advocate for the development of case management systems that are more aligned with the vocational rehabilitation process, prioritizing client needs over mere data capture. Funding should be allocated to make these systems accessible and customizable for SVRAs.

Legislative Review and Policy Reform: Urge lawmakers to review the data collection mandates under WIOA and the Rehabilitation Act, with the aim of revising them to reduce unnecessary data collection. This review should involve input from SVRAs, counselors, and clients to ensure that any changes made are in the best interest of all stakeholders.

Promoting Transparency and Understanding: Improve transparency around the need for specific data points, both to counselors and clients. A clearer understanding of how data collection contributes to program goals can increase cooperation and lessen the perceived invasiveness of the process.

Conclusion: Realigning Vocational Rehabilitation with Its Core Mission

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Coversheet

Approve Minutes

Section:	I. Opening Items
Item:	C. Approve Minutes
Purpose:	Approve Minutes
Submitted by:	
Related Material:	Minutes for August 30, 2023 Board Meeting on August 30, 2023 Team Simplified DRAFT 1.docx

APPROVED



Health Sciences High and Middle College

Minutes

August 30, 2023 Board Meeting

Date and Time

Wednesday August 30, 2023 at 8:00 AM

Location

HSHMC

3910 University Avenue

San Diego, CA 92105

Join Zoom Meeting

<https://hshmc.zoom.us/j/3720403229>

Meeting ID: 372 040 3229

Passcode: Board

As indicated in the notes that follow, a quorum was not met and therefore, Board minutes only officially reflect adjournment. A permitted gathering did occur and a record of discussions of general interest consistent with the posted scheduled agenda is included in addition to the motion to adjourn.

Directors Present

D. Gross (remote), D. White, F. Johnson, J. Kramer (remote), M. Hayden-Cook (remote), S. Evans

Directors Absent

F. McFarlane

Ex Officio Members Present

D. Fisher, I. Pumpian, S. Johnson

Non Voting Members Present

D. Fisher, I. Pumpian, S. Johnson

Guests Present

BoardOnTrack, J. Vaca, Jason Broad, Michael Bryd (remote), N. Esmailpour, Tiffany Degraffenreid (remote)

I. Opening Items

A. Record Attendance

B. Call the Meeting to Order

F. Johnson called a meeting of the board of directors of Health Sciences High and Middle College to order on Wednesday Aug 30, 2023 at 8:00 AM.

Dr. Fred Johnson notified the Board that there are not enough voting members in person to hold a voting-meeting. Some discussion occurred regarding Brown Act procedures in the event a quorum is not met. As per the Brown Act, the membership meeting may be adjourned by a vote of the majority. Under Section 54942. 9(C), a gathering, conference, of the Board open to the public can be excluded from the Act, under the condition under which discussion occurred that was all on a publicly scheduled agenda and required no Board action or discussion other than that on the agenda, that did not exclude public and did not require any board action other than adjournment.

C. Approve Minutes

This item was not within the purview of the gathering and no action occurred.

D. Public Comment

Public comment was invited.

II. Information Items

A. General

Information items discussed were listed in the scheduled agenda and were thought to be of general interest to those in attendance.

B. Student Report

Sheri Johnson welcomed and introduced our new board student representative, Noor Esmailpoor.

Noor Esmailpoor reported on HSHMC's first week of school from a student perspective. She highlighted several activities that helped students engage in learning and team building. She also shared a bit about her aspirations to become a surgeon in the future.

C. CEO Report

Dr. Pumpian recognized Scott Evans and Jason Broad in appreciation of their work on the celebration event to be held tomorrow at the Prebys Innovation and Education Center for HSHMC staff and Sharp Healthcare leads and preceptors.

Dr. Pumpian acknowledged the board's desire to grow its' current membership. He welcomed two community members in attendance who have shown interest in joining the board. Both will be vetted for consideration.

III. Additional Items Discussed

A. Action items B-O were not under the purview of this gathering, however since they were listed on the scheduled agenda they were discussed as information items that were of general interest and would be the subject of a future Board meeting.

B. 2022-2023 Unaudited Actuals

C. Admission Policy

D. 2023-2024 Education for Homeless Children Policy

E. 2023-2024 Emergency Action Plan (Athletics)

F. 2023-2024 School-Site Safety Plan

G. 2023-2024 Enrollment Process

H. 2023-2024 Fiscal Control Policy

I. Human Trafficking Prevention

J. 2023-2024 Independent Study Policy

K. 2023-2024 Student Handbook

L. 2023-2024 Student Discipline Policy

M.

2023-2024 HSHMC Employee Handbook

N. 2023-2024 Parent-School Compact

O. 2023-2024 Parent and Family Engagement Policy

IV. Closing Items

A. Adjourn Meeting

Sole Board Action: As per the Brown Act, the membership meeting was adjourned without completing Board actions because a quorum was not met. There was a comment made that an emergency Board meeting was needed and that members and public will be so notified.

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 9:00 AM.

Respectfully Submitted,
S. Johnson

[Document title]

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Introduction: Advocating for Change in Vocational Rehabilitation

In the landscape of American workforce development, the role of State Vocational Rehabilitation Service Agencies (SVRAs) under the Workforce Innovation and Opportunity Act (WIOA) stands as a testament to our nation's commitment to inclusivity and empowerment. These agencies are the frontline in our collective effort to ensure that individuals with disabilities are not merely participants but active contributors to our economy and society. However, a critical challenge threatens to undermine this noble mission: the overwhelming burden of data collection requirements imposed on these agencies.

The extensive data collection mandates for SVRAs, surpassing those of other workforce partners under WIOA, have unintended but profound consequences. They create significant barriers for the very individuals they aim to serve, individuals with disabilities seeking meaningful employment. The current system, with its focus on over 400 distinct data points, shifts attention from personalized, effective vocational counseling to a tick-box exercise in data capture. This not only impedes the delivery of tailored services to clients but also places an unsustainable strain on Rehabilitation Counselors – professionals dedicated to guiding individuals with disabilities towards fulfilling careers.

Our Rehabilitation Counselors, a cornerstone of the vocational rehabilitation process, find themselves increasingly mired in administrative tasks. The job, once a fulfilling profession centered on empowering individuals, is now at risk of becoming a role dominated by paperwork and compliance. This shift has real consequences: demoralized staff, high turnover rates, and most critically, diminished service quality for those in need of specialized guidance and support.

While data plays a crucial role in measuring program effectiveness and accountability, the current extent of data collection goes far beyond these objectives, encroaching upon the very essence of the vocational rehabilitation process. This overemphasis on data collection has profound implications for both Rehabilitation Counselors and their clients. For counselors, it has transformed a role once focused on empowerment and guidance into one mired in administrative tasks, leading to high turnover and a decline in job satisfaction. More critically, for the clients – individuals with disabilities seeking gainful employment – this shift has detrimental effects on their experiences and outcomes.

Clients often find themselves overwhelmed by the barrage of questions posed to them in initial meetings, a time when establishing trust and building rapport should be paramount. Particularly for those with mental health challenges, which account for a significant portion of the clientele in states like Iowa, this can be an arduous and disheartening process. Questions that delve into deeply personal areas, such as marital status or past educational experiences, can trigger distressing emotional responses, further alienating them from the services meant to assist them. This invasive approach not only undermines the client-counselor relationship but also raises concerns about data security and the relevance of the information gathered.

As advocates for people with disabilities, it is imperative to recognize and address this growing crisis. The intent of the WIOA and the Rehabilitation Act is clear – to foster an inclusive workforce where every individual has the opportunity to thrive. However, the current trajectory of SVRAs, driven by overbearing data demands, diverges from this goal. It is time to realign our approach, to ensure that our systems and policies truly reflect the values of empowerment, equality, and opportunity for all. In doing so, we not only uphold our commitment to individuals with disabilities but also safeguard the future of a

critical profession – the Rehabilitation Counselor – ensuring that it remains a vibrant and fulfilling career dedicated to making a tangible difference in people's lives.

Client Perspective: The Impact of Data Collection on Consumer Relationships

Eroding Trust and Rapport

Research underscores that the cornerstone of any successful counseling relationship is the establishment of trust and mutual respect between the counselor and client. In vocational rehabilitation, however, this foundational aspect is being compromised. In Iowa, for instance, the top reasons for unsuccessful case closures — "unable to locate and contact" and "no longer interested in receiving services" — are telltale signs of a rapport breakdown. This disconnection is often accelerated by the requirement to ask numerous data collection questions in the initial meetings, a time when building a basic rapport should be the focus.

Mental Health Considerations

The impact is particularly pronounced among clients with mental health challenges. With over 60% of cases in Iowa involving a co-diagnosis of mental health conditions such as anxiety, depression, or schizophrenia, the barrage of questions can be overwhelming. For example, just querying about other state or federal program affiliations involves over 30 questions. This not only consumes entire meetings but can also exacerbate the communication challenges these individuals already face.

Data Collection vs. Consumer Comfort

Repeatedly, consumers question the necessity of certain data points, to which staff often have no concrete answers. This lack of transparency and understanding around data collection has led to consumers withdrawing from services. Additionally, concerns about data security arise. If the collected information isn't directly relevant to rehabilitation, it raises the question of why such sensitive data is gathered, increasing the risk of identity theft in the event of a data breach.

Triggering Questions and Emotional Responses

Moreover, certain questions, while seemingly innocuous, can trigger distressing memories or reactions. Inquiries about marital status, for instance, have led to emotional responses unrelated to employment goals. Even questions about education, which could be relevant, may evoke traumatic or embarrassing memories and are not necessarily crucial in initial meetings. In today's sensitive climate, queries about gender identity can also prompt negative reactions.

Conclusion: Data Collection's Detrimental Effect

This overemphasis on data collection, coupled with a lack of transparency, is not only straining consumer relationships but also impeding their path to employment and self-sufficiency. While data is essential for guiding services, it's imperative that its collection be balanced with the fundamental goal of the rehabilitation process – empowering consumers towards gainful employment.

Counselor Perspective: The Burden of Data Collection on Vocational Rehabilitation Professionals

Increasing Stress and Ethical Dilemmas

The escalation in data collection demands within State Vocational Rehabilitation Service Agencies (SVRAs) has had a multifaceted negative impact on counselors. These professionals, often licensed and highly qualified, are increasingly burdened with collecting and entering data that may not align with their clients' needs, wants, or interests. This shift toward a data-centric approach not only hampers the development of trust and rapport with clients, who may perceive the information requests as invasive, but also leads counselors away from a person-centric service model to a system-centric, transactional approach. Such a shift can create ethical dilemmas for counselors, forcing them to choose between actions that benefit their clients and actions that align with data-driven requirements.

Administrative Burden and Mixed Messages

The administrative load of gathering and reporting metrics imposes a significant strain on counselors, diverting their attention and resources away from their primary role in counseling. Vocational Rehabilitation Counselors are empowered to make pivotal decisions in the VR process, with the ultimate goal of aiding people with disabilities in achieving their employment aspirations. However, the overemphasis on process metrics sends conflicting signals to these professionals. The perceived 'importance' of data collection can leave counselors feeling that their expertise and counseling efforts are undervalued, leading to demoralization and a lack of fulfillment in their roles.

High Turnover and Its Impact on Consumers

This situation contributes to high turnover among counselors, exacerbating retention issues faced by VR agencies nationwide. High turnover not only affects the counselors but also has a direct, detrimental impact on consumers. In regions where counselor vacancies persist, it is not uncommon for consumers to experience frequent changes in their assigned counselors, with some having to adapt to 3-5 different counselors over time. This instability erodes trust in the VR process, leading to decreased consumer engagement and negatively impacting overall outcomes.

Conclusion: The Need for a Balanced Approach

The current trend in vocational rehabilitation, with its disproportionate focus on data collection, is leading to an unsustainable environment for counselors. To truly support the mission of VR programs and ensure effective service delivery to consumers, a balanced approach is essential – one that recognizes the importance of data but also values the expertise and well-being of counselors. Addressing these challenges is crucial, not just for the health of the profession, but for the success and trust of the individuals these programs aim to serve.

Agency Focus on Data

The depth and breadth of data collection required by RSA and WIOA has shifted agency focus from program excellence and successful client outcomes to administrative overwhelm and counseling interventions that prioritize data gathering over focused attention on client needs. Data and case management systems, such as AWARE, used by most SVRAs, are structured primarily for data capture

for the RSA911, rather than following the VR process and focusing on the unique needs of vocational rehabilitation clients. Consequently, system customization to better address workflow instead of data capture is cost prohibitive for most SVRAs. In summary, the VR process is increasingly driven by data collection demands, detrimentally affecting staff's ability to provide the unique guidance and counseling required to move people with disabilities into successful employment outcomes.

While all workforce development programs under WIOA are required to report data, SVRAs face additional data collection mandates not required of other workforce partners. These include:

Medical and Disability-Related Information: Vocational Rehabilitation Services collect detailed medical and disability-related information, including diagnostic codes, functional limitations, and specific rehabilitation plans. This level of detail is not required by other WIOA partners.

Assistive Technology Needs: Information on the need for and use of assistive technologies, ranging from screen readers to mobility devices, is also collected.

Longitudinal Outcomes: SVRAs engage in longitudinal tracking to assess the effectiveness of rehabilitation interventions over time, measuring skills, earnings, and labor force engagement post-service.

Counseling and Guidance: Detailed logs of counseling sessions, individualized employment plans, and vocational adjustment training are meticulously recorded.

Cost of Services: Costs associated with rehabilitation services, including transportation and education-related expenses, are tracked.

Case Closure Reasons: Specific reasons for case closures, such as successful employment or unsuccessful closure, are recorded, going beyond the program completion or exit status tracked by other agencies.

Custom Outcome Metrics: Depending on state requirements and the nature of the disability, SVRAs might collect custom outcome metrics like life satisfaction scores and social participation scales.

In total, these additional requirements result in some 400 unique data points being collected by SVRAs, far exceeding the data collection by other WIOA partners. While intended to reflect WIOA's objective of creating more individualized, needs-based services, this extensive data collection, coupled with state-specific requirements, adds a layer of complexity that is administratively burdensome. This burden, while challenging and time-consuming for staff, most acutely impacts the customer experience and outcomes, creating additional employment barriers for people with disabilities.

Recommendations: Towards a More Effective Vocational Rehabilitation System

Streamlining Data Collection: Simplify the data collection process by identifying and focusing on key data points that directly contribute to meaningful employment outcomes for individuals with

disabilities. This will alleviate the administrative burden on counselors and allow them to dedicate more time to client-centric services.

Enhancing Counselor Training and Support: Invest in additional training and support for counselors to better equip them to navigate the current data requirements while maintaining a strong focus on client relationships and personalized service.

Developing Client-Centric Data Systems: Advocate for the development of case management systems that are more aligned with the vocational rehabilitation process, prioritizing client needs over mere data capture. Funding should be allocated to make these systems accessible and customizable for SVRAs.

Legislative Review and Policy Reform: Urge lawmakers to review the data collection mandates under WIOA and the Rehabilitation Act, with the aim of revising them to reduce unnecessary data collection. This review should involve input from SVRAs, counselors, and clients to ensure that any changes made are in the best interest of all stakeholders.

Promoting Transparency and Understanding: Improve transparency around the need for specific data points, both to counselors and clients. A clearer understanding of how data collection contributes to program goals can increase cooperation and lessen the perceived invasiveness of the process.

Conclusion: Realigning Vocational Rehabilitation with Its Core Mission

As we advocate for change in the vocational rehabilitation system, it is imperative to remember the core mission of these services: to empower individuals with disabilities to achieve meaningful employment and integration into society. The current overemphasis on data collection detracts from this mission, placing undue stress on both counselors and clients. By implementing the recommended changes, we can realign the vocational rehabilitation process with its intended purpose. This realignment will not only enhance the efficacy of the services provided but also restore the dignity and centrality of the client-counselor relationship. As we move forward, let us ensure that our policies and practices in vocational rehabilitation are truly reflective of our commitment to inclusivity, empowerment, and the betterment of lives.

Coversheet

Approve Minutes

Section: I. Opening Items
Item: D. Approve Minutes
Purpose: Approve Minutes
Submitted by:
Related Material: Minutes for HSHMC Emergency Board Meeting on August 31, 2023

APPROVED



Health Sciences High and Middle College

Minutes

HSHMC Emergency Board Meeting

Date and Time

Thursday August 31, 2023 at 2:45 PM

Location

Prebys Innovation and Education Center - **ROOM 323**

8695 Spectrum Center Blvd.

San Diego, CA 92123

Zoom

<https://hshmc.zoom.us/j/3720403229>

Meeting ID: 372 040 3229

Passcode: Board

Directors Present

D. Gross, D. White, F. Johnson, J. Kramer, S. Evans

Directors Absent

F. McFarlane, M. Hayden-Cook

Ex Officio Members Present

I. Pumpian, S. Johnson

Non Voting Members Present

I. Pumpian, S. Johnson

Guests Present

J. Vaca

I. Opening Items

A. Record Attendance

B. Call the Meeting to Order

F. Johnson called a meeting of the board of directors of Health Sciences High and Middle College to order on Thursday Aug 31, 2023 at 2:45 PM.

C. Approve Minutes

S. Evans made a motion to approve the minutes from HSHMC Board Meeting on 06-14-23.

D. Gross seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

F. McFarlane	Absent
J. Kramer	Aye
D. Gross	Aye
D. White	Aye
M. Hayden-Cook	Absent
S. Evans	Aye
F. Johnson	Aye

D. Public Comment

No public comment.

II. Action Items - Consent Agenda

A. 2022-2023 Unaudited Actuals

B. Admission Policy

C. 2023-2024 Education for Homeless Children Policy

D. 2023-2024 Emergency Action Plan (Athletics)

E. 2023-2024 School-Site Safety Plan

F.

2023-2024 Enrollment Process

G. 2023-2024 Fiscal Control Policy

H. Human Trafficking Prevention

I. 2023-2024 Independent Study Policy

J. 2023-2024 Student Handbook

K. 2023-2024 Student Discipline Policy

L. 2023-2024 HSHMC Employee Handbook

M. 2023-2024 Parent-School Compact

N. 2023-2024 Parent and Family Engagement Policy

O. Consent Agenda

The review of consent agenda Items B-N was noted. Dan Gross requested to vote separately on the Unaudited Actuals, Item A, noting that he was very pleased with the results and the current cash reserves.

D. Gross made a motion to approve consent agenda Items B-N.

J. Kramer seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

S. Evans	Aye
D. White	Aye
F. McFarlane	Absent
M. Hayden-Cook	Absent
D. Gross	Aye
F. Johnson	Aye
J. Kramer	Aye

D. Gross made a motion to approve consent agenda Item A - Unaudited Actuals.

D. White seconded the motion.

The board **VOTED** to approve the motion.

Roll Call

M. Hayden-Cook	Absent
D. Gross	Aye
F. Johnson	Aye
S. Evans	Aye
J. Kramer	Aye
F. McFarlane	Absent
D. White	Aye

III. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 3:15 PM.

Respectfully Submitted,
S. Johnson

Documents used during the meeting

- A - 22-23 Unaudited Actuals - Health Sciences.pdf
- B - Admissions Policy 2023 - FOR BOARD APPROVAL 8-31-2023.pdf
- C - Education for Homeless Children Policy FOR BOARD APPROVAL 8-31-2023.docx.docx
- D - Emergency Action Plan (Athletics) - 2023-2024 - FOR BOARD APPROVAL 8-31-2023.docx
- E - School Site Safety Plan 23-24.docx.pdf
- F - Enrollment Process 2024 - FOR BOARD APPROVAL 8-31-2023.pdf
- G - Fiscal Control Policy - 2023-2024 - FOR BOARD APPROVAL 8-31-23.pdf
- H - Human Trafficking Prevention - FOR BOARD APPROVAL 8-31-2023.png
- I - Independent Study Policy for Board Approval 8-31-2023.pdf
- J - 2023-2024 Final Draft_Student Handbook for Board Approval 8-31-2023.pdf
- K - Discipline Policy 2023-2024 - FOR BOARD APPROVAL 8-31-23.pdf
- L - Employee_Handbook 23-24 - FOR BOARD APPROVAL 8-31-23.pdf
- M - Parent-School Compact 2023-2024 FOR BOARD APPROVAL 8-31-2023.pdf
- N - Parent and Family Engagement Policy 2023-2024- FOR BOARD APPROVED 8-31-2023.pdf

Coversheet

2023-2024 First Interim

Section: IV. OPEN SESSION: Action Items - Consent Agenda
Item: A. 2023-2024 First Interim
Purpose: Discuss
Submitted by:
Related Material: 37683380114462 Health Sciences High and Middle.xlsx

Notice

The following file is attached to this PDF. You will need to open this packet in an application that supports attachments to pdf files, e.g. [Adobe Reader](#):

37683380114462 Health Sciences High and Middle.xlsx

Coversheet

2022-2023 Consolidated Independent Audit of HSHMC

Section: IV. OPEN SESSION: Action Items - Consent Agenda
Item: B. 2022-2023 Consolidated Independent Audit of HSHMC
Purpose: Discuss
Submitted by:
Related Material: 2022-2023 Independent Auditor Report.pdf



Financial Statements
June 30, 2023

Health Sciences High and Middle College

Charter No. 0876

Health Sciences High and Middle College

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June 30, 2023

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Independent Auditor's Report

Governing Board
Health Sciences High and Middle College
San Diego, California

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Health Sciences High and Middle College (the Organization) (a California Nonprofit Public Benefit Corporation), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Adoption of New Accounting Standard

As discussed in Note 4 to the financial statements, the Organization has adopted the provisions of FASB Accounting Standards Codification Topic 842, *Leases*, as of July 1, 2022 using the modified retrospective approach with an adjustment at the beginning of the adoption period. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information such as the schedule of expenditures of federal awards, as required by Title 2 *U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and other supplementary information on pages 16-24 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards and other supplementary information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 13, 2023 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



Rancho Cucamonga, California

November 13, 2023

Health Sciences High and Middle College
Statement of Financial Position
June 30, 2023

Assets	
Current Assets	
Cash and cash equivalents	\$ 6,272,415
Receivables	1,482,477
Prepaid expenses	<u>141,099</u>
Total current assets	<u>7,895,991</u>
Non-Current Assets	
Property and equipment, net	819,611
Operating lease right-of-use asset	<u>29,607</u>
Total non-current assets	<u>849,218</u>
Total assets	<u><u>\$ 8,745,209</u></u>
Liabilities	
Current Liabilities	
Accounts payable	\$ 52,380
Accrued liabilities	344,058
Refundable advance	2,766,691
Current portion of operating lease liability	<u>24,342</u>
Total current liabilities	<u>3,187,471</u>
Long-Term Obligations	
Operating lease liability, less current portion	<u>5,787</u>
Total liabilities	<u>3,193,258</u>
Net Assets	
Without donor restrictions	5,237,433
With donor restrictions	<u>314,518</u>
Total net assets	<u>5,551,951</u>
Total liabilities and net assets	<u><u>\$ 8,745,209</u></u>

Health Sciences High and Middle College

Statement of Activities
Year Ended June 30, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenues			
Local Control Funding Formula	\$ 6,346,629	\$ -	\$ 6,346,629
Federal revenue	1,231,397	-	1,231,397
Other State revenue	2,060,959	-	2,060,959
Local revenues	226,934	-	226,934
Interest income	74,174	-	74,174
Fundraising revenue	370	-	370
Net assets released from restrictions	316,182	(316,182)	-
	<u>10,256,645</u>	<u>(316,182)</u>	<u>9,940,463</u>
Total support and revenues			
Expenses			
Program services	9,386,931	-	9,386,931
Management and general	418,466	-	418,466
	<u>9,805,397</u>	<u>-</u>	<u>9,805,397</u>
Total expenses			
Change in Net Assets	451,248	(316,182)	135,066
Net Assets, Beginning of Year	4,786,185	630,700	5,416,885
Net Assets, End of Year	<u>\$ 5,237,433</u>	<u>\$ 314,518</u>	<u>\$ 5,551,951</u>

Health Sciences High and Middle College
Statement of Functional Expenses
Year Ended June 30, 2023

	Program Services	Management and General	Total Expenses
Salaries	\$ 4,464,591	\$ 279,120	\$ 4,743,711
Employee benefits	1,350,156	10,815	1,360,971
Payroll taxes	216,461	3,973	220,434
Fees for services	602,783	29,132	631,915
Advertising and promotions	82,352	5,148	87,500
Office expenses	825,125	34,056	859,181
Information technology	146,435	3,372	149,807
Occupancy	139,544	2,733	142,277
Conferences and meeting	193,502	4,882	198,384
Interest	397	25	422
Depreciation	104,516	6,534	111,050
Insurance	37,802	2,363	40,165
Other expenses	573,763	24,630	598,393
Instructional materials	462,634	-	462,634
District oversight fees	186,870	11,683	198,553
	<u>\$ 9,386,931</u>	<u>\$ 418,466</u>	<u>\$ 9,805,397</u>
Total functional expenses	<u>\$ 9,386,931</u>	<u>\$ 418,466</u>	<u>\$ 9,805,397</u>

Health Sciences High and Middle College
Statement of Cash Flows
Year Ended June 30, 2023

Operating Activities	
Change in net assets	\$ 135,066
Adjustments to reconcile change in net assets to net cash from (used for) operating activities	
Depreciation expense	111,050
Changes in operating assets and liabilities	
Receivables	276,429
Prepaid expenses	64,123
Accounts payable	(287,671)
Accrued liabilities	150,175
Refundable advance	1,838,507
Operating lease assets and liabilities	<u>522</u>
Net Cash from (used for) Operating Activities	<u>2,288,201</u>
Investing Activities	
Purchases of property and equipment	<u>(241,414)</u>
Net Change in Cash and Cash Equivalents	2,046,787
Cash and Cash Equivalents, Beginning of Year	<u>4,225,628</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 6,272,415</u></u>
Supplemental Cash Flow Disclosure	
Cash paid during the year in interest	<u><u>\$ 422</u></u>

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

Note 1 - Principal Activity and Significant Accounting Policies**Organization**

Health Sciences High and Middle College (the Organization) was incorporated in the State of California in 2010 as a nonprofit public benefit corporation that is organized under the Nonprofit Public Benefit Corporation Law exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code of 1954. The Charter School was approved by the State of California Department of Education on October 6, 2006. In 2017, the Charter School was renewed by San Diego Unified School District for five years ending June 30, 2022.

Charter school number authorized by the State: 0876

Mission Statement: "We created HSHMC as a place where young people could learn about health and healthcare, while receiving a world-class education in a safe and supportive environment. HSHMC is a home away from home, an open door, and a place of rigor and academia – where students earn a diploma that matters. We do what it takes, we do no harm, we set no limits on our potential to learn and grow. Here, we are all family – and we LOVE what we do!"

Basis of Accounting

The accompanying financial statements were prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America as applicable to nonprofit organizations. Revenues are recognized as discussed below, and expenditures are recognized in the accounting period in which the liability is incurred.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor restrictions.

Net Assets with Donor Restrictions – Net assets subject to donor (or certain grantor) restrictions. Some donor imposed (or grantor) restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Cash and Cash Equivalents

The Organization considers all cash including cash in County Investment Pool and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents.

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

Concentration of Credit Risk

The Organization maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At June 30, 2023, the Organization had approximately \$1,711,802 in excess of FDIC-insured limits.

Receivables and Credit Policies

Receivables consist primarily of noninterest-bearing amounts due for educational programs. Management determines the allowance for uncollectable receivables based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Receivables are written off when deemed uncollectable. No allowance for doubtful accounts has been established, as the Organization deems all amounts to be fully collectible. Substantially all outstanding receivables as of June 30, 2023 are due from state and/or federal sources related to grant contributions and are expected to be collected within a period of less than one year.

Property and Equipment

Property and equipment additions over \$5,000 are recorded at cost, or if donated, at fair value on the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 3 to 30 years, or in the case of capitalized leased assets or leasehold improvements, the lesser of the useful life of the asset or the lease term. When assets are sold or otherwise disposed of, the cost and related depreciation is removed from the accounts, and any remaining gain or loss is included in the statement of activities. Cost of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

The Organization reviews the carrying values of property and equipment for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment during the year ended June 30, 2023.

Revenue and Revenue Recognition

Operating funds for the Organization are derived principally from state and federal sources. The Organization receives state funding based on each of the enrolled student's average daily attendance (ADA) in its school. Contributions are recognized when cash or notification of an entitlement is received.

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. At June 30, 2023 conditional contributions approximating \$3,484,791, for which no amounts had been received in advance, have not been recognized in the accompanying financial statements.

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

Donated Services and In-Kind Contributions

Volunteers contribute significant amounts of time to program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. Donated professional services are recorded at the respective fair values of the services received. No significant contributions of such goods or services were received during the year ended June 30, 2023.

Functional Allocation of Expenses

The financial statements report categories of expenses that are attributed to program service activities or supporting services activities such as management and general activities and fundraising and development activities. The costs of program and supporting services activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on management's estimates. The expenses that are allocated include occupancy, and depreciation, which are allocated on a square footage basis, as well as salaries and wages, benefits, payroll taxes, professional services, office expenses, information technology, interest, insurance, and other, which are allocated on the basis of estimates of time and effort, or actual costs incurred.

Income Taxes

The Organization is organized as a California nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3), and qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi). It is also exempt from State franchise and income taxes under Section 23701(d) of the California Revenue and Taxation Code. The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. The Organization determined that it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

Management believes that the Organization has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Estimates

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

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash with financial institutions believed by management to be creditworthy. At times, amounts on deposit may exceed insured limits or include uninsured investments in money market mutual funds. To date, no losses have been experienced in any of these accounts. Credit risk associated with accounts receivable is considered to be limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from governmental agencies supportive of the Organization's mission.

Change in Accounting Principle

Effective July 1, 2022, the Organization adopted the new lease accounting guidance in Accounting Standards Update No. 2016-02, *Leases (Topic 842)*. The Organization elected to apply the guidance as of July 1, 2022, the beginning of the adoption period. The standard requires the recognition of right-of-use assets and lease liabilities for lease contracts with terms greater than 12 months. Operating lease costs are recognized in the statement of activities as a single lease cost and finance lease costs are recognized in two components, interest expense and amortization expense. The Organization has elected the package of practical expedients permitted in ASC Topic 842. Accordingly, the Organization accounted for its existing leases as either finance or operating lease under the new guidance, without reassessing (a) whether the contract contains a lease under ASC Topic 842, (b) whether classification of the operating lease would be different in accordance with ASC Topic 842, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in ASC Topic 842 at lease commencement.

As a result of the adoption of the new lease accounting guidance, the Organization recognized on July 1, 2022, the beginning of the adoption period, no cumulative effect adjustment to net assets, an operating lease liability of \$125,562, and an operating right-of-use asset of \$125,562. The adoption of the new standard did not materially impact the Organization's statement of activities or statement of cash flows. See Note 4 for further disclosure of the Organization's lease contracts.

Note 2 - Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

Cash and cash equivalents	\$ 6,272,415
Receivables	<u>1,482,477</u>
Total	<u>7,754,892</u>
Less those unavailable for general expenditure within one year due to Restrictions by donor with purpose restrictions	<u>(314,518)</u>
Financial assets availability to meet cash needs for general expenditure within one year	<u>\$ 7,440,374</u>

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations become due. In addition, the Organization invests cash in excess of daily requirements in the county investment pool.

Note 3 - Property and Equipment

Property and equipment consist of the following at June 30, 2023:

Building improvements	\$ 985,766
Furniture and Fixtures	52,772
Computer and equipment	409,579
Transportation equipment	53,096
Construction in progress	<u>77,760</u>
	1,578,973
Less accumulated depreciation	<u>(759,362)</u>
Total	<u><u>\$ 819,611</u></u>

Note 4 - Leases

The Organization leases certain real property for the operations of the charter school and equipment at various terms under long-term non-cancelable operating lease agreements. The leases expire at various dates through 2028 and provide for renewal options up to five years. The Organization includes in the determination of the right-of-use assets and lease liabilities any renewal options reasonably certain to be exercised. The Organization's operating lease provides for increases in future minimum annual rental payments. Additionally, the operating lease agreement requires the Organization to pay real estate taxes, insurance, and repairs.

The weighted-average discount rate is based on the discount rate implicit in the lease. If the implicit rate is not readily determinable from the lease, the Organization estimates an applicable incremental borrowing rate. The incremental borrowing rate is estimated using the Organization's applicable borrowing rates and the contractual lease term.

The Organization has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on straight-line basis.

The Organization elected the practical expedient to not separate lease and non-lease components for real property and equipment leases.

Total lease costs for the year ended June 30, 2023 were as follows:

Operating lease cost	<u><u>\$ 98,836</u></u>
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Health Sciences High and Middle College
Notes to Financial Statements
June 30, 2023

The following table summarizes the supplemental cash flow information for the year ended June 30, 2023:

Cash paid for amounts included in the measurement of lease liabilities	
Operating cash flows from operating leases	<u>\$ 98,314</u>

The following summarizes the weighted-average remaining lease term and weighted-average discount rate:

Weighted-average remaining lease term:	
Operating leases	4.8 Years
Weighted-average discount rate:	
Operating leases	4.00%

The future minimum lease payments under noncancelable operating leases with terms greater than one year are listed below as of June 30, 2023:

	<u>June 30, 2023</u>
	<u>Operating</u>
2024	\$ 24,674
2025	1,855
2026	1,855
2027	1,421
2028	120
Thereafter	<u>1,200</u>
Total lease payments	31,125
Less interest	<u>(996)</u>
Present value of lease liabilities	<u>\$ 30,129</u>

Note 5 - Net Assets

Net assets consist of the following at June 30, 2023:

Net assets without donor restrictions	
Undesignated net assets	<u>\$ 5,237,433</u>
Net assets with donor restrictions	
Subject to expenditure for specified purpose	
California Educational Foundation Trust Grant	<u>\$ 314,518</u>

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

Note 6 - Employee Retirement Systems

Qualified employees are covered under multiple-employer defined benefit pension plans maintained by agencies of the State of California. Academic employees are members of the California State Teachers' Retirement System (CalSTRS).

The details of the plan are as follows:

Plan Description

The Organization contributes to the State Teachers Retirement Plan (STRP) administered by the California State Teachers' Retirement System (CalSTRS). STRP is a cost-sharing multiple-employer public employee retirement system defined benefit pension plan. Benefit provisions are established by State statutes, as legislatively amended, within the State Teachers' Retirement Law.

A full description of the pension plan regarding benefit provisions, assumptions (for funding, but not accounting purposes), and membership information is listed in the June 30, 2021, annual actuarial valuation report, Defined Benefit Program Actuarial Valuation. This report and CalSTRS audited financial information are publicly available reports that can be found on the CalSTRS website under Publications at: <http://www.calstrs.com/member-publications>.

Benefits Provided

The STRP provides retirement, disability and survivor benefits to beneficiaries. Benefits are based on members' final compensation, age and years of service credit. Members hired on or before December 31, 2012, with five years of credited service are eligible for the normal retirement benefit at age 60. Members hired on or after January 1, 2013, with five years of credited service are eligible for the normal retirement benefit at age 62. The normal retirement benefit is equal to 2.0% of final compensation for each year of credited service.

The STRP is comprised of four programs: Defined Benefit Program, Defined Benefit Supplement Program, Cash Balance Benefit Program and Replacement Benefits Program. The STRP holds assets for the exclusive purpose of providing benefits to members and beneficiaries of these programs. CalSTRS also uses plan assets to defray reasonable expenses of administering the STRP. Although CalSTRS is the administrator of the STRP, the State is the sponsor of the STRP and obligor of the trust. In addition, the State is both an employer and nonemployer contributing entity to the STRP.

The Organization contributes exclusively to the STRP Defined Benefit Program; thus, disclosures are not included for the other plans.

Health Sciences High and Middle College

Notes to Financial Statements

June 30, 2023

The STRP provisions and benefits in effect at June 30, 2023, are summarized as follows:

	STRP Defined Benefit Program	
	On or before December 31, 2012	On or after January 1, 2013
Hire date		
Benefit formula	2% at 60	2% at 62
Benefit vesting schedule	5 years of service	5 years of service
Benefit payments	Monthly for life	Monthly for life
Retirement age	60	62
Monthly benefits as a percentage of eligible compensation	2.0% - 2.4%	2.0% - 2.4%
Required employee contribution rate	10.25%	10.205%
Required employer contribution rate	19.10%	19.10%
Required state contribution rate	10.828%	10.828%

Contributions

Required member, the Organization, and State of California contributions rates are set by the California Legislature and Governor and detailed in Teachers' Retirement Law. The contributions rates are expressed as a level percentage of payroll using the entry age normal actuarial method. In accordance with AB 1469, employer contributions into the CalSTRS will be increasing to a total of 19.1% of applicable member earnings phased over a seven-year period. The contribution rates for each plan for the year ended June 30, 2023, are presented above and the Organization's total contributions were \$867,277.

On Behalf Payments

The State of California makes contributions to CalSTRS on behalf of the Organization. These payments consist of State General Fund contributions to CalSTRS in the amount of \$315,051 (10.828% of annual payroll). Under accounting principles generally accepted in the United States of America, these amounts are to be reported as revenues and expenditures. Accordingly, these amounts have been recorded in these financial statements.

Note 7 - Contingencies, Risks, and Uncertainties

The Organization has received State and Federal funds for specific purposes that are subject to review and audit by the grantor agencies. Although such audits could generate disallowances under terms of the grants, it is believed that any reimbursement, if required, would not be material.

Note 8 - Subsequent Events

The Organization's management has evaluated events or transactions that may occur for potential recognition or disclosure in the financial statements through November 13, 2023, which is the date the financial statements were available to be issued. Management has determined that there were no subsequent events or transactions that would have a material impact on the current year financial statements.



Supplementary Information
June 30, 2023

Health Sciences High and Middle College

Health Sciences High and Middle College
 Schedule of Expenditures of Federal Awards
 Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing Number	Pass-Through Entity Identifying Number	Federal Expenditures
U.S. Department of Education			
Passed through California Department of Education (CDE)			
Special Education Cluster			
Basic Local Assistance Entitlement	84.027	13379	<u>\$ 129,554</u>
Passed through California Department of Education (CDE)			
COVID-19 - Elementary and Secondary School Emergency			
Relief III (ESSER III) Fund: Learning Loss	84.425U	10155	184,058
COVID-19 - Elementary and Secondary School Emergency			
Relief II (ESSER II) Fund	84.425D	15547	378,342
COVID-19 - Elementary and Secondary School Emergency			
Relief III (ESSER III) Fund	84.425U	15559	<u>208,544</u>
Subtotal			<u>770,944</u>
Title I, Part A, Basic Grants Low-Income and Neglected			
Title II, Part A, Supporting Effective Instruction	84.010	14329	173,681
Title III, English Learner Student Program	84.367	14341	23,709
Title V, Part B, Public Charter Schools Grants	84.365	14346	14,577
Carl D. Perkins Career and Technical Education:	84.282	14941	13,621
Secondary, Section 131	84.048	14894	<u>19,070</u>
Total U.S. Department of Education			<u>1,015,602</u>
U.S. Department of Rehabilitation			
Passed through the California Department of General Services			
Workability II, Transition Partnership	84.126	10006	<u>21,318</u>
Federal Communications Commission			
Emergency Connectivity Fund	32.009	[1]	<u>64,923</u>
Total Federal Financial Assistance			<u><u>\$ 1,231,397</u></u>

[1] Pass-Through Entity Identifying Number not available.

Health Sciences High and Middle College
Local Education Agency Organization Structure
June 30, 2023

ORGANIZATION

Health Sciences High and Middle College (the Organization) (Charter Number 0876) was granted in 2006, by San Diego Unified School District. The Organization operates one high school.

GOVERNING BOARD

MEMBER	OFFICE	TERM EXPIRES
Frederick Johnson, M.D.	Chairman	July 2024
Fred McFarlane, Ph.D.	Secretary/Treasurer	July 2024
Dan Gross, R.N., DNSc	Member	July 2024
Melissa Hayden-Cook	Member	July 2024
Janie Kramer, R.N.	Member	July 2024
Scott Evans, Ph.D.	Member	July 2024
Deanna White	Member	July 2024

ADMINISTRATION

Dr. Ian Pumpian	President/Chief Executive Officer
Dr. Doug Fisher	Chief Operations Officer
Dr. Nancy Frey	Chief Knowledge Officer
Dr. Sheri Johnson	Principal – Operations and Communication
Dr. Dominique Smith	Principal – Academic and Behavioral Supports
Broc Arnaiz, MA	Vice Principal
Oscar Corrigan, MA	Vice Principal

Health Sciences High and Middle College
 Schedule of Average Daily Attendance
 Year Ended June 30, 2023

	Second Period Report	Annual Report
Regular ADA Ninth through twelfth	474.38	471.76
Classroom Based ADA Ninth through twelfth	456.07	451.28

Health Sciences High and Middle College
 Schedule of Instructional Time
 Year Ended June 30, 2023

Grade Level	1986-1987 Minutes Requirement	2022-2023 Actual Minutes	Number of Minutes Credited Form J-13A	Total Minutes Offered	Number of Actual Days		Number of Days Credited Form J-13A	Total Days Offered	Status
					Traditional Calendar	Multitrack Calendar			
Grades 9 - 12	64,800								
Grade 9		65,800	-	65,800	180	-	-	180	Complied
Grade 10		65,800	-	65,800	180	-	-	180	Complied
Grade 11		65,800	-	65,800	180	-	-	180	Complied
Grade 12		65,800	-	65,800	180	-	-	180	Complied

See Note to Supplementary Information

Health Sciences High and Middle College
Reconciliation of Annual Financial and Budget Report with Audited Financial Statements
Year Ended June 30, 2023

Summarized below are the net asset reconciliations between the Unaudited Actual Financial Report and the audited financial statements.

	<u>Health Sciences High and Middle College</u>
Net Assets	
Balance, June 30, 2023, Unaudited Actuals	\$ 5,547,668
Increase in	
Cash and cash equivalents	<u>4,283</u>
Balance, June 30, 2023, Audited Financial Statements	<u><u>\$ 5,551,951</u></u>

Health Sciences High and Middle College
Combining Statement of Financial Position
June 30, 2023

	<u>Health Sciences High and Middle College</u>
Assets	
Current Assets	
Cash and cash equivalents	\$ 6,272,415
Receivables	1,482,477
Prepaid expenses	<u>141,099</u>
Total current assets	<u>7,895,991</u>
Non-Current Assets	
Property and equipment	819,611
Operating lease right-of-use asset, net	29,607
Total non-current assets	<u>849,218</u>
Total assets	<u><u>\$ 8,745,209</u></u>
Liabilities	
Current Liabilities	
Accounts payable	\$ 52,380
Accrued liabilities	344,058
Refundable advance	2,766,691
Current portion of operating lease liability	<u>24,342</u>
Total current liabilities	<u>3,187,471</u>
Long-Term Obligations	
Operating lease liability, less current portion	<u>5,787</u>
Total liabilities	<u>3,193,258</u>
Net Assets	
Without donor restrictions	5,237,433
With donor restrictions	<u>314,518</u>
Total net assets	<u>5,551,951</u>
Total liabilities and net assets	<u><u>\$ 8,745,209</u></u>

Health Sciences High and Middle College
Combining Statement of Activities
Year Ended June 30, 2023

	Health Sciences High and Middle College	Central Office	Total
Support and revenues			
Local Control Funding Formula	\$ 6,346,629	\$ -	\$ 6,346,629
Federal revenue	1,231,397	-	1,231,397
Other State revenue	2,060,959	-	2,060,959
Local revenues	226,934	-	226,934
Interest income	74,174	-	74,174
Fundraising revenue	370	-	370
	<u>9,940,463</u>	<u>-</u>	<u>9,940,463</u>
Total support and revenues			
Expenses			
Program services	9,386,931	-	9,386,931
Management and general	410,027	8,439	418,466
	<u>9,796,958</u>	<u>8,439</u>	<u>9,805,397</u>
Total expenses			
Change in Net Assets	143,505	(8,439)	135,066
Net Assets, Beginning of Year	<u>5,408,446</u>	<u>8,439</u>	<u>5,416,885</u>
Net Assets, End of Year	<u>\$ 5,551,951</u>	<u>\$ -</u>	<u>\$ 5,551,951</u>

Note 1 - Purpose of Supplementary Schedules**Schedule of Expenditures of Federal Awards**Basis of Presentation

The accompanying schedule of expenditures of federal awards (the schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended June 30, 2023. The information is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Summary of Significant Accounting Policies

Expenditures reported in the schedule are reported on the accrual basis of accounting. When applicable, such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. No federal financial assistance has been provided to a subrecipient.

Indirect Cost Rate

The Organization does not draw for indirect administrative expenses and has not elected to use the ten percent de minimus cost rate.

Local Education Agency Organization Structure

This schedule provides information about the Organization's operations, members of the governing board, and members of the administration.

Schedule of Average Daily Attendance

Average daily attendance (ADA) is a measurement of the number of pupils attending classes of the Organization. The purpose of attendance accounting from a fiscal standpoint is to provide the basis on which apportionments of State funds are made to local education agencies. This schedule provides information regarding the attendance of students at the Organization.

Schedule of Instructional Time

This schedule presents information on the amount of instructional time offered by the Organization and whether the Organization complied with the provisions of *California Education Code* Sections 47612 and 47612.5, if applicable.

The Organization must maintain their instructional minutes at the 1986-87 requirements, as required by *California Education Code* Section 47612.5.

Health Sciences High and Middle College
Note to Supplementary Information
June 30, 2023

Reconciliation of Annual Financial Report with Audited Financial Statements

This schedule provides the information necessary to reconcile the net assets reported on the unaudited actual financial report to the audited financial statements.

Combining Statement of Financial Position and Combining Statement of Activities

The combining statement of financial position and combining statement of activities are included to provide information regarding the individual programs of the charter schools within the Organization and are presented on the accrual basis of accounting. Eliminating entries in the combining statement of financial position and combining statement of activities are for activities between each charter school.



Independent Auditor's Reports
June 30, 2023

Health Sciences High and Middle College



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*

To the Governing Board
Health Sciences High and Middle College
San Diego, 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 Health Sciences High and Middle College (the Organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 13, 2023.

Report on 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) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of 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 Organization'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 or significant deficiencies may exist that were not identified.

Report on 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 financial statements. 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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Rancho Cucamonga, California
November 13, 2023



Independent Auditor's Report on Compliance for the Federal Major Program; Report on Internal Control over Compliance Required by the Uniform Guidance

To the Governing Board
Health Sciences High and Middle College
San Diego, California

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Health Sciences High and Middle College's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended June 30, 2023. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended June 30, 2023.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Rancho Cucamonga, California
November 13, 2023



Independent Auditor's Report on State Compliance

To the Governing Board
Health Sciences High and Middle College
San Diego, California

Report on Compliance

Opinion on State Compliance

We have audited Health Sciences High and Middle College's (the Organization) compliance with the requirements specified in the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting*, applicable to the District's state program requirements identified below for the year ended June 30, 2023.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that are applicable to the laws and regulations of the state programs noted in the table below for the year ended June 30, 2023.

Basis for Opinion

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS), the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the District's state programs.

Auditor’s Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization’s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting* will always detect a material noncompliance when it exists. The risk of not detecting a material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization’s compliance with the requirements of the state programs as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization’s compliance with the compliance requirements referred to above and performing such other procedures as we consider necessary in the circumstances.
- Obtain an understanding of the Organization’s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting*, but not for the purpose of expressing an opinion on the effectiveness of the Organization’s internal controls over compliance. Accordingly, we express no such opinion; and
- Select and test transactions and records to determine the Organization’s compliance with the state laws and regulations applicable to the following items:

2022-2023 K-12 Audit Guide Procedures	Procedures Performed
Local Education Agencies Other Than Charter Schools	
Attendance	No, see below
Teacher Certification and Misassignments	No, see below
Kindergarten Continuance	No, see below
Independent Study	No, see below
Continuation Education	No, see below
Instructional Time	No, see below
Instructional Materials	No, see below
Ratio of Administrative Employees to Teachers	No, see below
Classroom Teacher Salaries	No, see below
Early Retirement Incentive	No, see below

2022-2023 K-12 Audit Guide Procedures	Procedures Performed
GANN Limit Calculation	No, see below
School Accountability Report Card	No, see below
Juvenile Court Schools	No, see below
Middle or Early College High Schools	No, see below
K-3 Grade Span Adjustment	No, see below
Transportation Maintenance of Effort	No, see below
Apprenticeship: Related and Supplemental Instruction	No, see below
Comprehensive School Safety Plan	No, see below
District of Choice	No, see below
Home to School Transportation	No, see below
Independent Study Certification for ADA Loss Mitigation	No, see below
School Districts, County Offices of Education, and Charter Schools	
California Clean Energy Jobs Act	No, see below
After/Before School Education and Safety Program	No, see below
Proper Expenditure of Education Protection Account Funds	Yes
Unduplicated Local Control Funding Formula Pupil Counts	Yes
Local Control and Accountability Plan	Yes
Independent Study-Course Based	No, see below
Immunizations	No, see below
Educator Effectiveness	Yes
Expanded Learning Opportunities Grant (ELO-G)	Yes
Career Technical Education Incentive Grant	Yes
Transitional Kindergarten	No, see below
Charter Schools	
Attendance	Yes
Mode of Instruction	Yes
Nonclassroom-Based Instruction/Independent Study	Yes
Determination of Funding for Nonclassroom-Based Instruction	No, see below
Annual Instructional Minutes – Classroom Based	Yes
Charter School Facility Grant Program	Yes

Programs listed above for “Local Education Agencies Other Than Charter Schools” are not applicable to charter schools; therefore, we did not perform any related procedures.

We did not perform California Clean Energy Jobs Act procedures because the Organization did not receive funding for this program.

We did not perform procedures for the After/Before School Education and Safety Program because the Organization did not offer the program.

The Organization does not offer an Independent Study-Course Based Program; therefore, we did not perform any procedures related to the Independent Study-Course Based Program.

The Organization's charter school was not listed on the immunization assessment reports; therefore, we did not perform any related procedures.

The Organization does not offer a transitional kindergarten program; therefore, we did not perform any procedures related to the transitional kindergarten program.

ADA was below the threshold required for testing; therefore, we did not perform any procedures related to Determination of Funding for Nonclassroom-Based Instruction.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the *2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting*. Accordingly, this report is not suitable for any other purpose.



Rancho Cucamonga, California
November 13, 2023



Schedule of Findings and Questioned Costs
June 30, 2023

Health Sciences High and Middle College

Health Sciences High and Middle College

Summary of Auditor’s Results

Year Ended June 30, 2023

FINANCIAL STATEMENTS

Type of auditor’s report issued	Unmodified
Internal control over financial reporting	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	None Reported
Noncompliance material to financial statements noted?	No

FEDERAL AWARDS

Internal control over major program	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	None Reported
Type of auditor’s report issued on compliance for major programs	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance 2 CFR 200.516(a)	No

Identification of major programs

<u>Name of Federal Program or Cluster</u>	<u>Federal Financial Assistance Listing Number</u>
COVID-19 Education Stabilization Fund	84.425D & 84.425U
Dollar threshold used to distinguish between type A and type B programs	\$750,000
Auditee qualified as low-risk auditee?	Yes

STATE COMPLIANCE

Internal control over state compliance for programs	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	None Reported
Type of auditor’s report issued on compliance for programs	Unmodified

Health Sciences High and Middle College

Financial Statement Findings

Year Ended June 30, 2023

None reported.

Health Sciences High and Middle College
Federal Awards Findings and Questioned Costs
Year Ended June 30, 2023

None reported.

Health Sciences High and Middle College
State Compliance Findings and Questioned Costs
Year Ended June 30, 2023

None reported.

Health Sciences High and Middle College
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2023

There were no audit findings reported in the prior year's Schedule of Findings and Questioned Costs.