

**AMENDMENT NO. 2
TO MENTAL HEALTH SERVICES AGREEMENT A-12775
BY AND BETWEEN COUNTY OF MONTEREY AND
FAMILY SERVICES AGENCY OF SAN FRANCISCO DBA FELTON INSTITUTE**

THIS AMENDMENT NO. 2 is made to MENTAL HEALTH SERVICES AGREEMENT A-12775 by and between the **County of Monterey**, a political subdivision of the State of California, (hereinafter referred to as “COUNTY”) and **FAMILY SERVICES AGENCY OF SAN FRANCISCO DBA FELTON INSTITUTE**, (hereinafter referred to as “CONTRACTOR”).

WHEREAS, the COUNTY and CONTRACTOR entered into AGREEMENT A-12775 in the amount of \$1,500,000 for the term July 1, 2015 to June 30, 2018 for the provision of prevention and recovery in early psychosis services; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 1 to MENTAL HEALTH SERVICES AGREEMENT A-12775 revising EXHIBITS A, B, AND H for Fiscal Years 2017-18 and 2018-19; and

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term for one (1) additional Fiscal Year (FY), expand the program description, and add units of service for FY 2019-20 for a revised total AGREEMENT amount of \$2,710,000.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. Section IV. TERM AND TERMINATION, A. Term. shall be amended by removing, *“This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2019”* and replacing it with, *“This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2020.”*
2. EXHIBIT A-2: PROGRAM DESCRIPTION replaces EXHIBITS A-1 and A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-2.
3. EXHIBIT B-2: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B-1 and B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-2.
4. EXHIBIT H-2: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-1 and H. All references in the AGREEMENT to EXHIBIT H shall be construed to refer to EXHIBIT H-2.
5. Except as provided herein, all remaining terms, conditions and provisions of this AGREEMENT are unchanged and unaffected by this AMENDMENT NO. 2, and shall continue in full force and effect as set forth in the AGREEMENT.
6. This AMENDMENT NO. 2 shall be effective July 1, 2019.

7. A copy of this AMENDMENT NO. 2 shall be attached to the original AGREEMENT executed by the COUNTY on June 23, 2015.

(The remainder of this page is intentionally left blank)

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT NO. 2 to AGREEMENT A-12775 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Elsa M. Jimenez, Director of Health

Date: _____

Approved as to Form ¹

By: *Dany Deetta*
Dep County Counsel

Date: 5/28/19

Approved as to Fiscal Provisions²

By: *[Signature]*
Auditor/Controller

Date: 5-28-19

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

FAMILY SERVICE AGENCY SAN FRANCISCO DBA FELTON INSITUTE

Contractor's Business Name* _____

By: *[Signature]*
(Signature of Chair, President, or Vice-President) *

AL Gilbert, CEO
Name and Title

Date: 5/22/19

By: *[Signature]*
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer) *

Marvin Davis, CFO
Name and Title

Date: 5/22/19

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹Approval by County Counsel is required; if Agreement is \$100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

²Approval by Auditor-Controller is required

³Approval by Risk Management is necessary only if changes are made in Sections XI or XII

EXHIBIT A-2: PROGRAM DESCRIPTION

I. IDENTIFICATION

(re)MIND, formerly known as Prevention and Recovery in Early Psychosis (PREP)
11 Quail Run Circle, Suite 202
Salinas, CA 93907
Phone: 831-424-5033
Fax: 831-424-5044

II. PROGRAM DESCRIPTION

1. The (re)MIND program specializes in the provision of mental health services for individuals ages 14-35, within five years of their first psychotic break who are diagnosed with Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, or Psychosis NOS. The (re)MIND program integrates evidence-based treatments designed for remission of early psychosis. There is a strong evidence base for this array of treatments in promoting positive outcomes for people struggling with early psychosis, and collectively they address the impact of psychosis in multiple areas of functioning. The (re)MIND program supports symptom remission, active recovery, and full engagement in their community and with co-workers, peers, and family members. The core (re)MIND services include:
 - **Cognitive Behavioral Therapy for Psychosis (CBTp):** Widely available in England and Australia but not in the US, this formulation based approach helps clients understand and manage their symptoms, avoid triggers that worsen symptoms, and collaboratively develop a relapse prevention plan.
 - **Algorithm-Based Medication Management:** Algorithm developed by Dr. Demian Rose (UCSF), adapted from the Texas Medication Algorithm, to focus specifically on medication for young adults in the early stages of psychosis. The primary goal of the (re)MIND medication algorithm is to guide the prescriber, client, and family toward finding a medication regimen the client is more likely to adhere to long-term. (re)MIND also works with individuals who do not wish to take medications and will offer regular appointments with the prescriber for review of symptoms and treatment options.
 - **Early, Rigorous Diagnosis:** The (re)MIND diagnosis and assessment is both rigorous and comprehensive, utilizing the SCID (Structured Clinical Interview for DSM Diagnoses), which addresses not only the psychotic disorder but also co-occurring mental health or substance abuse issues.
 - **Strength-Based Care Management:** Intensive care management will ensure the broad spectrum of clients and family needs are addressed. (re)MIND approaches services with a "whatever it takes" attitude. Services are provided wherever the client and/or family are most comfortable geographically, whether in (re)MIND office, client's home, schools, or other community locations throughout Monterey County.
 - **Educational and Vocational Support:** (re)MIND adopts the *Individual Placement and Support* (IPS) model of supported employment. This model was developed at Dartmouth specifically for individuals with severe mental health problems to find and

retain competitive employment, and has documented effectiveness for young adults with psychosis.

- **Motivational Interviewing:** Designed for increased engagement around substance use and change behaviors within a harm reduction model.
- **Family Psychoeducation:** Designed to increase social support, teach families and supporters a problem-solving format to cope effectively with illness-related behaviors, and provide ongoing education about symptoms, medication, enhancing involvement in school, work, and community life.
- **Cognitive Rehabilitation Training:** Computer-based cognitive rehabilitation program developed by nationally renowned UCSF brain plasticity researcher, Dr. Michael Merzenich, where clients are rehabilitating brain function that has been lost to the illness.

Clients are offered all modalities of individual and family services based on their individual needs and willingness to participate.

2. Maternal Intensive Collaborative for Perinatal Psychosis

Building on CONTRACTOR'S experience with the provision of mental health treatment for individuals who are experiencing early psychosis, the program will expand their treatment expertise to include puerperal psychosis.

CONTRACTOR will accept referrals through Monterey County Behavioral Health when a mother, age 14 and older, is identified whose perinatal symptoms include psychosis or psychotic features. Using a best-practice model, Felton Institute will conduct a thorough assessment and make treatment recommendations to increase stabilization of symptoms within a family context. This will be done in collaboration with medical and mental health providers specializing in perinatal issues and infant mental health outcomes. A treatment plan will be developed that clarifies roles for treatment team members to ensure coordination of care and monitor any duplicative services. CONTRACTOR will provide specialty treatment to help address psychotic symptoms that are impacting the client's ability to function and will lead the team in risk assessment and safety precautions to help ensure safety of the mother and infant.

Psychiatric care will be provided under best practice guidelines for pregnant and breast-feeding mothers. Clinical care will be provided that is informed by research for treating puerperal psychosis and will take into consideration risk and protective factors that are unique to the perinatal period and will consider the infant as well as the mother/child dyad in treatment interventions.

III. PROGRAM GOALS

- A. Identify psychosis at the earliest possible point, provide rigorous structured diagnostic and functional assessment, and deliver comprehensive, conscientious, and evidence-based services.
- B. Increase clients' ability to function independently and maintain quality of life goals.
- C. Reduce placement and/or days in acute inpatient settings.

IV. TREATMENT SERVICES

A. Types of Service:

Mode of Service: Outpatient Mental Health Services

MEDI-CAL:

Contracted Units of Service (UOS) per Fiscal Year (FY) by Service Function Code.

Avatar Code/Name: DTCSOCPRI / FSA of San Francisco MoCo PREP

Type of Service	Mode of Service	Service Function Code	Est. UOS (minute) FY 15-16	Est. UOS (minute) FY 16-17	Est. UOS (minute) FY 17-18	Est. UOS (minute) FY 18-19	Est. UOS (minute) FY 19-20
Case Management	15	1	20,001	20,001	20,001	16,952	16,952
Intensive Care Coordination*	15	1	0	0	0	0	1,953
Medication Support	15	60	23,400	23,400	23,400	19,844	19,027
Crisis Intervention	15	70	1,200	1,200	1,200	1,015	1,015
Mental Health Services	15	10, 30*, 40, 45, 50	117,486	117,486	117,486	99,440	99,440

*Services are only available to clients under the age of 21.

NON MEDI-CAL:

Contracted Units of Service (UOS) per Fiscal Year (FY) by Service Function Code.

Avatar Program Name/Code: FSA27PREP/FSA PREP FEP SAMHSA

Type of Service	Mode of Service	Service Function Code	Est. UOS (minute) FY 17-18	Est. UOS (minute) FY 18-19	Est. UOS (minute) FY 19-20
Case Management	15	1	402	3,389	3,389
Intensive Care Coordination*	15	1	0	0	1,953
Medication Support	15	60	467	3,969	3,152
Crisis Intervention	15	70	25	202	202
Mental Health Services	15	10, 30*, 40, 45, 50	2,348	19,890	19,890

*Services are only available to clients under the age of 21.

B. Delivery Site:

(re)MIND Office
11 Quail Run Circle Suite 202
Salinas, CA 93907

* County of Monterey, Behavioral Health Bureau
200 Broadway Street, Suite 70
King City, CA 93930

Services will be delivered primarily at the (re)MIND office location, but may be provided in other community locations (client’s home, school, work, etc.) of clients’ choosing as means to foster engagement in services.

*CONTRACTOR'S office hours in COUNTY office space will be scheduled as mutually agreed upon between the Behavioral Health Services Manager and CONTRACTOR'S Executive Director. Approval of County office space will be based on availability and need. Services shall be less than 19 hours per week at this delivery site.

C. Hours of Operation:

Hours of operation are Monday through Friday, 9:00am – 5:00pm. Services may be provided at alternate hours (psychoeducational groups on evenings or weekends) as determined by needs of program participants.

V. POPULATION/CATCHMENT AREA TO BE SERVED

Monterey County residents ages 14-35 who have had their first psychotic episode within the previous five years and require specialty mental health services and Monterey County mothers ages 14 and older with perinatal symptoms of psychosis or psychotic features. (re)MIND will serve individuals reflecting the ethnical, cultural, and socio-economic diversity of Monterey County.

VI. FINANCIAL ELIGIBILITY

All Medi-Cal eligible Monterey County residents identified by the CONTRACTOR in need of mental health services will be served under the Medi-Cal component of the program. Non Medi-Cal eligible clients will be served under the Non Medi-Cal component during FYs 2017-18, 2018-19, and 2019-20 only. County shall be the payor of last resort.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Admission to the (re)MIND program will be initiated exclusively by the (re)MIND program staff for all Medi-Cal and Non Medi-Cal eligible clients, except for perinatal mothers, who can only be referred to the program by Monterey County Behavioral Health. Services are offered intensively, often weekly with client centered treatment plans which are reviewed during the course of treatment and measured against an array of baseline measures taken during the assessment. Engagement and treatment progress will be reviewed weekly at clinical case conference. Frequency of services is determined by individual needs and phase of treatment. The length of treatment is up to two years, based on outcome data that is shared continuously with the client and family. (re)MIND exit criteria differ based on the service modalities employed in the treatment. Discharge planning is a collaborative process between (re)MIND staff and client, and, when possible, the family or natural supports. Process is determined by intervention outcomes identified throughout the clients' treatment and measured against an array of baseline measures taken during the assessment. At discharge, each client and family have a thorough contingency plan and are able to transition from the program to other levels of care.

VIII. LEGAL STATUS

Voluntary.

IX. REPORTING REQUIREMENTS

A. CONTRACTOR will meet regularly with the designated Behavioral Health Service Manager to monitor progress of program outcomes.

Monterey County Behavioral Health shall provide to CONTRACTOR the reporting requirements and instructions as required by the State Mental Health Services Oversight and Accountability Commission, DHCS and County. CONTRACTOR shall report to MCBH's designated Contract Monitor and Prevention Services Manager, on a quarterly and annual basis, demographic data for each service provided, as well as the program goals and outcomes included in each Program Description. As part of the County's ongoing PEI Program Evaluation process, these required program data and outcome reporting requirements may be revised to assure compliance with State PEI regulations.

B. CONTRACTOR, in collaboration with Monterey County Behavioral Health (MCBH) will convene a Steering Committee consisting of (re)MIND staff, MCBH representatives and other stakeholders to help guide the implementation of (re)MIND services in Monterey County and report on program outcomes. The Steering Committee will meet monthly during the initial program implementation period, and then less frequently, as mutually agreed upon by CONTRACTOR and MCBH.

X. COVERAGE

Mental Health Services as designated on the individual case plan.

XI. DESIGNATED CONTRACT MONITOR

Dana Edgull
Monterey County Behavioral Health Service Manager II
1270 Natividad Road
Salinas, CA 93901
(831) 796-6110

(The remainder of this page is intentionally left blank)

**EXHIBIT B-2:
PAYMENT AND BILLING PROVISIONS**

I. PAYMENT TYPE

Cost Reimbursed (CR) up to maximum contract amount.

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY’S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR’S commitment to provide care and services in accordance with the terms of this Agreement.

III. PAYMENT RATES

PROVISIONAL RATE: NEGOTIATED RATE

CONTRACTOR shall be paid at the negotiated rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$2,710,000** for **FY 2015-2020**:

FY 2015-16

FY 2015-16 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2015-16 Medi-Cal					\$500,000

FY 2016-17

FY 2016-2017 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2016-17 Medi-Cal					\$500,000

FY 2017-18

FY 2017-18 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2017-18 Medi-Cal					\$500,000

FY 2017-18 NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	402	\$2.17	\$873
Medication Support	15	60	467	\$5.19	\$2,424
Crisis Intervention	15	70	25	\$4.18	\$105
Mental Health Services					
Assessment	15	30	2,348	\$2.81	\$6,598
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2017-18 Non Medi-Cal					\$10,000

FY 2018-19

FY 2018-19 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	16,952	\$2.56	\$43,398
Medication Support	15	60	19,844	\$6.12	\$121,446
Crisis Intervention	15	70	1,015	\$4.94	\$5,015
Mental Health Services					
Assessment	15	30	99,440	\$3.32	\$330,141
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2018-19 Medi-Cal					\$500,000

FY 2018-19 NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	3,389	\$2.56	\$8,676
Medication Support	15	60	3,969	\$6.12	\$24,291
Crisis Intervention	15	70	202	\$4.94	\$998
Mental Health Services					
Assessment	15	30	19,890	\$3.32	\$66,035
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2018-19 Non Medi-Cal					\$100,000

FY 2019-20

FY 2019-20 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	16,952	\$2.56	\$43,398
Medication Support	15	60	19,027	\$6.12	\$116,446
Crisis Intervention	15	70	1,015	\$4.94	\$5,015
Mental Health Services					
Assessment	15	30	99,440	\$3.32	\$330,141
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Intensive Homebased Services*		30			
Intensive Care Coordination*	15	01	1,953	\$2.56	\$5,000
Total Maximum Amount FY 2019-20 Medi-Cal					\$500,000

*Services are only available to clients under the age of 21.

(The remainder of this page is intentionally left blank)

FY 2019-20 NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	3,389	\$2.56	\$8,676
Medication Support	15	60	3,152	\$6.12	\$19,291
Crisis Intervention	15	70	202	\$4.94	\$998
Mental Health Services					
Assessment	15	30	19,890	\$3.32	\$66,035
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Intensive Homebased Services*		30			
Intensive Care Coordination*	15	01	1,953	\$2.56	\$5,000
Total Maximum Amount FY 2019-20 Non Medi-Cal					\$100,000

*Services are only available to clients under the age of 21.

IV. PAYMENT CONDITIONS

A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act (“MHSA”), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY’S negotiated rate, which is based on the most recent State’s Schedule of Maximum Allowances (SMA) as established by the State’s Department of Mental Health. The COUNTY negotiated rate shall be used until COUNTY establishes the COUNTY’S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable negotiated rates. In no case shall payments to CONTRACTOR exceed the negotiated rate. In addition to the negotiated rate limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section

- III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B, Section V.
- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program (“an eligible beneficiary”), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.
- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this Agreement, along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30th) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

CONTRACTOR shall submit via email a monthly claim using Exhibit G, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to:

MCHDBHFinance@co.monterey.ca.us

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any “obligations incurred” included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the

termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.

- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR’S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.
- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR’S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

V. MAXIMUM OBLIGATION OF COUNTY

A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$2,710,000** for services rendered under this Agreement.

B. Funding Source and Estimated Amounts per Fiscal Year:

FISCAL YEAR	MHSA PEI	MH FFP	SAMHSA	Total FY Amount
FY 2015-16	\$250,000	\$250,000	\$0	\$500,000
FY 2016-17	\$250,000	\$250,000	\$0	\$500,000
FY 2017-18	\$250,000	\$250,000	\$10,000	\$510,000
FY 2018-19	\$250,000	\$250,000	\$100,000	\$600,000
FY 2019-20	\$250,000	\$250,000	\$100,000	\$600,000
Total Funding	\$1,250,000	\$1,250,000	\$210,000	\$2,710,000

COUNTY reserves the right to adjust the funding sources as may be necessary during the term of the Agreement.

B. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
FY 2015-16	\$500,000
FY 2016-17	\$500,000
FY 2017-18	\$510,000
FY 2018-19	\$600,000
FY 2019-20	\$600,000
TOTAL MAXIMUM LIABILITY	\$2,710,000

- C. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.
- D. If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.
- E. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

VI. BILLING AND PAYMENT LIMITATIONS

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.

- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.
- B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.
- C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.
- D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be

provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California County Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services

does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.

- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.
- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
 - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
 - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving

services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.

- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.
- D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
- E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.
- F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:
 - 1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
 - 2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
 - 3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.

X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.

- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.
- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.
- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

XI. AUTHORITY TO ACT FOR THE COUNTY

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee."

Behavioral Health Cost Reimbursement Invoice

Contractor : Family Services Agency of San Francisco dba Felton Institute - Medi-Cal		Invoice Number :
Address Line 1 11 Quail Run Circle Suite 202 Salinas, CA 93907	County PO No.: 	
Address Line 2	Invoice Period : 	
Tel. No.: 831-424-5033	Final Invoice : (Check if Yes) <input type="checkbox"/>	
Fax No.:		
Contract Term: July 1, 2015 - June 30, 2020		
BH Bureau : Mental Health	BH Control Number 	

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 20 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.56	16,952					16,952	100.0%	43,398.00			43,398.00	100.0%
Medication Support	15	60	361	6.12	19,027					19,027	100.0%	116,446.00			116,446.00	100.0%
Crisis Intervention	15	70	271	4.94	1,015					1,015	100.0%	5,015.00			5,015.00	100.0%
Mental Health Services	15	--	--		99,440					99,440	100.0%	330,141.00	--		330,141.00	100.0%
Collateral	15	10	311	3.32	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	3.32	--			--	--	--	--	--		--	--	--
Individual Therapy	15	40	341	3.32	--			--	--	--	--	--		--	--	--
Group Therapy	15	50	351	3.32	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	3.32	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	3.32	--			--	--	--	--	--		--	--	--
Intensive Homebased Services	15	30	221	3.32	--			--	--	--	--	--		--	--	--
Intensive Care Coordination	15	01	201	2.56	1,953					1,953.00	100.0%	5,000.00			5,000.00	100.0%
TOTALS					138,387				--	138,387	--	500,000			500,000	100.0%

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
 Title: _____ Director of Finance

Date: _____
 Telephone: _____

Send to: Behavioral Health Claims Section MCHDBHFinance@co.monterey.ca.us
--

Behavioral Health Authorization for Payment	
_____ Authorized Signatory	_____ Date

Behavioral Health Cost Reimbursement Invoice

Contractor : Family Services Agency of San Francisco dba Felton Institute - Non Medi-Cal		Invoice Number :
Address Line 1 11 Quail Run Circle Suite 202 Salinas, CA 93907	Address Line 2	County PO No.:
Tel. No.: 831-424-5033	Fax No.:	Invoice Period :
Contract Term: July 1, 2015 - June 30, 2020	Final Invoice : (Check if Yes) 	
BH Bureau : Mental Health	BH Control Number 	

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 20 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.56	3,389					3,389	100.0%	8,676.00			8,676.00	100.0%
Medication Support	15	60	361	6.12	3,152					3,152	100.0%	19,291.00			19,291.00	100.0%
Crisis Intervention	15	70	271	4.94	202					202	100.0%	998.00			998.00	100.0%
Mental Health Services	15	--	--		19,890					19,890	100.0%	66,035.00	--		66,035.00	100.0%
Collateral	15	10	311	3.32	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	3.32	--			--	--	--	--	--		--	--	--
Individual Therapy	15	40	341	3.32	--			--	--	--	--	--		--	--	--
Group Therapy	15	50	351	3.32	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	3.32	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	3.32	--			--	--	--	--	--		--	--	--
Intensive Homebased Services	15	30	221	3.32	--			--	--	--	--	--		--	--	--
Intensive Care Coordination	15	01	201	2.56	1,953					1,953.00	100.0%	5,000.00			5,000.00	100.0%
TOTALS					28,586				--	28,586	--	100,000			100,000	100.0%

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
 Title: _____ Director of Finance

Date: _____
 Telephone: _____

Send to: Behavioral Health Claims Section MCHDBHFinance@co.monterey.ca.us
--

Behavioral Health Authorization for Payment	
_____ Authorized Signatory	_____ Date

EXHIBIT H-2

Felton Institute
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-20

Program Name: Prevention & Recovery in Early Psychosis (PREP)
/ Medi-Cal

AVATAR Program(s): FSA of San Francisco MoCo PREP /
DTCSOCPRI

		Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)				\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Requested Monterey County Funds		\$ -	\$ -	\$ -	\$ -
Other Program Revenues					
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ -	\$ -	\$ -	\$ (39,024.00)
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 292,085.00	\$ 280,133.00	\$ (11,952.00)
2	Payroll taxes		\$ 25,002.00	\$ 21,949.00	\$ (3,053.00)
3	Employee benefits		\$ 49,121.00	\$ 42,831.00	\$ (6,290.00)
4	Workers Compensation		\$ 6,698.00	\$ 5,835.00	\$ (863.00)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6	Temporary Staffing				\$ -
7	Flexible Client Spending (please provide supporting documents)				\$ -
8	Travel (costs incurred to carry out the program)		\$ 2,484.00	\$ 2,483.00	\$ (1.00)
9	Employee Travel and Conference + Training		\$ 10,062.00	\$ 2,666.00	\$ (7,396.00)
10	Communication Costs		\$ 9,132.00	\$ 6,340.00	\$ (2,792.00)
11	Utilities		\$ 900.00	\$ 900.00	\$ -
12	Cleaning and Janitorial				\$ -
13	Maintenance and Repairs - Buildings		\$ 16,843.00	\$ 13,177.00	\$ (3,666.00)
14	Maintenance and Repairs - Equipment		\$ 1,125.00	\$ 1,125.00	\$ -
15	Printing and Publications		\$ 1,911.00	\$ 1,450.00	\$ (461.00)
16	Memberships, Subscriptions and Dues		\$ 317.00	\$ 318.00	\$ 1.00
17	Office Supplies		\$ 4,657.00	\$ 2,051.00	\$ (2,606.00)
18	Postage and Mailing		\$ 684.00	\$ 683.00	\$ (1.00)
19	Medical Records		\$ 758.00	\$ 758.00	\$ -
20	Data Processing		\$ 230.00	\$ 222.00	\$ (8.00)
21	Rent and Leases - equipment		\$ 3,409.00	\$ 3,409.00	\$ -
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 37,307.00	\$ 37,308.00	\$ 1.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 2,750.00	\$ 2,750.00	\$ -

EXHIBIT H-2

	Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27 Miscellaneous (please provide details)		\$ 8,331.00	\$ 8,395.00	\$ 64.00
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29 Total Mode Costs	\$ -	\$ 473,806.00	\$ 434,783.00	\$ (39,023.00)
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30 Salaries and Benefits		\$ 42,308.00	\$ 42,059.00	\$ (249.00)
31 Supplies		\$ 378.00	\$ 339.00	\$ (39.00)
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34 Total Administrative Costs	\$ -	\$ 42,686.00	\$ 42,398.00	\$ (288.00)
35 TOTAL DIRECT COSTS	\$ -	\$ 516,492.00	\$ 477,181.00	\$ (39,311.00)
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
	Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
INDIRECT COSTS				
36 Equipment (purchase price of less than \$5000)				\$ -
37 Rent and Leases - equipment		\$ 330.00	\$ 365.00	\$ 35.00
38 Rent and Leases - building and improvements		\$ 6,060.00	\$ 6,085.00	\$ 25.00
39 Taxes and assessments				\$ -
40 Insurance and Indemnity		\$ 195.00	\$ 215.00	\$ 20.00
41 Maintenance - equipment		\$ 259.00	\$ 287.00	\$ 28.00
42 Maintenance - building and improvements				\$ -
43 Utilities		\$ 1,020.00	\$ 1,128.00	\$ 108.00
44 Household Expenses				\$ -
45 Interest in Bonds				\$ -
46 Interest in Other Long-term debts				\$ -
47 Other interest and finance charges				\$ -
48 Contracts Administration		\$ 1,122.00	\$ 1,141.00	\$ 19.00
49 Legal and Accounting (when required for the administration of the County Programs)		\$ 2,607.00	\$ 2,667.00	\$ 60.00
50 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		\$ 820.00	\$ 841.00	\$ 21.00
51 Data Processing		\$ 153.00	\$ 170.00	\$ 17.00
52 Personnel Administration		\$ 3,047.00	\$ 3,039.00	\$ (8.00)
53 Medical Records				\$ -
54 Other Professional and Specialized Services		\$ 6,607.00	\$ 6,535.00	\$ (72.00)
55 Transportation and Travel		\$ 312.00	\$ 346.00	\$ 34.00
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)				\$ -
57 Total Indirect costs	\$ -	\$ 22,532.00	\$ 22,819.00	\$ 287.00
63 Total Allowable Costs	\$ -	\$ 539,024.00	\$ 500,000.00	\$ (39,024.00)
COST REPORT INFORMATION:				
64 Land		Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				
67 Total	0			

EXHIBIT H-2

	Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
--	------------------------------	---------------------------------	--	------------------------------------

Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Program Manager	\$ 95,000	0.6500	\$ 61,750
Lead CBTp Therapist	\$ 65,000	0.8333	\$ 54,167
Bilingual CBTp Therapist	\$ 65,000	0.8333	\$ 54,167
Case Manager / Family Partner	\$ 65,000	0.8333	\$ 54,167
Psychiatrist	\$ 243,750	0.1641	\$ 40,000
Clinical Supervisor	\$ 75,000	0.0633	\$ 4,750
Office Manager	\$ 48,000	0.1833	\$ 8,800
Division Director	\$ 140,000	0.0167	\$ 2,333
			\$ -
Total Salaries and Wages			\$ 280,133

EXHIBIT H-2

Felton Institute
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-20

Program Name: **FSA PREP FEP SAMHSA**

AVATAR Program(s): **FSA27PREP/FSA PREP FEP SAMHSA**

		Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)				\$ -
					\$ -
					\$ -
					\$ -
Total Requested Monterey County Funds		\$ -	\$ -	\$ -	\$ -
Other Program Revenues					
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ -	\$ -	\$ -	\$ (7,802.00)
<p>B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.</p>					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 58,417.00	\$ 56,027.00	\$ (2,390.00)
2	Payroll taxes		\$ 5,120.00	\$ 4,390.00	\$ (730.00)
3	Employee benefits		\$ 9,704.00	\$ 8,566.00	\$ (1,138.00)
4	Workers Compensation		\$ 1,340.00	\$ 1,167.00	\$ (173.00)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6	Temporary Staffing				\$ -
7	Flexible Client Spending (please provide supporting documents)				\$ -
8	Travel (costs incurred to carry out the program)		\$ 496.00	\$ 497.00	\$ 1.00
9	Employee Travel and Conference		\$ 2,013.00	\$ 534.00	\$ (1,479.00)
10	Communication Costs		\$ 1,827.00	\$ 1,268.00	\$ (559.00)
11	Utilities		\$ 180.00	\$ 180.00	\$ -
12	Cleaning and Janitorial				\$ -
13	Maintenance and Repairs - Buildings		\$ 3,369.00	\$ 2,635.00	\$ (734.00)
14	Maintenance and Repairs - Equipment		\$ 225.00	\$ 225.00	\$ -
15	Printing and Publications		\$ 383.00	\$ 290.00	\$ (93.00)
16	Memberships, Subscriptions and Dues		\$ 64.00	\$ 63.00	\$ (1.00)
17	Office Supplies		\$ 930.00	\$ 410.00	\$ (520.00)
18	Postage and Mailing		\$ 136.00	\$ 137.00	\$ 1.00
19	Medical Records		\$ 151.00	\$ 151.00	\$ -
20	Data Processing		\$ 45.00	\$ 44.00	\$ (1.00)
21	Rent and Leases - equipment		\$ 682.00	\$ 682.00	\$ -
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 7,461.00	\$ 7,462.00	\$ 1.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 550.00	\$ 550.00	\$ -

EXHIBIT H-2

		Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27	Miscellaneous (please provide details)		\$ 1,666.00	\$ 1,678.00	\$ 12.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29	Total Mode Costs	\$ -	\$ 94,759.00	\$ 86,956.00	\$ (7,803.00)
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30	Salaries and Benefits		\$ 8,409.00	\$ 8,410.00	\$ 1.00
31	Supplies		\$ 69.00	\$ 69.00	\$ -
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34	Total Administrative Costs	\$ -	\$ 8,478.00	\$ 8,479.00	\$ 1.00
35	TOTAL DIRECT COSTS	\$ -	\$ 103,237.00	\$ 95,435.00	\$ (7,802.00)
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
36	Equipment (purchase price of less than \$5000)				\$ -
37	Rent and Leases - equipment		\$ 73.00	\$ 73.00	\$ -
38	Rent and Leases - building and improvements		\$ 1,218.00	\$ 1,218.00	\$ -
39	Taxes and assessments				\$ -
40	Insurance and Indemnity		\$ 43.00	\$ 43.00	\$ -
41	Maintenance - equipment		\$ 57.00	\$ 57.00	\$ -
42	Maintenance - building and improvements				\$ -
43	Utilities		\$ 226.00	\$ 226.00	\$ -
44	Household Expenses				\$ -
45	Interest in Bonds				\$ -
46	Interest in Other Long-term debts				\$ -
47	Other interest and finance charges				\$ -
48	Contracts Administration		\$ 228.00	\$ 228.00	\$ -
49	Legal and Accounting (when required for the administration of the County Programs)		\$ 533.00	\$ 533.00	\$ -
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		\$ 168.00	\$ 168.00	\$ -
51	Data Processing		\$ 34.00	\$ 34.00	\$ -
52	Personnel Administration		\$ 608.00	\$ 608.00	\$ -
53	Medical Records				\$ -
54	Other Professional and Specialized Services		\$ 1,308.00	\$ 1,308.00	\$ -
55	Transportation and Travel		\$ 69.00	\$ 69.00	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)				\$ -
57	Total Indirect costs	\$ -	\$ 4,565.00	\$ 4,565.00	\$ -
63	Total Allowable Costs	\$ -	\$ 107,802.00	\$ 100,000.00	\$ (7,802.00)
COST REPORT INFORMATION:					
64	Land		Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

EXHIBIT H-2

	Actual FY 2017-18	Projected FY 2018-19	Requested Budget FY 2019-20	Variance FY 19 vs FY 20
--	----------------------	-------------------------	--------------------------------	----------------------------

Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Program Manager	\$ 95,000	0.1300	\$ 12,350
Lead CBTp Therapist	\$ 65,000	0.1667	\$ 10,833
Bilingual CBTp Therapist	\$ 65,000	0.1667	\$ 10,833
Case Manager / Family Partner	\$ 65,000	0.1667	\$ 10,833
Psychiatrist	\$ 243,750	0.0328	\$ 8,000
Clinical Supervisor	\$ 75,000	0.0127	\$ 950
Office Manager	\$ 48,000	0.0367	\$ 1,760
Division Director	\$ 140,000	0.0033	\$ 468
			\$ -
Total Salaries and Wages			\$ 56,027