

**COUNTY OF MONTEREY
MENTAL HEALTH SERVICES AGREEMENT**

Contract Number: _____

COUNTY Department Contract Representative:

Elsa M. Jimenez, Interim Director of Health
1270 Natividad Road, Salinas, CA 93906

THIS CONTRACT is made and entered into by and between the **COUNTY OF MONTEREY**, a political subdivision of the State of California (hereinafter "COUNTY") and **INTERIM, INC.** (hereinafter "CONTRACTOR").

RECITALS

WHEREAS, COUNTY desires to enter into an Agreement whereby CONTRACTOR shall provide community mental health services in accordance with the requirements of the Bronzan-McCorquodale Act (California Welfare and Institutions Code § 5600, et seq.), Part 2.5 of Division 5 of the California Welfare & Institutions Code, and Titles 9 and 22 of the California Code of Regulations; and

WHEREAS, CONTRACTOR is able to furnish such services under the terms and conditions of this Agreement and in accordance with applicable law, including all Federal, State of California (State), and local laws, regulations, rules, and guidelines pertaining to the provision of mental health services.

NOW, THEREFORE, IT IS HEREBY AGREED AS FOLLOWS:

I. SERVICES TO BE PROVIDED

CONTRACTOR shall provide the services set forth in this Agreement, including the program services detailed in Exhibit A, to the recipient population and to the COUNTY, in compliance with the terms of this Agreement. These services can be summarized as follows: supported housing, short-term crisis residential, dual recovery residential treatment, intensive day treatment, homeless outreach and support, and supported education and employment services for adults who have a serious mental illness diagnosis and have a functional impairment that interferes with their ability to live a meaningful and productive life in the community.

II. EXHIBITS

The following exhibits are attached to this Agreement and incorporated herein by reference:

EXHIBIT A: PROGRAM DESCRIPTION

- EXHIBIT B: PAYMENT AND BILLING PROVISIONS
ATTACHMENT 1
- EXHIBIT C: CONFIDENTIALITY OF PATIENT INFORMATION
- EXHIBIT D: ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED
- EXHIBIT E: ASSURANCE OF COMPLIANCE WITH MONTEREY COUNTY
CULTURAL COMPETENCY POLICY
- EXHIBIT F: BUSINESS ASSOCIATE AGREEMENT
- EXHIBIT G: COST REIMBURSEMENT INVOICE FORM
- EXHIBIT H: BUDGET AND EXPENDITURE REPORT
- EXHIBIT I: ANNUAL REPORT(S), COST REPORT SETTLEMENT AND AUDIT

III. PAYMENT BY COUNTY

- A. The COUNTY shall pay CONTRACTOR in arrears, as applicable, for eligible services provided under this Agreement and in accordance with the terms and conditions set forth in Exhibit B. Payments are made at applicable rates up to the amounts identified for each Funded Program as shown in Exhibit B and as otherwise may be limited under this Agreement and the attachments thereto. If CONTRACTOR is paid at Provisional Rates or at Cash Flow Advances, COUNTY payments are provisional, until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. For the purposes of this Agreement, a “Funded Program” is a set of services paid through a particular funding source identified in Exhibit H, Budget and Expenditure Report, if made part of this Agreement.
- B. CONTRACTOR shall hold harmless the State and any recipients of services in the event COUNTY does not reimburse CONTRACTOR for services performed under this Agreement.

IV. TERM AND TERMINATION

- A. Term. This Agreement shall be effective July 1, 2021 and shall remain in effect until June 30, 2023
- B. Termination without Cause. Either party may terminate this Agreement at any time without cause by serving thirty (30) calendar days’ advance written notice upon the other party. The notice shall state the effective date of the termination.
- C. Termination with Cause. COUNTY, in its sole and absolute discretion, may terminate this Agreement immediately upon the occurrence of any of the following events:
 - 1. CONTRACTOR’S failure to comply with COUNTY’S Utilization Review procedures;
 - 2. CONTRACTOR’S failure to abide by Grievance decisions;

3. CONTRACTOR'S failure to meet COUNTY qualification criteria;
4. CONTRACTOR'S failure to submit Annual Reports, Provider's Certification, and accompanying audited financial statement, CONTRACTOR'S Year-End Cost Report Settlement and/or other supporting documents in accordance with the terms of a written notice from COUNTY to CONTRACTOR, and/or, if made part of this Agreement, Exhibit I;
5. CONTRACTOR is unable or reasonably expected to be unable to provide the Services for any reason for a period in excess of thirty (30) consecutive days or sixty (60) days in the aggregate over any three (3) month period.
6. CONTRACTOR'S performance of this Agreement poses an imminent danger to the health and safety of any individual client of COUNTY;
7. CONTRACTOR loses its licensure or certification;
8. CONTRACTOR is suspended, excluded or otherwise becomes ineligible to participate in the Medicare, Medi-Cal, or any other government-sponsored health program;
9. Breach by CONTRACTOR of any confidentiality obligation;
10. Breach by CONTRACTOR of the Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI);
11. CONTRACTOR makes an assignment for the benefit of creditors, admits in writing the inability to pay its debts as they mature, applies to any court for the appointment of a trustee or receiver over its assets, or upon commencement of any voluntary or involuntary proceedings under any bankruptcy, reorganization, arrangement, insolvency, readjustment of debt, dissolution liquidation or other similar law or any jurisdiction;
12. The insurance required to be maintained by CONTRACTOR under this Agreement is terminated, reduced below the minimum coverage requirements set forth in this Agreement, not renewed or cancelled (whether by action of the insurance company or CONTRACTOR) for any reason, and CONTRACTOR has not obtained replacement coverage as required by this Agreement by the effective date of such termination, reduction, non-renewal or cancellation;
13. CONTRACTOR is rendered unable to comply with the terms of this Agreement for any reason; or
14. COUNTY determines that CONTRACTOR is in violation or breach of any provision of this Agreement or violation of Federal, State or local laws, and thirty

(30) calendar days have passed since written notice of the violation or breach has been given by COUNTY, without remedy thereof by CONTRACTOR to the satisfaction of COUNTY.

- D. Termination or Amendment in Response to Reduction of Government Funding. Notwithstanding any other provision of this Agreement, if Federal, State or local government terminates or reduces its funding to the COUNTY for services that are to be provided under this Agreement, COUNTY, in its sole and absolute discretion after consultation with the CONTRACTOR, may elect to terminate this Agreement by giving written notice of termination to CONTRACTOR effective immediately or on such other date as COUNTY specifies in the notice. Alternatively, COUNTY and CONTRACTOR may mutually agree to amend the Agreement in response to a reduction in Federal, State or local funding.
- E. Survival of Obligations after Termination. Termination of this Agreement shall be effected by notice of termination to CONTRACTOR specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. Upon termination of this Agreement, COUNTY shall no longer refer clients to the CONTRACTOR under this Agreement, and the rights and duties of the parties shall be terminated, except that the following obligations shall survive termination:
1. CONTRACTOR shall, pursuant to this Agreement and upon approval of the Behavioral Health Director, continue treatment of clients who are receiving care from CONTRACTOR until completion of treatment or until continuation of the client's care by another provider can be arranged by COUNTY;
 2. COUNTY shall arrange for such transfer of treatment no later than sixty (60) calendar days after Agreement termination if the client's treatment is not by then completed;
 3. COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services rendered prior to termination or required to be rendered after termination;
 4. Upon termination or expiration of this Agreement, CONTRACTOR shall continue to remain obligated with respect to any confidentiality obligation as described in Section VIII and in accordance with Exhibit C to this Agreement, HIPAA and PHI in accordance with Exhibit F to this Agreement, indemnification described in Section XI to this Agreement, professional liability insurance described in Section XII to this Agreement, annual reports and cost report settlement described in Section XIV and in accordance with Exhibit I to this Agreement, and access to and audit of records described in Section XV to this Agreement, and in accordance with all applicable laws; and
 5. CONTRACTOR shall not do anything or cause any other person to do anything that interferes with COUNTY'S efforts to engage any other person or entity for

the provision of the services set forth in this Agreement, or interfere in any way with any relationship between COUNTY and any other person or entity who may be engaged to provide the services to COUNTY.

V. COMPLIANCE WITH APPLICABLE LAWS AND TERMS OF FEDERAL, STATE AND/OR LOCAL STATUTES AND FEDERAL AND/OR STATE GRANTS

- A. Compliance with Laws. In providing services and meeting requirements for payment reimbursement for mental health treatment services under this Agreement, CONTRACTOR shall comply with all applicable Federal, State, and local laws, regulations, rules, and guidelines, including, but not limited to, Title XIX of the Social Security Act, California Welfare and Institutions Code, Divisions 5, 6, and 9; California Code of Regulations, Titles 9 and 22; any Short-Doyle and Short-Doyle/Medi-Cal policies as identified in the State Letters, Office of Management and Budget (OMB) Circular Nos. A-122 and 133, the Cost Reporting/Data Collection (CR/DC) Manual, and the Mental Health policies issued by the County of Monterey.
- B. Compliance with Terms of Federal and/or State Grants. If this Agreement is funded with monies received by the COUNTY pursuant to contract(s) with the Federal and/or State government in which the COUNTY is the grantee, CONTRACTOR shall comply with all provisions of said contract(s), to the extent applicable to CONTRACTOR as a sub-grantee under said contract(s), and said provisions shall be deemed a part of this Agreement as if fully set forth herein. Upon request, COUNTY shall deliver a copy of said contract(s) to CONTRACTOR at no cost to CONTRACTOR.

VI. CONTRACT MONITORING AND QUALITY CONTROL

- A. The Federal, State and COUNTY shall have the right to inspect and evaluate the quality, appropriateness and timelines of services performed under this Agreement.
- B. The Behavioral Health Director shall assign a Contract Monitor to ensure compliance with the terms and conditions of this Agreement. The Contract Monitor and CONTRACTOR shall meet at intervals deemed appropriate by COUNTY. In addition, the Contract Monitor shall review at regular intervals all statistical reports, financial records, clinical records, and other documents concerning services provided under this Agreement. In addition, CONTRACTOR shall at all times cooperate with the COUNTY'S Quality Improvement ("QI") Plan.
- C. CONTRACTOR shall conduct reviews at regular intervals of the quality and utilization of services for all recipients of service under this Agreement. CONTRACTOR shall furnish all required data and reports in compliance with State Client and Service Information System ("CSI"). Units of time reporting, as stipulated in the Cost Reporting/Data Collection ("CR/DC") manual, are subject to special review and audit.

- D. If CONTRACTOR is an in-patient facility, CONTRACTOR shall submit its patient admissions and length of stay requests for utilization review through existing hospital systems or professional standards review organizations.

VII. LICENSURE, CERTIFICATION AND STAFFING REQUIREMENTS

- A. Licensure and Certification. CONTRACTOR shall furnish qualified professional personnel as prescribed by Title 9 of the California Code of Regulations, the California Business and Professions Code, the California Welfare and Institutions Code, and all other applicable laws for the type of services rendered under this Agreement. All personnel providing services pursuant to this Agreement shall be fully licensed in accordance with all applicable law and shall remain in good professional standing throughout the entire duration of this Agreement. CONTRACTOR shall comply with all COUNTY and State certification and licensing requirements and shall ensure that all services delivered by staff are within their scope of licensure and practice.
- B. Medi-Cal Certification. If CONTRACTOR is an organizational provider of Medi-Cal specialty mental health services, CONTRACTOR shall maintain certification during the term of this Agreement. This includes meeting all staffing and facility standards required for organizational providers of Medi-Cal specialty mental health services which are claimed and notifying COUNTY'S Contract Monitor in writing of anticipated changes in service locations at least sixty (60) days prior to such change.
- C. Staff Training and Supervision. CONTRACTOR shall ensure that all personnel, including any subcontractor(s) performing services under this Agreement, receive appropriate training and supervision. CONTRACTOR shall also maintain appropriate levels of staffing at all times when performing services under this Agreement.
- D. Exclusion from Participation in Federal Health Care Program or State Equivalent.
1. CONTRACTOR shall not employ or contract with providers or other individuals and entities excluded from participation in Federal health care programs under either Section 1128 or 1128A of the Social Security Act. Federal Financial Participation (FFP) is not available for providers excluded by Medicare, Medicaid, or the State Children's Insurance Program, except for emergency services.
 2. CONTRACTOR shall not employ or contract with services to be provided under the terms of this Agreement by any officer, employee, subcontractor, agent or any other individual or entity that is on the List of Excluded Individuals/Entities maintained by the U.S. Department of Health and Human Services, Office of the Inspector General ("OIG") or the California State Medi-Cal Suspended and Ineligible Provider List ("S&I") maintained by the California Department of Health Care Services (DHCS).

- a. CONTRACTOR shall be responsible to determine on a monthly basis whether any of its officers, employees, subcontractors, agents, or other individuals or entities are on either or both excluded lists of OIG and S&I and shall immediately notify the COUNTY upon discovery that any of its officers, employees, subcontractors, agents, or other individuals or entities appears on either or both excluded lists.
- b. The OIG list is currently found at the following web address: <http://exclusions.oig.hhs.gov>. The S&I list is currently found at the following web address: <http://www.medi-cal.ca.gov/references.asp>.

VIII. PATIENT RIGHTS

- A. CONTRACTOR shall comply with all applicable patients' rights laws including, but not limited to, the requirements set forth in California Welfare and Institutions Code, Division 5, Part 1, sections 5325, et seq., and California Code of Regulations, Title 9, Division 1, Chapter 4, Article 6 (sections 860, et seq.).
- B. As a condition of reimbursement under this Agreement, CONTRACTOR shall ensure that all recipients of services under this Agreement shall receive the same level of services as other patients served by CONTRACTOR. CONTRACTOR shall ensure that recipients of services under this Agreement are not discriminated against in any manner including, but not limited to, admissions practices, evaluation, treatment, access to programs and or activities, placement in special wings or rooms, and the provision of special or separate meals. CONTRACTOR shall comply with Assurance of Compliance requirements as set forth in Exhibit D and incorporated by reference as if fully set forth herein.

IX. MAINTENANCE AND CONFIDENTIALITY OF PATIENT INFORMATION

- A. CONTRACTOR shall maintain clinical records for each recipient of service in compliance with all Federal and State requirements. Such records shall include a description of all services provided by the CONTRACTOR in sufficient detail to make possible an evaluation of services, and all data necessary to prepare reports to the State, including treatment plans, records of client interviews, and progress notes.
- B. CONTRACTOR shall retain clinical records for a minimum of seven (7) years and, in the case of minors, for at least one (1) year after the minor has reached the age of majority, but for a period of no less than seven (7) years. Clinical records shall be the property of the COUNTY and maintained by the CONTRACTOR in accordance with Federal, State and COUNTY standards.
- C. CONTRACTOR shall comply with the Confidentiality of Patient Information requirements set forth in Exhibit C and incorporated by reference as if fully set forth herein.

X. REPORTS OF DEATH, INJURY, DAMAGE, OR ABUSE

- A. Reports of Death, Injury, or Damage. If death, serious personal injury, or substantial property damage occur in connection with the performance of this Agreement, CONTRACTOR shall immediately notify the Behavioral Health Director by telephone. In addition, CONTRACTOR shall promptly submit to COUNTY a written report including: (1) the name and address of the injured/deceased person; (2) the time and location of the incident; (3) the names and addresses of CONTRACTOR'S employees or agents who were involved with the incident; (4) the names of COUNTY employees, if any, involved with the incident; and (5) a detailed description of the incident.
- B. Child Abuse Reporting. CONTRACTOR shall ensure that all known or suspected instances of child abuse or neglect are promptly reported to proper authorities as required by the Child Abuse and Neglect Reporting Act, California Penal Code sections 11164, et seq. CONTRACTOR shall require all of its employees, consultants, and agents performing services under this Agreement who are mandated reporters under the Act to sign statements indicating that they know of and shall comply with the Act's reporting requirements.
- C. Elder Abuse Reporting. CONTRACTOR shall ensure that all known or suspected instances of abuse or neglect of elderly people 65 years of age or older and dependent adults age 18 or older are promptly reported to proper authorities as required by the Elder Abuse and Dependent Adult Protection Act (California Welfare and Institutions Code, sections 15600 Code, et seq.). CONTRACTOR shall require all of its employees, consultants, and agents performing services under this Agreement who are mandated reporters under the Act to sign statements indicating that they know of and shall comply with the Act's reporting requirements.

XI. INDEMNIFICATION

CONTRACTOR shall indemnify, defend, and hold harmless the COUNTY, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies, in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR'S performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the COUNTY. "CONTRACTOR'S performance" includes CONTRACTOR'S action or inaction and the action or inaction of CONTRACTOR'S officers, employees, agents and subcontractors.

XII. INSURANCE

- A. Evidence of Coverage. Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the COUNTY'S Contracts/Purchasing Office, unless otherwise directed. The CONTRACTOR shall not receive approval for services for work under this Agreement until all insurance has been obtained as required and approved by the COUNTY. This approval of insurance shall neither relieve nor decrease the liability of the CONTRACTOR.

- B. Qualifying Insurers. All coverage, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the COUNTY'S Contracts/Purchasing Officer.
- C. Insurance Coverage Requirements. Without limiting CONTRACTOR'S duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:
1. Commercial general liability insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broadform Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.
 2. Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence if maximum estimated reimbursement obligation by COUNTY to CONTRACTOR under this Agreement is over \$100,000 or of not less than \$500,000 per occurrence if maximum estimated reimbursement obligation by COUNTY to CONTRACTOR under this Agreement is \$100,000 and less.
 3. Workers Compensation Insurance, if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.
 4. Professional Liability Insurance, if required for the professional service being provided, (e.g., those persons authorized by a license to engage in business or

profession regulated by the California Business and Professional Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a “claims-made” basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage (“tail coverage”) with the same liability limits. Any such tail coverage shall continue for at least three (3) years following the expiration or earlier termination of this Agreement.

- D. Other Insurance Requirements, All insurance required by this Agreement shall be with a company acceptable to the COUNTY and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three (3) years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the COUNTY shall be given notice in writing at least thirty (30) calendar days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insured with respect to liability arising out of the CONTRACTOR’S work, including ongoing and complete operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the COUNTY and that the insurance of the Additional Insured shall not be called upon to contribute to a loss covered by the CONTRACTOR’S insurance.

Prior to the execution of this Agreement by the COUNTY, CONTRACTOR shall file certificates of insurance with the COUNTY’S contract administrator and the COUNTY’S Contracts/Purchasing Office, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five (5) calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by COUNTY, annual certificates to COUNTY'S Contract Administrator and COUNTY'S Contracts/Purchasing Office. If the certificate is not received by the expiration date, CONTRACTOR shall have five (5) calendar days to send the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance coverage is a breach of this Agreement, which entitles COUNTY, at its sole and absolute discretion, to (1) immediately disallow claim(s) for payment and/or withhold payment(s) by COUNTY to CONTRACTOR, pursuant to Section III (A), for services rendered on or after the effective date of termination, reduction, non-renewal, or cancellation of the insurance coverage maintained by CONTRACTOR, and/or (2) terminate this Agreement pursuant to Section IV.

XIII. BUDGET AND EXPENDITURE REPORT

- A. CONTRACTOR shall submit, as requested by the COUNTY, the Budget and Expenditure Report provided as Exhibit H, if made part of this Agreement, identifying CONTRACTOR'S allowable costs and program revenues. COUNTY shall identify program revenues for COUNTY funds, and CONTRACTOR shall identify allowable costs and other program revenues as defined in Exhibit B, Section VI, paragraph B of this Agreement, if applicable. The budget shall be the basis for payment reimbursements, cost settlement activities, and audits.
- B. CONTRACTOR shall submit an electronic copy of the Six-(6) Month and the Year-to-Date Budget and Expenditure report by February 15 and by the date specified by the COUNTY, respectively, to the COUNTY using Exhibit H as the template format. The report shall include data related to the actual costs incurred, revenues earned, and the number of actual clients served by each funded program.

XIV. PREPARATION OF ANNUAL REPORT(S) AND CONTRACTOR'S YEAR-END COST REPORT SETTLEMENT

- A. Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement. CONTRACTOR shall submit by COUNTY'S required deadlines the following, as it pertains to this Agreement:
 - 1. State Cost Report.
 - 2. Annual Mental Health Services Act (MHSA) Revenue and Expenditure Reports.
 - 3. Annual Report(s), as applicable and required by the COUNTY.
 - 4. CONTRACTOR'S Year-End Cost Report Settlement in accordance with the terms and conditions set forth in Exhibit I, if made part of this Agreement.

Such Annual Reports, numbered (1) through (3) above, and such cost report settlement, numbered (4) above, shall be prepared in accordance with generally

accepted accounting principles and Federal, State and COUNTY reimbursement requirements using forms, templates and instructions provided by the COUNTY.

- B. Preparation and Submission of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement in Response to Termination or Cancellation of Agreement. If this Agreement is terminated or canceled prior to June 30th of any fiscal year, CONTRACTOR shall prepare and submit to COUNTY an Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement with the COUNTY for services/activities rendered during the fiscal year(s) for which the CONTRACTOR'S applicable Report(s) is (are) outstanding and shall adhere to the terms and conditions set forth in Exhibit I, if made part of this Agreement. If Exhibit I is not a part of this Agreement, CONTRACTOR shall prepare and submit to COUNTY a cost report and any applicable reports as requested by the COUNTY.
- C. Non-submission of Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement. Failure to submit the Annual Report(s) and/or the CONTRACTOR'S Year-End Cost Report Settlement, described in Section XIV (A), within thirty (30) calendar days after COUNTY'S applicable due date(s) is a breach of this Agreement, which entitles COUNTY, in its sole and absolute discretion, to (1) disallow claim(s) for payment for services/activities rendered during the fiscal year(s) for which the CONTRACTOR'S applicable Report(s) is (are) outstanding, (2) withhold payment(s) for reimbursements payable pursuant to Section III (A) to CONTRACTOR for the current fiscal year by COUNTY to CONTRACTOR, and/or (3) terminate this Agreement pursuant to Section IV. CONTRACTOR shall comply with Annual Report(s) and CONTRACTOR'S Year-End Cost Report Settlement requirements as set forth in Exhibit I, if Exhibit I is made part of this Agreement.
- D. Cost Report Training. CONTRACTOR shall attend a one-time mandatory cost report training provided by the COUNTY. COUNTY shall provide further training as needed and as required in accordance with changes in the State cost report requirements. CONTRACTOR shall adhere to cost report training requirements and shall comply in accordance with Exhibit I, Section III, if made part of this Agreement.

XV. ACCESS TO AND AUDIT OF RECORDS

- A. Right to Inspect Records. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with Federal and State laws including, but not limited to the California Welfare and Institutions Code (WIC) Sections 14170 et seq., the COUNTY or its representative, Federal or State governments may conduct an audit, review or other monitoring procedures of the CONTRACTOR regarding the services/activities provided under this Agreement. The COUNTY or its representative, Federal or State governments shall have the right to inspect any and all books, records, and facilities maintained by CONTRACTOR during normal business hours and without advance notice to evaluate the use of funds and the cost, quality, appropriateness, and timeliness of services.

- B. Maintenance of Records. CONTRACTOR shall maintain any and all records documenting all services set forth under this Agreement for a period of seven (7) years from the end of the fiscal year in which such services were provided or until three (3) years after final resolution of any audits, CONTRACTOR'S Year-End Cost Report Settlement, State Cost Report Settlement, or appeals, whichever occurs later. CONTRACTOR shall maintain such records in a form comporting with generally accepted accounting and auditing standards and all applicable laws.
- C. Overpayment. If the results of any audit, CONTRACTOR'S Year-End Cost Report Settlement, or State Cost Report Settlement shows that the funds paid to CONTRACTOR under this Agreement exceeded the amount due, then CONTRACTOR shall pay the excess amount to COUNTY in cash not later than thirty (30) calendar days after the COUNTY notifies the CONTRACTOR of such overpayment; or, at COUNTY'S election, COUNTY may recover the excess or any portion of it by offsets made by COUNTY against any payment(s) owed to CONTRACTOR under this or any other Agreement or as set forth in Exhibit I, if made part of this Agreement.
- D. Responsibility for Audit and/or Cost Report Settlement Exceptions. Any and all audit and/or Cost Report Settlement exceptions by COUNTY or any Federal or State agency resulting from an audit and/or Cost Report Settlement of CONTRACTOR'S performance of this Agreement, or actions by CONTRACTOR, its officers, agents, and employees shall be the sole responsibility of the CONTRACTOR.
- E. Availability of Records for Grievances and Complaints by Recipients of Service. CONTRACTOR shall ensure the availability of records for the prompt handling of grievances or complaints filed by recipients of services. Release of records shall be subject to the confidentiality provisions set forth in this Agreement.
- F. Reports. CONTRACTOR shall prepare any reports and furnish all information required for reports to be prepared by the COUNTY as may be required by the State of California or applicable law.

XVI. NON-DISCRIMINATION

- A. Non-discrimination. During the performance of this Agreement, CONTRACTOR shall not unlawfully discriminate against any person because of race, religion, color, sex, national origin, ancestry, mental or physical handicap, medical condition, marital status, age (over 40), or sexual orientation, either in CONTRACTOR'S employment practices or in the furnishing of services to recipients. CONTRACTOR shall insure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be unlawful discrimination. In addition, CONTRACTOR'S facility access for the disabled shall comply with § 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794).

- B. Discrimination defined. The term “discrimination,” as used in this Agreement, is the same term that is used in Monterey County Code, Chapter 2.80 (“Procedures for Investigation and Resolution of Discrimination Complaints”); it means the illegal denial of equal employment opportunity, harassment (including sexual harassment and violent harassment), disparate treatment, favoritism, subjection to unfair or unequal working conditions, and/or discriminatory practice by any Monterey County official, employee or agent, due to an individual’s race, color, ethnic group, sex, national origin, ancestry, religious creed, sexual orientation, age, veteran’s status, cancer-related medical condition, physical handicap (including AIDS) or disability. The term also includes any act of retaliation.
- C. Application of Monterey County Code Chapter 2.80. The provisions of Monterey County Code Chapter 2.80 apply to activities conducted pursuant to this Agreement. CONTRACTOR and its officers and employees, in their actions under this Agreement, are agents of the COUNTY within the meaning of Chapter 2.80 and are responsible for ensuring that their workplace and the services that they provide are free from discrimination, as required by Chapter 2.80. Complaints of discrimination made by recipients of services against CONTRACTOR may be pursued by using the procedures established by or pursuant to Chapter 2.80. CONTRACTOR shall establish and follow its own written procedures for prompt and fair investigation and resolution of discrimination complaints made against CONTRACTOR by its own employees and agents or recipients of services pursuant to this Agreement, and CONTRACTOR shall provide a copy of such procedures to COUNTY on demand by COUNTY.
- D. Compliance with Applicable Law. During the performance of this Agreement, CONTRACTOR shall comply with all applicable Federal, State and local laws and regulations which prohibit discrimination including, but not limited to, the following:
1. California Code of Regulations, Title 9, §§ 526, 527;
 2. California Fair Employment and Housing Act, (Govt. Code § 12900, et seq.), and the administrative regulations issued thereunder, Cal. Code of Regulations, Title 2, § 7285, et seq.;
 3. California Government Code, sections 11135-11139.5 (Title 2, Div. 3, Part 1, Chap. 1, Art. 9.5) and any applicable administrative rules and regulations issued under these sections;
 4. Federal Civil Rights Acts of 1964 and 1991 (see especially Title VI, 42 U.S.C. § 2000(d), et seq.), as amended, and all administrative rules and regulations issued thereunder (see especially 45 C.F.R. Parts 80);
 5. Sections 503 and 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§ 793 and 794); all requirements imposed by the applicable HHS regulations (45 C.F.R. Part 84); and all guidelines and interpretations issued pursuant thereto;
 6. Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq., and 47 U.S.C. §§ 225 and 611, and any Federal regulations issued pursuant thereto (see 24 C.F.R. Chapter 1; 28 C.F.R. Parts 35 and 36; 29 C.F.R. Parts 1602, 1627, and 1630; and 36 C.F.R. Part 1191);

7. Unruh Civil Rights Act, Cal. Civil Code § 51, et seq.
8. California Government Code section 12900 (A-F) and California Code of Regulations, Title 2, Division 4, Chapter 5.

In addition, the applicable regulations of the California Fair Employment and Housing Commission implementing Government Code § 12990 as set forth in Chapter 5, Division 4 of Title 2 of the California Code of Regulations are incorporated into this Agreement by reference and made a part hereof as if set forth in full.

- E. Written Assurance. Upon request by COUNTY, CONTRACTOR shall give any written assurances of compliance with the Civil Rights Acts of 1964 and 1991, the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as may be required by the Federal government in connection with this Agreement, pursuant to 45 C.F.R. sec. 80.4 or C.F.R. § 84.5 or other applicable Federal or State regulations.
- F. Written Statement of Non-discrimination Policies. CONTRACTOR shall maintain a written statement of its non-discrimination policies and procedures. Such statement shall be consistent with the terms of this Agreement and shall be available to CONTRACTOR'S employees, recipients of services, and members of the public upon request.
- G. Notice to Labor Unions. CONTRACTOR shall give written notice of its obligations under this section to labor organizations with which it has a collective bargaining or other agreement.
- H. Access to Records by Government Agencies. CONTRACTOR shall permit access by COUNTY and by representatives of the State Department of Fair Employment and Housing and any Federal or State agency providing funds for this contract upon reasonable notice at any time during normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, facilities, and other sources of information as the inspecting party may deem appropriate to ascertain compliance with these nondiscrimination provisions.
- I. Binding on Subcontractors. The provisions above shall also apply to all of CONTRACTOR'S subcontractors who provide services pursuant to this Agreement. CONTRACTOR shall include the non-discrimination and compliance provisions set forth above in all its subcontracts to perform work or provide services under this Agreement.

XVII. CULTURAL COMPETENCY AND LINGUISTIC ACCESSIBILITY

- A. CONTRACTOR shall provide services in a culturally competent manner to assure access to services by all eligible individuals as required by State regulations and policies, other applicable laws, and in accordance with Exhibit E of this Agreement.

Cultural competency is defined as a congruent set of practice skills, behaviors, attitudes, and policies that enable staff to work effectively in providing contractual services under this Agreement in cross-cultural situations. Specifically, CONTRACTOR'S provision of services shall acknowledge the importance of culture, adapt services to meet culturally unique needs, and promote congruent skills, behaviors, attitudes, and policies enabling all persons providing services to function effectively in cross-cultural situations.

- B. CONTRACTOR shall provide linguistically accessible services to assure access to services by all eligible individuals as required by State regulations and policies and other applicable laws. Specifically, CONTRACTOR shall provide services to eligible individuals in their primary language through linguistically proficient staff or interpreters. Family members, friends, or neighbors may be used as interpreters only in emergency situations.
- C. For the purposes of this Section, "access" is defined as the availability of medically necessary mental health services in a manner that promotes and provides the opportunity for services and facilitates their use.

XVIII. DRUG FREE WORKPLACE

CONTRACTOR shall submit to the COUNTY evidence of compliance with the California Drug-Free Workplace Act of 1990, California Government Code sections 8350, et seq., to provide a drug-free workplace by doing all of the following:

- A. Publishing a Statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that shall be taken against employees for violations of the prohibitions.
- B. Establishing a drug-free awareness program to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The person's or organization's policy of maintaining a drug-free workplace;
 - 3. Any available drug counseling, rehabilitation, and employees assistance programs;
 - 4. The penalties that may be imposed upon employees for drug abuse violations;
 - 5. Requiring that each employee engaged in the performance of the Agreement or grant is given a copy of the company's drug-free policy statement and that, as a condition of employment on the contract or grant, the employee agrees to abide by the terms of the statement.

XIX. INDEPENDENT CONTRACTOR

In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent contractor and not as an employee of the COUNTY. No offer or obligation of permanent employment with the COUNTY or particular COUNTY department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from COUNTY any form of employee benefits including, but not limited to sick leave, vacation, or retirement benefits, workers' compensation coverage, insurance, disability benefits, or social security benefits, or unemployment compensation or insurance. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes including, but not limited to, Federal and State income taxes and Social Security, arising out of CONTRACTOR'S compensation for performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold the COUNTY harmless from any and all liability COUNTY may incur because of CONTRACTOR'S failure to pay such taxes when due.

XX. SUBCONTRACTING

CONTRACTOR may not subcontract any services under this Agreement without COUNTY'S prior written authorization. At any time, COUNTY may require a complete listing of all subcontractors employed by the CONTRACTOR for the purpose of fulfilling its obligations under the terms of this Agreement. CONTRACTOR shall be legally responsible for subcontractors' compliance with the terms and conditions of this Agreement and with applicable law. All subcontracts shall be in writing and shall comply with all Federal, State, and local laws, regulations, rules, and guidelines. In addition, CONTRACTOR shall be legally responsible to COUNTY for the acts and omissions of any subcontractor(s) and persons either directly or indirectly employed by subcontractor(s).

XXI. GENERAL PROVISIONS

- A. Amendment. This Agreement may be amended or modified only by an instrument in writing signed by all the parties hereto.
- B. Assignment and Subcontracting. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement, either in whole or in part, without the prior written consent of the COUNTY. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the COUNTY. Any assignment without such consent shall automatically terminate this Agreement. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- C. Authority. Any individual executing this Agreement on behalf of an entity represents and warrants hereby that he or she has the requisite authority to enter into this

Agreement on behalf of such entity and bind the entity to the terms and conditions of the same.

- D. Compliance with Applicable Law. The parties shall comply with all applicable Federal, State, and local laws and regulations in performing this Agreement.
- E. Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.
- F. Construction of Agreement. The parties agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment hereto.
- G. Contractor. The term “CONTRACTOR” as used in this Agreement includes CONTRACTOR’S officers, agents, and employees acting on CONTRACTOR’S behalf in the performance of this Agreement.
- H. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- I. Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.
- J. Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- K. Headings. The section and paragraph headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- L. Integration. This Agreement, including the exhibits hereto, shall represent the entire Agreement between the parties with respect to the subject matter hereof and shall supersede all prior negotiations, representations, and/or agreements, either written or oral, between the parties as of the effective date hereof.
- M. Non-exclusive Agreement. This Agreement is non-exclusive and both parties expressly reserve the right to contract with other entities for the same or similar services.
- N. Severability. In the event of changes in law that effect the provisions of this Agreement, the parties agree to amend the affected provisions to conform to the changes in the law retroactive to the effective date of such changes in law. The

parties further agree that the terms of this Agreement are severable and, in the event of changes in law as described above, the unaffected provisions and obligations of this Agreement shall remain in full force and effect.

- O. Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of the COUNTY and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and insure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- P. Time is of the essence. Time is of the essence in each and all of the provisions of this Agreement.
- Q. Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the parties hereto. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

XXII. NOTICES AND DESIGNATED LIAISONS

Notices to the parties in connection with this Agreement may be given personally or may be delivered by certified mail, return receipt requested, addressed to:

COUNTY OF MONTEREY

Katy Eckert, MBA
Behavioral Health Bureau Chief
1270 Natividad Road
Salinas, CA 93906
(831) 755-4509

CONTRACTOR

Barbara Mitchell, MSW
Executive Director
P.O. Box 3222
Monterey, CA 93942
(831) 649-4522

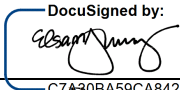
IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

CONTRACTOR – INTERIM, INC.

By: _____
Contracts/Purchasing Officer

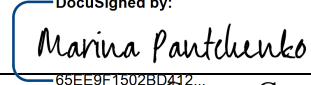
Date: _____

By:  _____
Department Head (if applicable)

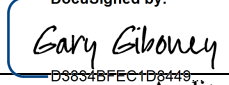
Date: 6/18/2021 | 11:42 AM PDT

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹
By:  _____
County Counsel

Date: 5/26/2021 | 2:14 PM PDT

Approved as to Fiscal Provisions²
By:  _____
Auditor/Controller

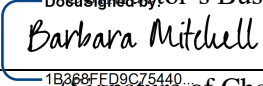
Date: 5/26/2021 | 2:22 PM PDT

Approved as to Liability Provisions³
By: _____
Risk Management

Date: _____

County Board of Supervisors' Agreement Number: _____.

By: _____
Contractor's Business Name*

 _____
(Signature of Chair, President,
or Vice-President)*
Barbara L. Mitchell, Executive Director

Name and Title

Date: 5/25/2021 | 2:59 PM PDT

By:  _____
Pali Weerasekera, Director of Finance

(Signature of Secretary, Asst. Secretary,
CFO, Treasurer or Asst. Treasurer)*

Name and Title

Date: 5/25/2021 | 3:06 PM PDT

*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
PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN
CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS**

A. PROGRAM DESCRIPTION

CONTRACTOR acknowledges all programs providing mental health treatment services will be provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. All individuals served in these programs, with the exception of the following programs: ELEVEN through FOURTEEN, must meet the criteria of a serious mental illness diagnosis and have a functional impairment that interferes with their ability to live a meaningful and productive life in the community.

PROGRAM ONE:

1. **Program Name:** Manzanita House – Salinas & Monterey

2. **Program Description:**

Type of Facility: Short-Term Adult Crisis Residential

Address of Delivery Site: 200 Casentini Street, Salinas, CA 93907

343 Dela Vina Ave, Monterey, CA 93940

Program Schedule: Provides 24-hour care, 7 days a week. Intake shall be on a 24-hour basis with all County referrals made by Monterey County Behavioral Health Bureau (MCBHB) designated staff and Interim Case Coordinators.

Continued Stay Criteria: Medical necessity is reviewed weekly, and any extension of care beyond 30 days requires authorization from the Behavioral Health Deputy Director of the Adult System of Care (ASOC) or designee & Interim Program Director. No consumer may stay longer than 89 days.

Total # of Beds Available: 22 beds between Salinas & Monterey

Target # of Consumers: 260 between both locations

Manzanita House (“Manzanita”) is a short-term crisis residential treatment program which offers community-based rehabilitative services in a non-institutional residential setting with a structured program. Manzanita is an alternative to inpatient psychiatric care for adult clients of the Monterey County Behavioral Health System experiencing an acute psychiatric episode or crisis who do not require in-patient psychiatric treatment and who do not have medical complications requiring nursing care. The program and facilities are licensed by the State of California, Department of

Social Services Community Care Licensing (CCL) as a “Social Rehabilitation Facility” and are certified by the Department of Health Care Services as short-term Crisis Residential Treatment Service Facilities. Interventions concentrate on symptom reduction, medication and functional stabilization. Service activities include behavioral health assessment, behavioral health treatment and discharge plan development, individual and group counseling, as well as development of a community support system. Interim’s psychiatric services team provides care to Manzanita clients.

Medication Support Services are provided by an Interim psychiatrist, registered nurse, certified nurse specialist, licensed vocational nurse, nurse practitioner, Physician Assistant or psychiatric technician. MCBH will provide psychiatric services in the event that Interim cannot provide due to staff vacancies. This service allows consumers to take an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

3. Program Purpose

This community-based short-term crisis residential program is an alternative to in-patient hospitalization. Manzanita focuses on reduction of the crisis, stabilization, and collaborates with the MCBH support team and resident to develop a safe discharge plan including referrals for further treatment or support services to ease the transition into community living. All MCBH referrals will be offered an assessment for program admission.

4. Desired Results

Crisis residential services are therapeutic and/or rehabilitation services that are provided in a 24-hour residential treatment program for individuals experiencing an acute psychiatric episode or crisis, and who do not present criteria for inpatient acute psychiatric care. The program supports individuals in their efforts to restore, maintain and apply interpersonal and independent living skills, and access to community support systems.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practices: Motivational Interviewing, Harm Reduction, Seeking Safety, Wellness Recovery Action Plan (WRAP) and Trauma-Informed approaches. Licensed/licensed eligible staff also provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 70% of consumers will report crisis management & stabilization.	<ul style="list-style-type: none"> • Measured at exit via the survey questions: I am learning how to use community support services. I am learning how to manage my symptoms. I am learning about the benefits and side effects of my medications.

	I am learning how to deal effectively with problems and crises. I feel this program is helping maintain my recovery.
2. 75% of consumers will discharge to a lower level of care.	• Measured by Exit Data in Avatar; "Discharge Location" module. (Lower level of care is anything except in-patient psych or jail.)
3. 75% of consumers will meet or partially meet their treatment plan goals.	• Measured by "Type of Discharge" category in Avatar. (Type of discharge is treatment goals reached, treatment goals partially reached, no further care needed at this facility.)
4. 80% of consumers surveyed will report satisfaction with the quality of services provided.	• Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.

6. Who are the partners involved in program implementation?

MCBHB Medical Director or designee provides medical consultation on an as needed basis. Interim has also hired consultants to provide medical consultation to nursing staff at the facility. Interim psychiatric services provides care to all Manzanita residents and works collaboratively with MCBH in providing continuum of care.

7. What is the eligibility criteria for admission to the program?

- Priorities for admission are those clients from a higher level of care such as Inpatient Mental Health Unit or an IMD.
- Financial Eligibility: Short-Doyle/Medi-Cal eligible or based on referral from MCBHB or from Interim, Inc. case coordinators.
- Ambulatory adults 18 years of age and older with acute to moderate level of impairment but do not meet 5150 criteria that are under conservatorship or under voluntary terms. A maximum of two non-ambulatory residents with assistive devices and three clients age 60 and over at any time as per CCL restrictions.
- Adults with DSM 5 serious mental illness Diagnostic Categories including but not limited to: schizophrenia, bipolar disorders, schizoaffective disorders, mental health disorders that substantially interfere with the person's functional ability to carry out primary aspects of daily living in the community. Diagnoses that do not meet SMI status need an exception from MCBHB Deputy Director or designees and Interim Deputy Directors or designees.
- All clients must meet the general DSS Community Care Licensing, and DHCS requirements for health and safety, including Needs Appraisal and Physician's Report that indicates the program can meet the client's needs in the following areas: social/family, emotional, physical, mental, functioning, and suicide prevention. Admission eligibility determined by Interim Program Director or designee.

When a client is referred, and staff at Interim conclude client is not appropriate for the program, how will this be resolved?

When there is a denial of admission, the Program Staff will pursue the following steps as outlined below.

1. If the consumer referral is not accepted, the Interim Program Manager will provide a concise report that documents the rationale and criteria used to justify the denial of admission into the program. This documentation will be sent to the Case Coordinator, Supervisor, and Manager.
2. If there continues to be a difference of opinion on why the consumer was not eligible for admission/acceptance into the program, the Manager of the Interim Program and the Manager of the ASOC Program will meet in person or via telephone to discuss the issues and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.
3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

Interim will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential, MCHOME, and ACT Welcoming and Engagement Team.

What is the discharge level of care? What is the anticipated length of service?

- Discharge is when clients are no longer meeting medical necessity, i.e. client has stabilized on medication and implements coping strategies to manage symptoms in order to maintain safety in the larger community.
- Length of stay depends on the client's functional stability for community living.
- Maximum length of stay is 30 days without additional MCBHB authorization to ensure successful completion of treatment plan.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB refers all clients. Interim, Inc. serves economically disadvantaged populations who meet the standards for no/low-income status or are Short-Doyle/Medi-Cal eligible.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing to ensure services align with the consumer’s readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and eligible admissions/assessments are available 24/7. Admissions are based on most-in-need versus first on waiting list based on MCBHB and Interim evaluation.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. Program Capacity and Total Annual Number to Be Served in the Program.

MCBH has access to a total of 22 beds. The programs are located in Monterey and Salinas. The location of the 22 beds will vary depending on consumer and program needs. The annual number to be served is approximately 260.

PROGRAM TWO

1. **Program Name:** Bridge House

2. **Program Description:**

Type of Facility: 24-Hour Adult Transitional Residential Treatment

Address of Delivery Site: 601 Bayonet Circle Marina, CA 93933

Program Schedule: Provides residents 24-hour care, 7 days a week. Intake will be pre-arranged by appointment. Monday – Friday, residents will be offered therapeutic groups.

Limitation of Service: Consumers may receive up to 6 months of transitional residential treatment.

Continued Stay Criteria: Any extension beyond the 6 residential months requires authorization by the Monterey County Behavioral Health Bureau Deputy Director or designee and Interim Deputy Director or designee.

Total # of Beds Available: 14 beds

Target # of Consumers: 40+ Residential Program participants

Bridge House (“Bridge”) is a transitional residential treatment program for adults with co-occurring serious mental illnesses and substance use disorders. Staff utilize Motivational Interviewing and Harm Reduction in providing counseling services and other activities. Clients’ goals are focused mental health wellness and substance use recovery principles. Clients work to improve symptom management, personal, social and family functioning, and gain substance use recovery skills. Services are provided on an individual, group, and milieu basis. Therapeutic groups are offered during day hours Monday-Friday. The program is licensed by the California Dept. of Social Services, Community Care Licensing as a social rehabilitation facility and certified by the Department of Healthcare Services for transitional residential treatment. Clients are referred by the Monterey County Behavioral Health Bureau or by Interim case coordinators.

3. **Program Purpose**

Transitional residential services for individuals with dual diagnosis in non-institutional residential setting where consumers are supported in their efforts to stabilize their psychiatric symptoms while restoring, maintaining, and applying interpersonal and skill building techniques are more cost efficient, and more effective in helping clients transition to being productive community members than institutional alternatives. Bridge’s transitional residential treatment program provides a therapeutic/wellness and recovery community including a range of activities and services for consumers who would be at risk of hospitalization or other more restrictive living settings if they were not in a transitional residential program.

4. **Desired Results**

Through the transitional residential program consumers learn how to engage in a dual recovery process so they can reach and maintain recovery goals and lead safe, meaningful, and healthy lives. Consumers learn and practice recovery skills specifically in relapse prevention, symptom management, emotional, social and family functioning with the goal of successfully integrating into the community.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Seeking Safety, Wellness Recovery Action Plan (WRAP), Trauma-Informed approaches, Double Trouble in Recovery and Cognitive Skills for Relapse Prevention in Criminal Behavior. Licensed/licensed eligible staff provides Cognitive Behavioral Therapy and Dialectical Behavioral Therapy.

Goal	Measurement & Data Source
1. 70% of consumers will discharge to a lower level of care.	• Measured by Exit Data in Avatar; "Discharge Location" module. (Lower level of care is anything except in-patient psych, Manzanita or jail.)
2. 75% of consumers will remain clean and sober during their stay at Bridge.	• Measured by data from results of regular urinalysis testing. Testing results log, staff observations and clients' self-reports as documented in Avatar/EMR; "substance use testing" module.
3. 80% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program.	• Measured by psychiatric hospitalization data records in EMR/Avatar.
4. 85% of consumers will appropriately engage with a PCP.	• Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
5. 80% of consumers surveyed will report satisfaction with the quality of services provided.	• Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.

6. Who are the partners involved in program implementation?

Monterey County Behavioral Health Bureau.

MCBHB Medical Director or her/his designee provides psychiatry services and medical consultation to nursing staff at the facility.

7. What is the eligibility criteria for admission to these programs? When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved?

Admission eligibility

- The populations to be served are adults aged 18 year and older with major psychiatric disabilities and who have a substance abuse disorder diagnosis that require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- DSM 5 Diagnostic Categories for serious mental illness includes schizophrenia, bipolar disorders, schizoaffective disorders, and major depression with psychotic features that substantially interferes with the person's ability to carry out primary aspects of daily living in the community. DSM 5 Diagnostic Categories for substance use disorders focuses on the harmful effects of alcohol and other drugs on the behavioral, cognitive and physiological functioning of an individual.
- Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status, or referral by MCBHB.

- Referral through Interim case coordinators and MCBHB care coordinators with admission approval by Interim, Inc. staff. Referrals from other community providers will be approved by the Deputy Director of ASOC or designees. Program staff will assess consumers for appropriateness to the level of care, for compatibility with other residents, and safety. Any exceptions to the admission criteria are reviewed and approved by MCBHB Deputy Director or designees and Interim Deputy Directors or designees.
- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- All clients must meet the general DSS Community Care Licensing, and DHCS requirements for health and safety, including Needs Appraisal and Physician's Report that indicates the program can meet the client's needs in the following areas: Social/family, emotional, mental, physical, functioning, and suicide prevention.

When there is a denial of admission, the Program Staff will pursue the following steps as outlined below.

1. If the consumer referral is not accepted, the Interim Program Manager will provide a concise report that documents the rationale and criteria used to justify the denial of admission into the program. This documentation will be sent to the Case Coordinator, Supervisor, and Manager.
2. If there continues to be a difference of opinion on why the consumer was not eligible for admission/acceptance into the program, the Manager of the Interim Program and the Manager of the ASOC Program will meet in person or via telephone to discuss the issues and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.
3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

Interim will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential, MCHOME, and ACT Welcoming and Engagement Team.

What is the discharge level of care? What is the anticipated length of service?

- Discharge occurs when clients no longer meet medical necessity for crisis residential services or the client self-discharges from the program

- Length of stay depends on medical necessity and ability to place clients into appropriate discharge placements. Maximum length of residential stay is 6 months without additional MCBHB authorization to ensure successful completion of treatment plan.
- Admission eligibility determined by Interim Program Director or designee.
-

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB refers all clients. Interim serves economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and eligible admission/assessment is available by appointment. Admissions are based on readiness for change and critical need versus first on waiting list based on MCBHB evaluation.

Input from consumers is provided through the consumer run Recovery Task Force as well as resident or consumer council and community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity is 14 beds. The annual number to be served is approximately 40+ residential clients.

PROGRAM THREE:

1. **Program Name:** Community Housing

2. **Program Description:**

Address of Delivery Sites: Casa de Perla, Monterey, CA
Casa de Los Robles, Monterey, CA
Dela Vina (Horizons), Monterey, CA
Pearl Street Apartments, Monterey, CA
Acacia House, Salinas, CA
California House, Salinas, CA
Casa de Paloma, Salinas, CA
Catalyst Apartments & Catalyst A-E, Salinas, CA
Mariposa Apartments Salinas, CA
MCHOPE scattered-site apartments
other potential locations that may be developed

Program Schedule: Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m.
Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.

Limitation of Service: For some Community Housing locations, there are income limitations and individuals must meet the criteria of being homeless as defined by current HUD regulations.

Target # of Consumers: 100+ consumers

Community Housing is a permanent supportive housing program, which provides 100+ affordable housing placements for community independent living for adults with serious and persistent, long term psychiatric disabilities. These placements are provided as individual apartments and/or cooperative group housing units. Interim, Inc. provides case coordination, case management, crisis intervention, and mental health treatment services for residents in all the supported housing programs in accordance with state guidelines established under the rehabilitation option.

3. **Program Purpose**

Community Housing provides mental health services and permanent supportive housing to low income individuals with a serious and long- term psychiatric disability. Mental health services are interventions designed to minimize disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

4. **Desired Results**

The primary public health benefit is providing and assisting low income individuals with serious psychiatric disabilities to maintain safe, affordable, supportive permanent housing. This prevents people from homelessness or institutional placement and improves their quality of life. Federal law requires public mental health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers. Once an individual achieves a higher level of recovery and no longer meets the medical necessity criteria, only with resident's consent, Interim will work on locating other sources of permanent housing.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Motivational Interviewing, Wellness Recovery Action Plan (WRAP), Trauma-Informed approaches, and Permanent Supportive Housing. Licensed/licensed eligible staff provides Cognitive Behavioral Therapy and Dialectical Behavioral Therapy.

Goal	Measurement & Data Source
1. 90% of consumers will maintain or improve their mental health recovery.	• Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
2. 85% of consumers will appropriately engage with a PCP.	• Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
3. 80% of consumers surveyed will report satisfaction with the quality of services provided.	• Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

6. Who are the partners involved in program implementation?

Interim works with the County of Monterey Housing Authority to provide Section 8 housing subsidies for units when possible. Interim administers other rent subsidies through a HUD funded program.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status.

- Referral through Interim case coordinators or MCBHB ASOC service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients will be referred to MCBHB case coordination.
- Housing eligibility is governed by funding sources regulatory agreements; some housing is limited to people with specific income levels. Each property has specific income and asset limitations. Some properties have specific limitations related to criminal records of applicants or rental history.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Interim, Inc.'s Housing Department manages applications for Community Housing. The Housing Department sends denial letters with reasons for denial directly to clients.
- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB refers all clients. Interim serves economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. The program addresses one of the top goals of the Monterey County Lead Me Home 10-year Plan by providing affordable permanent supportive housing. Interim is the only provider of permanent supportive housing for adults with mental illness in Monterey County. MCBHB provides psychiatry services.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity and annual number to be served in housing is 100+ clients. Clients transitioning out will be referred to MCBHB coordination services, and Interim coordination will continue for approximately one month after discharge. There are approximately five clients at any given time that transition out.

PROGRAM FOUR:

1. **Program Name:** Sandy Shores

2. **Program Description:**

Address of Delivery Site:

Sandy Shores, Marina, CA

Program Schedule:

Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.

Limitation of Service:

Full Service Partnership (FSP) program. There are income limitations and individuals must meet the criteria of being homeless as defined by HUD CoC regulations. Half the

residents must have incomes under 20% AMI and half under 30% AMI.

Target # of Consumers: 28 consumers

Sandy Shores is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of service for 28 very low-income individuals all of whom are homeless and have a serious mental health diagnosis that substantially interferes with their functional ability to carry out primary aspects of daily living in the community. The service array includes: intensive case management provided in the FSP model as required by Mental Health Services Act funding, All individuals receive case management, crisis intervention, mental health services, and housing services in an effort to assist individuals to live in the community.

3. **Program Purpose**

Sandy Shores provides intensive mental health services and permanent supportive housing to individuals with a psychiatric disability who are homeless per HUD guidelines. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization. The program is designed for individuals who have failed in other placements and who need a high level of support to live in permanent housing.

Mental health services are interventions designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency. Mental Health services are designed to help residents live successfully in the community.

4. **Desired Results**

Federal law requires public mental health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

The flexibility of support services offered by Permanent Supportive Housing improves residential stability by allowing tenants to remain housed in the same home as their service needs change.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Trauma-Informed approaches, and Wellness Recovery Action Plan (WRAP). Licensed/licensed eligible staff provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 80% of consumers will remain housed at Sandy Shores as of the end of the operating year or exit to other permanent housing destinations during the operating year. (HUD & MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients remaining housed or exiting to other permanent housing. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 80% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> • Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
3. 25% of consumers will attain employment, attend school or a vocational training program, or volunteer. (CoC & MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP (MHSA/FSP).	<ul style="list-style-type: none"> • Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
5. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
6. 75% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar

6. Who are the partners involved in program implementation?

Interim collaborates with the Coalition of Homeless Service Providers as well as the HUD CoC program. MCBHB provides psychiatry services.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, and meet the standards for HUD homeless status and income limitations as defined by the project funding sources (50% of residents must have income under 20% AMI and 50% under 30% AMI).

- Referral through HMIS SPDAT score, Interim case coordinators, and MCBHB ASOC service coordinators with admission approval by Interim, Inc. staff. The waitlist is managed by rules from various funding sources with prioritization given to chronically homeless individuals per HUD's definition.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients will be referred to MCBHB for case coordination.
- Housing eligibility is governed by funding sources regulatory agreements.
- Admission preference is given to clients who meet HUD chronically homeless criteria.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB or Interim case coordinators refer all clients. Interim serves economically disadvantaged populations who meet the standards for HUD's definition of homeless or are Short-Doyle/Medi-Cal eligible. The program addresses one of the top goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable permanent supportive housing. Interim is the only provider of permanent supportive housing for adults with mental illness in Monterey County.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity and annual number to be served is 28 clients. Clients transitioning out will be referred to MCBHB coordination services and Interim coordination will continue for approximately one month after discharge.

PROGRAM FIVE:

1. **Program Name:** Shelter Cove

2. **Program Description:**

Address of Delivery Site:

Shelter Cove, Marina, CA

Program Schedule:

Typically, Monday through Friday 8am to 7pm, and Saturday through Sunday 11am to 7pm. Resident Manager provides coverage on an on-call basis 7 days a week from 8pm to 8am. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.

Limitation of Service:

Transitional housing limited to 1-year stay. There are income limitations and individuals must meet the criteria of being homeless. This program provides transitional housing in individual bedrooms in two- and four-bedroom units.

Residents have individual leases and share the common areas of the units. The project also provides lunch five days a week.

Target # of Consumers: 39 consumers at a given time; approximately 50+ served/year.

Shelter Cove is a supported transitional housing program, which provides housing to 39 very low-income individuals, 20 of which must meet HUD CoC definitions of homelessness, and 19 residents are non CoC resident. All residents must have a serious mental health diagnosis that substantially interferes with their functional ability to carry out primary aspects of daily living in the community. All individuals receive case management, crisis intervention, mental health services and housing services in an effort to help residents learn the skills they will need to successfully transition to independent living. The program's philosophy is based on the Social Rehabilitation Model.

3. **Program Purpose**

The Shelter Cove program is designed for individuals who are incapable of living completely independently and who need transitional affordable housing with support services in order to live successfully in the community. The program focuses on helping individuals learn the skills necessary to move into more independent housing. Mental health services are interventions designed to minimize disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

4. **Desired Results**

The primary public health benefit is providing clients with case management services which help the clients to develop goals that improve their life in areas of health, education, employment, daily living skills in order to help them prepare for independent living. Federal law requires public mental health systems to provide services in integrated community settings, and Permanent and Transitional Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Seeking Safety, Trauma-Informed approaches, and Wellness Recovery Action Plan (WRAP). Licensed/licensed eligible staff provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 65% of the consumers discharging from the program will exit to permanent housing.	<ul style="list-style-type: none"> • Measured by the number of clients exiting into permanent housing upon discharge. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 75% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> • Measured at entry, annually, and at exit thereafter via the Reaching Recovery Needs Level Instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer.	<ul style="list-style-type: none"> • Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP.	<ul style="list-style-type: none"> • Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
5. 80% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

6. **Who are the partners involved in program implementation?**

MCBHB or Interim coordinators provide all referrals for this program. MCBHB provides psychiatry services.

7. **What is the eligibility criteria for admission to the program?**

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, and very low income as well as homeless or at risk of homelessness.
- Referral through Interim case coordinators, and MCBHB ASOC or TAY service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, major depression with psychotic features or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to this criterion are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease.

- Shelter Cove strives toward a sober living/substance free living environment (SLE). Residents are expected to engage in harm reduction and be able to adhere to lease requirements, e.g. there is no substance or alcohol use on property – inside or outside of the housing **Clients referred are assessed by case coordinators for ability to live in SLE.**
- Housing eligibility is governed by funding sources regulatory agreements. Effective July 2020, 20 of the units are governed by HUD CoC regulations with referral through HMIS SPDAT score, Interim case coordinators, and MCBHB ASOC or TAY service coordinators with admission approval by Interim, Inc. staff. The waitlist is managed by rules from various funding sources with prioritization given to chronically homeless individuals per HUD's definition for 20 beds.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.
- Admission preference is given to clients discharging from the Bridge House residential program, Manzanita Monterey and Salinas, and appropriate referrals from IMD's and Enhanced Residential Care Facilities. For the 20 HUD dedicated beds, admission preference is based on HUD regulations as noted above.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service is one year.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community before their two years.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB or Interim case coordinators refer all clients. Interim serves economically disadvantaged populations who are homeless or are Short-Doyle/Medi-Cal eligible. The program addresses one of the goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable transitional supportive housing in order to prepare clients for permanent housing in the community.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and

Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer’s readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity is 39. Annual number to be served is approximately 50+. Clients transitioning out will be referred to MCBHB coordination services and Interim will continue coordination for approximately one month after discharge.

PROGRAM SIX:

1. **Program Name:** Rockrose Gardens

2. **Program Description:**

Address of Delivery Site:	Rockrose Gardens, Marina, CA
Program Schedule:	Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers’ needs.
Limitation of Service:	There are income limitations based on regulatory agreements and 9 individuals must meet the criteria of being homeless or at-risk as defined by CalHFA regulations under the MHSA Housing Program at the time of placement.
Target # of Consumers:	20 consumers

Rockrose Gardens is a permanent supportive housing program, which provides housing to 20 very low-income individuals with a serious mental health diagnosis, 9 of these individuals are homeless or at-risk of homelessness. Interim, Inc. provides case management, crisis intervention, and mental health services for residents in accordance with state guidelines established under the rehabilitation option, and in accordance with MHSA funding regulations.

3. **Program Purpose**

Rockrose Gardens provides mental health services and permanent supportive housing to low income and homeless individuals with a psychiatric disability. Mental health services are interventions designed to minimize disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

4. **Desired Results**

The primary public health benefit is providing and assisting low income and homeless individuals with serious psychiatric disabilities to maintain safe, affordable, supportive permanent housing. This prevents people from homelessness or institutional placement and improves their quality of life. Federal law requires public mental health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Trauma-Informed approaches and Wellness Recovery Action Plan (WRAP). Licensed/licensed eligible staff provides Cognitive Behavioral Therapy and Dialectical Behavioral Therapy.

Goal	Measurement & Data Source
1. 90% of consumers will remain housed at Rockrose as of the end of the operating year or exit to other permanent housing destinations during the operating year. (MHSA)	<ul style="list-style-type: none"> • Measured by number of clients remaining housed or exiting to other permanent housing. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> • Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be

	completed quarterly or as indicated by the Reaching Recovery Steering Committee.
3. 30% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA)	<ul style="list-style-type: none"> Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR. Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP. (MHSA)	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
5. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

6. Who are the partners involved in program implementation?

Interim collaborates with MCBHB, and HUD. MCBHB provides psychiatry services.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status. Tenants must meet HUD restrictions on income and assets.
- Referral through Interim case coordinators or MCBHB ASOC service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB Deputy Director or designees. (Exceptions to this criterion are only approved by MCBHB and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients are referred to MCBHB case coordination services.
- Nine residents must meet MHSA housing criteria for being homeless or at-risk of homelessness upon entry.
- Housing eligibility is governed by funding sources regulatory agreements.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Interim, Inc.'s Housing Department manages applications for Rockrose. The Housing Department sends denial letters with reasons for denial directly to clients.
- Program staff will collaborate with MCBHB case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of psychiatric supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community per the terms of their lease agreement.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB refers all clients. Interim serves economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. The program addresses one of the top goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable permanent supportive housing. Interim is the only provider of permanent supportive housing for adults with mental illness in Monterey County. The housing units all have Project Based Section 8 vouchers to provide rent subsidies for tenants.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity and annual number to be served is 20 clients. Clients transitioning out will be referred to MCBHB coordination services, and Interim will continue coordination for approximately one-month post discharge.

PROGRAM SEVEN:

1. Program Name: Lupine Gardens

2. Program Description:

Address of Delivery Site: Lupine Gardens, Salinas, CA

Program Schedule: Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff are on-call and available via cellphone for emergencies 24 hours/ day. Staff schedule may vary based upon consumers' needs. A resident manager lives on the premises for night emergencies.

Limitation of Service: Full Service Partnership (FSP) program. There are income limitations per HUD and criteria of being homeless or at-risk of homelessness as defined by HCD MHP regulations.

Target # of Consumers: 20 consumers

Lupine Gardens is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of services to 20 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes: intensive case management provided in the FSP model as required by Mental Health Services Act funding, and assistance with daily living skills i.e., meals, house cleaning, self- administration of medication, and laundry services in order to live independently in the community.

3. Program Purpose

Lupine Gardens provides intensive mental health services and permanent supportive housing to vulnerable individuals with a psychiatric disability who are homeless or at-risk of homelessness. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term

crisis residential programs, hospital crisis teams, and unnecessary institutionalization. The program is designed for individuals who have failed in other placements and who need a high level of support to live in permanent housing.

Mental health services are interventions designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

4. **Desired Results**

The primary public health benefit is permanent housing for a vulnerable group of individuals. The program also provides intensive case management and case coordination services in which the client and case manager work together to develop goals to improve client's life in areas of health, education, employment, daily living skills. Federal law requires public mental health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Trauma-Informed approaches and Wellness Recovery Action Plan (WRAP). Licensed/licensed eligible staff provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 60% of consumers will remain housed at Lupine as of the end of the operating year or exit to other permanent housing destinations during the operating year. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients remaining housed or exiting to other permanent housing. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> • Measured at entry, annually, and at exit thereafter via the RecoveryNeeds Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.

4. 85% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
5. 85% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
6. 75% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar

6. **Who are the partners involved in program implementation?**

MCBHB or Interim coordinators provide all referrals for this program. MCBHB provides psychiatry and medication support services.

7. **What is the eligibility criteria for admission to the program?**

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status as well as homelessness or at-risk of homelessness upon entry.
- Referral through Interim case coordinators or MCBHB ASOC service coordinators with admission approval by Interim. staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients are referred to MCBHB for case coordination.
- Housing eligibility is governed by funding sources regulatory agreements; housing is limited to people with specific income levels.
- Admission eligibility determined by Interim Program Director and Housing Director or designees.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Interim, Inc.'s Housing Department manages applications for Lupine. The Housing Department sends denial letters with reasons for denial directly to clients.
- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB refers all clients. Interim serves economically disadvantaged populations who meet the standards for low-income status, are homeless or at-risk, and are Short-Doyle/Medi-Cal eligible. The program addresses one of the top goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable permanent supportive housing. Interim is the only provider of permanent supportive housing for adults with mental illness in Monterey County. The housing units all have Project Based Section 8 vouchers to provide rent subsidies for tenants.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity is 20 housing units and annual number to be served is 20 clients. Housing is provided in studio apartments. Clients transitioning out will be referred to MCBHB coordination services and Interim coordination will continue for approximately one month after discharge

PROGRAM EIGHT:

1. Program Name: Sunflower Gardens

2. Program Description:

Address of Delivery Site: Sunflower Gardens, Salinas, CA

Program Schedule: Typically, Monday through Friday, 8:30 a.m. to 5:00 p.m. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers’ needs. A resident manager is available at night for emergencies.

Limitation of Service: Full Service Partnership (FSP) program. There are income limitations, and criteria of being homeless or at-risk of homelessness as defined by HCD MHP regulations.

15 Permanent Supportive Housing Units (13 efficiency and 2 shared 4-bedroom units), and 2 Transitional Housing Units (2 efficiency units)

Target # of Consumers: 23 consumers

Sunflower Gardens is an intensive permanent and transitional supportive housing program, which provides Full Service Partnership (FSP) level of services to 23 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes: assessments, evaluation, case coordination, intensive case management provided in the FSP model as required by Mental Health Services Act funding, assistance in accessing benefits, and assistance with daily living skills in order to help consumers meet the terms of their lease and live independently in the community.

3. Program Purpose

Sunflower Gardens provides case coordination, intensive mental health services, medication support services, and permanent or transitional supportive housing to vulnerable individuals with a serious mental illness who are homeless or at-risk of homelessness. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs,

hospital crisis teams, and unnecessary institutionalization in residential care homes, and instead to increase resilience and self-sufficiency.

Behavioral health services are interventions designed to minimize functional impairment due to serious mental illness and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

Medication Support Services are provided by an Interim psychiatrist, registered nurse, certified nurse specialist, licensed vocational nurse, nurse practitioner, Physician Assistant or psychiatric technician. MCBH will provide psychiatric services in the event that Interim cannot provide due to staff vacancies. This service allows consumers to take an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

4. **Desired Results**

Homeless or at risk of homelessness individuals with serious mental illness receive the necessary support system to ensure success in obtaining and maintaining housing as well as integrating into the community. Intensive case management services in which client and case manager work together to develop goals to improve client's life in areas of health, education, employment, daily living skills.

Federal law requires public behavioral health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Harm Reduction, Trauma-Informed approaches, Permanent Supportive Housing, and Wellness Recovery Action Plan (WRAP), and Seeking Safety. Licensed/licensed eligible staff provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 70% of consumers will remain housed at SFG as of the end of the operating year or exit to other permanent housing destinations during the operating year. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients remaining housed or exiting to other permanent housing. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 90% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> • Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery

	Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR. Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
5. 90% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
6. 75% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR. Data source: EMR/Avatar
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR. Data source: EMR/Avatar

SFG=Sunflower Gardens

6. Who are the partners involved in program implementation?

MCBHB or Interim coordinators provide all referrals for this program, including primary health care.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status as well as homelessness or at-risk of homelessness upon entry.
- Referral through Interim case coordinators and MCBHB ASOC service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease.
- Housing eligibility is governed by funding sources regulatory agreements.

- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Interim, Inc.'s Housing Department manages applications for Sunflower. The Housing Department sends denial letters with reasons for denial directly to clients.
- Program staff will provide case coordination to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing. The maximum length of stay in the two transitional units is two years.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

The MCHOME outreach program (see PROGRAM NINE below) has outreach workers who engage with individuals on the street and Interim case coordinators and Program Director determine their eligibility for this FSP and housing option. Interim serves economically disadvantaged populations who meet the standards for low-income status, are homeless or at-risk, and are Short-Doyle/Medi-Cal eligible.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and staff are available on-call 24-hours a day to provide emergency support.

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include

family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receives training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity and annual number to be served is 23 clients. Clients transitioning out will be referred to MCBHB case coordination and continue to be served by Interim case coordinators for approximately one month after discharge.

PROGRAM NINE:

1. Program Name: MCHOME

2. Program Description:

Address of Delivery Sites: MCHOME, Marina, CA with countywide outreach
Sun Rose, Salinas, CA (opening in FY 2022-23)
Wesley Oaks, Salinas, CA
Moon Gate, Salinas, CA

Program Schedule: Typically, Monday through Sunday, 8:30 a.m. to 5:00 p.m.
Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.

Limitation of Service: Full Service Partnership (FSP) program. There are income limitations per regulatory agreements for the two houses, and criteria of being homeless or at-risk of homelessness as defined by HUD regulations. Serving homeless adults with serious mental illness and/or functioning limitations that substantially interfere with ability to carry out primary aspects of daily living in the community.

Target # of Consumers: # of clients varies each fiscal year with 17 residing at Sun Rose (starting FY2022-23), 4 at Wesley Oaks, and 20 at Moon Gate; total clients served is 80 with 20 new clients enrolled each year.

The MCHOME Program is a Full-Service Partnership (“FSP”), which provides wrap-around services, and outreach for adults with a psychiatric disability who are homeless or at high risk of homelessness. The purpose of the program is to assist adults with mental illness, including those

served by the Adult System of Care, and Access, to move off the street into housing and employment and/or on benefits through outreach, assessments, intensive case management services, mental health services, and assistance with daily living skills.

Medication Support Services are provided by an Interim psychiatrist, registered nurse, certified nurse specialist, licensed vocational nurse, nurse practitioner, Physician Assistant or psychiatric technician. MCBH will provide psychiatric services in the event that Interim cannot provide due to staff vacancies. This service allows consumers to take an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

Wesley Oaks is an intensive permanent supportive housing program, which provides a Full Service Partnership level of services to 4 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes: intensive case management and mental health services provided in the FSP model as required by Mental Health Services Act funding, and independent living skills development in order to help residents live self-sufficiently in the community.

MidPen's Moon Gate Plaza is a permanent housing facility at which MCHOME provides FSP level services to 20 low income individuals with a serious mental health diagnosis, all of the clients are homeless or at risk of homelessness.

Sun Rose Housing, funded via No Place Like Home and other government funds, will be built and open for occupancy in FY 2022-23. This housing will replace Soledad House, and will have provide 8 transitional housing beds and 7 permanent housing units. This housing provide will a central place and a program identity that fosters positive peer support and provides consumers with the tools to maintain housing.

3. Program Purpose

MCHOME provides intensive mental health services, medication support services, and shelter/housing support to vulnerable individuals with a psychiatric disability who are homeless or at-risk of homelessness. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization in residential care homes. The program also focuses on helping individuals who are not currently receiving services from the public behavioral healthcare system to obtain psychiatric medications and other needed medical services. The program also works closely with the Department of Social Services to help individuals to enroll in benefits, including SSI.

Mental health services are interventions designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

4. **Desired Results**

Individuals with mental illness who are living on the street are stabilized, housed, and reintegrated into the community. Also, law enforcement, veterans' offices, the Probation Department, city officials, business councils, etc. have a program to which to refer when they are concerned about a homeless individual. MCHOME also works to temporarily move homeless individuals off the streets into motels or shelters to help to stabilize or prevent harm to homeless persons who are particularly vulnerable.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practice: Motivational Interviewing, Trauma-Informed approaches, and Wellness Recovery Action Plan (WRAP). Case coordinators may also provide Cognitive Behavioral Therapy and/or Dialectical Behavioral Therapy.

Goal	Measurement & Data Source
1. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.
2. Upon discharge from MCHOME, 60% of consumers will be residing in transitional and/or permanent housing. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by number of clients discharging to either transitional or permanent housing. Data Source: Clients self-report and staff observations of discharge locations. Staff will complete a KET and enter into EMR system. Data source: EMR/Avatar KET & exit data; "Discharge Location" module.
3. 75% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
4. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
5. 67% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR. Data source: EMR/Avatar
6. 50% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR. Data source: EMR/Avatar

6. Who are the partners involved in program implementation?

MCHOME collaborates with MCBHB, the Coalition of Homeless Services providers, Community Housing Improvement Systems and Planning Association, Inc. (CHISPA), the Cities of Monterey and Salinas and numerous community organizations. MCHOME works actively with law enforcement agencies and hospitals to engage homeless persons who are identified as possibly having mental health challenges. Interim also has a service agreement with MidPen Housing for the Moon Gate units for MCHOME clients.

7. What is the eligibility criteria for admission to the program?

- No MCBHB referral is required for admission to MCHOME. Priority admission is for MCHOME outreach clients, but MCHOME accepts referrals from MCBHB ASOC, Access, and TAY services and Interim case coordinators. Referrals also come from family members, law enforcement, Hospital Emergency Departments as well as other community agencies.
- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status as well as homelessness or at-risk of homelessness upon entry.
- The populations to be served are adults with serious mental illness and/or functioning limitations that substantially interfere with ability to carry out primary aspects of daily living in the community. Upon discharge, rehabilitative mental health and case management services will be terminated.
- Admission eligibility determined by Interim Program Director or designee.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved?

When there is a denial of admission, the Program Staff will pursue the following steps as outlined below.

1. If the consumer referral is not accepted, the Interim Program Manager will provide a concise report that documents the rationale and criteria used to justify the denial of admission into the program. This documentation will be sent to the Case Coordinator, Supervisor, and Manager.
2. If there continues to be a difference of opinion on why the consumer was not eligible for admission/acceptance into the program, the Manager of the Interim Program and the Manager of the ASOC Program will meet in person or via telephone to discuss the issues and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.
3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of

ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

Interim will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential, MCHOME, and ACT Welcoming and Engagement Team.

What is the discharge level of care? What is the anticipated length of service?

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Discharge is when clients are no longer meeting medical necessity or consumer self-discharges, or is unavailable or unable to participate in services.
- Length of service depends on medical necessity and ability to place clients into appropriate discharge placements. Clients must agree to be discharged from an FSP unless the client is no longer willing to engage in services.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

Interim serves economically disadvantaged populations who meet the standards for low-income status, are homeless or at-risk, or are Short-Doyle/Medi-Cal eligible.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and eligible admission/assessment is available Monday through Friday.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity and annual number to be served is 80 during the fiscal year.

PROGRAM TEN:

1. **Program Name:** Keep It Real

2. **Program Description:**

Address of Delivery Site: 41 E. San Luis St., Salinas, CA 93901
617 Bayonet Circle Marina, CA 93933

Program Schedule: Monday through Friday, 8am – 5pm.

Limitation of Service Clients are referred by the Monterey County Behavioral Health staff or Interim case coordinators.

Target # of Consumers: 85

Keep It Real, formerly known as Dual Recovery Services is an outpatient Harm Reduction psychotherapy and social rehabilitation program for adults with co-occurring serious mental illness and substance use disorders. The program is staffed with mental health clinicians and substance use disorder specialists. The program assists clients in developing dual recovery skills, improving successful community living, and engaging in harm reduction strategies based on consumers’ individual substance use goals. Staff provide individual and group psychotherapy and counseling and other activities, using the evidenced based practices of Motivational Interviewing, Trauma Informed Care, and Harm Reduction. Staff also provide clinical mental health assessment/evaluation, rehabilitation, and mental health services.

Staff will provide outreach activities to identify consumers needing and desiring services.

3. **Program Purpose**

Clients develop goals that are focused on their individual stages of change to improve symptom management, personal and social enjoyment, interdependence, and substance use recovery. Participants are encouraged to identify and seek employment or other meaningful activities as defined by the participant that could enhance their lives and the lives of the community.

4. **Desired Results**

Keep It Real aims to increase consumers’ successful adjustment to community living after completion of dual recovery residential program by reducing any harm to self, others and community resulting from substance use.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Motivational Interviewing, Harm Reduction, Seeking Safety, Trauma-Informed approaches, and Wellness Recovery Action Plan (WRAP).

Goal	Measurement & Data Source
1. Program will serve 85 consumers with co-occurring serious mental illness and substance use disorders.	• Outcome measured by the number of individuals participating in the program services during the fiscal year based on data entered into the EMR and the tracking spreadsheet.
2. 80% of consumers served during the FY will eliminate all psychiatric hospitalization, while in the program. (MHSA)	• Measured by psychiatric hospitalization data records in EMR/Avatar.
3. 85% of consumers will not experience incarceration, while in the program. (MHSA)	• Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via EMR. • Data source: EMR/Avatar; "Incarceration" module.
4. 90% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	• Measured by client self-report via annual "Consumer Satisfaction" survey instrument, or at exit.

6. Who are the partners involved in program implementation?

MCBHB is a key partner in implementation and referrals.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible.
- Referral through MCBHB ASOC, TAY, ACCESS or Interim coordinators with admission approval by Interim staff.
- The populations to be served are adults age 18 and older with a primary serious mental illness diagnosis who have a co-occurring substance abuse disorder diagnosis and who require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- Admission eligibility determined by Interim Program Director or designee.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Program staff will provide written documentation of the rationale for denial of admission to the case coordinator and supervisor. Interim staff will collaborate with MCBHB coordinators on recommendations for alternative referral plans as requested.
- Interim program staff will collaborate with MCBHB clinical staff to create an alternative referral plan for appropriate services.
- Discharge is when clients have returned to stable community functioning and are able to maintain sobriety.
- Length of service depends on individual need.

8. **What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?**

MCBHB refers all clients. Interim serves economically disadvantaged populations who are Short-Doyle/Medi-Cal eligible.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and eligible admission/assessment is available by appointment only Monday through Friday. Admissions are based on most-in-need versus first on waiting list based on MCBHB evaluation.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity and annual number to be served is 85 individuals.

PROGRAM ELEVEN:

1. **Program Name:** Outreach and Aftercare Services (SAMHSA block grant)

2. Program Description:

Address of Delivery Sites: 41 E. San Luis St., Salinas, CA 93901, other services delivered in South County in MCBHB operated clinics, and community locations.

Program Schedule: Monday through Friday, 8am – 5pm.

Target # of Consumers: 40

Outreach and Aftercare Services is an outpatient program for adults, with co-occurring serious mental illnesses and substance use disorders, living in the community who are at risk and/or in need of dual recovery or other substance use treatment program. This program focuses on those individuals not currently receiving services from Monterey County Adult System of Care (ASOC); or they are open to ASOC, but do not want to engage in the dual recovery services as offered by the Keep It Real program; another group of clients includes those who are in a pre-contemplative or contemplative state of change and are open to attending recovery groups, but need more time to commit to individualized intensive services as offered by Keep It Real; the third group of clients includes those clients needing “step down” type aftercare services upon discharge from Keep It Real .

Outreach and Aftercare staff help to facilitate formation and operation of Double Trouble in Recovery meetings in Monterey, Marina, and Salinas, engaging persons with serious mental illness and substance abuse disorders. The program provides outreach to South Monterey County and operates outreach and groups at County operated BH clinics.

3. Program Purpose

Outreach and Aftercare uses wellness and recovery and Harm Reduction principles to develop the recovery skills needed to successfully live in community. Outreach and Aftercare staff provide individual and group counseling to help clients with harm reduction, managing substance use or substance free living, satisfying activities , and successful community life (including obtaining/maintaining housing) through the evidenced based practice of Motivational Interviewing and Harm Reduction, clients develop goals that are focused on improving symptom management skills, personal and social enjoyment, and substance use recovery skills. Staff provide assessment/evaluation, rehabilitation, and mental health services.

4. Desired Results

Outreach and Aftercare aims to assist clients with developing the recovery skills necessary to maintain successful community integration, and substance use recovery.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Motivational Interviewing, Seeking Safety, Trauma-Informed approaches, and Wellness Recovery Action Plan (WRAP).

Goal	Measurement & Data Source
1. Program will serve 40 consumers with co-occurring mental illness and substance use disorders who are not receiving services from Monterey County Behavioral Health Bureau (exception: South County), or they are opened to MCBHB, but are homeless or at risk of becoming homeless because of their substance abuse disorder, or they are open to ASOC, but do not want to engage in the dual recovery services as offered by Keep It Real.	• Outcome measured by the number of clients participating in services as indicated on tracking spreadsheet.
2. 75% of consumers surveyed will improve their mental health recovery. (MHSA)	• Measured by pre-and post-self-survey results using the Recovery Assessment Scale (RAS) standardized survey tool.
3. 85% of consumers will be referred to and obtain services from community resource providers.	• Outcome measured by number of clients referred or participating in community resources. Staff tracking and documentation of referrals made for each individual client.

6. Who are the partners involved in program implementation?

Other agencies in the BH system and in the Coalition of Homeless Services providers can provide referrals. This program frequently works with faith communities, local hospitals and outpatient health care providers.

7. What is the eligibility criteria for admission to the program?

- The populations to be served are adults with major psychiatric disabilities age 18 and older who have a substance use disorder diagnosis and who require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- Dually diagnosed adults who are not opened to the Monterey County Adult System of Care (except in South County, where clients can also be open to the BH system). Clients open to BH may also be provided non-Medi-Cal eligible services such as recruitment for the Dual Recovery Anonymous system.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Discharge is when clients are no longer meeting medical necessity.
- Length of service depends on medical necessity and ability to place clients into appropriate discharge placements.

8. **What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?**

This program reaches those who are not opened to the Monterey County Behavioral Health System of Care (except in South County), because they either do not meet the eligibility criteria for the Adult System of Care, are waiting to be opened with MCBHB or are ineligible for Medi-Cal benefits. OAS also takes referrals for homeless adults, those recently released from jail, and those being monitored by the Probation Department who have dual recovery needs. Another group of clients includes those who are in a contemplative state of change and are open to attending recovery groups, but need more time to commit to individualized intensive services as offered by Keep It Real. The third group of clients includes those clients needing “step down” type aftercare services upon discharge from Keep It Real. These adults with co-occurring disorders need support in both their mental health and drug and alcohol recovery to successfully live in the community. OAS will refer clients who are eligible to MCBHB and/or other resources in the community.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer’s readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary, and eligible admission/assessment is available by appointment only Monday through Friday. Admissions are based on most-in-need versus first on waiting list based on MCBHB evaluation.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity and annual number to be served is 40 individuals.

PROGRAM TWELVE:

1. Program Name: Workforce Education & Training (WET)

2. Program Description:

Address of Delivery Site: 41 E. San Luis St., Salinas, CA 93901

Program Schedule: Monday through Friday, 8am – 5pm

Limitation of Service: Clients are self-referred

Target # of Consumers: 45

Workforce Education & Training (WET) promotes successful employment of consumers and family members in the public mental health system in Monterey County. The program provides outreach, recruitment, employment support services, job analysis, training, and job coaching for mental health consumers or family members to promote a diverse and stable mental health workforce. The WET program provides twelve (12) trainings per fiscal year on skill development and facilitates two (2) vocational support groups per month.

All services are consistent with MHSa guidelines and incorporate the General Standards set forth in Title 9, California Code of Regulations (CCR), Section 3320:1) wellness, recovery and resilience, 2) cultural competence, 3) consumer and family driven mental health services, 4) an integrated service experience, and 5) collaboration with the community.

3. Program Purpose

WET supports consumers with gainful employment in the mental health workforce thereby giving them an ability to influence the system of care. This program also helps promote recovery and creates a collaborative community.

4. Desired Results

The community benefits include having those who understand and who have experienced the mental health system, as consumers or family members, share their first-hand experience. This program allows for diversity and improvement to the mental health workforce. Consumer-operated or peer support services are an evidence-based practice recognized by SAMHSA. Consumer-operated services have diverse sets of practices, but research has recognized four basic types of

functions: mutual support, community building, providing services, and advocacy. Some consumer-operated services assume all four of these functions; others emphasize only some of them. People with common life experiences have a unique capacity to help each other because they share a deep understanding that might not exist in other relationships. Mutual support exemplifies the “helper’s principle” which means that both parties benefit from the process. When peers support each other in this way, there is no need to designate who is the “helper” and who is the “helpee.” They might switch back and forth in these roles or act simultaneously. The WET program recruits and trains peers and family member to work in the public mental health system and provides training and support to help consumers and family members effectively work in their jobs.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Motivational Interviewing, and peer support.

Goal	Measurement & Data Source
1. Serve 45 (unduplicated) consumers or family members employed in the public mental health system each fiscal year, including Wellness Navigators.	<ul style="list-style-type: none"> • Measured by the number of unduplicated participants each year. • Data source: Data spreadsheet indicating consumers or family members participating in the services, i.e. job coaching, employment training, etc.
2. Provide two vocational support groups per month.	<ul style="list-style-type: none"> • Measured by staff providing at least two groups and clients attendance in groups. • Data Sources: Agenda for support groups and attendance records with attendees’ signatures.
3. Provide 12 trainings per fiscal year on skill development.	<ul style="list-style-type: none"> • Measured by staff providing at least 12 trainings each year and clients’ attendance in trainings. • Data Sources: Agenda for trainings and attendance records with attendees’ signatures.
4. Provide 1 annual training to those staff who supervise peers as well as at least 1 individual consult for supervisors supervising peers.	<ul style="list-style-type: none"> • Measured by staff providing at least one annual training, and one individual consult for supervisors of peers. • Data Sources: Attendance records.

6. Who are the partners involved in program implementation?

MCBHB is a key partner in implementation. Persons served can be employed by MCBHB or any non-profit or for-profit agency contracted to the public mental health system.

7. What is the eligibility criteria for admission to the program?

- Adults, 18 and over who are mental health consumers or family members and are currently employed by or interested in becoming employed by the either the public mental health system or a non-profit or profit agency contracted to the public mental health system.
- Referral: Self-referral.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- Individuals are admitted to the program on a self-referral basis.
- Clients can self-discharge from the program. Clients also discharge when they are no longer working in mental health field or don't require services.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

Interim serves economically disadvantaged individuals who are interested in working in the public mental health system or are currently working in the public mental health system and who have lived experience or who are family members of those with a serious mental illness.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

All services are provided to consumers and family members. These services are not clinical in nature. A curriculum of groups and trainings are offered that promote cultural competency, wellness and recovery principles, healthy boundaries and communication skills. Services are also provided to supervisors who supervise consumers and family members to help them integrate consumers and family members effectively into the workplace.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity and annual number to be served is 45 individuals.

PROGRAM THIRTEEN:

1. **Program Name:** OMNI Resource Center

2. **Program Description:**

Address of Delivery Sites: 339 Pajaro St., Salinas, CA 93901 & other locations for groups. Some services provided via telephone & video conferencing on an as needed basis.

Program Schedule: Monday through Friday, 10am – 4pm, some evenings

Target # of Consumers: 250 consumers, and outreach/education to 250 community members through presentations/webinars

OMNI’s mission is to increase mental health wellness by providing person-centered, trauma informed, recovery-based services designed for life enrichment, and personal development. The Center is a peer and family member operated facility. The Center serves to assist members in pursuing personal and social growth through peer counseling/support, community resources, recovery educational, social skill development, social rehabilitation workshops, a peer-run warm line, and supported education services (including: assistance with class enrollment, coordination of services with the educational institution, and ongoing support while consumers are pursuing their educational endeavors) for adults with serious mental illness who would otherwise remain withdrawn and isolated. Additionally, via the Success Over Stigma initiative, consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. Through this initiative, consumers learn how to better advocate for themselves by providing reciprocal peer support and advocacy in their community. Services provided at the Pajaro Wellness Center are gauged for multiple age adult groups of various cultural backgrounds with a focus on recovery, interdependence, wellness and empowerment.

3. **Program Purpose**

The community benefits include the provision of services for those who are seeking mental health wellness, and recovery. The Center works to help individuals find a meaningful role in their community, to gain self-empowerment, to advance their educational goals, learn advocacy and leadership skills, and to educate the public on mental health and recovery (via Success Over Stigma activities). The Center also provides warm line services, peer counseling/support, linkage to resources, supported education services, mental health wellness and recovery groups, and social rehabilitation as well as peer connection activities.

4. **Desired Results**

The public health benefits include an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and recovery. Peers come together to socialize, interact with one another, attend support groups and join in planned activities. Additionally, the Center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement at the Center and the community. Through mutual support, self-empowerment and effective programming, the Center’s goal is that each individual will be able to connect, meet their challenges, and find balance in their life and a meaningful role in their community.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Motivational Interviewing and Consumer-Operated Services (SAMHSA).

Goal	Measurement & Data Source
1. Provide services to 250 unduplicated consumers that will expand knowledge of wellness & recovery.	<ul style="list-style-type: none"> • Outcomes measured by the number of consumers participating in events/services. • Data source: Daily sign in sheets and tracking meeting attendance (including tracking virtual meetings/groups/events).
2. 85% of consumers participating in individual / group peer counseling will report maintained or improved mental health recovery.	<ul style="list-style-type: none"> • Measured by pre-and post-self-survey results using the Recovery Assessment Scale (RAS) standardized survey tool.
3. 85% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
4. Assist 20 consumers with pre-enrollment, enrollment, and obtaining educational supportive services.	<ul style="list-style-type: none"> • Measured by the number of consumers enrolled each semester during the FY. • Data Source: Data tracking spreadsheet, recording the number of consumers enrolled in school each semester and the institution they are attending.
5. Reduce mental health stigma in the community by providing 15 educational opportunities in the community (including webinars).	<ul style="list-style-type: none"> • Measured by survey results from presentation attendees and tracking spreadsheet of meetings. • Data sources: Roster of consumers being recruited and receiving training; record of presentations being conducted including locations.

6. Who are the partners involved in program implementation?

The primary partner involved is MCBHB. OMNI also collaborates with other community agencies such as the Homeless Coalition member agencies.

7. **What is the eligibility criteria for admission to the program? When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?**

- The Center is open to all mental health consumers. Referrals from MCBHB or Interim will be given priority. Acceptance into the social rehabilitation activities shall be based on the consideration of the applicant's desire and intended benefit from the activity. An expectation is addressed with each individual admitted regarding requirements of their commitment to the programming. OMNI Center Administrator can authorize services based on MCBHB and Interim referrals, identifying client need for services, or client's self-identification of need for services.
- OMNI provides outreach to local residential care homes.
- Some SOS activities include peer outreach to the in-patient psychiatric units. Individuals and groups are also served through peer presentations in the community to educate the public and provide stigma reduction. Presentations may be done in person, or through webinars, video presentations, phone conferences, zoom meetings.
- The population to be served are adults over 18, who are self-identified as having mental health challenges.
- Clients can self-discharge from the program. Discharge also occurs when clients have met their goals. Lastly, clients are discharged when they stop being in contact with the program.
- Length of service is as long as clients need services.

8. **What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?**

The Center serves all individuals who are seeking peer support including low barrier entry – participants do not need a referral to participate in some OMNI activities. OMNI will provide services in board and care facilities and/or provide transportation for participants from board/care facilities, if transportation is available.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in peer support, active listening, communication skills, and trauma informed care, and harm reduction. All services are voluntary. Input from consumers is provided through the consumer run Recovery Task Force. Interim also hires peers and family members in every area of agency operations. Staff receive training on Cultural and Linguistic Competency and Trauma

Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages. Services are integrated and coordinated with MCBHB.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity and annual number to be served is 250 individuals.

PROGRAM FOURTEEN:

1. **Program Name:** Wellness Navigation consisting of the following two sub-programs:

14a. Peer Partners for Health (PPH); and,

14b. Transportation Coaching Project (TCP)

2. **Program Description:**

Address of Delivery Site: 41 E. San Luis St. Salinas, CA 93901

Limitation of Service: Clients referred by MCBHB ASOC

Target # of Consumers: 70 in PPH & 80 in Transportation Coaching

Wellness Navigation - Peer Partners for Health (PPH) is a consumer driven service offering peer support with mental health recovery, social inclusion, and integration into community resources. Persons served are referred by designated MCBHB case coordination teams. Referrals are guided by persons served identifying a need for recovery skills building and peer support. Based on feedback obtained through Interim's peer run Recovery Task Force, Wellness Navigators serve to create a welcoming and recovery-oriented environment where individuals accessing services at the MCBHB outpatient clinics can feel welcome and supported by someone who may have a similar experience. Wellness Navigators will provide outreach peer support services and community resources information to peers while in the ASOC MCBHB clinics located in Salinas, Marina and South County. This program is also the primary partner with MCBHB to implement the "Transportation Coaching by Wellness Navigators" MHSA Innovation (INN) Project. This INN project has been granted an extension by the State Mental Health Services Oversight & Accountability Commission through FY 22 only. Additional revenues will be required to continue these services beyond June 30, 2022.

Peer Partners for Health:

Examples of services provided by PPH Wellness Navigators:

- Creating and helping to utilize a Wellness Recovery Action Plan (WRAP).
- Teaching and helping practice communication skills for communicating with healthcare providers and others.

- Transportation to healthcare appointments can be provided for clients who need coaching when communicating with providers and who do not have access or cannot utilize transportation.
- Connecting peers with Supported Education and Employment Services (SEES).
- Connecting peers with peer run OMNI Resource Center.
- Teaching and helping practice medication management skills, e.g. self-organization of medications and ordering refills.
- Assisting with familiarization and integration into the public mental health services system by sharing peer stories and other information.
- Providing connection, referrals, and integration into community-based resources.
- Teaching and helping practice how to utilize public transportation.
- Teaching and helping practice time management and organizational skills.
- Teaching and helping practice financial/budget management skills.
- Teaching and helping practice social skills and developing support system.
- Integration into social settings in the community.
- Peer counseling and/or coaching in specific peer support areas.

Transportation Coaching:

The following activities to support implementation of the “Transportation Coaching by Wellness Navigators” Project (“Project”) will be provided in collaboration with MCBHB:

- Identify or develop appropriate Transportation Coaching Lesson Plans and/or activities for Wellness Navigators to provide to Project participants, in response to the specific needs as expressed in their Transportation Needs Assessment (TNA).
- Develop Transportation Resource Guide for Consumers and Family Members.
- Administer TNAs for new and existing clients in Adult System of Care programs.
- All project participants must complete the TNA prior to receiving Transportation Coaching services. Thereafter, Wellness Navigators will re-administer the TNA to each participant at three (3) month intervals and upon completion of the Project, or when participants voluntary discharge from the Project.
- For evaluation purposes, each participant is required to complete a TNA a minimum of two (2) times, i.e. at the beginning and at the end of their participation in the Project.
- Collect and maintain records consisting of TNAs and documentation pertaining to the hiring of Wellness Navigators and the development of Transportation Coaching lessons and activities, inclusive of any staffing and programmatic changes that occur during the implementation of the Project. At the close of the Project, provide these documents to the County MHSA Innovation Coordinator.

3. Program Purpose

Research has shown that mental health peer programs significantly improve persons served wellbeing, recovery, and access to health care. Clients have support in accessing services and building recovery skills and feel as part of a community with the help of peer Wellness Navigators. Wellness Navigators work one-on-one with persons served, promoting mental health recovery and evidence-based practices; providing awareness of the signs and symptoms of mental health

challenges; and assisting consumers in recovery strategies. Wellness Navigators also connect persons served to community resources to promote self-sufficiency and mental health recovery. Wellness Navigators will also administer Transportation Needs Assessments to new and existing clients of Adult System of Care programs.

4. Desired Results

The public health benefits include improved access to medical and mental health care by persons served. This peer support initiative plays an important role in the County’s efforts to promote peer informed services, mental health recovery, peer advocacy, and peer leadership. This strategy will increase resilience, wellness and self-management of health and behavioral health. Through this support, persons served will be more equipped to utilize supports, and resources in their recovery and in the community.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Wellness Navigators will collect data on clients served. Evidenced Based Practices: Consumer-Operated Services (SAMHSA) and Motivational Interviewing.

14a. Peer Partners for Health Goals:

Goal	Measurement & Data Source
1. 75% of consumers who have had at least 8 contacts with a Wellness Navigator will report maintained or improved recovery.	<ul style="list-style-type: none"> Measured by survey results from the Recovery Assessment Scale (RAS).
2. 80% of consumers surveyed will report satisfaction with the quality of services.	<ul style="list-style-type: none"> Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.
3. 50% of consumers will be referred to and obtain services from community resource providers as a result of WN linkage.	<ul style="list-style-type: none"> Tracking of resources provided, such as development of a WRAP, linkage to SEES, OMNI, NA/AA, etc.

14b. Transportation Coaching Goals:

Goal	Measurement & Data Source
1. 100% of Transportation Coaching Project participants will receive a minimum of two (2) Transportation Needs Assessments to assess the impact of Transportation Coaching activities over time.	<ul style="list-style-type: none"> Data collected in each Transportation Needs Assessment.

6. Who are the partners involved in program implementation?

MCBHB.

7. What is the eligibility criteria for admission to the program? When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?

- The population to be served are adults with mental health challenges referred by MCBHB.
- All clients are referred by MCBHB case coordinators and welcomed into clinics.

Duration of services

Wellness Navigation services can be provided to the consumer for a time period of up to three months. Duration of Services can be approved for extension by MCBHB Deputy Director and Interim Deputy Director or designees.

Criteria

Wellness Navigation serves adults with serious mental illnesses (SMI) or serious functional impairments who are referred by MCBHB and who are in need of peer support services. (Services can include adults with SMI who are utilizing other Interim programs.)

Exclusions

Consumers who are actively suicidal or who exhibit aggressive/threatening behaviors.

Admission

Upon referral, the Interim staff will assess ability to participate in a peer support program. Once a referral is received from MCBHB, Interim staff will access and review clients' psychosocial and treatment plans from Avatar EMR, referral information from MCBHB, and information obtained by meeting with the consumer along with a Wellness Navigator. Admission eligibility is determined by Interim Program Director or designee.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

MCBHB ASOC refers all clients. Interim serves economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. Wellness Navigators serve to create a welcoming environment where individuals accessing services for the first time at the MCBHB outpatient clinics can feel welcome and supported by someone who may have a similar experience.

9. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and

Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

Interim solely recruits, trains, and provides the Wellness Navigators. Wellness Navigators are trained in outreach, wellness and recovery, strength and resiliency, communications, and accessing community services. Wellness Navigators receive training in cultural competency.

10. Program Capacity and Total Annual Number to Be Served in the Program.

Program capacity and annual number to be served is dependent on the number of clients referred by MCBHB. Interim anticipates serving approximately 70 consumers with the core Wellness Navigation services of the Peer Partners for Health Program. The total annual number to be served by the Transportation Coaching Project is estimated to be 80.

PROGRAM FIFTEEN:

1. Program Name: Assertive Community Treatment (ACT) Welcoming & Engagement Team

2. Program Description:

Address of Delivery Site: 339 Pajaro St. Salinas

Program Schedule: 5-days/week and 24/7 on call.

Limitation of Service: Full Service Partnership (FSP) program.

Target # of Consumers: 50

The Assertive Community Treatment (ACT) program is a Full-Service Partnership (FSP). Interim’s multidisciplinary ACT team serves 50 adults, annually, with serious mental illnesses and/or serious functioning impairments who meet ACT/FSP level of care. The ACT team brings community based mental health services, and medication support services to consumers who are underserved and unable to access or effectively utilize clinic-based treatment to meet their mental health needs. (MCBH provides psychiatric services in the event that Interim cannot provide due to staff vacancies.) *Priority admission:* Latino/a consumers who are housed or homeless and residing in Salinas Valley and South Monterey County. Services are provided in community settings as needed.

3. Program Purpose

ACT assists consumers with their mental health recovery process and with developing the skills necessary to the lead independent or interdependent, healthy and meaningful lives in the community. This program increases natural support systems by engaging, offering support, and mental health information to consumers’ family members. The program focuses on the Latino

population who are frequent users of acute care services, and, yet, who are failing to engage in ongoing services in the Adult System of Care.

4. Desired Results

ACT aims to assist consumers in attaining community stability and reaching their recovery and rehabilitation goals, including helping consumers to find and keep employment. The program also strives to reduce mental health and substance use symptoms in order to reduce utilization of involuntary care and emergency rooms for mental health and non-acute physical health problems.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practices: Assertive Community Treatment

Goal	Measurement & Data Source
1. 75% of consumers served during the FY will eliminate usage of in-patient hospitalization while in the program.	<ul style="list-style-type: none"> • Measured by clients’ reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar
2. 75% of consumers served during the FY will not experience incarceration, while in the program.	<ul style="list-style-type: none"> • Measured by clients’ reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR. • Data source: EMR/Avatar

6. Who are the partners involved in program implementation?

MCBHB is a key partner in implementation and referrals.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status.
- Referral through Monterey County Behavioral Health Bureau, Adult System of Care/Salinas and South Monterey County teams (MCBHB ASOC), MCBHB ACCESS, Interim Inc., MCBHB Natividad Mental Health Unit and Emergency Room, and Interim MCHOME Outreach.
- Adults residing in Salinas and South Monterey County with serious mental illness and serious functioning impairments, new to services, not engaged with services, and/or difficulty connecting to system’s services due to psychosocial and other barriers.
- Admission eligibility determined by Interim Program Director or designee.

When a client is referred, and staff at Interim conclude client is not appropriate for the program, how will this be resolved?

When there is a denial of admission, the Program Staff will pursue the following steps as outlined below.

1. If the consumer referral is not accepted, the Interim Program Manager will provide a concise report that documents the rationale and criteria used to justify the denial of admission into the program. This documentation will be sent to the Case Coordinator, Supervisor, and Manager.
2. If there continues to be a difference of opinion on why the consumer was not eligible for admission/acceptance into the program, the Manager of the Interim Program and the Manager of the ASOC Program will meet in person or via telephone to discuss the issues and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.
3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

Interim will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential, MCHOME, and ACT Welcoming and Engagement Team.

What is the discharge level of care? What is the anticipated length of service?

- Interim shall determine the appropriateness of client discharge or transfer to less intensive services on a case-by-case basis. Criteria for discharge or transferred to less intensive services include any of the following:
 - Client ability to function without assistance at work in social settings and at home.
 - No inpatient hospitalization for one year.
 - Client is receiving one contact per month from the ACT team and is rated by the ACT team as functioning independently or interdependently.
 - Client declines services and requests discharge, despite persistent, well documented efforts by the ACT team to provide outreach and to engage the client in a supportive relationship.
 - Client moves out of Monterey County region for more than 30 days.
 - When a public and or private Guardian withdraws permission to provide services.
 - Client incarceration exceeding 90 days.
- Length of service is based on the needs of the client and is a maximum of two years.

8. What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?

Interim, Inc. serves economically disadvantaged populations who meet the standards for no/low-income status or are Short-Doyle/Medi-Cal eligible. MCBHB approves all our clients. This program targets services to an underserved segment of the population (Latino/ South County.)

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer’s readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary.

Input from consumers is provided through the consumer run Recovery Task Force. Interim offers support team meetings that include family and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Program capacity is to serve a maximum of 50 individuals at any one time throughout the year.

PROGRAM SIXTEEN:

1. **Program Name:** Choices - Day Treatment Intensive Program

2. **Program Description:**

Type of Program:

Day Treatment Intensive (DTI) is a structured, multi-disciplinary program of therapy that is an alternative to hospitalization, avoiding clients’ placement in a more restrictive setting and maintaining clients in a community setting. The program provides services to adults with serious mental illnesses. Services are site-based group and individual therapeutic services, but not all services are delivered at the site.

Address of Delivery Site:

339 Pajaro St., Salinas, CA 93901

Program Schedule:	Monday through Friday, providing clients with more than four hours per day of therapeutic groups/activities, not including lunch or other breaks, or collateral staff activities that occur outside of the program hours.
Limitation of Service	Clients with serious mental illnesses and/or serious functioning impairments, referred by MCBHB ASOC, Access, TAY, PREP/Felton Institute, and Interim who are able to safely participate with peers and staff in an outpatient, milieu setting. Admission preference is given to clients discharging from the hospital and Manzanita House (Crisis Residential program). Intake will be prearranged by appointments during program hours.
Continued Stay Criteria:	Extension beyond three months requires authorization by the Monterey County Behavioral Health Director or Interim Deputy Director or designees.
Target # of Consumers:	Up to 16 enrolled

The Choices - Day Treatment Intensive Program is a community-based, person centered, and trauma informed full day treatment intensive program for up to 18 clients who are diagnosed with serious mental illnesses and referred by the Monterey County Behavioral Health Department Bureau (MCBHB) Adult and TAY Systems of Care in accordance with State/Medi-Cal guidelines. Choices - Day Treatment Intensive staff provide mental health evaluation, treatment plan development, treatment, case management, and discharge planning. Services are site-based group and individual therapeutic services and available for at least four hours per day, but not all services are delivered at the site. The program includes psychiatry services five days per week provided by MCBHB, symptom management, medication education and medication self-management support as prescribed by MCBHB psychiatrist. Transportation for clients to and from services is provided, as needed. A daily meal break and lunch are also provided.

The program is structured as a therapeutic milieu and includes daily community meetings, process groups, skill building groups, individual therapy, along with adjunctive therapies for physical and social health, case management, and community resource outings. Program staff have at least monthly contact with a family member, caregiver, or other significant support person identified by the client, such as MCBHB or Interim Case Coordinator. Clients are offered referrals to the Bienestar program (integrated health services) for physical health needs. Mutually agreed-upon written treatment plans are created that are authorized by the MCBHB or Interim case coordination staff.

3. Program Purpose

The Choices - Day Treatment Intensive program is a structured, multi-disciplinary program of therapy that is an alternative to hospitalization or step down from psychiatric hospitalization, avoiding clients' placement in a more restrictive setting, and maintaining clients in a community setting.

4. Desired Results

- Provide treatment to establish mental health stabilization and psychosocial skills building for consumers with serious mental illnesses.
- Improve emotional regulation, daily functioning, and social skills for clients with serious mental illnesses and personality disorder traits.
- Develop meaningful activities to assist with living independently or interdependently in community settings rather than hospitals, jails, or residential crisis treatment.

5. What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)

Evidenced Based Practice: Curricula is based on Cognitive-Behavioral Therapy and Skills training, Dialectical Behavior Therapy Skills training and adjunct therapies, Motivational Interviewing and Seeking Safety, and Trauma-Informed approaches.

Goal	Measurement & Data Source
1. 70% of consumers will report crisis management & stabilization.	<ul style="list-style-type: none"> • Measured at exit via the survey questions: I am learning how to use community support services. I am learning how to manage my symptoms. I am learning about the benefits and side effects of my medications. I am learning how to deal effectively with problems and crises. I feel this program is helping maintain my recovery.
2. 90% of consumers served during the FY will eliminate all psychiatric hospitalization, while in the program.	<ul style="list-style-type: none"> • Measured by psychiatric hospitalization data records in EMR/Avatar.
3. 75% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.

6. Who are the partners involved in program implementation?

MCBHB is the primary partner and all clients will have a MCBHB or Interim case coordinator. MCBHB provides psychiatry services.

7. What is the eligibility criteria for admission to the program?

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status.
- Referral through Interim case coordinators or MCBHB and PREP/Felton service coordinators with admission approval by Interim Program Director.
- Clients with serious mental illnesses and/or serious functioning impairments, referred by ASOC, Access, TAY, PREP/Felton Institute, and Interim Inc. who are able to safely participate with peers and staff in an outpatient, milieu setting. Upon discharge from MCBHB services or Interim, rehabilitative mental health and case management services will be terminated.
- Program staff will assess clients for appropriateness to the level of care, for compatibility with other clients. DSM 5 and ICD-10 diagnostic categories for serious mental illness: schizophrenia, bipolar disorders, schizoaffective disorders, serious mental illness that substantially interferes with the person's ability to carry out primary aspects of daily living in the community.
- Admission eligibility determined by Interim Program Director or designee.

When a client is referred, but staff at Interim conclude client is not appropriate for the program, how will this be resolved?

When there is a denial of admission, the Program Staff will pursue the following steps as outlined below.

1. If the consumer referral is not accepted, the Interim Program Manager will provide a concise report that documents the rationale and criteria used to justify the denial of admission into the program. This documentation will be sent to the Case Coordinator, Supervisor, and Manager.
2. If there continues to be a difference of opinion on why the consumer was not eligible for admission/acceptance into the program, the Manager of the Interim Program and the Manager of the ASOC Program will meet in person or via telephone to discuss the issues and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.
3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

Interim will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential and The Academy, MCHOME, CHOICES, and ACT Welcoming and Engagement Team.

8. **What are the health equity goals (how the program will address health disparities and access to services, especially by underserved/unserved populations)?**

Interim serves economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. MCBHB approves all our clients.

9. **How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

Staff is trained in Motivational Interviewing to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between staff and individuals seeking services. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary.

Input from residents is provided through the consumer run Recovery Task Force and daily community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations.

Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages.

Services are integrated and coordinated with MCBHB and other providers in the area.

10. **Program Capacity and Total Annual Number to Be Served in the Program.**

Maximum program capacity is 16, and approximate annual number to be served is 80.

B. COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY

CONTRACTOR, in collaboration with COUNTY, will identify service components such as Case Coordination, and by mutual agreement, protocols will be developed and/or modified to assure quality of care and timely access to services.

C. REPORTING REQUIREMENTS

CONTRACTOR will meet regularly with the designated MCBHB Contract Monitor to monitor progress on consumer and program outcomes. MCBHB shall provide to CONTRACTOR the reporting requirements and instructions as required by the State Mental Health Services Oversight and Accountability Commission, the Department of Health Care Services and COUNTY.

For all programs, CONTRACTOR shall collect and report on a quarterly basis client demographic data, i.e. age, gender, race/ethnicity, preferred language and region of residence. CONTRACTOR shall collect and report each program's outcomes data at the mid-point and at the end of each fiscal year.

CONTRACTOR will provide on a quarterly basis to the Deputy Director of ASOC one inclusive spreadsheet reflecting the denials per month for the following programs: Manzanita, Bridge Residential, MCHOME, and ACT Welcoming and Engagement Team.

For programs funded with Mental Health Services Act (MHSA) Community Services & Supports funds and designated as "Full Service Partnership (FSP)" programs, CONTRACTOR shall collect and report the data on each client enrolled in FSP Services.

For programs funded with MHSA Innovation (INN) funds, MCBH 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 Innovations Coordinator 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 INN Programs Evaluation process, these required program data and outcome reporting requirements may be revised to assure compliance with INN regulations. COUNTY will inform CONTRACTOR of all revisions to reporting requirements in writing.

DESIGNATED CONTRACT MONITOR:

Michael Lisman, L.C.S.W.
Deputy Director, Adult Services
Behavioral Health Administration
1270 Natividad Road
Salinas, CA 93906
831-755-4708
LismanM@co.monterey.ca.us

(The remainder of this page is intentionally left blank.)

EXHIBIT B
PAYMENT AND BILLING PROVISIONS

I. PAYMENT TYPES

Provisional Rates and Cash Flow Advances (CFA).

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

A. PROVISIONAL RATE: COUNTY MAXIMUM REIMBURSEMENT (CMA)

Case Management and Mental Health Services shall be paid at the COUNTY Maximum Reimbursement (CMA) rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B.

See the following pages for Provisional Rates and Cash Flow Advances and Funding Sources Tables.

(The remainder of this page is intentionally left blank)

The following program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$ 26,173,949** for **FY 2021-22 through FY 2022-23** as follows:

Program # in Exhibit A	Service Description	Mode of Service	Service Function Codes	FY 2021-22 Units Of Service (est)	CMA Rate per Unit of Service	Estimated Total FY 2021-22	
1	Manzanitas - Adult Crisis Residential	5	40-49	7,122	\$ 468.72	\$ 3,338,278	
2	Bridge House - Adult Residential	5	65-79	4,701	\$ 306.44	\$ 1,440,529	
16	CHOICES - Intensive Day Treatment	10	85-89	1,465	\$ 284.83	\$ 417,168	
Estimated Total FY 2021-22 for Programs # 1, 2 & 16						\$ 5,195,975	
3	Community Housing - CM & MHS	15	01-09	301,983	CM	\$ 4.15	\$ 1,253,228
			10-19 & 30-59		MHS		
5	Shelter Cove - CM & MHS		01-09	198,449	CM	\$ 4.15	\$ 823,562
			10-19 & 30-59		MHS		
10	Keep It Real - CM & MHS	15	01-09	142,059	CM	\$ 4.15	\$ 589,546
			10-19 & 30-59		MHS		
13	OMNI Resource Center: Wellness Recovery for Adults - CM & MHS	15	01-09	34,878	CM	\$ 4.15	\$ 144,742
			10-19 & 30-59		MHS		
14	PPH: Wellness Navigation - CM & MHS	15	01-09	30,897	CM	\$ 4.15	\$ 128,222
			10-19 & 30-59		MHS		
Estimated Total FY 2021-22 for GSD Services/Programs 3,5,10,13 & 14):						\$ 2,939,300	
4	Sandy Shores - CM & MHS	15	01-09	104,189	CM	\$ 4.15	\$ 432,386
			10-19 & 30-59		MHS		
6	Rockrose Gardens - CM & MHS	15	01-09	70,060	CM	\$ 4.15	\$ 290,748
			10-19 & 30-59		MHS		
7	Lupine Gardens - CM & MHS	15	01-09	92,915	CM	\$ 4.15	\$ 385,598
			10-19 & 30-59		MHS		
8	Sunflower Gardens - CM & MHS	15	01-09	96,672	CM	\$ 4.15	\$ 401,188
			10-19 & 30-59		MHS		
9	MCHOME - CM & MHS	15	01-09	318,735	CM	\$ 4.15	\$ 1,322,749
			10-19 & 30-59		MHS		
15	ACT Team - CM & MHS	15	01-09	215,066	CM	\$ 4.15	\$ 892,524
			10-19 & 30-59		MHS		
Estimated Total FY 2022-23 for FSP Services/Programs #4,6-9 & 15:						\$ 3,725,194	
1	Manzanitas - Medication Support	15	60	50,076	MS	\$ 8.40	\$ 420,638
8	Sunflower Gardens - Medication Support	15	60	9,677	MS	\$ 8.40	\$ 81,284
9	MCHOME - Medication Support	15	60	42,982	MS	\$ 8.40	\$ 361,051
16	ACT Team - Medication Support	15	60	43,278	MS	\$ 8.40	\$ 363,532
Estimated Total FY 2021-22 for Programs # 1,8,9 & 16						\$ 1,226,505	
Maximum Total FY 2021-22						\$ 13,086,975	

Program # in Exhibit A	Service Description	Mode of Service	Service Function Codes	FY 2022-23 Units Of	CMA Rate per Unit of Service	Estimated Total FY 2021-22	
1	Manzanitas - Adult Crisis Residential	5	40-49	7,122	\$ 468.72	\$ 3,338,278	
2	Bridge House - Adult Residential	5	65-79	4,701	\$ 306.44	\$ 1,440,529	
16	CHOICES - Intensive Day Treatment	10	85-89	1,465	\$ 284.83	\$ 417,168	
Estimated Total FY 2022-23 for Programs # 1, 2 & 16						\$ 5,195,975	
3	Community Housing - CM & MHS	15	01-09	301,983	CM	\$ 4.15	\$ 1,253,228
			10-19 & 30-59		MHS		
5	Shelter Cove - CM & MHS		01-09	198,449	CM	\$ 4.15	\$ 823,562
			10-19 & 30-59		MHS		
10	Keep It Real - CM & MHS	15	01-09	142,059	CM	\$ 4.15	\$ 589,546
			10-19 & 30-59		MHS		
13	OMNI Resource Center: Wellness Recovery for Adults - CM & MHS	15	01-09	34,878	CM	\$ 4.15	\$ 144,742
			10-19 & 30-59		MHS		
14	PPH: Wellness Navigation - CM & MHS	15	01-09	30,897	CM	\$ 4.15	\$ 128,222
			10-19 & 30-59		MHS		
Estimated Total FY 2022-23 for GSD Services/Programs #3,5,10,13 & 14:						\$ 2,939,300	
4	Sandy Shores - CM & MHS	15	01-09	104,189	CM	\$ 4.15	\$ 432,386
			10-19 & 30-59		MHS		
6	Rockrose Gardens - CM & MHS	15	01-09	70,060	CM	\$ 4.15	\$ 290,748
			10-19 & 30-59		MHS		
7	Lupine Gardens - CM & MHS	15	01-09	92,915	CM	\$ 4.15	\$ 385,598
			10-19 & 30-59		MHS		
8	Sunflower Gardens - CM & MHS	15	01-09	96,672	CM	\$ 4.15	\$ 401,188
			10-19 & 30-59		MHS		
9	MCHOME - CM & MHS	15	01-09	318,735	CM	\$ 4.15	\$ 1,322,749
			10-19 & 30-59		MHS		
15	ACT Team - CM & MHS	15	01-09	215,066	CM	\$ 4.15	\$ 892,524
			10-19 & 30-59		MHS		
Estimated Total FY 2022-23 for FSP Services/Programs #4,6-9 & 15:						\$ 3,725,194	
1	Manzanitas - Medication Support	15	60	50,076	MS	\$ 8.40	\$ 420,638
8	Sunflower Gardens - Medication Support	15	60	9,677	MS	\$ 8.40	\$ 81,284
9	MCHOME - Medication Support	15	60	42,982	MS	\$ 8.40	\$ 361,051
16	ACT Team - Medication Support	15	60	43,278	MS	\$ 8.40	\$ 363,532
Estimated Total FY 2022-23 for Programs # 1,8,9 & 16						\$ 1,226,505	
Maximum Total FY 2022-23						\$ 13,086,975	

B. CASH FLOW ADVANCES

Board & Care and other housing supports, dual recovery, homeless outreach, and peer-led wellness and recovery programs that provide non-Medi-Cal billable services shall be paid as Cash Flow Advances for a total maximum of **\$ 6,592,560** for **FY 2021-22 through FY 2022-23** as follows:

Program # in Exhibit A	Cash Flow Advances	FY 2021-22 Amount
	Service Description	
1	Manzanitas Adult Crisis Residential: Board & Care	\$ 222,764
2	Bridge House Adult Residential: Board & Care	\$ 89,635
3	Community Housing: Housing Supports	\$ 280,419
4	Sandy Shores: Housing Supports	\$ 176,698
5	Shelter Cove: Housing Supports	\$ 315,847
9	McHome: Outreach & Engagement (MHSA/CSS)	\$ 563,477
9	McHome:Outreach & Engagement (PATH Grant)	\$ 96,474
10	Keep It Real/Dual Recovery Services	\$ 10,827
11	Outreach & Aftercare (SAMHSA Grant)	\$ 93,279
11	Outreach & Aftercare (MHSA/CSS)	\$ 43,159
12	Workforce Education & Training	\$ 141,356
13	OMNI Resource Center: Wellness Recovery Center	\$ 567,737
14	Peer Partners for Health (PPH): Wellness Navigators (MHSA/CSS)	\$ 70,519
14	PPH:Transportation Coaching (MHSA/INN)	\$ 376,122
15	ACT Welcoming and Engagement Team	\$ 223,783
16	CHOICES/Intensive Day Treatment	\$ 212,245
	TOTAL FY 2021-22	\$ 3,484,341

Program # in Exhibit A	Cash Flow Advances	FY 2022-23 Amount
	Service Description	
1	Manzanitas Adult Crisis Residential: Board & Care	\$ 222,764
2	Bridge House Adult Residential: Board & Care	\$ 89,635
3	Community Housing: Housing Supports	\$ 280,419
4	Sandy Shores: Housing Supports	\$ 176,698
5	Shelter Cove: Housing Supports	\$ 315,847
9	McHome: Outreach & Engagement (MHSA/CSS)	\$ 563,477
9	McHome:Outreach & Engagement (PATH Grant)	\$ 96,474
10	Keep It Real/Dual Recovery Services	\$ 10,827
11	Outreach & Aftercare (SAMHSA Grant)	\$ 93,279
11	Outreach & Aftercare (MHSA/CSS)	\$ 43,159
12	Workforce Education & Training	\$ 141,356
13	OMNI Resource Center: Wellness Recovery Center	\$ 567,737
14	Peer Partners for Health (PPH): Wellness Navigators (MHSA/CSS)	\$ 70,519
15	ACT Welcoming and Engagement Team	\$ 223,783
16	CHOICES/Intensive Day Treatment	\$ 212,245
	TOTAL FY 2022-23	\$ 3,108,219

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 Maximum Allowances (CMA), 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 SMA Schedule shall be used until COUNTY establishes the COUNTY’S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA 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 \$32,766,509. for services rendered under this Agreement.

B. Maximum Annual Liability:

Payment Rate	FY 2021-22	FY 2022-23	Total for Term of Agreement
Provisional	\$ 13,086,975	\$ 13,086,975	\$ 26,173,949
Cash Flow Advance	\$ 3,484,341	\$ 3,108,219	\$ 6,592,560
Annual Total	\$ 16,571,316	\$ 16,195,194	\$ 32,766,509
TOTAL MAXIMUM COUNTY LIABILITY			

- 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.”

(The remainder of this page is intentionally left blank)

INTERIM, INC FY22 - FY23					FUNDING SOURCES*								MAXIMUM TOTAL FUNDING FY 2021-22
# in EXHIBIT A	PROGRAM	Mode of Service	Service Function Code	Payment Type	REALIGN-MENT	SAMHSA BLOCK GRANT	FFP (Medi-Cal)	PATH GRANT	MHSA CSS FSP	MHSA CSS GSD	MHSA WET	MHSA INN	
1	Manzanitas - Adult Crisis Residential	05	40-49	Provisional	-	-	1,669,139	-	-	1,669,139	-	-	3,338,278
2	Bridge - Adult Residential	05	65-79	Provisional	-	-	720,265	-	-	720,265	-	-	1,440,529
16	Choices Intensive Day Treatment	10	85-89	Provisional	208,584	-	208,584	-	-	-	-	-	417,168
Sub-Total Residential & Intensive Day Treatment Services					208,584	-	2,597,988	-	-	2,389,404	-	-	5,195,975
3	Community Housing - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	626,614	-	-	626,614	-	-	1,253,228
4	Sandy Shores FSP- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	216,193	-	216,193	-	-	-	432,386
5	Shelter Cove - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	411,781	-	-	411,781	-	-	823,562
6	Rockrose- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	145,375	-	-	145,375	-	-	290,750
7	Lupine FSP - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	192,799	-	192,799	-	-	-	385,598
8	Sunflower FSP- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	200,594	-	200,594	-	-	-	401,188
9	McHome FSP- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	661,374	-	661,375	-	-	-	1,322,749
10	Keep It Real - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	294,773	-	-	294,773	-	-	589,546
13	Wellness Recovery Center - Adults OMNI	15	01-09 / 10-19	Provisional	-	-	72,371	-	-	72,371	-	-	144,742
14	Peer Support - Wellness Navigators	15	01-09 / 10-19	Provisional	-	-	64,111	-	-	64,111	-	-	128,222
15	ACT Team FSP- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	446,262	-	446,262	-	-	-	892,524
Sub-Total MHSA-Funded Outpatient Programs					-	-	3,332,247	-	1,717,223	1,615,025	-	-	6,664,495
1	Manzanita Med Support Services	15	60	Provisional	-	-	210,319	-	-	210,319	-	-	420,638
8	Sunflower FSP Medication Support Services	15	60	Provisional	-	-	40,642	-	40,642	-	-	-	81,284
9	McHome FSP Medication Support Services	15	60	Provisional	-	-	180,526	-	180,526	-	-	-	361,051
15	ACT FSP Medication Support Services	15	60	Provisional	-	-	181,766	-	181,766	-	-	-	363,532
Sub-Total Medication Support Services					-	-	402,934	-	402,934	-	-	-	1,226,505
Sub-Total ALL PROVISIONAL RATE Programs					208,584	-	6,333,168	-	2,120,157	4,004,429	-	-	13,086,975
1	Manzanitas - Adult Crisis Residential	60	40-49	Cash Flow Advance	-	-	-	-	-	222,764	-	-	222,764
2	Bridge - Adult Residential	60	40-49	Cash Flow Advance	-	-	-	-	-	89,635	-	-	89,635
3	Community Housing	60	70	Cash Flow Advance	-	-	-	-	-	280,419	-	-	280,419
4	Sandy Shores - Housing	60	70	Cash Flow Advance	-	-	-	-	176,698	-	-	-	176,698
5	Shelter Cove - Housing	60	70	Cash Flow Advance	-	-	-	-	-	315,847	-	-	315,847
9	McHome - Outreach	60	70	Cash Flow Advance	-	-	-	96,474	-	563,477	-	-	659,951
10	Keep It Real (Dual Recovery Services)	60	70	Cash Flow Advance	-	-	-	-	-	10,827	-	-	10,827
11	SAMHSA Support - Dual Diagnosis	60	78	Cash Flow Advance	-	93,279	-	-	-	43,159	-	-	136,438
12	Workforce Ed & Training (WET)	60	70	Cash Flow Advance	-	-	-	-	-	-	141,356	-	141,356
13	Wellness Recovery Center - Adults OMNI	60	70	Cash Flow Advance	-	-	-	-	-	567,737	-	-	567,737
14	Peer Partners for Health - Wellness Navigators	60	70	Cash Flow Advance	-	-	-	-	-	70,519	-	-	70,519
14	PPH Transportation Coaching - Wellness Navigators	60	70	Cash Flow Advance	-	-	-	-	-	-	-	376,122	376,122
15	ACT Team	60	70	Cash Flow Advance	-	-	-	-	223,783	-	-	-	223,783
16	Intensive Day Treatment	60	40-49	Cash Flow Advance	212,245	-	-	-	-	-	-	-	212,245
Sub-Total CASH FLOW ADVANCE Programs					212,245	93,279	-	96,474	400,481	2,164,384	141,356	376,122	3,484,341
GRAND TOTAL FY 2021-22 BY FUNDING SOURCE					420,829	93,279	6,333,168	96,474	2,520,638	6,168,813	141,356	376,122	16,571,316
					FY 2021 TOTAL MAXIMUM AMOUNT								
Percentage of Total by Funding Source					3%	0.5%	39%	0.6%	15%	37%	1%	2%	

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

(The remainder of this page is intentionally left blank)

ATTACHMENT 1

This Attachment 1 will serve as an Addendum to the Mental Health Services Standard Agreement between the County of Monterey, on behalf of its Health Department, Behavioral Health Bureau, and Interim, Inc., attached hereto, and will have the full force and effect as if set forth within the Agreement.

1. **EXHIBIT B, Section II. PAYMENT CONDITIONS, B.** EXHIBIT B, Section II. PAYMENT CONDITIONS, B. to the Agreement is hereby amended to read in its entirety as follows:

- 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. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR will obtain pre- authorization from COUNTY, i.e. Behavioral Health Director, Deputy Director, Medical Director, Behavioral Health Services Manager or designee 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. The CONTRACTOR assumes fiscal responsibility for services provided any client without the requisite pre-authorization from the COUNTY.

**EXHIBIT C:
CONFIDENTIALITY OF PATIENT INFORMATION**

Confidentiality of Patient Information and Records. All patient information and records are confidential. CONTRACTOR shall maintain the confidentiality of all patient records, including billings and computerized records, in accordance with all state and federal law relating to confidentiality of patient records and patient information, including but not limited to: Welfare and Institutions Code sections 5328, *et seq.*, 14100.2, and 10850, *et seq.*; Title 45 Code of Federal Regulations section 205.50, and Title 42, CFR, section 431.300 *et seq.*

“Patient information” or “confidential information” includes any patient/recipient of services identifying information including, but not limited to: name, identifying numbers, symbol, fingerprint, photograph or voice print. In addition, “patient information” or “confidential information” includes all information CONTRACTOR has obtained about a patient/recipient of services whether or not a documentary record of such information exists.

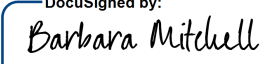
Use and Disclosure of Patient Information. Confidential information gained by CONTRACTOR from access to records and from contact with patients/recipients of service and complainants shall be used by CONTRACTOR only in connection with its performance under this Agreement. CONTRACTOR shall not disclose patient records or information, including the identities of patients/recipients of service, without proper consent to such disclosure or a court order requiring disclosure. In addition, CONTRACTOR shall obtain COUNTY's authorization to such disclosure prior to any release of confidential information. The COUNTY, through the Behavioral Health Director, shall have access to such confidential information.

Penalty for Unauthorized Disclosure. CONTRACTOR understands that disclosure of patient information in violation of law may subject the party releasing the information to a minimum of \$10,000 in civil damages, as set forth in Welfare and Institutions Code Section 5330.

Duty to Warn. CONTRACTOR understands that persons providing services under this Agreement may, in certain situations involving a patient or recipient of services who is a danger to himself or others, have a duty to warn third parties of such danger and should consult supervisory staff and/or legal counsel about such duty to warn as appropriate.

Dissemination of these Confidentiality Provisions. CONTRACTOR shall inform all its officers, employees, agents, and subcontractors providing services hereunder of these provisions.

By my signature below, as the authorized representative of the CONTRACTOR named below, I certify acceptance and understanding for myself and the CONTRACTOR of the above confidentiality provisions.

DocuSigned by:

1B368FFD9C75440...
Signature of Authorized Representative
5/25/2021 | 2:59 PM PDT
Date

Interim, Inc.
Business Name of Contractor
Barbara L. Mitchell, M.S.W.
Name of Authorized Representative (printed)
Executive Director
Title of Authorized Representative

**EXHIBIT D:
ASSURANCE OF COMPLIANCE WITH
SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED**

CONTRACTOR hereby agrees that it will comply with: (1) Section 504 of the Rehabilitation Act of 1973, as amended (29. U.S.C. 794), (2) all requirements imposed by the applicable HHS Regulations (45 C.F.R. Part 84) and, (3) all guidelines and interpretations issued pursuant thereto.

Pursuant to Section 84.5(a) of the Regulation (45 C.F.R. 84.5a) CONTRACTOR gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts or other federal financial assistance extended after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance which will be extended in reliance on the representations and agreements made in this Assurance. The United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on CONTRACTOR, its successors, transferees and assignees. The person or persons whose signatures appear below are authorized to sign this Assurance on behalf of CONTRACTOR.

This Assurance obligates CONTRACTOR for the period during which federal financial assistance is extended or, where the assistance is in the form of real or personal property, for the period provided for in section 84.5(b) of the Regulations (45 C.F.R. 84.5b).

In addition, CONTRACTOR gives this assurance for the purpose of obtaining payment from the COUNTY under this Agreement, regardless of the funding source. This assurance obligates the CONTRACTOR during the entire term of this Agreement.

CONTRACTOR: (Please check A or B)

- A. Employs fewer than fifteen persons;
- B. Employs fifteen or more persons, and pursuant to Section 84.7(a) of the Regulations (45 C.F.R. 84.7a), has designated the following person(s) to coordinate its efforts to comply with the HHS regulations.

Contractor's Name		Interim, Inc.	
Name of Designee		Barbara L. Mitchell, M.S.W.	
Title of Designee		Executive Director	
Street P.O. Box 3222			
City Monterey, CA		State CA	Zip 93942
IRS Employer Identification Number			
<p>I certify that the above information is complete and correct to the best of my knowledge and belief.</p> <p><i>Barbara Mitchell</i> Date <u>5/25/2021</u> <u>2:59</u> PM PDT</p> <p>Signature of Contractor</p>			
Title of Contractor: Executive Director			

**EXHIBIT E:
ASSURANCE OF COMPLIANCE WITH
MONTEREY COUNTY CULTURAL COMPETENCY POLICY**

In a culturally competent system, each provider organization shows respect for and responds to individual differences and special needs. Services are provided in the appropriate cultural context and without discrimination related to race, national origin, income level, religion, gender, sexual orientation, age, or physical disability, to name a few. Culturally competent caregivers are aware of the impact of their own culture on their relationships with consumers/families and know about and respect cultural and ethnic differences. They adapt their skills to meet each individual's/family's values and customs. Cultural competence is a developmental and dynamic process – one that occurs over time.

Organizations in a Culturally Competent Service System Promote:

Quality Improvement

- Continuous evaluation and quality improvement
- Supporting evidence-based, promising, community defined, and emerging practices that are congruent with ethic/racial/linguistic group belief systems, cultural values and help-seeking behaviors.

Collaboration

- Collaborating with Behavioral Health and other community programs
- Resolving barriers to partnerships with other service providers

Access

- Providing new services to unserved and underserved children, youth, adults and/or older adults
- Reducing disparities in access to, and retention in, care as identified in the Mental Health Services Act Plan
- Ensuring representation of mental health services consumers, family members of a mental health services consumer, and/or representatives from unserved communities on their advisory/governance body or committee for development of service delivery and evaluation (with a minimum target of 40%).
- Developing recruitment, hiring, and retention plans that are reflective of the population focus, communities' ethnic, racial, and linguistic populations.

Cultural Competent Services:

- Are available, accessible and welcoming to all clients regardless of race, ethnicity, language, age, and sexual orientation.
- Provide a physical environment that is friendly, respectful and inclusive of all cultures.
- Provide information, resources and reading materials in multilingual formats.
- Promote and foment culturally accepted social interactions, respect and healthy behaviors within the family constellation and service delivery system.
- Provide options for services, which are consistent with the client's beliefs, values, healing traditions, including individual preferences for alternative, spiritual and/or holistic approaches to health.
- Offer services in unserved and underserved communities.

- Have services available in the evening and on weekends to ensure maximum accessibility.
- Offer services in Spanish and other necessary languages (such as Tagalog, Vietnamese, Oaxacan, Triqui and other languages spoken of Monterey County residents).

Definitions for Cultural Competency

“Cultural Competence” is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations.

(Adapted from Cross, et al., 1989; cited in DMH Information Notice No.02-03).

“Cultural Competence” is a means to eliminating cultural, racial and ethnic disparities. Cultural Competence enhances the ability of the whole system to incorporate the languages, cultures, beliefs and practices of its clients into the service. In this way all clients benefit from services that address their needs from the foundation of their own culture. Strategies for elimination of these disparities must be developed and implemented. Cultural Competence must be supported at all levels of the system.

(CMHDA Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities)

[Cultural Competency] A set of congruent behaviors, attitudes, and policies that come together in a system, agency or amongst professionals and consumers and enables that system, agency or those professionals and consumers to work effectively in cross-cultural situations.

(Cross, Bazron, Dennis & Issacs, 1989)

The ability to work effectively with culturally diverse clients and communities.

(Randall David, 1994)

CONTRACTOR hereby agrees that it will comply with the principles and guidelines set forth in Monterey County’s Health Department – Behavioral Health’s Cultural Competency Policy (as outlined above), and will:


1. Develop organizational capacity to provide services in a culturally and linguistically competent manner. This may include: hiring staff with the linguistic capabilities needed to meet the diverse language needs in Monterey County (for example, Spanish, Tagalog, Vietnamese, Oaxacan, Triqui, American Sign Language (ASL), Middle Eastern languages); providing staff with training in cultural competency; making services accessible at locations and times that minimize access barriers, and ensuring that staff have an open, welcoming and positive attitude and feel comfortable working with diverse cultures.
2. Create a physical environment that ensures people of all cultures, ages and sexual orientation feel welcome and cared for. This may include: decorating waiting and treatment areas with pictures that reflect the diverse cultures of Monterey County; providing reading materials, resources and magazines in varied languages, at appropriate

reading levels and suitable for different age groups, including children and youth; consideration of cultural differences and preferences when offering refreshments; ensuring that any pictures, symbols or materials on display are not unintentionally disrespectful to another culture.

3. Provide a services delivery environment that ensures people of all cultures, ages and sexual orientation feel welcome and cared for. This may include: respect for individual preferences for alternative, spiritual and/or holistic approaches to health; a reception staff that is competent in the different languages spoken by consumers/families; staff that is knowledgeable of cultural and ethnic differences and needs, and is able and willing to respond an appropriate and respectful manner.
4. Support the county’s goal to reduce disparities to care by increasing access and retention while decreasing barriers to services by unserved and underserved communities.
5. Include the voice of multi-cultural youth, client and family members, including: monolingual and bilingual clients and family members and representatives from unserved and underserved communities, in the advisory/governance body or committee for development of service delivery, planning and evaluation (County Goal: 40%).
6. Participate in outcome evaluation activities aimed at assessing individual organizations as well as countywide cultural competency in providing mental health services.
7. As requested, meet with the Monterey County Health Department - Behavioral Health Director or designee to monitor progress and outcomes of the project.
8. Ensure that 100% of staff, over a 3 year period, participate in cultural competency training including, but not limited to, those offered by Monterey County Behavioral Health.

Dissemination of these Provisions. CONTRACTOR shall inform all its officers, employees, agents, and subcontractors providing services hereunder of these provisions.

By my signature below, as the authorized representative of the CONTRACTOR named below, I certify acceptance and understanding for myself and the CONTRACTOR of the above provisions.

DocuSigned by:

 1B368FFD9C75440...

 Signature of Authorized Representative

5/25/2021 | 2:59 PM PDT

 Date

Interim, Inc.

 Contractor (Organization Name)

Barbara L. Mitchell, M.S.W.

 Name of Authorized Representative

Executive Director

 Title of Authorized Representative

EXHIBIT F: BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“Agreement”), effective July 1, 2021 (“Effective Date”), is entered into by and among the County of Monterey, a political subdivision of the State of California, on behalf of the Health Department (“Covered Entity”) and Interim, Inc. (“Business Associate”) (each a “Party” and collectively the “Parties”).

Business Associate provides certain services for Covered Entity (“Services”) that involve the use and disclosure of Protected Health Information that is created or received by Business Associate from or on behalf of Covered Entity (“PHI”). The Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subparts A and E as amended from time to time (the “Privacy Rule”), and with the Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C as amended from time to time (the “Security Rule”), under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations (“HITECH”). Business Associate acknowledges that, pursuant to HITECH, 45 C.F.R. §§ 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), 164.316 (policies and procedures and documentation requirements) and 164.502 *et seq.* apply to Business Associate in the same manner that such sections apply to Covered Entity. The additional requirements of Title XIII of HITECH contained in Public Law 111-005 that relate to privacy and security and that are made applicable with respect to covered entities shall also be applicable to Business Associate. The Parties are also committed to complying with the California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 *et seq.* (“CMIA”), where applicable. Business Associate acknowledges that the CMIA prohibits Business Associate from further disclosing the PHI it receives from Covered Entity where such disclosure would be violative of the CMIA. The Parties are also committed to complying with applicable requirements of the Red Flag Rules issued pursuant to the Fair and Accurate Credit Transactions Act of 2003 (“Red Flag Rules”). This Agreement sets forth the terms and conditions pursuant to which PHI, and, when applicable, Electronic Protected Health Information (“EPHI”), shall be handled. The Parties further acknowledge that state statutes or other laws or precedents may impose data breach notification or information security obligations, and it is their further intention that each shall comply with such laws as well as HITECH and HIPAA in the collection, handling, storage, and disclosure of personal data of patients or other personal identifying information exchanged or stored in connection with their relationship.

The Parties agree as follows:

1. DEFINITIONS

All capitalized terms used in this Agreement but not otherwise defined shall have the meaning set forth in the Privacy Rule, Security Rule and HITECH.

2. PERMITTED USES AND DISCLOSURES OF PHI

2.1 Unless otherwise limited herein, Business Associate may:

(a) use or disclose PHI to perform functions, activities or Services for, or on behalf of, Covered Entity as requested by Covered Entity from time to time, provided that such use or disclosure would not violate the Privacy or Security Rules or the standards for Business Associate Agreements set forth in 45 C.F.R. § 164.504(e), exceed the minimum necessary to accomplish the intended purpose of such use or disclosure, violate the additional requirements of HITECH contained in Public Law 111-005 that relate to privacy and security, or violate the CMIA;

(b) disclose PHI for the purposes authorized by this Agreement only: (i) to its employees, subcontractors and agents; (ii) as directed by this Agreement; or (iii) as otherwise permitted by the terms of this Agreement;

(c) use PHI in its possession to provide Data Aggregation Services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B);

(d) use PHI in its possession for proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate as permitted by 45 C.F.R. § 164.504(e)(4)(i);

(e) disclose the PHI in its possession to third parties for the proper management and administration of Business Associate to the extent and in the manner permitted under 45 C.F.R. § 164.504(e)(4)(ii); provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the persons to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(f) use PHI to report violations of law to appropriate Federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1);

(g) de-identify any PHI obtained by Business Associate under this Agreement for further use or disclosure only to the extent such de-identification is pursuant to this Agreement, and use such de-identified data in accordance with 45 C.F.R. § 164.502(d)(1).

3. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PHI

3.1 Responsibilities of Business Associate. With regard to its use and/or disclosure of PHI, Business Associate shall:

(a) use and/or disclose the PHI only as permitted or required by this Agreement or as otherwise Required by Law;

(b) report to the privacy officer of Covered Entity, in writing, (i) any use and/or disclosure of the PHI that is not permitted or required by this Agreement of which Business Associate becomes aware, and (ii) any Breach of unsecured PHI as specified by HITECH, within two (2) days of Business Associate's determination of the occurrence of such unauthorized use and/or disclosure. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure. The notification of any Breach of unsecured PHI shall include, to the extent possible, the identification of each individual whose unsecured PHI

has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed during the Breach.

(c) use commercially reasonable safeguards to maintain the security of the PHI and to prevent use and/or disclosure of such PHI other than as provided herein;

(d) obtain and maintain an agreement with all of its subcontractors and agents that receive, use, or have access to, PHI pursuant to which agreement such subcontractors and agents agree to adhere to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate pursuant to this Agreement;

(e) make available all internal practices, records, books, agreements, policies and procedures and PHI relating to the use and/or disclosure of PHI to the Secretary for purposes of determining Covered Entity or Business Associate's compliance with the Privacy Rule;

(f) document disclosures of PHI and information related to such disclosure and, within ten (10) days of receiving a written request from Covered Entity, provide to Covered Entity such information as is requested by Covered Entity to permit Covered Entity to respond to a request by an individual for an accounting of the disclosures of the individual's PHI in accordance with 45 C.F.R. § 164.528, as well as provide an accounting of disclosures, as required by HITECH, directly to an individual provided that the individual has made a request directly to Business Associate for such an accounting. At a minimum, the Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the Business Associate, the Business Associate shall, within two (2) days, forward such request to the Covered Entity. The Business Associate shall implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section;

(g) subject to Section 4.4 below, return to Covered Entity within twenty-one (21) days of the termination of this Agreement, the PHI in its possession and retain no copies, including backup copies;

(h) disclose to its subcontractors, agents or other third parties, and request from Covered Entity, only the minimum PHI necessary to perform or fulfill a specific function required or permitted hereunder;

(i) if all or any portion of the PHI is maintained in a Designated Record Set:

(i) upon ten (10) days' prior written request from Covered Entity, provide access to the PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, the individual to whom such PHI relates or his or her authorized representative to meet a request by such individual under 45 C.F.R. § 164.524; and

(ii) upon ten (10) days' prior written request from Covered Entity, make any amendment(s) to the PHI that Covered Entity directs pursuant to 45 C.F.R. § 164.526;

(j) maintain policies and procedures to detect and prevent identity theft in connection with the provision of the Services, to the extent required to comply with the Red Flag Rules;

(k) notify the Covered Entity within five (5) days of the Business Associate's receipt of any request or subpoena for PHI. To the extent that the Covered Entity decides to assume responsibility for challenging the validity of such request, the Business Associate shall cooperate fully with the Covered Entity in such challenge;

(l) maintain a formal security program materially in accordance with all applicable data security and privacy laws and industry standards designed to ensure the security and integrity of the Covered Entity's data and protect against threats or hazards to such security

The Business Associate acknowledges that, as between the Business Associate and the Covered Entity, all PHI shall be and remain the sole property of the Covered Entity.

3.2 Additional Responsibilities of Business Associate with Respect to EPHI. In the event that Business Associate has access to EPHI, in addition to the other requirements set forth in this Agreement relating to PHI, Business Associate shall:

(a) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by 45 C.F.R. Part 164, Subpart C;

(b) ensure that any subcontractor or agent to whom Business Associate provides any EPHI agrees in writing to implement reasonable and appropriate safeguards to protect such EPHI; and

(c) report to the privacy officer of Covered Entity, in writing, any Security Incident involving EPHI of which Business Associate becomes aware within two (2) days of Business Associate's discovery of such Security Incident. For purposes of this Section, a Security Incident shall mean (consistent with the definition set forth at 45 C.F.R. § 164.304), the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system. In such event, the Business Associate shall, in consultation with the Covered Entity, mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper use or disclosure.

3.3 Responsibilities of Covered Entity. Covered Entity shall, with respect to Business Associate:

(a) provide Business Associate a copy of Covered Entity's notice of privacy practices ("Notice") currently in use;

(b) notify Business Associate of any limitations in the Notice pursuant to 45 C.F.R. § 164.520, to the extent that such limitations may affect Business Associate's use or disclosure of PHI;

(c) notify Business Associate of any changes to the Notice that Covered Entity provides to individuals pursuant to 45 C.F.R. § 164.520, to the extent that such changes may affect Business Associate's use or disclosure of PHI;

(d) notify Business Associate of any changes in, or withdrawal of, the consent or authorization of an individual regarding the use or disclosure of PHI provided to Covered Entity pursuant to 45 C.F.R. § 164.506 or § 164.508, to the extent that such changes may affect Business Associate's use or disclosure of PHI; and

(e) notify Business Associate, in writing and in a timely manner, of any restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. § 164.522 agreed to by Covered Entity, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

4. TERMS AND TERMINATION

4.1 **Term.** This Agreement shall become effective on the Effective Date and shall continue in effect unless terminated as provided in this **Article 4**. Certain provisions and requirements of this Agreement shall survive its expiration or other termination as set forth in **Section 5.1** herein.

4.2 **Termination.** Either Covered Entity or Business Associate may terminate this Agreement and any related agreements if the terminating Party determines in good faith that the terminated Party has breached a material term of this Agreement; **provided, however,** that no Party may terminate this Agreement if the breaching Party cures such breach to the reasonable satisfaction of the terminating Party within thirty (30) days after the breaching Party's receipt of written notice of such breach.

4.3 **Automatic Termination.** This Agreement shall automatically terminate without any further action of the Parties upon the termination or expiration of Business Associate's provision of Services to Covered Entity.

4.4 **Effect of Termination.** Upon termination or expiration of this Agreement for any reason, Business Associate shall return all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I) if, and to the extent that, it is feasible to do so. Prior to doing so, Business Associate shall recover any PHI in the possession of its subcontractors or agents. To the extent it is not feasible for Business Associate to return or destroy any portion of the PHI, Business Associate shall provide Covered Entity a statement that Business Associate has determined that it is infeasible to return or destroy all or some portion of the PHI in its possession or in possession of its subcontractors or agents. Business Associate shall extend any and all protections, limitations and restrictions contained in this Agreement to any PHI retained after the termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed.

5. MISCELLANEOUS

5.1 **Survival.** The respective rights and obligations of Business Associate and Covered Entity under the provisions of **Sections 4.4, 5.1, 5.6, and 5.7,** and **Section 2.1** (solely with respect to PHI that Business Associate retains in accordance with **Section 4.4** because it is not feasible to return or destroy such PHI), shall survive termination of this Agreement until such time as the PHI is returned to Covered Entity or destroyed. In addition, **Section 3.1(i)** shall survive termination of this Agreement, **provided** that Covered Entity determines that the PHI being retained pursuant to **Section 4.4** constitutes a Designated Record Set.

5.2 **Amendments; Waiver.** This Agreement may not be modified or amended, except in a writing duly signed by authorized representatives of the Parties. To the extent that any relevant provision of the HIPAA, HITECH or Red Flag Rules is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith

appropriate amendment(s) to this Agreement to give effect to the revised obligations. Further, no provision of this Agreement shall be waived, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

5.3 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

5.4 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or via facsimile to the facsimile telephone numbers listed below.

If to Business Associate, to:

Barbara L. Mitchell, MSW, Executive Director
Interim, Inc.
P.O. Box 3222
Monterey, CA 93942
Tel: 831-649-4522
FAX: 831-649-1581

If to Covered Entity, to:

Katy Eckert, MBA, Behavioral Health Bureau Chief
1270 Natividad Road
Salinas, CA 93906
Tel: 831-755-4509
FAX: 831-755-4980

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided. Such notice is effective upon receipt of notice, but receipt is deemed to occur on next business day if notice is sent by FedEx or other overnight delivery service.

5.5 Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

5.6 Choice of Law; Interpretation. This Agreement shall be governed by the laws of the State of California; as provided, however, that any ambiguities in this Agreement shall be resolved in a manner that allows Business Associate to comply with the Privacy Rule, and, if applicable, the Security Rule and the CMIA.

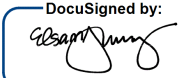
5.7 Indemnification. Contractor shall indemnify, defend, and hold harmless the County of Monterey (hereinafter County), its officers, agents, and employees from any claim, liability, loss, injury, cost, expense, penalty or damage, including the County's reasonable cost of providing notification of and of mitigating any acquisition, access, use or disclosure of PHI in a manner not permitted by this BAA, arising out of, or in connection with, performance of this BAA by Contractor and/or its agents, members, employees, or sub-contractors, excepting only loss, injury, cost, expense, penalty or damage caused by the negligence or willful misconduct of personnel employed by the County. It is the intent of the parties to this BAA to provide the broadest possible indemnification for the County. Contractor shall reimburse

the County for all costs, attorneys' fees, expenses, and liabilities incurred by the County with respect to any investigation, enforcement proceeding or litigation in which Contractor is obligated to indemnify, defend, and hold harmless the County under this BAA. This provision is in addition to and independent of any indemnification provision in any related or other agreement between the Covered Entity and the Business Associate.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf as of the Effective Date.

**COUNTY OF MONTEREY, ON BEHALF OF
THE HEALTH DEPARTMENT**

INTERIM, INC.

DocuSigned by:

By: _____
C7A30BA59CA8423...

DocuSigned by:

By: _____
4B368FFD9675440...

Print Name: Elsa M. Jimenez

Name: Barbara L. Mitchell, MSW

Print Title: Director of Health

Print Title: Executive Director

Date: 6/18/2021 | 11:42 AM PDT

Date: 5/25/2021 | 2:59 PM PDT

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor:	Interim, Inc.
Address Line 1	P.O. Box 3222
Address Line 2	Monterey, CA 93942
Tel. No.:	(831) 649-4522
Fax No.:	(831) 647-9136
Contract Term:	July 1, 2021 - June 30, 2023
BH Division:	Mental Health Services

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Control Number _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Manzanita Adult Crisis Res. (Salinas and Monterey sites)	5	141/40-49	\$468.72	7,122				3,338,278	-	-	-	3,338,278	7,122
Bridge House Transitional Residential	5	161/65-79	\$306.44	4,701				1,440,529	-	-	-	1,440,529	4,701
TOTALS				11,823				4,778,807	-	-	-	4,778,807	11,823

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: _____ Sophie Yakir
 Title: _____ Grants & Contracts Manager

Date: _____
 Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey.ca.us

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date _____

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Manzanitas - Medication Support Services

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2021-22 Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Medication Support	15	60	\$8.40	50,076	0	0	0	\$420,638			\$0.00	\$420,638	50,076
TOTALS				50,076	0	0	0			0.00	0.00	\$420,638	50,076

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: _____ Sophie Yakir
Title: _____ Grants & Contracts Manager

Date: _____
Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey.ca.gov

Behavioral Health Authorization for Payment

 Authorized Signatory _____
 Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Community Housing

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021- June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Community Housing - Case Management	15	301	\$4.15	301,983			0	\$1,253,228			\$0.00	\$1,253,228	301,983
Community Housing - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				301,983	0	0	0	\$1,253,228		0.00	0.00	\$1,253,228	301,983

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: _____ Sophie Yakir
Title: _____ Grants & Contracts Manager

Date: _____
Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Sandy Shores

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Sandy Shores - Case Management	15	301	\$4.15	104,189			0	\$432,386			\$0.00	\$432,386	104,189
Sandy Shores - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				104,189	0	0	0	\$432,386		0.00	0.00	\$432,386	104,189

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

Authorized Signatory _____
 Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Shelter Cove
Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942
Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021- June 30, 2023

Invoice Number: _____
County PO No.: _____
Invoice Period: _____
Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Shelter Cove - Case Management	15	301	\$4.15	198,449			0	\$823,562			\$0.00	\$823,562	198,449
Shelter Cove - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				198,449	0	0	0	\$823,562		0.00	0.00	\$823,562	198,449

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: _____ Sophie Yakir
 Title: _____ Grants & Contracts Manager

Date: _____
 Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Rockrose Gardens

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Rockrose - Case Management	15	301	\$4.15	70,060			0	\$290,750			\$0.00	\$290,750	70,060
Rockrose - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				70,060	0	0	0	\$290,750		0.00	0.00	\$290,750	70,060

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Lupine Gardens

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Lupine - Case Management	15	301	\$4.15	92,915			0	\$385,598			\$0.00	\$385,598	92,915
Lupine - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				92,915	0	0	0	\$385,598		0.00	0.00	\$385,598	92,915

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Sunflower Gardens

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Sunflower - Case Management	15	301	\$4.15	96,672			0	\$401,188			\$0.00	\$401,188	96,672
Sunflower - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
Medication Support	15	60	\$8.40	9,677				\$81,287				\$81,287	9,677
TOTALS				106,349	0	0	0	\$482,472		0.00	0.00	\$482,475	106,349

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: _____ Sophie Yakir

Date: _____

Title: _____ Grants & Contracts Manager

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____
 Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - McHOME

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021- June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
McHome - Case Management	15	301	\$4.15	318,735			0	\$1,322,749			\$0.00	\$1,322,749	318,735
McHome- Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
Medication Support	15	60	\$8.40	42,982				\$361,051				\$361,051	42,982
TOTALS				361,717	0	0	0	\$1,683,800		0.00	0.00	\$1,683,800	361,717

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Dual Recovery

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2021- June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Keep It Real - Case Management	15	301	\$4.15	142,059			0	\$589,546			\$0.00	\$589,546	142,059
Keep It Real - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				142,059	0	0	0	\$589,546		0.00	0.00	\$589,546	142,059

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - OMNI Adult Wellness Center

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
OMNI - Case Management	15	301	\$4.15	34,878			0	\$144,742			\$0.00	\$144,742	34,878
OMNI- Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				34,878	0	0	0	\$144,742		0.00	0.00	\$144,742	34,878

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: _____ Sophie Yakir

Title: _____ Grants & Contracts Manager

Date: _____

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____
 Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Wellness Navigation (Peer Partners for Health & Transportation Coaching)

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Peer Support - Case Management	15	301	\$4.15	30,897			0	\$128,222			\$0.00	\$128,222	30,897
Peer Support - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
TOTALS				30,897	0	0	0	\$128,222		0.00	0.00	\$128,222	30,897

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: _____ Sophie Yakir

Date: _____

Title: _____ Grants & Contracts Manager

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - ACT Team

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number:** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
ACT Team - Case Management	15	301	\$4.15	215,066			0	\$892,524			\$0.00	\$892,524	215,066
ACT Team - Mental Health Services	15												
Collateral		311	\$4.15										
Assessment		331	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
ACT - Medication Support	15	60	\$8.40	43,278				\$363,537				\$363,537	43,278
TOTALS				258,344	0	0	0	\$1,256,063		0.00	0.00	\$1,256,063	258,344

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: _____ Sophie Yakir

Date: _____

Title: _____ Grants & Contracts Manager

Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - ACT Team

Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522
Fax No.: (831) 647-9136
Contract Term: July 1, 2021 - June 30, 2023

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services **BH Control Number** _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Intensive Day Treatment	10	85-89	\$284.83	1,465			0	\$417,168			\$0.00	\$417,168	1,465
TOTALS				1,465	0	0	0			0.00	0.00	\$0	1,465

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: _____ Sophie Yakir
Title: _____ Grants & Contracts Manager

Date: _____
Telephone: _____ 831.649.4522 ext 214

Send to:
MCHDBHFinance@co.monterey.ca.gov

Behavioral Health Authorization for Payment

 Authorized Signatory _____
 Date

EXHIBIT G: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

Contractor: Interim, Inc.- Cash Flow Advance Services

Address Line 1 P.O. Box 3222

Address Line 2 Monterey, CA 93942

County PO No.:

Tel. No.: (831) 649 -4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2021 to June 30, 2023

Invoice Period:

Final Invoice: (Check if Yes)

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining
1_Manzanitas- Adult Crisis Residential: Board & Care	60	40-49	\$ 222,764			-	\$ 222,764
2_Bridge House-Adult Residential: Board & Care	60	40-49	\$ 89,635			-	\$ 89,635
3_Community Housing: Housing	60	70	\$ 280,419			-	\$ 280,419
4_Sandy Shores: Housing	60	70	\$ 176,698			-	\$ 176,698
5_Shelter Cove: Housing	60	70	\$ 315,847			-	\$ 315,847
9_McHome: Outreach/MHSA	60	70	\$ 563,477			-	\$ 563,477
9_McHome: Non-Medi-Cal/PATH Grant	60	70	\$ 96,474			-	\$ 96,474
10_Keep It Real (Dual Recovery Services)	60	70	\$ 10,827			-	\$ 10,827
11_Outreach & Aftercare – Dual Diagnosis /SAMHSA Grant	60	78	\$ 93,279			-	\$ 93,279
11_Outreach & Aftercare – Dual Diagnosis/MHSA	60	70	\$ 43,159			-	\$ 43,159
12_Workforce Education & Training	60	70	\$ 141,356			-	\$ 141,356
13_OMNI_Adult Wellness Center	60	70	\$ 567,737			-	\$ 567,737
14_Peer Partners: Wellness Navigators MHSA/CSS	60	70	\$ 70,519			-	\$ 70,519
14_Peer Partners: Transportation Coaching MHSA/INN (FY22 only)	60	70	\$ 376,122			-	\$ 376,122
15_ACT Team	60	70	\$ 223,783			-	\$ 223,783
16_Intensive Day Treatment (Choices)	60	70	\$ 212,245			-	\$ 212,245
Total Cash Flow Advance			\$ 3,484,341	\$ -	\$ -	\$ -	\$ 3,484,341

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: Sophie Yakir

Date: _____

Title: Grants & Contracts Manager

Telephone: 831.649.4522 ext 214

Behavioral Health Authorization for Payment

Authorized Signatory

Date

Send to: MCHDBHFinance@co.monterey.ca.us

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Interim, Inc. Summary - All Programs

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 5,352,848	\$ 6,178,246	\$ 6,543,487	\$ 365,241
	Realignment	4,016,286	3,963,855	208,584	(3,755,271.00)
	MHSA	1,161,485	2,791,259	6,334,905	3,543,646.00
	HMIOT	-	-	-	-
		-	-	-	-
Cash Flow Advances					
	Realignment	1,138,114	1,199,182	212,245	(986,937.00)
	MHSA - CSS & FSP & WET	798,817	1,020,370	2,706,221	1,685,851.00
	MHSA - PEI	668,782	-	-	-
	MHSA - Innovations	-	254,630	376,122	121,492.00
	PATH	-	96,479	96,474	(5.00)
	SAMHSA Block Grant	-	93,279	93,279	-
Total Requested Monterey County Funds		\$ 13,136,332	\$ 15,500,821	\$ 16,571,317	1,070,496.00
Other Program Revenues		1,105,926	1,698,568	1,541,562	\$ (157,006)
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 14,242,258	\$ 17,199,389	\$ 18,112,879	\$ 913,490

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	8,428,123	8,953,230	9,485,192	531,962
2	Payroll taxes	637,384	674,948	734,872	59,924
3	Employee benefits	1,306,787	1,233,021	1,299,508	66,487
4	Workers Compensation	250,454	313,233	313,650	417
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	3	-	-	-
6	Temporary Staffing	21,105	6,000	6,000	-
7	Flexible Client Spending (please provide supporting documents)	449,049	524,418	504,123	(20,295)
8	Travel (costs incurred to carry out the program)	173,267	122,043	124,701	2,658
9	Employee Travel and Conference	3	92,540	91,116	(1,424)
10	Communication Costs	150,211	146,129	162,129	16,000
11	Utilities	228,895	312,881	315,923	3,042
12	Cleaning and Janitorial	118,064	139,516	150,084	10,568
13	Maintenance and Repairs - Buildings	296,922	317,849	300,478	(17,371)
14	Maintenance and Repairs - Equipment	6,283	-	-	-
15	Printing and Publications	31,393	30,266	35,139	4,873
16	Memberships, Subscriptions and Dues	29,912	51,182	59,206	8,024
17	Office Supplies	180,743	192,299	189,068	(3,231)
18	Postage and Mailing	752	-	-	-
19	Medical Records	3	-	-	-
20	Data Processing	162,415	182,023	197,316	15,293
21	Rent and Leases - equipment	413	-	-	-

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	388,213	383,002	388,855	5,853
23 Taxes and assessments (Please identify the property address and method of cost allocation)	1,767	4,975	5,260	285
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	61,594	30,205	30,536	331
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	7,670	183,653	340,055	156,402
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	42,728	61,170	70,237	9,067
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	687,625	830,967	742,303	(88,664)
29 Total Mode Costs	\$ 13,661,778	\$ 14,785,550	\$ 15,545,751	\$ 760,201
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				-
30 Salaries and Benefits	-	1,680,388	1,777,066	96,678
31 Supplies	-	414,957	429,226	14,269
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.)	-	45,808	74,208	28,400
34 Total Administrative Costs	\$ -	\$ 2,141,153	\$ 2,280,500	\$ 139,347
35 TOTAL DIRECT COSTS	\$ 13,661,778	\$ 16,926,703	\$ 17,826,251	\$ 899,548

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
INDIRECT COSTS				
36 Equipment (purchase price of less than \$5000)	-	-	-	-
37 Rent and Leases - equipment	-	-	-	-
38 Rent and Leases - building and improvements	-	-	-	-
39 Taxes and assessments	-	-	-	-
40 Insurance and Indemnity	156,047	237,641	253,536	15,895
41 Maintenance - equipment	-	-	-	-
42 Maintenance - building and improvements	-	-	-	-
43 Utilities	-	-	-	-
44 Household Expenses	-	-	-	-
45 Interest in Bonds	-	-	-	-
46 Interest in Other Long-term debts	-	-	-	-
47 Other interest and finance charges	-	-	-	-
48 Contracts Administration	-	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	84,345	-	-	-
50 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51 Data Processing	-	-	-	-
52 Personnel Administration	-	-	-	-
53 Medical Records	3	-	-	-
54 Other Professional and Specialized Services	76,482	-	-	-
55 Transportation and Travel	3	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	7,574	35,046	33,102	(1,944)
57 Total Indirect costs	\$ 324,454	\$ 272,687	\$ 286,638	\$ 13,951

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 13,986,232	\$ 17,199,390	\$ 18,112,889	\$ 913,499
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	
Total Salaries and Wages			

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: **Manzanita House - Crisis Residential**

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 1,662,289	\$ 1,685,696	\$ 1,669,139	(16,557)
	Realignment	1,662,289	1,685,696	-	(1,685,696)
	MHSA	-	-	1,669,139	1,669,139
		-	-	-	-
Cash Flow Advances					
	Realignment	237,010	243,176	-	(243,176)
	MHSA - CSS	-	-	222,764	222,764
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 3,561,588	\$ 3,614,568	\$ 3,561,042	\$ (53,526)
Other Program Revenues		258,365	176,928	227,496	50,568
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 3,819,953	3,791,496	3,788,538	\$ (2,958)

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 2,215,610	\$ 2,178,916	\$ 2,190,902	11,986
2	Payroll taxes	167,821	164,155	168,875	4,720
3	Employee benefits	353,384	333,458	320,185	(13,273)
4	Workers Compensation	68,767	82,181	76,162	(6,019)
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	993	-	-	-
7	Flexible Client Spending (please provide supporting documents)	95,936	106,848	92,181	(14,667)
8	Travel (costs incurred to carry out the program)	24,073	9,894	9,178	(716)
9	Employee Travel and Conference	-	19,333	15,909	(3,424)
10	Communication Costs	20,635	30,725	30,725	-
11	Utilities	52,264	68,955	71,024	2,069
12	Cleaning and Janitorial	41,678	46,600	58,200	11,600
13	Maintenance and Repairs - Buildings	53,822	44,932	44,932	-
14	Maintenance and Repairs - Equipment	1,116	-	-	-
15	Printing and Publications	4,461	3,945	4,467	522
16	Memberships, Subscriptions and Dues	7,161	10,074	11,248	1,174
17	Office Supplies	25,219	30,493	27,327	(3,166)
18	Postage and Mailing	196	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	18,267	18,587	20,052	1,465
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	1,404	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
23	Taxes and assessments (Please identify the property address and method of cost allocation)	619	984	1,269	285
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	13	1,000	1,500	500
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	25,616	18,750	(6,866)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	7,458	13,977	15,963	1,986
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	108,733	101,679	109,073	7,394
29	Total Mode Costs	\$ 3,269,630	3,292,352.00	3,287,922.00	(4,430)
	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	-	370,430	371,685	1,255
31	Supplies	-	91,474	89,776	(1,698)
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.)	-	10,098	15,521	5,423
34	Total Administrative Costs	\$ -	\$ 472,002	\$ 476,982	\$ 4,980
35	TOTAL DIRECT COSTS	\$ 3,269,630	\$ 3,764,354	\$ 3,764,904	\$ 550
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	13,410	14,478	14,914	436
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	14,012	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	11,482	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,076	12,664	8,720	(3,944)
57	Total Indirect costs	\$ 39,980	\$ 27,142	\$ 23,634	\$ (3,508)
63	Total Allowable Costs	\$ 3,309,610	\$ 3,791,496	\$ 3,788,538	\$ (2,958)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				
67 Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 52,311	0.09	\$ 4,708
Administrative Assistant II-CI	60,953	1.00	60,953
Administrative Assistant II-CI	47,542	1.00	47,542
Behavioral Health Clinician II	71,581	1.00	71,581
Counselor I-B	41,832	0.50	20,916
Counselor I-B	39,610	0.50	19,805
Counselor I-B	38,964	0.50	19,482
Counselor I-C	39,784	0.83	32,822
Counselor I-C	51,899	0.83	42,817
Counselor I-C	48,522	0.83	40,031
Counselor I-C	44,590	0.83	36,787
Counselor I-C	47,528	0.83	39,211
Counselor I-C	41,376	0.83	34,135
Counselor I-C	42,001	0.83	34,651
Counselor I-C	52,656	0.83	43,441
Counselor II	59,693	1.00	59,693
Counselor II	55,955	1.00	55,955
Counselor II	52,036	1.00	52,036
Counselor II	53,758	1.00	53,758
Counselor II	61,045	1.00	61,045
Counselor II	54,957	1.00	54,957
Counselor II	44,429	1.00	44,429
Counselor II	51,178	1.00	51,178
Counselor II	45,968	1.00	46,159

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Psychiatrist

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change	
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 306,164	\$ 360,393	\$ 210,319	\$ (150,074)
	Realignment	306,164	360,393	210,319	(150,074)
	MHSA	-	-	-	-
		-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 612,328	\$ 720,786	\$ 420,638	\$ (300,148)
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 612,328	\$ 720,786	\$ 420,638	\$ (300,148)

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change	
A. Mode Costs (Direct Services)					
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	413,123	403,433	108,449	(294,984)
2	Payroll taxes	29,360	25,168	8,262	(16,906)
3	Employee benefits	39,108	26,928	13,209	(13,719)
4	Workers Compensation	10,830	10,556	3,668	(6,888)
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)	1,074	2,805	-	(2,805)
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	3,130	3,575	-	(3,575)
11	Utilities	-	8,577	-	(8,577)
12	Cleaning and Janitorial	752	-	-	-
13	Maintenance and Repairs - Buildings	-	19,650	-	(19,650)
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	2	-	(2)
16	Memberships, Subscriptions and Dues	680	-	-	-
17	Office Supplies	5,962	9,454	-	(9,454)
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	220	-	(220)
21	Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
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)	7,670	50,000	215,250	165,250
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	4,875	1,392	(3,483)
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	26,942	-	(26,942)
29	Total Mode Costs	\$ 511,689	\$ 592,185	\$ 350,230	\$ (241,955)
	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				
30	Salaries and Benefits	-	70,422	41,269	(29,153)
31	Supplies	-	17,390	9,968	(7,422)
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.)	-	1,920	1,723	(197)
34	Total Administrative Costs	\$ -	\$ 89,732	\$ 52,960	\$ (36,772)
35	TOTAL DIRECT COSTS	\$ 511,689	\$ 681,917	\$ 403,190	\$ (278,727)

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	16,145	38,869	17,448	(21,421)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	467	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	19,441	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 36,053	\$ 38,869	\$ 17,448	\$ (21,421)

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 547,742	\$ 720,786	\$ 420,638	\$ (300,148)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature Date Finance Director's Signature Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	Total
Administrative Assistant II	\$ 24,297	0.75	\$ 18,223
Deputy Director	33,840	0.15	5,076
NP- Medication Management	170,300	0.50	85,150
Total Salaries and Wages	\$ 228,437		\$ 108,449

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Bridge Residential

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 555,732	\$ 666,960	\$ 720,265	\$ 53,305
Realignment	555,732	666,960	720,265	53,305
MHSA	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	128,024	90,900	89,635	(1,266)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,239,488	\$ 1,424,820	\$ 1,530,165	\$ 105,344
Other Program Revenues	57,293	70,257	70,257	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,296,781	\$ 1,495,077	\$ 1,600,422	\$ 105,344

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	691,601	720,744	795,195	74,451
2 Payroll taxes	52,649	55,816	62,123	6,307
3 Employee benefits	87,998	107,399	121,900	14,501
4 Workers Compensation	22,156	27,169	27,409	240
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	21	-	-	-
7 Flexible Client Spending (please provide supporting documents)	70,248	68,330	70,987	2,657
8 Travel (costs incurred to carry out the program)	10,706	6,621	6,621	-
9 Employee Travel and Conference	-	5,920	5,920	-
10 Communication Costs	9,923	10,551	10,551	-
11 Utilities	14,784	28,057	28,898	841
12 Cleaning and Janitorial	18,320	18,650	18,651	1
13 Maintenance and Repairs - Buildings	12,243	11,378	11,378	-
14 Maintenance and Repairs - Equipment	548	-	-	-
15 Printing and Publications	2,221	2,933	3,315	382
16 Memberships, Subscriptions and Dues	3,599	6,300	7,375	1,075
17 Office Supplies	6,721	11,506	10,214	(1,292)
18 Postage and Mailing	59	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	8,006	18,910	18,925	15
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	468	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	412	412	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	17,514	17,000	17,000	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	14,277	5,000	(9,277)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	4,303	7,509	6,167	(1,342)
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	127,062	158,033	159,268	1,235
29	Total Mode Costs	\$ 1,161,150	\$ 1,297,515	\$ 1,387,309	\$ 89,794
	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	-	146,072	157,017	10,945
31	Supplies	-	36,071	37,925	1,854
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.)	-	3,982	6,557	2,575
34	Total Administrative Costs	\$ -	\$ 186,125	\$ 201,499	\$ 15,374
35	TOTAL DIRECT COSTS	\$ 1,161,150	\$ 1,483,640	\$ 1,588,808	\$ 105,168

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	7,621	5,877	6,053	176
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	4,254	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	7,885	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,206	5,560	5,561	-
57	Total Indirect costs	\$ 20,966	\$ 11,437	\$ 11,614	\$ 176

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 1,182,116	\$ 1,495,077	\$ 1,600,422	\$ 105,344
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 53,517	0.0782	\$ 4,185
Administrative Assistant II-CI	35,322	0.7576	26,760
Behavioral Health Clinician II	74,236	1.0000	74,236
Counselor I-B	41,332	0.8250	34,099
Counselor I-B	40,590	1.0000	40,590
Counselor I-C	51,542	0.8250	42,522
Counselor I-C	55,419	0.8250	45,721
Counselor II	49,323	1.0000	49,323
Counselor II	56,884	1.0000	56,884

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Community Housing

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 536,097	\$ 615,991	\$ 626,614	\$ 10,623
Realignment	536,097	615,991		626,614
MHSA	-	-	626,614	-
	-	-	-	-
Cash Flow Advances				
Realignment	274,007	257,726	280,419	22,692
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,346,201	\$ 1,489,708	1,533,647	\$ 659,929
Other Program Revenues	-	442,027	443,478	1,451
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,346,201	\$ 1,931,735	1,977,125	\$ 661,380

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	778,466	867,199	912,760	45,561
2 Payroll taxes	61,633	69,264	72,685	3,421
3 Employee benefits	126,324	113,061	117,431	4,370
4 Workers Compensation	22,139	31,329	29,561	(1,768)
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	1,269	-	-	-
7 Flexible Client Spending (please provide supporting documents)	15,067	18,900	18,900	-
8 Travel (costs incurred to carry out the program)	17,823	12,968	12,968	-
9 Employee Travel and Conference	-	7,892	7,892	-
10 Communication Costs	16,469	22,800	22,800	-
11 Utilities	56,812	57,773	58,366	593
12 Cleaning and Janitorial	6,643	13,631	13,631	-
13 Maintenance and Repairs - Buildings	50,990	108,451	108,451	-
14 Maintenance and Repairs - Equipment	1,955	-	-	-
15 Printing and Publications	4,051	4,841	5,471	630
16 Memberships, Subscriptions and Dues	1,710	7,550	8,350	800
17 Office Supplies	20,816	23,684	27,011	3,327
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	39,500	39,109	38,244	(865)
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	93,963	98,246	98,246	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	570	2,406	2,406	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	17,722	4,462	4,293	(169)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	27,759	17,480	(10,279)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,733	6,038	6,897	859
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	103,492	117,684	107,186	(10,498)
29	Total Mode Costs	\$ 1,444,147	\$ 1,655,047	\$ 1,691,029	\$ 35,982
	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				
30	Salaries and Benefits	-	188,737	193,977	5,240
31	Supplies	-	46,607	46,852	245
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.)	-	5,145	8,100	2,955
34	Total Administrative Costs	\$ -	\$ 240,489	\$ 248,929	\$ 8,440
35	TOTAL DIRECT COSTS	\$ 1,444,147	\$ 1,895,536	\$ 1,939,958	\$ 44,422

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	27,643	32,122	33,086	964
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	29,355	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	6,366	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,206	4,080	4,081	-
57	Total Indirect costs	\$ 64,570	\$ 36,202	\$ 37,167	\$ 964

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 1,508,717	\$ 1,931,738	\$ 1,977,125	\$ 45,386
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 62,742	0.78	\$ 48,939
Administrative Assistant I	52,240	0.14	7,324
Assistant Program Director	41,209	0.65	26,786
Assistant Program Director	143,940	0.40	57,576
Behavioral Health Clinician I	54,902	1.00	54,902
Behavioral Health Clinician I	149,408	0.50	74,704
Behavioral Health Clinician I	71,898	0.50	35,949
Behavioral Health Clinician I	53,236	0.50	26,618
Community Support Worker III	32,406	0.50	16,203
Counselor II	48,971	1.00	48,971
Counselor II	62,894	0.50	31,447

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Sandy Shores

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 209,907	\$ 214,955	\$ 216,193	\$ 1,238
Realignment	209,907	214,955	216,193	1,238
MHSA	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	128,024	147,859	176,698	28,839
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 547,838	\$ 577,769	609,084	\$ 31,315
Other Program Revenues	210,115	210,597	210,597	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 757,953	\$ 788,366	819,681	\$ 31,315

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	306,405	326,624	353,700	27,076
2 Payroll taxes	23,988	25,586	28,015	2,429
3 Employee benefits	64,519	62,535	59,618	(2,917)
4 Workers Compensation	8,711	11,023	10,813	(210)
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	672	6,000	6,000	-
7 Flexible Client Spending (please provide supporting documents)	1,082	4,800	4,800	-
8 Travel (costs incurred to carry out the program)	6,268	6,841	6,841	-
9 Employee Travel and Conference	-	3,559	3,559	-
10 Communication Costs	6,006	7,100	7,100	-
11 Utilities	38,541	35,972	37,051	1,079
12 Cleaning and Janitorial	3,281	4,200	4,200	-
13 Maintenance and Repairs - Buildings	32,709	26,989	26,989	-
14 Maintenance and Repairs - Equipment	1,478	-	-	-
15 Printing and Publications	2,010	2,572	2,907	335
16 Memberships, Subscriptions and Dues	1,445	1,948	2,498	550
17 Office Supplies	7,494	17,799	16,728	(1,071)
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	12,151	12,133	13,123	990
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	4,621	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	170	289	289	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	23,697	5,523	5,523	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	8,464	6,950	(1,514)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	2,620	2,849	3,254	405
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	88,816	96,558	95,012	(1,546)
29	Total Mode Costs	\$ 636,684	\$ 669,364	\$ 694,970	\$ 25,606
	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				
30	Salaries and Benefits	-	76,997	80,437	3,440
31	Supplies	-	19,014	19,428	414
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.)	-	2,099	3,359	1,260
34	Total Administrative Costs	\$ -	\$ 98,110	\$ 103,224	\$ 5,114
35	TOTAL DIRECT COSTS	\$ 636,684	\$ 767,474	\$ 798,194	\$ 30,720
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	19,562	20,522	21,138	616
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,242	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	965	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	603	370	349	-
57	Total Indirect costs	\$ 22,372	\$ 20,892	\$ 21,487	\$ 616

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 659,056	\$ 788,366	\$ 819,681	\$ 31,336
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 51,484	0.13	\$ 6,801
Administrative Assistant II-CI	34,864	0.24	8,451
Assistant Program Director	88,580	0.25	22,145
Behavioral Health Clinician I	71,898	0.50	35,949
Counselor II	62,805	1.00	62,805
Counselor II	56,321	0.80	45,057
Deputy Director	169,200	0.02	3,384
Division Director of Clinical Services	130,600	0.02	2,612
Division Director of Program Services	125,164	0.17	20,652

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Shelter Cove

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 402,857	\$ 419,860	\$ 411,781	\$ (8,079)
Realignment	402,857	419,860		(419,860)
MHSA	-	-	411,781	411,781
	-	-	-	-
Cash Flow Advances				
Realignment	371,049	295,853	315,847	19,994
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,176,763	\$ 1,135,573	1,139,409	\$ 3,836
Other Program Revenues	92,547	282,385	282,385	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,269,310	\$ 1,417,958	1,421,794	\$ 3,836

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	533,188	638,800	676,070	37,270
2 Payroll taxes	40,381	49,349	52,538	3,189
3 Employee benefits	87,965	85,377	106,755	21,378
4 Workers Compensation	14,846	22,214	21,224	(990)
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	958	-	-	-
7 Flexible Client Spending (please provide supporting documents)	34,673	48,700	48,700	-
8 Travel (costs incurred to carry out the program)	12,215	10,915	10,915	-
9 Employee Travel and Conference	-	8,813	8,813	-
10 Communication Costs	10,977	16,590	16,590	-
11 Utilities	34,935	53,130	53,586	456
12 Cleaning and Janitorial	11,970	27,000	20,457	(6,543)
13 Maintenance and Repairs - Buildings	61,013	38,728	38,728	-
14 Maintenance and Repairs - Equipment	841	-	-	-
15 Printing and Publications	4,023	3,968	4,484	516
16 Memberships, Subscriptions and Dues	2,914	6,800	7,825	1,025
17 Office Supplies	13,453	15,304	14,431	(873)
18 Postage and Mailing	70	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	10,339	11,182	12,125	943
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	6,673	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	205	833	833	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,220	2,220	2,220	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	16,000	18,250	2,250
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,125	4,796	5,478	682
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	84,539	147,399	88,523	(58,876)
29	Total Mode Costs	\$ 974,523	\$ 1,208,118	\$ 1,208,545	\$ 427
	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				
30	Salaries and Benefits	-	138,538	139,492	954
31	Supplies	-	34,211	33,692	(519)
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.)	-	3,776	5,825	2,049
34	Total Administrative Costs	\$ -	\$ 176,525	\$ 179,009	\$ 2,484
35	TOTAL DIRECT COSTS	\$ 974,523	\$ 1,384,643	\$ 1,387,554	\$ 2,911

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	22,187	30,830	31,755	925
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	3,702	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	6,016	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	603	2,484	2,485	-
57	Total Indirect costs	\$ 32,508	\$ 33,314	\$ 34,240	\$ 925

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 1,007,031	\$ 1,417,957	\$ 1,421,794	\$ 3,836
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 52,310	0.10	\$ 5,231
Administrative Assistant II	44,993	1.00	44,993
Assistant Program Director	68,099	1.00	68,099
Behavioral Health Clinician I	83,181	0.48	39,927
Community Support Worker III	34,149	0.38	12,806
Counselor II	47,792	1.00	47,792
Counselor II	48,974	1.00	48,974
Counselor II	53,059	0.95	50,406
Counselor III	60,973	1.00	60,973
Deputy Director	169,180	0.05	8,459
Division Director of Clinical Services	130,600	0.02	2,612

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Rockrose Gardens

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 110,328	\$ 129,382	\$ 145,375	\$ 15,993
	Realignment	-	-	-	-
	MHSA	110,328	129,382	145,375	15,993
		-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 220,656	\$ 258,764	\$ 290,750	\$ 31,986
Other Program Revenues		2,750	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 223,406	\$ 258,764	\$ 290,750	\$ 31,986

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	141,611	168,912	189,418	20,506
2	Payroll taxes	11,026	12,910	14,713	1,803
3	Employee benefits	23,870	14,435	18,395	3,960
4	Workers Compensation	4,445	6,313	6,471	158
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)	545	1,850	2,100	250
8	Travel (costs incurred to carry out the program)	2,591	6,208	6,444	236
9	Employee Travel and Conference	-	500	500	-
10	Communication Costs	1,296	3,100	4,400	1,300
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	949	1,260	1,260	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,198	1,210	1,368	158
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	926	2,451	2,351	(100)
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	3,069	3,779	3,276	(503)
21	Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	59	-	-	-
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)	-	2,119	1,813	(306)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	383	775	885	110
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	5	10	10	-
29	Total Mode Costs	\$ 191,973	\$ 225,832	\$ 253,404	\$ 27,572
	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				
30	Salaries and Benefits	-	25,282	28,525	3,243
31	Supplies	-	6,243	6,890	647
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.)	-	689	1,191	502
34	Total Administrative Costs	\$ -	\$ 32,214	\$ 36,606	\$ 4,392
35	TOTAL DIRECT COSTS	\$ 191,973	\$ 258,046	\$ 290,010	\$ 31,964
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	644	718	739	21
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,000	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	781	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 2,425	\$ 718	\$ 740	\$ 21

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 194,398	\$ 258,764	\$ 290,750	\$ 31,985
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Assistant Program Director	\$ 88,580	0.100	\$ 8,858
Behavioral Health Clinician I	114,378	0.320	36,601
Community Support Worker II	31,540	0.500	15,770
Counselor II	54,700	1.000	54,700
Deputy Director	169,200	0.020	3,384
Division Director of Clinical Services	130,600	0.020	2,612
Division Director of Program Services	125,165	0.085	10,639
Division Director of Quality Assurance	137,709	0.055	7,574
Maintenance Assistant	13,013	0.375	4,880
Program Director	114,964	0.250	28,741
Quality Assurance & Performance Outcomes Specialist	90,810	0.021	1,907
Quality Assurance & Performance Outcomes Specialist	104,818	0.055	5,765

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Lupine Gardens

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 181,910	\$ 181,077	\$ 192,799	\$ 11,723
Realignment	-	-	-	-
MHSA	181,910	181,077	192,799	11,723
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 363,820	\$ 362,154	\$ 385,598	\$ 23,446
Other Program Revenues	46,896	28,842	30,746	1,904
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 410,716	\$ 390,996	\$ 416,344	\$ 25,350

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	220,965	242,448	262,136	19,688
2 Payroll taxes	17,175	18,888	20,657	1,769
3 Employee benefits	27,427	26,464	24,156	(2,308)
4 Workers Compensation	6,466	9,209	9,051	(158)
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)	6,772	7,375	7,375	-
8 Travel (costs incurred to carry out the program)	5,145	4,617	4,617	-
9 Employee Travel and Conference	-	2,200	2,200	-
10 Communication Costs	3,275	1,700	1,700	-
11 Utilities	-	-	-	-
12 Cleaning and Janitorial	4,596	3,050	3,050	-
13 Maintenance and Repairs - Buildings	-	-	-	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	1,542	1,664	1,881	217
16 Memberships, Subscriptions and Dues	219	250	375	125
17 Office Supplies	6,586	6,286	5,600	(686)
18 Postage and Mailing	1	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	7,935	8,560	8,431	(129)
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	117	-	-	-
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)	-	4,715	1,450	(3,265)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,023	1,435	1,640	205
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	10,597	14	6,100	6,086
29	Total Mode Costs	\$ 319,841	\$ 338,875	360,419	\$ 21,544
	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				
30	Salaries and Benefits	-	38,202	40,848	2,646
31	Supplies	-	9,434	9,866	432
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.)	-	1,041	1,706	665
34	Total Administrative Costs	\$ -	\$ 48,677	52,420	\$ 3,743
35	TOTAL DIRECT COSTS	\$ 319,841	\$ 387,552	412,839	\$ 25,287

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	1,774	2,071	2,133	62
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,219	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	2,568	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	603	1,374	1,372	-
57	Total Indirect costs	\$ 7,164	\$ 3,445	3,505	\$ 62

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 327,005	\$ 390,997	416,344	\$ 25,349
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 62,741	0.220	\$ 13,803
Assistant Program Director	66,960	0.100	6,696
Behavioral Health Clinician I	75,238	0.500	37,619
Cleaner-Housekeeper	42,808	0.475	20,334
Community Support Worker II	30,846	0.475	14,652
Community Support Worker II	30,847	0.300	9,254
Counselor II	62,894	0.500	31,447
Counselor II	57,522	1.000	57,522
Deputy Director	169,200	0.020	3,384
Division Director of Clinical Services	124,144	0.021	2,612

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Sunflower Gardens

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 183,868	\$ 211,744	\$ 241,236	\$ 29,492
Realignment	-	-	-	-
MHSA	183,868	211,744	241,236	29,492
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 367,736	\$ 423,488	\$ 482,472	\$ 58,984
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 367,736	\$ 423,488	\$ 482,472	\$ 58,984

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	175,025	243,609	270,054	26,445
2 Payroll taxes	13,699	17,645	20,950	3,305
3 Employee benefits	31,469	37,241	33,983	(3,258)
4 Workers Compensation	5,604	8,897	9,162	265
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)	5,556	13,200	15,200	2,000
8 Travel (costs incurred to carry out the program)	5,098	6,994	6,994	-
9 Employee Travel and Conference	-	2,000	2,000	-
10 Communication Costs	2,618	2,000	2,000	-
11 Utilities	654	563	580	17
12 Cleaning and Janitorial	3,053	6,000	8,000	2,000
13 Maintenance and Repairs - Buildings	-	-	-	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	1,653	1,563	1,767	204
16 Memberships, Subscriptions and Dues	1,463	1,350	1,525	175
17 Office Supplies	14,852	14,825	12,900	(1,925)
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	5,621	7,139	8,564	1,425
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	117	-	-	-
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)	-	3,879	11,191	7,312
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,006	1,366	2,952	1,586
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	3,984	13	5,074	5,061
29	Total Mode Costs	\$ 271,472	\$ 368,284	\$ 412,896	\$ 44,612
	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				
30	Salaries and Benefits	-	41,376	47,335	5,959
31	Supplies	-	10,217	11,433	1,216
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.)	-	1,128	1,977	849
34	Total Administrative Costs	\$ -	\$ 52,721	\$ 60,745	\$ 8,024
35	TOTAL DIRECT COSTS	\$ 271,472	\$ 421,005	\$ 473,641	\$ 52,636
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	2,659	2,483	8,831	6,348
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,493	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	783	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 4,935	\$ 2,483	\$ 8,831	\$ 6,348

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 276,407	\$ 423,488	\$ 482,472	\$ 58,984
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant II-CI	\$ 54,020	0.50	\$ 27,010
Administrative Assistant- Med Support	\$ 6,590	0.78	\$ 5,140
Assistant Program Director	66,964	0.50	33,482
Behavioral Health Clinician I	75,238	0.50	37,619
Community Support Worker II	38,472	0.25	9,618
Community Support Worker II	26,717	0.30	8,015
Counselor II	50,566	1.00	50,566
Deputy Director	488,902	0.02	8,458
Division Director of Clinical Services	122,342	0.02	2,612

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: MCHOME

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 650,118	\$ 776,219	\$ 841,900	\$ 65,680
Realignment	-	-	-	-
MHSA	410,256	776,218	841,900	65,680
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	462,260	643,422	659,951	16,529
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,522,634	\$ 2,195,859	\$ 2,343,751	\$ 147,889
Other Program Revenues	413,642	487,532	276,603	(210,929)
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,936,276	\$ 2,683,391	\$ 2,620,354	\$ (63,040)

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	1,111,991	1,363,063	1,356,217	(6,846)
2 Payroll taxes	79,705	101,326	102,647	1,321
3 Employee benefits	191,542	197,906	171,141	(26,765)
4 Workers Compensation	34,854	50,231	46,417	(3,814)
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	293	-	-	-
7 Flexible Client Spending (please provide supporting documents)	138,549	156,515	131,080	(25,435)
8 Travel (costs incurred to carry out the program)	27,742	25,126	25,166	40
9 Employee Travel and Conference	-	12,198	12,198	-
10 Communication Costs	36,435	23,800	25,230	1,430
11 Utilities	7,928	7,429	4,965	(2,464)
12 Cleaning and Janitorial	5,879	3,100	3,704	604
13 Maintenance and Repairs - Buildings	11,696	18,101	300	(17,801)
14 Maintenance and Repairs - Equipment	151	-	-	-
15 Printing and Publications	3,689	3,735	4,563	828
16 Memberships, Subscriptions and Dues	5,771	9,900	11,075	1,175
17 Office Supplies	31,606	21,828	26,092	4,264
18 Postage and Mailing	125	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	15,795	16,304	17,669	1,365
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	233,459	227,172	238,398	11,226
23	Taxes and assessments (Please identify the property address and method of cost allocation)	58	51	51	-
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)	-	13,432	17,716	4,284
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,992	7,035	9,427	2,392
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	49,425	41,972	21,128	(20,844)
29	Total Mode Costs	\$ 1,993,685	\$ 2,300,224	\$ 2,225,184	\$ (75,040)
	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				
30	Salaries and Benefits	-	262,173	257,082	(5,091)
31	Supplies	-	64,741	62,095	(2,646)
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.)	-	7,147	10,735	3,588
34	Total Administrative Costs	\$ -	\$ 334,061	\$ 329,912	\$ (4,149)
35	TOTAL DIRECT COSTS	\$ 1,993,685	\$ 2,634,285	\$ 2,555,096	\$ (79,189)

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	28,425	43,652	59,002	15,350
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	10,620	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	8,938	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,810	5,454	6,256	800
57	Total Indirect costs	\$ 49,793	\$ 49,106	\$ 65,258	\$ 16,150

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 2,043,478	\$ 2,683,391	\$ 2,620,354	\$ (63,039)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 52,320	0.050	\$ 2,616
Administrative Assistant II-CI	51,211	1.000	51,211
Administrative Assistant II-CI	45,494	1.000	45,494
Administrative Assistant II-CI	54,020	0.500	27,010
Behavioral Health Clinician I-Vacant	70,522	1.000	70,522
Behavioral Health Clinician I	68,242	1.000	68,242
Behavioral Health Clinician I	81,577	1.000	81,577

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: **Keep It Real (Dual Recovery Services)**

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	-	\$ 270,155	\$ 294,773	\$ 24,619
Realignment	-	-	-	-
MHSA	64,785	270,155	294,773	24,619
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	64,785	10,827	(53,958)
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 64,785	\$ 605,095	\$ 600,373	\$ (4,720)
Other Program Revenues	12,396	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 77,181	\$ 605,095	\$ 600,373	\$ (4,720)

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	222,545	327,194	347,889	20,695
2 Payroll taxes	16,738	25,529	27,217	1,688
3 Employee benefits	29,623	45,946	39,335	(6,611)
4 Workers Compensation	6,724	12,655	12,195	(460)
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	1	-	-	-
7 Flexible Client Spending (please provide supporting documents)	3,703	6,150	6,150	-
8 Travel (costs incurred to carry out the program)	11,025	7,563	7,563	-
9 Employee Travel and Conference	-	2,550	2,550	-
10 Communication Costs	9,151	6,332	6,332	-
11 Utilities	4,159	11,636	9,466	(2,170)
12 Cleaning and Janitorial	2,813	1,697	1,697	-
13 Maintenance and Repairs - Buildings	5,381	-	-	-
14 Maintenance and Repairs - Equipment	3	-	-	-
15 Printing and Publications	746	756	855	99
16 Memberships, Subscriptions and Dues	1,415	1,700	2,050	350
17 Office Supplies	6,047	8,037	7,100	(937)
18 Postage and Mailing	173	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	7,870	7,491	9,159	1,668
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	29,487	36,158	23,442	(12,716)
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)	-	13,099	12,250	(849)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,572	2,099	2,398	299
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	7,937	7,206	998	(6,208)
29	Total Mode Costs	\$ 367,113	\$ 523,798	\$ 518,646	\$ (5,152)
	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				
30	Salaries and Benefits	-	59,120	58,903	(217)
31	Supplies	-	14,599	14,227	(372)
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.)	-	1,612	2,460	848
34	Total Administrative Costs	\$ -	\$ 75,331	\$ 75,590	\$ 259
35	TOTAL DIRECT COSTS	\$ 367,113	\$ 599,129	\$ 594,236	\$ (4,893)

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	3,596	5,669	5,840	171
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	7,683	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	1,788	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	220	296	297	-
57	Total Indirect costs	\$ 13,287	\$ 5,965	\$ 6,137	\$ 171

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 380,400	\$ 605,094	\$ 600,373	\$ (4,722)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant II-CI	\$ 61,650	1.00	\$ 61,650
Behavioral Health Clinician I	76,507	1.00	76,507
Clinical Program Manager	91,857	0.75	68,893
Counselor II	57,544	1.00	57,544

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: DRS Outreach & Aftercare SAMHSA Grant

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	36,651	43,159	6,508
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	93,279	93,279	-
Total Requested Monterey County Funds	\$ -	\$ 129,930	\$ 136,438	\$ 6,508
Other Program Revenues	1,588	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,588	\$ 129,930	\$ 136,438	\$ 6,508

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	45,309	75,643	82,437	6,794
2 Payroll taxes	3,591	6,062	6,603	541
3 Employee benefits	7,501	14,700	14,505	(195)
4 Workers Compensation	1,199	2,958	2,919	(39)
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)	292	1,050	1,050	-
8 Travel (costs incurred to carry out the program)	1,591	3,477	3,477	-
9 Employee Travel and Conference	-	500	500	-
10 Communication Costs	403	900	900	-
11 Utilities	342	1,325	-	(1,325)
12 Cleaning and Janitorial	-	-	-	-
13 Maintenance and Repairs - Buildings	11	-	-	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	92	250	283	33
16 Memberships, Subscriptions and Dues	-	200	300	100
17 Office Supplies	7	1,174	1,174	-
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	3,685	4,441	3,962	(479)
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
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)	-	250	250	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	155	452	516	64
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	-	-
29	Total Mode Costs	\$ 64,178	\$ 113,382	\$ 118,876	\$ 5,494
	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				
30	Salaries and Benefits	-	12,695	13,387	692
31	Supplies	-	3,135	3,233	98
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.)	-	346	559	213
34	Total Administrative Costs	\$ -	\$ 16,176	\$ 17,179	\$ 1,003
35	TOTAL DIRECT COSTS	\$ 64,178	\$ 129,558	\$ 136,055	\$ 6,497
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	139	372	383	11
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	490	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 629	\$ 372	\$ 383	\$ 11

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 64,807	\$ 129,930	\$ 136,438	\$ 6,508
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	\$ 59,474	1.00	\$ 59,474

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: **Workforce Ed & Training WE&T**

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	-	163,668	141,356	(22,312)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ -	\$ 163,668	\$ 141,356	\$ (22,312)
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ 163,668	\$ 141,356	\$ (22,312)

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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	118,161	78,922	67,367	(11,555)
2 Payroll taxes	9,241	6,037	5,154	(883)
3 Employee benefits	20,285	7,098	2,256	(4,842)
4 Workers Compensation	2,061	3,101	2,376	(725)
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)	1,309	3,700	3,700	-
8 Travel (costs incurred to carry out the program)	3,515	1,277	1,277	-
9 Employee Travel and Conference	-	2,000	2,000	-
10 Communication Costs	3,867	1,406	1,406	-
11 Utilities	2,166	2,284	4,767	2,483
12 Cleaning and Janitorial	1,024	478	478	-
13 Maintenance and Repairs - Buildings	3,190	1,000	1,000	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	343	151	171	20
16 Memberships, Subscriptions and Dues	150	300	425	125
17 Office Supplies	1,708	10,223	8,800	(1,423)
18 Postage and Mailing	11	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	5,488	992	1,289	297
21 Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	17,552	21,426	18,114	(3,312)
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)	-	353	120	(233)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	563	759	867	108
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	670	501	691	190
29	Total Mode Costs	\$ 191,304	\$ 142,008	\$ 122,258	\$ (19,750)
	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				
30	Salaries and Benefits	-	15,990	13,868	(2,122)
31	Supplies	-	3,949	3,350	(599)
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.)	-	436	579	143
34	Total Administrative Costs	\$ -	\$ 20,375	\$ 17,797	\$ (2,578)
35	TOTAL DIRECT COSTS	\$ 191,304	\$ 162,383	\$ 140,055	\$ (22,328)

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	203	544	560	16
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	980	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	160	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	740	741	-
57	Total Indirect costs	\$ 1,343	\$ 1,284	\$ 1,301	\$ 16

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 192,647	\$ 163,667	\$ 141,356	\$ (22,312)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Maintenance Assistant	\$ 9,482	0.50	\$ 4,741

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: **OMNI Resource Center**

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change	
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ 77,070	\$ 72,371	\$ (4,698)
	Realignment	-	-	-	-
	MHSA	-	653,938	640,108	(13,829)
		-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	668,782	-	-	-
	MHSA - Innovations	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 668,782	\$ 731,008	\$ 712,479	\$ (18,527)
Other Program Revenues		10,334	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 679,116	\$ 731,008	\$ 712,479	\$ (18,527)

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change	
A. Mode Costs (Direct Services)					
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	311,906	338,744	364,602	25,858
2	Payroll taxes	24,624	27,151	29,314	2,163
3	Employee benefits	33,798	24,252	25,112	860
4	Workers Compensation	7,839	6,539	5,585	(954)
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	6	-	-	-
7	Flexible Client Spending (please provide supporting documents)	45,360	43,000	30,000	(13,000)
8	Travel (costs incurred to carry out the program)	13,011	3,831	3,831	-
9	Employee Travel and Conference	-	11,075	11,075	-
10	Communication Costs	7,400	6,900	6,900	-
11	Utilities	10,360	19,992	20,592	600
12	Cleaning and Janitorial	11,301	11,000	11,000	-
13	Maintenance and Repairs - Buildings	30,862	28,620	29,140	520
14	Maintenance and Repairs - Equipment	136	-	-	-
15	Printing and Publications	3,433	2,276	2,573	297
16	Memberships, Subscriptions and Dues	1,259	3,960	4,410	450
17	Office Supplies	13,963	13,324	11,650	(1,674)
18	Postage and Mailing	37	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	17,605	17,707	19,135	1,428
21	Rent and Leases - equipment	-	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	87	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	255	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,330	800	(530)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,345	3,449	3,940	491
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	26,467	63,292	29,153	(34,139)
29	Total Mode Costs	\$ 563,054	\$ 626,442	\$ 608,812	\$ (17,630)
	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				
30	Salaries and Benefits	-	71,422	69,903	(1,519)
31	Supplies	-	17,637	16,884	(753)
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.)	-	1,947	2,919	972
34	Total Administrative Costs	\$ -	\$ 91,006	\$ 89,706	\$ (1,300)
35	TOTAL DIRECT COSTS	\$ 563,054	\$ 717,448	\$ 698,518	\$ (18,930)

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	6,985	13,412	13,815	403
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,565	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	319	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	247	148	146	-
57	Total Indirect costs	\$ 10,116	\$ 13,560	\$ 13,961	\$ 403

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 573,170	\$ 731,008	\$ 712,479	\$ (18,527)
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	49,613	0.63	\$ 31,008
Counselor II	57,925	0.38	\$ 21,722
Community Support Worker I	32,015	0.48	15,207
Community Support Worker II	45,032	0.48	21,390
Community Support Worker II	22,728	0.48	10,796
Community Support Worker II	19,279	0.48	9,254
Deputy Director	169,200	0.02	3,384
Division Director of Program Services	129,356	0.05	5,821

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Peer Support & Wellness Navigation

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 11,400	\$ 32,897	\$ 64,111	\$ 31,214
Realignment	-	-	\$ -	-
MHSA	11,400.00	32,897.00	\$ 64,111	31,214
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	58,386.00	70,519	12,133
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	254,630.00	376,122	121,491
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 22,800	\$ 378,810	574,863	\$ 196,052
Other Program Revenues	-	-	-	574,862
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 22,800	\$ 378,810	574,863	\$ 770,914

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	229,500	181,554	310,036	128,482
2 Payroll taxes	17,959	14,438	23,550	9,112
3 Employee benefits	57,618	41,836	71,189	29,353
4 Workers Compensation	7,507	6,615	10,809	4,194
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	1	-	-	-
6 Temporary Staffing	-	-	-	-
7 Flexible Client Spending (please provide supporting documents)	531	500	1,000	500
8 Travel (costs incurred to carry out the program)	10,221	7,720	9,863	2,143
9 Employee Travel and Conference	1	6,000	6,000	-
10 Communication Costs	3,698	5,800	9,200	3,400
11 Utilities	868	2,209	-	(2,209)
12 Cleaning and Janitorial	551	-	-	-
13 Maintenance and Repairs - Buildings	995	3,540	7,080	3,540
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	131	-	-	-
16 Memberships, Subscriptions and Dues	49	50	100	50
17 Office Supplies	6,941	2,943	3,868	925
18 Postage and Mailing	22	-	-	-
19 Medical Records	1	-	-	-
20 Data Processing	6,676	7,712	440	(7,272)
21 Rent and Leases - equipment	1	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	234	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	5	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	13	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	569	1,019	450
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	195	1,505	1,720	215
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	20,711	36,119	36,119	-
29	Total Mode Costs	\$ 364,429	\$ 319,110	491,993	\$ 172,883
	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		-		
30	Salaries and Benefits	-	37,011	56,400	19,389
31	Supplies	-	9,140	13,623	4,483
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.)	-	1,009	2,355	1,346
34	Total Administrative Costs	\$ -	\$ 47,160	72,378	\$ 25,218
35	TOTAL DIRECT COSTS	\$ 364,429	\$ 366,270	564,371	\$ 198,101
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	2,115	12,539	10,492	(2,048)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,254	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	1	-	-	-
54	Other Professional and Specialized Services	-	-	-	-
55	Transportation and Travel	1	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 3,371	\$ 12,539	10,492	\$ (2,048)

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 367,800	\$ 378,809	574,863	\$ 196,053
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Budget FY 2020-21	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Deputy Director	132,602	0.01	1,692
Division Director of Program Services	545,257	0.02	9,054

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: ACT

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 198,938	\$ 535,847	\$ 628,028	\$ 92,181
Realignment	-	-	-	-
MHSA	198,938	535,848	628,029	92,181
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	336,557	217,126	223,783	6,658
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 734,433	\$ 1,288,821	\$ 1,479,840	\$ 191,020
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 734,433	\$ 1,288,821	\$ 1,479,840	\$ 191,020

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	645,097	797,425	863,416	65,991
2 Payroll taxes	47,488	55,624	65,085	9,461
3 Employee benefits	95,238	94,385	103,836	9,451
4 Workers Compensation	17,506	22,243	28,144	5,901
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)	14,748	43,500	43,500	-
8 Travel (costs incurred to carry out the program)	16,475	5,186	5,246	60
9 Employee Travel and Conference	-	8,000	8,000	-
10 Communication Costs	11,714	2,850	14,145	11,295
11 Utilities	-	14,979	22,508	7,529
12 Cleaning and Janitorial	2,740	2,850	3,756	906
13 Maintenance and Repairs - Buildings	19,817	16,460	19,060	2,600
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	1,126	400	966	566
16 Memberships, Subscriptions and Dues	1,588	800	950	150
17 Office Supplies	11,620	2,968	8,322	5,354
18 Postage and Mailing	58	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	-	7,757	9,360	1,603
21 Rent and Leases - equipment	410	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	10,655	10,655
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)	-	1,791	11,766	9,975
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	2,251	3,963	1,712
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	37,452	33,545	47,693	14,148
29	Total Mode Costs	\$ 923,077	\$ 1,113,014	\$ 1,270,371	\$ 157,357
	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				
30	Salaries and Benefits	-	125,921	145,187	19,266
31	Supplies	-	31,095	35,069	3,974
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.)	-	3,433	6,063	2,630
34	Total Administrative Costs	\$ -	\$ 160,449	\$ 186,319	\$ 25,870
35	TOTAL DIRECT COSTS	\$ 923,077	\$ 1,273,463	\$ 1,456,690	\$ 183,227
<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 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	-	13,483	20,076	6,593
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,560	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	5,014	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	1,876	3,074	1,200
57	Total Indirect costs	\$ 6,574	\$ 15,359	\$ 23,150	\$ 7,793

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 929,651	\$ 1,288,822	\$ 1,479,840	\$ 191,020
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature _____ Date _____ Finance Director's Signature _____ Date _____

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant II-CI	\$ 48,002	1.00	\$ 48,002
Behavioral Health Clinician I	76,450	1.00	76,450
Behavioral Health Clinician I	72,623	1.00	72,623
Clinical Program Manager	83,598	1.00	83,598
Counselor II	56,640	1.00	56,640
Deputy Director	265,857	0.07	18,610
Division Director of Clinical Services	130,590	0.10	13,059
Division Director of Program Services	129,343	0.23	29,749
Division Director of Quality Assurance	132,884	0.05	6,312
Landscape Assistant	35,196	0.05	1,619
Licensed Vocational Nurse	72,466	1.00	72,466
Licensed Vocational Nurse	29,967	1.00	29,967
Licensed Vocational Nurse	176,585	0.40	70,634
NP-Medication Support	139,672	0.60	83,803
Quality Assurance & Performance Outcomes Specialist	282,588	0.02	4,804
Quality Assurance & Performance Outcomes Specialist	33,453	0.05	1,589
Quality Assurance Technician	72,440	0.05	3,622
Substance Use Disorders Specialist	79,403	1.00	79,403
Wellness Navigator	45,533	1.00	45,533
Wellness Navigator	47,524	0.50	23,762
Wellness Navigator	41,171	1.00	41,171
Total Salaries and Wages	\$ 2,051,985		863,416

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2021-2022

Program Name: Day Treatment Intensive

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 343,240	\$ -	\$ 208,584	\$ 208,585
Realignment	343,240	-	208,584	208,585
MHSA	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	212,245	212,245
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 686,480	\$ -	\$ 629,413	\$ 629,415
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 686,480	\$ -	\$ 629,413	\$ 629,415

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.

	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	267,620	-	334,544	334,544
2 Payroll taxes	20,306	-	26,484	26,484
3 Employee benefits	29,118	-	56,502	56,502
4 Workers Compensation	8,800	-	11,684	11,684
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	2	-	-	-
6 Temporary Staffing	16,892	-	-	-
7 Flexible Client Spending (please provide supporting documents)	14,678	-	27,400	27,400
8 Travel (costs incurred to carry out the program)	4,694	-	3,700	3,700
9 Employee Travel and Conference	2	-	2,000	2,000
10 Communication Costs	3,214	-	2,150	2,150
11 Utilities	5,082	-	4,120	4,120
12 Cleaning and Janitorial	2,514	-	2,000	2,000
13 Maintenance and Repairs - Buildings	14,193	-	13,420	13,420
14 Maintenance and Repairs - Equipment	55	-	-	-
15 Printing and Publications	674	-	68	68
16 Memberships, Subscriptions and Dues	489	-	700	700
17 Office Supplies	6,822	-	5,500	5,500
18 Postage and Mailing	-	-	-	-
19 Medical Records	2	-	-	-
20 Data Processing	408	-	13,562	13,562
21 Rent and Leases - equipment	2	-	-	-

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	59	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	53	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	160	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	-	-	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	255	-	2,778	2,778
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	17,735	-	36,275	36,275
29	Total Mode Costs	\$ 413,829	\$ -	\$ 542,887	\$ 542,887
	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				
30	Salaries and Benefits	-	-	61,751	61,751
31	Supplies	-	-	14,924	14,915
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.)	-	-	2,579	2,579
34	Total Administrative Costs	\$ -	\$ -	\$ 79,254	\$ 79,245
35	TOTAL DIRECT COSTS	\$ 413,829	\$ -	\$ 622,141	\$ 622,132

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.

	INDIRECT COSTS	Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	2,939	-	7,272	7,272
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,449	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	2	-	-	-
54	Other Professional and Specialized Services	3,976	-	-	-
55	Transportation and Travel	2	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 8,368	\$ -	\$ 7,272	\$ 7,272

		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
63 Total Allowable Costs		\$ 422,197	\$ -	\$ 629,413	\$ 629,404
COST REPORT INFORMATION:		Actual FY 2019-20	Budget FY 2020-21	Request FY 2021-22	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Vacant Administrative Assistant	\$ 31,795	1.00	\$ 31,795
Vacant Behavioral Health Clinician I	50,101	1.00	50,101
Vacant Behavioral Health Clinician I	50,101	1.00	50,101
Vacant Behavioral Health Clinician I	50,101	1.00	50,101
Vacant Clinical Program Manager	57,934	1.00	57,934
Vacant Wellness Navigator	28,800	1.00	28,800
Vacant Wellness Navigator	28,800	1.00	28,800
Deputy Director	126,900	0.04	5,076
Division Director of Clinical Services	130,600	0.05	6,530
Division Director of Program Services	129,350	0.06	7,761
Division Director of Quality Assurance	126,240	0.05	6,312
Landscape Assistant	5,800	0.21	1,218
Quality Assurance & Performance Outcomes Specialist	96,080	0.05	4,804
Quality Assurance & Performance Outcomes Specialist	31,780	0.05	1,589
Quality Assurance Technician	72,440	0.05	3,622

**EXHIBIT I:
ANNUAL REPORT(S), COST REPORT SETTLEMENT, AND AUDIT**

I. ANNUAL REPORT(S)

- A. For each fiscal year or portion thereof that this Agreement is in effect, CONTRACTOR shall provide COUNTY with accurate and complete Annual Report(s) known as the State Cost Report, the Annual Mental Health Services Act (MHSA) Revenue and Expenditure Reports, and the Annual Report(s), as applicable and required by the COUNTY (numbered (1)-(3) in Section XIV (A) in electronic forms and hard copies along with duly signed Provider's Certification and copy of audited financial statement and/or other supporting documents that the COUNTY may require, by the due date specified in this Exhibit I, Section I., Paragraph C.
- B. An accurate and complete State Cost Report and/or Annual MHSA Revenue and Expenditure Report shall be defined as Annual Report(s) which is (are) completed to the best of the ability of CONTRACTOR on such forms or in such formats as specified by the COUNTY and consistent with such instructions as the COUNTY may issue and are based on the best available data and based on the CONTRACTOR'S Financial Summary applicable to the fiscal year. Further, CONTRACTOR shall certify under penalty of perjury that the CONTRACTOR has not violated any of the provisions of Section 1090 through 1096 of the Government Code and with respect to MHSA funding; is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, non-Supplant Certification and Reports; that the amount for which reimbursement is claimed in the Annual Report(s) is in accordance with Chapter 3, Part 2. Division 5 of the Welfare and Institutions Code; and WIC Section 5891 and that to the best of the CONTRACTOR'S knowledge and belief the information on Annual Report(s) is (are) in all respects, correct, and in accordance with the law.
- C. The Annual Report(s) shall be due on September 15th for the fiscal year ending on the previous June 30th or seventy-five (75) days following the expiration or termination date of this Agreement, or forty-five (45) days after the COUNTY transmits the cost report template electronically to the CONTRACTOR, whichever occurs later. Should the due date fall on a weekend, such report(s) shall be due on the following business day.
1. Failure to submit the Annual Report(s) within thirty (30) calendar days after the due date specified in this Exhibit I, Section I, Subsection (C) is a breach of this Agreement. In addition to, and without limiting, any other remedy available to the COUNTY for such breach, COUNTY may undertake any or all of the following to remedy such breach:
 - a. COUNTY, in its sole and absolute discretion, may disallow claim(s) for payment for services/activities rendered during the fiscal year(s) for which the

CONTRACTOR'S Annual Report(s) is (are) outstanding or withhold payment(s) for reimbursements payable pursuant to Section III (A) to CONTRACTOR for the current fiscal year by COUNTY to CONTRACTOR until the Annual Report(s) is (are) submitted. If COUNTY exercises its discretion to disallow claim(s) or withhold payment(s), COUNTY shall give CONTRACTOR written notice, during the thirty (30) calendar days after the due date specified in this Exhibit I, Section I, Subsection (C), of its intention to disallow claim(s) or withhold payment(s) as of the date specified in the notice, including the reason(s) for its intended action. Thereafter, CONTRACTOR, within the time specified in the notice, shall submit the Annual Report(s) to avoid disallowance of claims or withholding of payments.

- b. In such instance that CONTRACTOR does not submit the Annual Report(s) by thirty (30) calendar days after the applicable due date specified in this Exhibit I, Section I, Subsection (C), COUNTY, in its sole and absolute discretion, may deem as due and owing to COUNTY by CONTRACTOR all amounts paid pursuant to Section III (A) by COUNTY to CONTRACTOR for services/activities for the fiscal year(s) for which the Annual Report(s) is (are) outstanding. CONTRACTOR shall pay COUNTY according to the method described in this Exhibit I, Section IV (Method of Payments for Amounts Due to COUNTY). Such payments shall be submitted to the persons at the address identified in the COUNTY invoice.

- D. The Annual Report(s) shall be prepared by the CONTRACTOR in accordance with the instructions, rules, policies and procedures established by the Federal governments, State and COUNTY.

II. COST REPORT SETTLEMENT

- A. CONTRACTOR shall submit the CONTRACTOR'S Year-End Cost Report Settlement with the COUNTY based on the Annual Report(s) submitted pursuant to this Exhibit I of this Agreement, for the fiscal year(s) for which the CONTRACTOR'S Year-End Cost Report Settlement is (are) outstanding.

1. Failure to submit the CONTRACTOR'S Year-End Cost Report Settlement within thirty (30) calendar days after the due date specified by written notice of the COUNTY is a breach of this Agreement. In addition to, and without limiting, any other remedy available to the COUNTY for such breach, COUNTY may undertake any or all of the following to remedy such breach:

- a. COUNTY, in its sole and absolute discretion, may disallow claim(s) for payment for services/activities rendered during the fiscal year(s) for which the CONTRACTOR'S Year-End Cost Report Settlement is outstanding or withhold payment(s) for reimbursements payable pursuant to Section III (A) to CONTRACTOR for the current fiscal year by COUNTY to CONTRACTOR until the CONTRACTOR'S Year-End Cost Report Settlement is submitted. If COUNTY exercises its discretion to disallow

claim(s) or withhold payment(s), COUNTY shall give CONTRACTOR written notice, during the thirty (30) calendar days after the due date specified by the COUNTY, of its intention to disallow claim(s) or withhold payment(s) as of the date specified in the notice, including the reason(s) for its intended action. Thereafter, CONTRACTOR, within the time specified in the notice, shall submit the CONTRACTOR'S Year-End Cost Report Settlement to avoid disallowance of claim(s) or withholding of payment(s).

- b. In such instance that CONTRACTOR does not submit the CONTRACTOR'S Year-End Cost Report Settlement by thirty (30) calendar days after the applicable due date specified by written notice of the COUNTY, COUNTY, in its sole and absolute discretion, may deem as due and owing to COUNTY by CONTRACTOR all amounts paid pursuant to Section III (A) by COUNTY to CONTRACTOR for services/activities for the fiscal year(s) for which the CONTRACTOR'S Year-End Cost Report Settlement is outstanding. CONTRACTOR shall pay COUNTY according to the method described in this Exhibit I, Section IV (Method of Payments for Amounts Due to COUNTY). Such payments shall be submitted to the persons at the address identified in the COUNTY invoice.
- B. All payments made to the CONTRACTOR and the actual Federal Financial Participation (FFP) revenue generated by the CONTRACTOR shall be reconciled with CONTRACTOR'S Year-End Cost Report Settlement and/or State Cost Report Settlement. CONTRACTOR'S Year-End Cost Report Settlement shall be based upon the allowable costs as stipulated in Exhibit B, Section VI, Subsection B, less any deductible revenues collected by CONTRACTOR from other payor sources. FFP revenue shall be based upon the FFP claimed by the CONTRACTOR in accordance to the provision of Exhibit B and the reconciled amount of FFP as reflected in the State Cost Report Settlement. Such settlement shall be subject to the terms and conditions of this Agreement and all other applicable Federal, State and local statutes, regulations, policies, procedures and/or other requirements. In addition, audit procedures may be performed by the COUNTY in accordance with the Generally Accepted Accounting Principles and Generally Accepted Auditing Standards.
- C. COUNTY shall issue its findings regarding CONTRACTOR'S Year-End Cost Report Settlement and/or State Cost Report Settlement ("COUNTY'S Findings") at any time after the COUNTY received the calculation of the cost settlement from the CONTRACTOR and/or COUNTY completed the State Cost Settlement process.
1. As part of its cost report settlement, COUNTY shall identify any amounts due to CONTRACTOR by the COUNTY or due from the CONTRACTOR to the COUNTY.
 2. Upon issuance of the COUNTY'S Findings, CONTRACTOR may, within thirty (30) calendar days, submit a written request to the COUNTY for review of the Findings.

- a. Upon receipt by COUNTY of the CONTRACTOR'S written request, the COUNTY shall, within thirty (30) calendar days, meet with the CONTRACTOR to review the COUNTY'S Findings and to consider any documentation or information presented by the CONTRACTOR. CONTRACTOR may waive such meeting and elect to proceed based on written submission at its sole discretion.
 - b. Within thirty (30) calendar days of the meeting specified in Subsection C., 2., a. above, or if no meeting is requested, within thirty (30) calendar days of the issuance of the COUNTY'S Findings, COUNTY shall issue a final cost report settlement finding to the CONTRACTOR including confirming or adjusting any amounts due to CONTRACTOR by the COUNTY or due from CONTRACTOR to the COUNTY.
3. In the event that the COUNTY'S Findings indicates that the CONTRACTOR is due payment from the COUNTY, COUNTY shall make payment to CONTRACTOR within thirty (30) calendar days following the expiration of the date to request a review as specified in Paragraph C., 2. above or issuance of the COUNTY'S Findings as specified in Paragraph C., 2., b. above, whichever is later.
4. In the event that the COUNTY'S Findings indicates that the CONTRACTOR owes payments to the COUNTY, CONTRACTOR shall make payment to the COUNTY within thirty (30) calendar days following the expiration of the date to request a review as specified in Paragraph C., 2. above or issuance of the COUNTY'S Findings as specified in Paragraph C., 2. b. above, whichever is later. Said payment shall be submitted to the person and at the address identified in the COUNTY invoice.
5. Regardless of any other provision of this Section II, reimbursement to CONTRACTOR shall not exceed the Maximum Contract Amount and shall not exceed the Maximum Program Amount for each Funded Program, as identified in Exhibit B.

III. COST REPORT TRAINING

CONTRACTOR shall attend a one-time mandatory cost report training provided by the COUNTY. COUNTY shall provide further cost report training as needed and/or as required according to changes in the State cost report requirements. Failure by the CONTRACTOR to attend the one-time mandatory cost report training, and subsequent training(s), as needed and requested by the COUNTY, may result in disallowance of any claims for payment. If CONTRACTOR continues to neglect attendance to scheduled training(s), claims for payment shall be disallowed due to delayed training completion or non-compliance.

IV. AUDIT(S) AND AUDIT APPEALS

- A. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with Federal and State law including but not limited to the California Welfare and Institutions Code (WIC) Sections 14170 et seq., authorized representatives from the Federal governments, State or COUNTY may conduct an audit of CONTRACTOR regarding the services/activities provided under the fiscal year(s) for which the audit is outstanding. In addition, contract compliance audits or reviews may be conducted by the Monterey County's Auditor-Controller's Office or designated representative. Furthermore, the California State Controller Office performs audits of the mandated cost claims for the seriously emotionally disturbed pupils for the Out-of-State Mental Health Services Program and Handicapped and Disabled Students Programs. The Centers for Medicare and Medicaid Services (CMS) also perform audits of the Certified Public Expenditure (CPE) processes, negotiated rate audit information, and other issues.
- B. Settlement of audit findings shall be conducted according to the auditing party's procedures in place at the time of the audit.
- C. In the case of a Federal Government or State audit, COUNTY may perform a post-audit based on Federal or State audit findings. Such post-audit shall take place when the Federal Government or State initiates its settlement action, which customarily is after the issuance of the audit report by the Federal Government or State and before the Federal Government or State's audit appeal process.
1. If the Federal Government or State stays its collection of any amounts due or payable because of the audit findings, COUNTY shall also stay its settlement of the same amounts due or payable until the responsible auditing party initiates its settlement action with COUNTY.
 2. COUNTY shall follow all applicable Federal, State and local laws, regulations manuals, guidelines and directives in recovering from CONTRACTOR any amount due to the COUNTY.
 3. COUNTY shall issue an invoice to CONTRACTOR for any amount due to the COUNTY no later than ninety (90) calendar days after the Federal or State issues its audit settlement letter to the COUNTY. CONTRACTOR shall make payment to the COUNTY in accordance with the terms of Section IV (Method of Payments for Amounts Due to COUNTY) of this Exhibit I. Said payment shall be submitted to the person and at the address identified in the COUNTY invoice.
- D. CONTRACTOR may appeal any such audit findings in accordance with the audit appeal process established by the party performing the audit.
1. For Federal audit exceptions, Federal audit appeal processes shall be followed.

2. CONTRACTOR may appeal the State audit findings in conformance with provisions of Sections 51016 et seq. of Title 22 of the California Code of Regulations. Such appeals must be filed through COUNTY. COUNTY shall notify CONTRACTOR of State appeal deadlines after COUNTY'S receipt from State of the audit report.
3. If at any time the Appeal process results in a revision to the audit findings, and the Federal Government or State recalculates the final settlement with COUNTY, COUNTY may perform a post-audit based on the Federal or State revised findings after the Federal Government or State has issued its revised settlement with the COUNTY, based on such re-computed final settlement.
 - a. If the re-computed final settlement results in amounts due to CONTRACTOR by the COUNTY, COUNTY shall make such payments to CONTRACTOR within thirty (30) calendar days of issuing the revised settlement amount to the CONTRACTOR.
 - b. If the re-computed final settlement results in amounts due from CONTRACTOR to the COUNTY, CONTRACTOR shall make payment to the COUNTY within thirty (30) days that the COUNTY issues its invoice to the CONTRACTOR.
- E. Notwithstanding any other provisions of this Agreement, if CONTRACTOR appeals any audit report, the appeal shall not prevent the COUNTY from recovering from CONTRACTOR any amount owed by CONTRACTOR that the Federal Government or State has recovered from COUNTY.
- F. Should the auditing party be the COUNTY, CONTRACTOR shall have thirty (30) calendar days from the date of the audit report with in which to file an appeal with COUNTY. The letter providing the CONTRACTOR with notice of the audit findings shall indicate the person(s) and address to which the appeal should be directed. COUNTY shall consider all information provided by CONTRACTOR with its appeal, and shall issue its decision on the appeal after such consideration. Such decision is final. COUNTY shall issue an invoice for any amount due COUNTY fifteen (15) calendar days after COUNTY has notified CONTRACTOR of the COUNTY'S audit appeal findings. CONTRACTOR shall make payment to the COUNTY in accordance with the terms of Section IV (Method of Payments for Amounts Due to COUNTY) of this Exhibit I. Said payment shall be submitted to the person and at the address identified in the COUNTY invoice.

V. METHOD OF PAYMENTS FOR AMOUNTS DUE TO COUNTY

- A. Within ten (10) business days after written notification by COUNTY to CONTRACTOR of any amount due by CONTRACTOR to COUNTY, CONTRACTOR shall notify COUNTY as to which of the following five (5) payment options CONTRACTOR requests be used as the method by which such amount shall be recovered by COUNTY.

Any such amount shall be:

1. paid in one cash payment by CONTRACTOR to COUNTY;
2. deducted from future claims over a period not to exceed six (6) months;
3. deducted from any amounts due from COUNTY to CONTRACTOR whether under this Agreement or otherwise;
4. paid by cash payment(s) by CONTRACTOR to COUNTY over a period not to exceed six (6) months; or
5. a combination of any or all of the above.

B. If CONTRACTOR does not so notify COUNTY within such ten (10) days, or if CONTRACTOR fails to make payment of any such amount to COUNTY as required, then Director, in his sole discretion, shall determine which of the above five (5) payment options shall be used by COUNTY for recovery of such amount from CONTRACTOR.