



Monterey County Board of Supervisors

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1st Floor
Salinas, CA 93901
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Board Order

Agreement No. A-13221, Amendment No. 5

A motion was made by Supervisor Mary Adams, seconded by Supervisor Chris Lopez to:

Approve and authorize the Director of Health or Assistant Director of Health to execute Amendment No. 5 to Mental Health Services Agreement A-13221 with Interim, Inc. to extend the term for one (1) additional Fiscal Year (FY) for a new term July 1, 2016 through June 30, 2020 and revise the total Agreement amount from \$37,616,019 to \$54,640,251, which represents an increase of \$17,024,232 for FY 2019-20.

PASSED AND ADOPTED on this 25th day of June 2019, by the following vote, to wit:

AYES: Supervisors Alejo, Phillips, Lopez, Parker and Adams

NOES: None

ABSENT: None

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting June 25, 2019.

Dated: June 26, 2019
File ID: A 19-216
Agenda Item No. 45

Valerie Ralph, Clerk of the Board of Supervisors
County of Monterey, State of California


Joel G. Pablo, Deputy

**AMENDMENT NO. 5
TO MENTAL HEALTH SERVICES AGREEMENT A-13221
BETWEEN COUNTY OF MONTEREY AND
INTERIM, INC.**

This AMENDMENT No. 5 to MENTAL HEALTH SERVICES AGREEMENT A-13221 is made and entered into by and between the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and **Interim, Inc.**, (hereinafter referred to as CONTRACTOR).

WHEREAS, the COUNTY entered into MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR in the amount of \$30,833,764 for the term of July 1, 2016 to June 30, 2019 for mental health services and supportive housing services;

WHEREAS, the COUNTY entered into AMENDMENT No. 1 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G, and H for Fiscal Year 2016-17 through Fiscal Year 2018-19; and

WHEREAS, the COUNTY entered into AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2017-18; and

WHEREAS, the COUNTY entered into AMENDMENT No. 3 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY entered into AMENDMENT No. 4 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to further revise the EXHIBIT A: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS; the EXHIBIT B: PAYMENT AND BILLING PROVISIONS; the EXHIBIT G; BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE; and the EXHIBIT H: BUDGET AND EXPENDITURE REPORT for Fiscal Year 2019-20 to reflect program and budget modifications as agreed to by both parties;

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

1. Section IV, TERM AND TERMINATION, Subsection A. shall be amended by removing "*This Agreement shall be effective July 1, 2016 and shall remain in effect until June 30, 2019*" and replacing it with "*This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2020.*"

2. EXHIBIT A-5: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS replaces EXHIBITS A-4, A-3, A-2, A-1, and A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-5.
3. EXHIBIT B-5: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B4, B-3, B-2, B-1 and B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-5.
4. EXHIBIT G-5: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBITS G-4, G-3, G2, G-1 and G. All references in the AGREEMENT to EXHIBIT G shall be construed to refer to EXHIBIT G-5.
5. EXHIBIT H-5: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-4, H-3, H-2, H-1 and H. All references in the AGREEMENT to EXHIBIT H shall be construed to refer to EXHIBIT H-5.
6. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
7. This AMENDMENT No. 5 shall be effective July 1, 2019.
8. A copy of this AMENDMENT No. 5 shall be attached to the original AGREEMENT executed by the COUNTY on July 14, 2016.

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

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT No. 5 to Agreement A-13221 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: [Signature] _____
Department Head

Date: 06/28/2019

Approved as to Form ¹

By: [Signature] _____
County Counsel

Date: 5/24/19

Approved as to Fiscal Provisions²

By: [Signature] _____
Auditor-Controller

Date: 5-28-19

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

INTERIM, INC.
Contractor's Business Name*

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

Barbara L. Mitchell
Name and Title

Date: 5/20/19

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

Pari Weerasakera
Director of Finance
Name and Title

Date: 5/20/19

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

¹ Approval by County Counsel is required.
² Approval by Auditor-Controller is required
³ Approval by Risk Management is necessary only if changes are made in Sections XI or XII.

EXHIBIT A-5

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: TWELVE through EIGHTEEN and TWENTY must meet the criteria of a serious mental illness diagnosis and have a functional impairment that is temporary and reversible with therapeutic mental health interventions.

PROGRAM ONE:

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

2. **Program Description:**

Type of Facility: Short-Term Adult Crisis Residential
Address of Delivery: 200 Casentini Street, Salinas, CA 93907
Site: 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: 15 in Salinas & 12 in Monterey
Target # of Consumers: 200+ Annually in Salinas & 120+ Annually in Monterey

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. Psychiatry services are provided by MCBHB.

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, 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. 50% of consumers will improve their mental health recovery.	Measured via the recovery markers instrument.
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 discharge 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 to nursing staff at the facility. MCBHB also provides psychiatry services for all residents of Manzanita.

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 and The Academy, MCHOME, CHOICES, 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.

Program capacity at Manzanita House Salinas is 15, and annual number to be served is approximately 200. Program capacity at Manzanita Monterey is 12, and annual number to be served is approximately 120.

PROGRAMS TWO & THREE

1. **Program Names:** Bridge House Dual Diagnosis Program Residential and Full Day, Day Rehabilitation Program (The Wellness and Recovery Academy)

2. **Program Descriptions:**

Type of Facility:	24-Hour Adult Transitional Residential Treatment
Address of Delivery Site:	601 & 617 Bayonet Circle Marina, CA 93933
Program Schedule:	Provides residents 24-hour care, 7 days a week. Intake will be pre-arranged by appointment. The Day Rehabilitation Program operates Monday through Friday, at least 4 hours of therapeutic groups offered per day.
Limitation of Service	Consumers may receive up to 6 months of transitional residential treatment. Effective April 2018, Day Rehab program participants may receive up to 2 years' day treatment.
Continued Stay Criteria:	Any extension beyond the 6 residential months requires authorization by the Monterey County Behavioral Health Bureau Deputy Director or designees and Interim Deputy Directors or designees.

Total # of Beds Available:	14 beds and 25 program participant slots in Day Rehabilitation Program. Clients enrolled in the Bridge House Residential Treatment Program have priority enrollment for the Day Rehabilitation Program.
Target # of Consumers:	40+ Residential Program participants and 70+ Day Rehabilitation Program participants.

A. Residential

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 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. 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.

B. Full Day, Day Rehabilitation

The Wellness & Recovery Academy is certified by the State of California, Department of Healthcare Services as a Day Rehabilitation Program, serving consumers with serious mental illnesses and substance use disorders. Program services include skills building groups, group therapy, community meetings, process groups, therapeutic milieu, service plan development, community outings, and adjunctive therapies.

Effective April 2018, the expanded Day Rehabilitation program allows for more flexible, longer term treatment after the residential program. The length of time in the Day Rehabilitation program is up to 2 years.

3. Programs’ 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.

The Day Rehabilitation program (The Wellness and Recovery Academy) uses wellness and recovery principles to develop the coping and recovery skills needed to successfully reintegrate into the community. It provides evaluation, rehabilitation, and mental health services to maintain or restore personal independence and functioning consistent with requirements for learning and development.

4. Desired Results

Through both the transitional residential program, and the day rehabilitation 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.

Bridge Residential

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.

Day Rehabilitation (The Wellness and Recovery Academy)

Goal	Measurement & Data Source
1. 85% of consumers will improve their mental health recovery.	• Measured via the pre-and post “Reaching Recovery” survey tool.
2. 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?

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.

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

- 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 service 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.
- The populations to be served are adults with major psychiatric disabilities age 18 and older who have a substance abuse disorder diagnosis and who require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- DSM 5 Diagnostic Categories for both serious mental illness and substance abuse disorder 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. Any exceptions to these 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.
- Discharge is when clients are no longer meeting medical necessity.
- Length of stay depends on medical necessity and ability to place clients into appropriate discharge placements.
- Admission eligibility determined by Interim Program Director or designee.

Bridge Residential eligibility criteria only:

- Maximum length of residential stay is 6 months without additional MCBHB authorization to ensure successful completion of treatment plan.
- 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.
- Consumers residing in the Bridge's Residential Program have priority admission into the Day Rehabilitation Program.

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 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 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 in the transitional residential treatment program, and up to 25 clients in the Day Rehabilitation program. The annual number to be served is approximately 40+ residential clients and 70+ day program participants.

PROGRAM FOUR:

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, 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 "Reaching Recovery" survey tool.
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 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 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?

- 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 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 FIVE:

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:	There are income limitations and individuals must meet the criteria of being homeless as defined by HUD regulations. Half the residents must have incomes under 20% AMI and half under 30% AMI.
Target # of Consumers:	28 consumers

Sandy Shores is a permanent supportive housing program, which provides affordable housing 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. 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 mental health services and permanent supportive housing to individuals with a psychiatric disability who are homeless per HUD guidelines. 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)	<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 "Reaching Recovery" survey tool.
3. 25% of consumers will attain employment, attend school or a vocational training program, or volunteer. (CoC)	<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?

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 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 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 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 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 SIX:

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:

32 consumers at a given time; increasing to 39 consumers in 2020, approximately 50+ served/year.

Shelter Cove is a supported transitional housing program, which provides housing to 32 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. 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, and at exit via the "Reaching Recovery" survey tool.
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 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.

- Sober Living/substance free living environment (SLE) – clients referred are assessed by case coordinators for ability to live in SLE.
- Housing eligibility is governed by funding sources regulatory agreements.
- Admission eligibility determined by Interim Program Director or designee.
- Admission preference is given to clients discharging from the Bridge House residential program, Manzanita Monterey, and appropriate referrals from IMD's and Enhanced Residential Care Facilities.

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 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 32 through 2019 and increasing to 39 in 2020. 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 SEVEN:

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 "Reaching Recovery" survey tool.

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 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 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?

- 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 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 EIGHT:

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 "Reaching Recovery" survey tool.
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 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 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?

- 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 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 NINE:

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 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.

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, 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 "Reaching Recovery" survey tool.
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.	<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.

(MHSA/FSP)	• Data source: EMR/Avatar
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	• 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. MCBHB provides all 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 and MCBHB 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 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?

- 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 TEN 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 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 TEN:

1. **Program Name:** MCHOME

2. **Program Description:**

Address of Delivery Sites: MCHOME, Marina, CA with countywide outreach
Soledad House, Salinas, CA
Wesley Oaks, 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: 75 unduplicated consumers per fiscal year with 7 residing at Soledad and 4 at Wesley Oaks; enroll 30 new clients during FY 2019-20.

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.

Soledad House serves as transitional housing for MCHOME clients to reside in for no more than one year. This housing operates on the harm reduction model and may be used for temporary housing for persons not yet enrolled in the FSP. Soledad provides a central place and a program identity that fosters positive peer support and provides consumers with the tools to maintain housing.

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.

3. Program Purpose

MCHOME provides intensive mental health 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)	• Measured via the pre-and post “Reaching Recovery” survey tool.
2. Upon discharge from MCHOME, 60% of consumers will be residing in transitional and/or permanent housing. (MHSA/FSP)	• 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. MCBHB provides psychiatry and medication support services.

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 law enforcement, Hospital Emergency Departments as well as 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 and The Academy, MCHOME, CHOICES, 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.
- 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 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 61 during FY 2016-17 and 2017-18; with an estimated 78 clients to be served during FY 2018-19.

PROGRAM ELEVEN:

1. Program Name: Dual Recovery Services

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 referred by the Monterey County Behavioral Health staff or Interim case coordinators.

Target # of Consumers: 85

Dual Recovery Services (DRS) is an outpatient program for adults with co-occurring serious mental illness and substance use disorders. The program aims to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs. Interim staff provides individual and group counseling to help clients develop skills to adjust to community living and/or maintain housing through the evidenced based practice of Motivational Interviewing. Clients develop goals that are focused on increasing daily structure, improving symptom management skills, personal and social functioning, and substance use recovery skills.

3. Program Purpose

DRS uses behavioral health wellness and recovery principles to assist clients to develop the coping and recovery skills needed to successfully live in the community. It provides assessment/evaluation, rehabilitation, and group and individual mental health services to maintain or restore mental health, personal independence and functioning and sobriety.

Best evidence practice indicates that in order to make a successful adjustment back to community living for individuals with dual recovery issues, consumers need activities every day that promote a clean and sober life style. The staff and the consumer develop written daily schedules for individuals to have and to follow. These schedules include various treatment options that include: skill building groups, recovery oriented community based groups and other structured activities which promote healthy community living and help to reduce the triggers that lead to relapse of substance use. Individual written service plans are developed for each consumer moving into this phase of community based treatment and help teach consumers how to avoid drug and alcohol use while strengthening healthy social supports using wellness and recovery principles.

4. Desired Results

DRS aims to increase consumers' successful adjustment to community living after completion of dual recovery residential program by reducing the relapse rate.

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 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.
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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 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 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 TWELVE:

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.

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. Staff provides individual and group counseling to help clients with harm reduction, clean and sober living, satisfying structured activity, and successful integration into community life (including obtaining/maintaining housing) through the evidenced based practice of Motivational Interviewing. Clients develop goals that are focused on increasing daily structure, and improving symptom management skills, personal and social functioning, and substance use recovery skills.

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

3. Program Purpose

Outreach and Aftercare uses wellness and recovery principles to develop the coping and recovery skills needed to successfully live in community. It provides evaluation, rehabilitation, and mental health services to maintain or restore personal independence and functioning consistent with requirements for learning and development. Best evidence practice indicates that in order to maintain successful community integration individuals with dual recovery issues need activities every day that promote a clean and sober life style.

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).	• 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 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. 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 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 THIRTEEN:

1. Program Name: Supported Education Services (SEES)

2. Program Description:

Address of Delivery Site: 339 Pajaro St., Salinas, CA 93901

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

Limitation of Service: Clients are referred by the Monterey County Behavioral Health Department.

Target # of Consumers: 40

The Supported Education Services program (SEES) assists adults with psychiatric disabilities to be successful in the educational environment of their choice. The program's services include assistance with class enrollment, coordination of services with the educational institution, and ongoing support while consumers are pursuing their educational endeavors. The SEES program provides at least eight (8) informational presentations within Interim and MCBHB on Supported Education Services and facilitates two (2) Peer Support Groups each week.

3. Program Purpose

SEES provides consumers with the ability to access and sustain their educational endeavors as well as establish possible vocational plans.

4. Desired Results

Supported Education is a SAMHSA Evidence Based Practice. The community benefits include consumers having access and continuing to use the educational environment of their choice. This program allows for diversity within the educational system. The onset of mental illness most commonly occurs between the ages of 15 and 21 when young people are beginning to develop their adult roles. During this time, they are completing their education that prepares them to work, developing relationships that create a social network, and learning their rights and responsibilities within their communities. The onset of a mental illness disrupts this process; once disrupted, it is extraordinarily difficult to recreate.

Supported Education programs help consumers pursue their individual educational goals. Offered in tandem with Supported Employment, these programs help consumers develop a sense of self-efficacy and independence. Supported Education encourages consumers to think about and plan for their future. It provides an important step to help consumers use their innate talents and abilities and pursue their personal recovery goals. Supported Education promotes career development to improve long-term work opportunities.

Supported Education follows the “choose-get-keep” model, which helps consumers make choices about paths for education and training, get appropriate education and training opportunities, and keep their student status until they achieve their goals.

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 and Stages of Change, and Supported Education.

Goal	Measurement & Data Source
1. Enroll at least 20 consumers each academic semester (fall and spring) in educational institutions within Monterey County of their choice.	• 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.

2. 40% of consumers enrolled in educational institutions will have educational goals that are tied to a vocational plan.	<ul style="list-style-type: none"> • Measured by number of clients participating in educational services as documented by Case Coordinator or counselor in client's EMR. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
3. 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, or at exit.

6. Who are the partners involved in program implementation?

MCBHB, the California Department of Rehabilitation, and local community colleges disabled student programs are key partners in implementation.

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible.
- Referral through MCBHB case coordinators or Interim case coordinators.
- The populations to be served are adults with major psychiatric disabilities age 18 and older who have mental health disorders that substantially interfere with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB. Upon discharge from MCBHB services or Interim, rehabilitative mental health and case management services will be terminated.

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.
- Program staff will collaborate with case coordinators/case managers to create an alternative referral plan for appropriate services.
- 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)?

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 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 and annual number to be served is 40 individuals.

PROGRAM FOURTEEN:

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

2. **Program Description:**

Address of Delivery Site: 339 Pajaro St., Salinas, CA 93901

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

Limitation of Service: Clients are self – referred

Target # of Consumers: 60

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 twenty-four (24) trainings per fiscal year on skill development and facilitates three (3) 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 provides 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 more 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 60 (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 three vocational support groups per month.	<ul style="list-style-type: none"> • Measured by staff providing at least three groups and clients attendance in groups. • Data Sources: Agenda for support groups and attendance records with attendees' signatures.
3. Provide 24 trainings per fiscal year on skill development.	<ul style="list-style-type: none"> • Measured by staff providing at least 24 trainings each year and clients' attendance in trainings. • Data Sources: Agenda for trainings and attendance records with attendees' signatures.

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 60 individuals.

PROGRAM FIFTEEN:

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

2. **Program Description:**

Address of Delivery Sites: 339 Pajaro St., Salinas, CA 93901 & other locations for groups.

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

Target # of Consumers: 500

OMNI's mission is to increase mental health wellness of individuals and the community by providing wellness awareness and innovative programs. The Center is a peer and family member operated facility. The Center serves to assist members in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups in order to specifically address issues of personal growth. Additionally, the Center offers skills and tools to those who choose to become leaders among their peers to take an active role in the wellness and recovery movement through various initiatives.

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 learn advocacy and leadership skills, and to educate the public on mental health and recovery.

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 500 unduplicated consumers that will expand knowledge of wellness & recovery.	<ul style="list-style-type: none"> • Outcomes measured by the number of consumers attending events/services. Also, consumers’ self-reports will be used. • Data source: Daily sign in sheets and tracking meeting attendance.
2. 85% of consumers attending the OMNI Center at least 10 or more times per year 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.

6. Who are the partners involved in program implementation?

The primary partner involved is MCBHB. OMNI also collaborates with community centers in East Salinas to host offsite groups.

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; no referrals are necessary.
- OMNI provides outreach to local residential care homes.
- Some activities are offered on the Monterey Peninsula, including peer outreach to the in-patient psychiatric unit at Community Hospital of the Monterey Peninsula (CHOMP).
- The populations to be served are adults over 18, who are self- identified as having mental health challenges. There is no admittance and therefore no discharge.

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. OMNI staff conduct at least four outreach opportunities a year and facilitate two groups in Spanish in East Salinas monthly. Staff also facilitate a bilingual Spanish group at the Center three times per week. OMNI also offers OMNI After Hours, a program that specifically serves transition age youth and young adults from 18-30 years old.

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 Motivational Interviewing.

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 500 individuals.

PROGRAM SIXTEEN:

1. **Program Name:** Success Over Stigma

2. **Program Description:**

Address of Delivery Site: 339 Pajaro St. Salinas, CA 93901

The “Success Over Stigma” (SOS) program promotes consumer involvement in advocating for public policies that support and empower people with psychiatric disabilities. The program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. SOS provides peer consultation to service providers, including increasing peer involvement in developing and strengthening mental health services both locally and at the state level. Lastly, consumers learn how to better advocate for themselves by providing reciprocal peer support and advocacy in their community.

3. Program Purpose

The psychiatrically disabled community needs direct recipient representation in order to obtain services and programs that will better serve their needs. This initiative gives clients the opportunity to share their behavioral health experience and impact policy regarding their services.

4. Desired Results

The public health benefits include supporting those with serious mental illness in self-efficacy, and exposing the community to a mental health consumer’s experience. This program provides education to the community to directly confront mental health stigma and discrimination issues.

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: Consumer-Operated Services (SAMHSA).

Goal	Measurement & Data Source
1. Reduce mental health stigma in the community by providing 25 educational opportunities in the community.	<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.
2. Reduce mental health stigma in the community by providing 48 (Hope & Recovery) educational opportunities at in-patient units.	<ul style="list-style-type: none"> • Measured by the feedback from participants during groups. • Data sources: Roster of consumers being recruited and receiving training; record of presentations being conducted including locations; consumer feedback during groups.
3. 35 consumers/peers will participate and provide feedback and consultation in policy and advocacy committees.	<ul style="list-style-type: none"> • Measured by the number of consumers attending and participating in committees. • Data sources: Spreadsheet identifying the committees and consumer attendance/participation.

6. Who are the partners involved in program implementation?

MCBHB is a key partner, as well as other community-based service organizations.

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

- The population to be served are adults with mental health challenges.
- No referral is necessary. Participants are recruited by the SOS Coordinator. Participants for the speakers' bureau are selected and trained based on ability to give public presentations and to share their life stories.

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?

Not applicable.

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. The program distributes information, contacts community based organizations (including agencies, churches, etc.), attends networking events to reach and engages underserved populations.

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 and use a strengths-based and recovery focused model. Clients are taught self-advocacy techniques.

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 35 clients and/or family members, as speakers. The program provides presentations in schools, faith communities, service clubs, and to law enforcement through the Crisis Intervention Training (CIT) trainings.

PROGRAM SEVENTEEN:

1. **Program Name:** Bienestar Wellness Navigators

2. **Program Description:**

Address of Delivery Sites: 339 Pajaro St. Salinas, CA 93901

and MCBHB's Primary Care Integrated Clinics located in Salinas, Marina, and King City

Limitation of Service: Clients as assigned by MCBHB

Interim, Inc. collaborates with MCBHB in the implementation of the Health Navigation Partnership – “Bienestar” project, which places primary care services in community mental health clinics operated by MCBHB. Interim, Inc. hires peer Wellness Navigators who provide activities that engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services. The Wellness Navigators assist in care coordination, provide prevention assistance (such as peer-to-peer smoking cessation) and help clients build skills needed to access primary care services. As clients make enough progress to transition back into mainstream primary care services, Wellness Navigators accompany them and provide support to make sure they are successful in accessing all the services they need.

3. **Program Purpose**

Research has shown that mental health peer programs significantly improve access to medical and mental health care, and that outcomes are improved in both areas. Clients' quality of life will be improved as their health and ability to navigate through the primary care system is expanded.

4. **Desired Results**

The public health benefits include improved access to medical and mental health care by consumers.

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?)**

Interim solely provides the Wellness Navigators. Bienestar staff provide on the job supervision and Interim provides evaluative supervision and coaching off site.

Evidence based practices: Consumer-Operated Services (SAMHSA) - Evidenced based practices, goal setting, data collection and analysis will be the responsibility of MCBHB for all MCBHB related goals. Wellness Navigators will enter data on clients served into MCBHB's Avatar System.

6. Who are the partners involved in program implementation?

Community mental health clinics operated by 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 who are accessing community mental health clinics operated by MCBHB.
- All clients are referred and monitored by MCBHB.

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.

The Bienestar program is operated by MCBHB. Interim only provides the Wellness Navigators.

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.

PROGRAM EIGHTEEN:

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

18a. Peer Partners for Health (PPH); and,

18b. Transportation Coaching

2. Program Description:

Address of Delivery Site: 339 Pajaro St. Salinas, CA 93901

Limitation of Service: Clients referred by MCBHB

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" MHS Innovation Project.

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.

2. 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.

18a. 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.

18b. 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 WET Program Coordinator will assess ability to participate in a peer support program. Once a referral is received from MCBHB, Program Coordinator 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 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 during FY 2019-20 is estimated to be 80.

PROGRAM NINETEEN:

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 designee.
Target # of Consumers:	Up to 16 daily

The Choices - Day Treatment Intensive Program is a community-based, person centered, and trauma informed full day treatment intensive program for up to 16 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/Medical 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. 75% of consumers will improve their mental health recovery.	• Measured via the pre-and post "Reaching Recovery" survey tool.

2. 90% of consumers served during the FY will eliminate all psychiatric hospitalization, while in the program.	• Measured by psychiatric hospitalization data records in EMR/Avatar.
3. 75% 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 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 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, with average daily attendance projected at 10, and approximate annual number to be served is 80.

PROGRAM TWENTY:

1. **Program Name:** Chinatown Community Learning Center with California State University at Monterey Bay (CSUMB)

2. **Program Description:**

Address of Delivery Site: 20 Soledad St., Salinas, CA 93901

Program Schedule: Monday through Friday, 9am – 5pm.

Target # of Consumers: 300

Interim continues to sub-contract this service to CSUMB and provides oversight for CSUMB's Chinatown Community Learning Center (CCLC) initiative. The purpose of the collaboration is to enable CSUMB to continue to offer qualified Master of Social Work (MSW) support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center. The Community Learning Center is a resource center with office and classroom space devoted to serving the needs of the homeless and other marginalized residents of the Chinatown neighborhood and surrounding areas. The Center's staff provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities that serve the needs of the homeless and marginalized in Chinatown, many of whom are also struggling with mental health and addiction issues. Interim provides guidance on setting and meeting goals as well as monitor contract outcomes.

In 2015-16, CSUMB expanded their efforts to include a cohort of 4 MSW students working under the supervision of a faculty member. This unique faculty-led model allows for additional supportive training opportunities in agencies or communities with a dearth of professional social workers who can provide field supervision, or in high-risk, disenfranchised communities where student support is critical. This cohort of MSW students work as a team and provide 64 hours per week of social work service to Chinatown residents. The primary function of the team is to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students are onsite and available to offer supportive case management, attempting to meet the challenges faced by client residents of Chinatown. They also work closely with related service providers to help clients move off the street and into housing and viable employment.

3. Program Purpose

The Chinatown community faces many challenges, as it serves as the main gathering place for homeless persons in our region. With a service-provider-to-client ratio that is sorely tipped toward under-provision, the numbers of encampments growing, and a significant rise in violence and crime over the past year, the neighborhood and its residents continue to be at-risk, disenfranchised, marginalized and woefully underserved.

The Chinatown Community Learning Center program addresses a number of community needs including: providing clients with cognitive behavioral and other psychosocial education classes, which help clients develop coping skills; helping clients enroll in Medi-Cal and thereby helping them care for their health; helping clients enroll in CalFresh, and providing them with snacks, thereby helping clients increase their basic nutrition ; assisting clients with social security issues thereby helping some of them secure their own housing; assisting some clients secure employment within the Center, which helps them develop work skills, increases their income, and for some, allows them to provide for their own housing.

4. Desired Results

The Center provides a safe, warm, respectful, and inviting resource center devoted to serving the needs of the homeless and other marginalized residents of Chinatown. The Center contributes to a safer neighborhood by teaching a portion of the population coping skills, communication skills, conflict resolution skills, mood/anger management skills which all likely result in reduced violence.

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

Fidelity will be monitored through training, ongoing supervision and observation of intern practice.

Goal	Measurement & Data Source
California State University, Monterey Bay Chinatown Community Learning Center (CSUMB CCLC) staff will work to assist two (2) clients per month toward the completion of supporting documentation necessary to begin the SSI application process as defined by MCBHB.	CSUMB CCLC will track all unique client SSDI/SSI intake information and report activities to the contract monitor on a monthly basis.

<p>CSUMB CCLC will facilitate two (2) groups per week, employing a mental health/substance abuse focused evidence-based practice, a skill building focus or a curriculum approved by Interim, Inc. and contract monitor. Groups can be rotated based on client need with approval of Interim Inc. contract monitor.</p>	<p>CSUMB CCLC will track all unique client/student participation information and report activities to the contract monitor on a monthly basis.</p>
<p>Provide assistance in applications for General Assistance, and/or Medi-Cal or other health benefits, and/or CalFresh (Food Stamps) for two (2) individuals with mental illness per month. Services in conjunction with these applications may include assistance in obtaining identification and income verifications. Assistance may also include accompanying consumers to interviews, application appointments, hearings or other appointments necessary to procure benefits.</p>	<p>CSUMB CCLC will track all unique client/student participation information and report activities to the contract monitor on a monthly basis.</p>
<p>Provide access to the Chinatown Community Learning Center to Interim's MCHOME Program. Provide access to Chinatown Learning Center for a substance abuse prevention/treatment provider for counseling/support groups. Sub-Contractor is responsible for developing a method to ensure staff has regular access.</p>	<p>CSUMB CCLC will track all partner organization space use activity and report activities to the contract monitor on a monthly basis.</p>
<p>CSUMB CCLC will serve a minimum of twenty-five (25) unduplicated homeless clients/month.</p>	<p>CSUMB CCLC will track all unique client/student participation information and report activities to the contract monitor on a monthly basis.</p>
<p>CSUMB CCLC coordinators will meet with Interim, Inc. contract monitor bi-monthly and provide monthly reports to contract monitor on contract goals.</p>	<p>Bimonthly meetings will be set and maintained throughout the year. In cases of scheduling conflicts, alternatives will be arranged in order to maintain a minimum of two meetings per month.</p>
<p>A minimum of four (4) MSW students, under the direction of CSUMB Social Work Program staff/faculty, will provide services four (4) days per week in the Learning Center from July 1, 2016 to June 30, 2018. Service provision will be continuous during this time, including during students' traditional holiday breaks.</p>	<p>Student hours will be tracked by a signed and dated timesheet managed by Learning Center Staff. Special scheduling arrangements will be made for each student break to ensure consistent coverage of traditional academic breaks.</p>

<p>A minimum of four (4) CSUMB MSW students will provide 480 hours each of service in the Chinatown Community over the course of the contract.</p>	<p>Student hours will be tracked by a signed and dated timesheet managed by Learning Center Staff.</p>
<p>A minimum of four (4) CSUMB MSW students will carry an ongoing caseload of between 3-5 clients (12-20 total). For these clients, they will provide necessary case management and/or situational crisis counseling services.</p>	<p>CSUMB will track all unique client/student caseload information and report activities to the contract monitor on a monthly basis.</p>
<p>A minimum of four (4) CSUMB MSW students will assist 1-2 clients within their caseload (4-8 total) to achieve housing and/or employment during this time period.</p>	<p>CSUMB will track all unique client/student caseload information and report activities to the contract monitor on a monthly basis.</p>
<p>CSUMB will ensure that a faculty person will provide the MSW students 8 hours of service and supervision per week and will be responsible for data collection associated with the MSW interns work.</p>	<p>CSUMB will track professor supervision hours and report activities to the contract monitor on a monthly basis. Faculty person will meet with contract monitor bi-monthly.</p>
<p>A minimum of four (4) CSUMB MSW students must use the Homeless Management Information System (HMIS) and enter all clients served into this system. When doing intakes and evaluations, students will use established protocol and paperwork. Services for clients must be coordinated with other service providers to avoid duplication of services, which HMIS helps.</p>	<p>CSUMB will track all unique client/student caseload information pertaining to HMIS entries and report activities to the contract monitor on a monthly basis.</p>
<p>CSUMB will provide clients with transportation to needed services whenever necessary and within the allowable guidelines of University policy.</p>	<p>CSUMB will track all unique client transportation occurrences and report activities to the contract monitor on a monthly basis.</p>

6. Who are the partners involved in program implementation?

The Community Learning Center enjoys active collaboration with Interim’s MCHOME program as well as other service providers in the Chinatown area including Sun Street Centers, Clinica de Salud, Dorothy’s Place, Victory Mission, Center for Independent Living, and others.

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

The population to be served is homeless adults in Chinatown Salinas, who may have a serious mental illness and/or substance use disorder. There are no eligibility criteria for engaging in the services the Chinatown Community Learning Center offers. They are voluntary clients who freely engage in services at their will.

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

The Community Learning Center program serves clients living in Chinatown area. These (approximately 170) people live in makeshift shelters and tents. They are generally jobless. They generally suffer from various degrees of mental health issues. Many are actively addicted to street drugs. Most are disconnected from family or other supportive networks. Many suffer significant health issues. They are a disenfranchised population in a medically underserved area. The Community Learning Center is open to all of them, and as such works to address health disparities through a program of supportive community case management and numerous other supportive education and counseling opportunities, all with a goal of helping this population access 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.

The CSUMB Chinatown Community Learning Center MSW interns and center staff use 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.

Because the Center is located within the living environment of the homeless population and is open every day for voluntary walk-ins, services are accessible and timely. The addition of the MSW cohort has insured cultural/linguistic diversity among the service providers.

Services are integrated and coordinated with members of the Coalition of Homeless Services Providers and other providers in the Chinatown area.

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

CSUMB's Chinatown Community Learning Center's Program has the capacity to serve up to 20-30 unique service users per day in the wide variety of services and classes offered. The annual number to be served is 300 unique individuals.

PROGRAM TWENTY-ONE:

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

2. **Program Description:**

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

Program Schedule: 5-days/week including some evenings 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 to consumers who are underserved and unable to access or effectively utilize clinic-based treatment to meet their mental health needs. *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 and The Academy, MCHOME, CHOICES, 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 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 TWENTY-TWO:

1. **Program Name:** Medication Support Services, including Psychiatric Services

2. **Program Description:**

Type of Program: Medication Support Services
Address of Delivery: 339 Pajaro St., Salinas, CA 93901 and other Interim, Inc.
Sites: Program locations as assigned by Interim Deputy Director.
Program Schedule: Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff schedule may vary based upon consumers' needs.
Limitation of Service: Clients enrolled in Short-Term Crisis Residential and Choices Day Treatment. and ACT as well as other programs operated by Interim, Inc.

Medication Support Services are provided by an Interim psychiatrist, registered nurse, certified nurse specialist, licensed vocational nurse, nurse practitioner, Physician Assistant or psychiatric technician. 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.

All services are voluntary, and eligible admission/assessment is available by appointment only Monday through Friday. These services will be targeted for consumers enrolled in Short Term Crisis Residential, CHOICES Day Treatment Intensive, Assertive Community Treatment, and other programs operated by Interim, Inc.

Interim, Inc. will provide psychiatry services for those programs that require this service for client care. Both parties agree these services are to be provided by psychiatrists, nurse practitioners, tele-psychiatry and/or physician assistants. MCBHB and Interim, Inc. will

continue to work together to ensure that psychiatric services are available for clients enrolled in those programs in which it is required, until such time that psychiatric services have been secured on an ongoing basis.

3. Program Purpose

Medication Support provides consumers, from a variety of Interim programs, with the ability to access this service with more flexibility. This will benefit the Adult System of Care, as a whole, by expanding the availability of medication support services and assuring more timely access to psychiatry. Timely access is one of the quality indicators in the Mental Health Plan.

4. Desired Results

Medication support aims to educate consumers on how the medication they are taking works, anticipated outcomes of taking medication, the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate), how the use of the medication may improve the effectiveness of other services a consumer is receiving (e.g., group or individual therapy), possible side effects of medications and how to manage them, information about medication interactions or possible complications related to using medications with alcohol or other medications or substances, and impact of choosing to not take medications.

The program also disburses the medication clients need to maintain stabilization.

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 Enhancement and other trauma informed and person-centered practices.

6. Who are the partners involved in program implementation?

MCBHB is the primary partner and all consumers will have a MCBHB or Interim case coordinator.

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 MCBHB case coordinators or Interim case coordinators.
- The populations to be served are adults with major psychiatric disabilities age 18 and older who are participating in Manzanita House, Choices DTI and ACT. These consumers have mental health disorders that substantially interfere with their functional ability to carry out

primary aspects of daily living in the community. Upon discharge from MCBHB services or Interim, rehabilitative mental health and case management services will be terminated.

When a client is referred, and 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?

- Discharge is when consumers are no longer meeting medical necessity.
- Length of service depends on medical necessity.

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.

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 Enhancement strategies 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 and annual number to be served is based on level of acuity. The program is scheduled to serve consumers participating in designated Interim programs. Therefore, capacity is based on the number of consumers participating in the designated programs.

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 and The Academy, MCHOME, CHOICES, 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 Prevention & Early Intervention (PEI) and 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, Prevention Manager, 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 PEI and INN Programs Evaluation processes, these required program data and outcome reporting requirements may be revised to assure compliance with State PEI and INN regulations. COUNTY will inform CONTRACTOR of all revisions to reporting requirements in writing.

For the Chinatown Learning Center program, CONTRACTOR shall collect and report monthly program utilization of all individuals served by first name, last name initial, date of birth, and number of group training sessions attended using the "Learning Center Utilization Report" form. CONTRACTOR will submit these reports on or before the 10th day of the month following each reporting period to the COUNTY Whole Person Care Project Manager.

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

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EXHIBIT B-5
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-5 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 RATE

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-5.

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The following program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$ 40,135,394** for **FY 2016-17 through FY 2019-20** as follows:

Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2016-17 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2016-17
1	Adult Crisis Residential	5	40-49	4,553	\$ 374.07	\$ 1,703,120
2	Bridge House: Residential	5	65-79	4,374	\$ 187.28	\$ 819,158
3	Bridge House: Day Rehab.	10	95-99	2,746	\$ 130.20	\$ 357,522
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	54,903	CM MHS \$ 3.45	\$ 189,308
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	94,514	CM MHS \$ 3.45	\$ 325,889
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	95,806	CM MHS \$ 3.45	\$ 330,344
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	207,413	CM MHS \$ 3.45	\$ 715,173
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,716	CM MHS \$ 3.45	\$ 464,508
Estimated Total FY 2016-17 for Programs # 7 - 11:						\$ 2,025,222
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	281,201	CM MHS \$ 3.45	\$ 969,596
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	112,662	CM MHS \$ 3.45	\$ 388,463
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	215,004	CM MHS \$ 3.45	\$ 741,344
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	42,120	CM MHS \$ 3.45	\$ 145,231
Estimated Total FY 2016-17 for Programs # 4, 5, 6 & 13						\$ 2,244,634
19	Intensive Day Treatment	10	85-89	2,100	\$ 245.86	\$ 516,308
Estimated Total FY 2016-17 for the above listed program:						\$ 516,308
Total FY 2016-17						\$ 7,665,964

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2017-18 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2017-18
1	Adult Crisis Residential	5	40-49	4,653	\$ 381.27	\$ 1,774,049
1	Adult Crisis Residential (Monterey)	5	40-49	390	\$ 381.27	\$ 148,695
2	Bridge House: Residential (Medi-Cal)	5	65-79	3,563	\$ 207.77	\$ 740,285
	Bridge House: Residential (Non-Medi-Cal)	5	65-79	1,095	\$ 207.77	\$ 227,508
	Subtotal Bridge House Residential			4,658	\$ 207.77	\$ 967,793
3	Bridge House: Day Rehab.	10	95-99	3,146	\$ 154.70	\$ 486,686
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	62,022	CM MHS \$ 3.56	\$ 220,798
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	99,704	CM MHS \$ 3.56	\$ 354,946
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	97,316	CM MHS \$ 3.56	\$ 346,445
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	210,296	CM MHS \$ 3.56	\$ 748,654
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,442	CM MHS \$ 3.56	\$ 478,614
	Estimated Total FY 2017-18 for Programs # 7 - 11:					\$ 2,149,457
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	233,123	CM MHS \$ 3.56	\$ 829,918
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	121,846	CM MHS \$ 3.56	\$ 433,772
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	231,854	CM MHS \$ 3.56	\$ 825,400
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	46,215	CM MHS \$ 3.56	\$ 164,525
	Estimated Total FY 2017-18 for Programs # 4, 5, 6 & 13					\$ 2,253,615
19	Intensive Day Treatment	10	85-89	2,500	\$ 215.31	\$ 538,275
	Estimated Total FY 2017-18 for the above listed program:					\$ 538,275
	Total FY 2017-18					\$ 8,318,570

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Program # In Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2018-19 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2018-19
1	Adult Crisis Residential	5	40-49	7,949	\$ 426.06	\$ 3,386,717
2	Bridge House: Residential	5	65-79	4,599	\$ 242.30	\$ 1,114,326
3	Bridge House: Day Rehab.	10	95-99	4,200	\$ 161.94	\$ 680,162
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	52,726	CM MHS \$ 3.82	\$ 201,414
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	91,608	CM MHS \$ 3.82	\$ 349,944
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	92,948	CM MHS \$ 3.82	\$ 355,062
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	300,537	CM MHS \$ 3.82	\$ 1,148,050
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	125,874	CM MHS \$ 3.82	\$ 480,838
21	ACT Welcoming and Engagement Team	15	01-09 10-19 & 30-59	38,974	CM MHS \$ 3.82	\$ 148,882
21	ACT Psychiatrist/Nurse	15	60	16,091	MS \$ 10.00	\$ 160,914
Estimated Total FY 2018-19 for Programs # 7 - 11 & 21:						\$ 2,845,104
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	250,940	CM MHS \$ 3.82	\$ 958,591
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	120,778	CM MHS \$ 3.82	\$ 461,373
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	206,616	CM MHS \$ 3.82	\$ 789,274
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	44,674	CM MHS \$ 3.82	\$ 170,654
22	Medication Support Services	15	60	61,233	MS \$ 10.00	\$ 612,328
Estimated Total FY 2018-19 for Programs # 4, 5, 6, 13 & 22						\$ 2,992,220
19	Intensive Day Treatment	10	85-89	2,640	\$ 239.87	\$ 633,260
Estimated Total FY 2018-19 for the above listed program:						\$ 633,260
Total FY 2018-19						\$ 11,651,790

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2019-20 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2019-20
1	Adult Crisis Residential	5	40-49	7,884	\$ 421.67	\$ 3,324,578
2	Bridge House: Residential	5	65-79	4,599	\$ 241.69	\$ 1,111,464
3	Bridge House: Day Rehab.	10	95-99	4,200	\$ 174.50	\$ 732,910
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	56,004	CM MHS \$ 3.94	\$ 220,656
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	92,340	CM MHS \$ 3.94	\$ 363,820
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	93,334	CM MHS \$ 3.94	\$ 367,736
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	330,009	CM MHS \$ 3.94	\$ 1,300,236
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,912	CM MHS \$ 3.94	\$ 531,552
21	ACT Welcoming and Engagement Team	15	01-09 10-19 & 30-59	100,984	CM MHS \$ 3.94	\$ 397,876
21	ACT Team Crisis Intervention	15	70	2,280	Crisis \$ 10.00	\$ 22,800
21	ACT Psychiatrist/Nurse	15	60	35,655	MS \$ 10.00	\$ 356,554
Estimated Total FY 2019-20 for Programs # 7 - 11 & 21:						\$ 3,561,229
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	272,130	CM MHS \$ 3.94	\$ 1,072,194
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	106,552	CM MHS \$ 3.94	\$ 419,814
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	204,496	CM MHS \$ 3.94	\$ 805,714
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	43,746	CM MHS \$ 3.94	\$ 172,358
22	Medication Support Services	15	60	61,233	MS \$ 10.00	\$ 612,328
Estimated Total FY 2019-20 for Programs # 4, 5, 6, 13 & 22						\$ 3,082,408
19	Intensive Day Treatment	10	85-89	2,640	\$ 260.06	\$ 686,480
Estimated Total FY 2019-20 for Program # 19						\$ 686,480
Total FY 2019-20						\$ 12,499,070

A. CASH FLOW ADVANCE

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 **\$ 14,504,856** for **FY 2016-17 through FY 2019-20** as follows:

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Program # in Exhibit A	Cash Flow Advance Services FY 2016-17	FY 2016-17 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 95,105
2	Bridge House: Board & Care	\$ 78,119
4	Community Housing: Housing	\$ 200,535
5	Sandy Shores: Housing	\$ 124,709
6	Shelter Cove: Housing	\$ 253,449
10	McHome: Non-Medi-Cal/MHSA	\$ 440,074
10	McHome: Non-Medi-Cal/PATH Grant	\$ 95,497
11	Dual Recovery Services	\$ 37,762
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,276
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 24,572
14	Supported Education Services/WET: Non-Medi-Cal	\$ 221,948
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 546,132
16	Peer Health Navigation & Advocacy: Success Over Stigma	\$ 75,355
17	Peer Health Navigation & Advocacy: Bienestar	\$ 73,702
18	Peer Support - Wellness Navigation & Peer Partners for Health	\$ 256,216
19	Day Treatment Intensive	\$ 20,000
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
	TOTAL FY 2016-17	\$ 2,782,768
Program # in Exhibit A	Cash Flow Advance Services FY 2017-18	FY 2017-18 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 95,625
1	Manzanita Monterey Adult Crisis: Board & Care	\$ 265,995
2	Bridge House: Board & Care	\$ 77,039
4	Community Housing: Housing	\$ 299,052
5	Sandy Shores: Housing	\$ 47,112
6	Shelter Cove: Housing	\$ 278,073
10	McHome: Non-Medi-Cal/MHSA	\$ 442,250
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,032
11	Dual Recovery Services	\$ 55,716
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 30,335
14	Supported Education Services/WET: Non-Medi-Cal	\$ 241,522
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 590,789
16	Peer Health Navigation & Advocacy: Success Over Stigma	\$ 111,419
17	Peer Health Navigation & Advocacy: Bienestar	\$ 90,610
18	Peer Support - Wellness Navigation	\$ 147,853
19	Day Treatment Intensive	\$ 22,759
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
	TOTAL FY 2017-18	\$ 3,131,777

Program # in Exhibit A	Cash Flow Advance Services FY 2018-19	FY 2018-19 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 204,280
2	Bridge House: Board & Care	\$ 77,039
3	Bridge - Day Rehabilitation	\$ 10,000
4	Community Housing: Housing	\$ 294,378
5	Sandy Shores: Housing	\$ 82,845
6	Shelter Cove: Housing	\$ 374,528
6	Shelter Cove: HMIOT Funds	\$ 300,000
10	McHome: Non-Medi-Cal/MHSA	\$ 440,890
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,278
10	McHOME: Non-Medi-Cal/HMIOT Funds	\$ 152,687
11	Dual Recovery Services	\$ 64,785
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 24,153
14	Supported Education Services/WET: Non-Medi-Cal	\$ 246,307
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 602,466
16	Success Over Stigma	\$ 122,910
17	Bienestar	\$ 83,091
18	Peer Partners for Health: MHSA/CSS	\$ 177,568
18	Peer Partners for Health: MHSA/Innovations	\$ 173,167
19	Day Treatment Intensive	\$ 22,759
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
21	ACT Welcoming and Engagement Team	\$ 275,421
	TOTAL FY 2018-19	\$ 4,065,149

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Program # in	Cash Flow Advance Services FY 2019-20	FY 2019-20 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 237,010
2	Bridge House: Board & Care	\$ 90,802
3	Bridge - Day Rehabilitation	\$ 10,014
4	Community Housing: Housing	\$ 274,007
5	Sandy Shores: Housing	\$ 128,024
6	Shelter Cove: Housing	\$ 371,049
6	Shelter Cove: HMIOT Funds	\$ 100,000
10	McHome: Non-Medi-Cal/MHSA	\$ 462,243
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,295
10	McHOME: Non-Medi-Cal/HMIOT Funds	\$ 319,816
11	Dual Recovery Services	\$ 64,785
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 17,748
14	Supported Education Services/WET: Non-Medi-Cal	\$ 239,482
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 668,782
16	Success Over Stigma	\$ 142,398
17	Bienestar	\$ 90,641
18	Peer Partners for Health: MHSA/CSS	\$ 202,225
18	Peer Partners for Health: MHSA/Innovations	\$ 405,075
19	Day Treatment Intensive	\$ 23,565
20	Chinatown Community Learning Center with CSUMB	\$ 151,365
21	ACT Welcoming and Engagement Team	\$ 336,557
	TOTAL FY 2018-19	\$ 4,525,162

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-5, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B-5, 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-5, 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-5, 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 \$ 54,640,251 for services rendered under this Agreement.
- B. Maximum Annual Liability:

Payment Rates	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total for 4-Year Term
Provisional Rate	\$ 7,665,964	\$ 8,318,570	\$ 11,651,790	\$ 12,499,070	\$ 40,135,394
Cash Flow Advance	\$ 2,782,768	\$ 3,131,777	\$ 4,065,149	\$ 4,525,162	\$ 14,504,856
Annual Total	\$ 10,448,732	\$ 11,450,347	\$ 15,716,940	\$ 17,024,232	\$ 54,640,251
AGREEMENT TOTAL MAXIMUM COUNTY LIABILITY				\$ 54,640,251	

- 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-5. Only the costs listed in Exhibit H-5 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-5, 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-3, 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."

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INTERIM INC - FY 2019-20 - Amendment No. 5													
FUNDING SOURCES*													
Prn #	Program	Mode of Service	SFC	Rate	Reallotment	SAMHSA	FFP/Medical	PATH	MHSA	PEI	Innovations	HMIOT	Maximum Total Funding FY 2019-20
1	Marzonites - Adult Crisis Residential	05	40-49	Provisional	1,852,289	-	1,852,289	-	-	-	-	-	3,324,570
2	Bridge - Adult Residential	05	65-79	Provisional	555,732	-	555,732	-	-	-	-	-	1,111,464
3	Bridge - Day Rehabilitation - The Academy	10	85-89	Provisional	368,455	-	368,455	-	-	-	-	-	732,910
19	Intensive Day Treatment	10	85-89	Provisional	343,240	-	343,240	-	-	-	-	-	686,480
Sub-Total Residential & Day Programs					2,927,716	-	2,927,716	-	-	-	-	-	6,856,432
7	Rochrose- Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	110,328	-	110,328	-	-	-	220,656
8	Lupine - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	181,910	-	181,910	-	-	-	363,820
9	Sunflower - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	183,888	-	183,888	-	-	-	367,776
10	MidHome - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	650,118	-	410,298	-	-	238,662	1,300,236
11	Dual Recovery - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	285,776	-	285,776	-	-	-	571,552
21	ACT Team - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	198,938	-	198,938	-	-	-	397,876
21	ACT Team - Crisis Intervention			Provisional	-	-	11,400	-	11,400	-	-	-	22,800
21	ACT Psychiatrist/Nurse	15	80	Provisional	-	-	178,277	-	178,277	-	-	-	356,554
Sub-Total MHSA & HMIOT Funded Programs					-	-	1,760,615	-	1,540,793	-	-	239,862	3,581,230
4	Community Housing - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	538,097	-	538,097	-	-	-	-	-	1,076,194
5	Sandy Shores - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	208,907	-	208,907	-	-	-	-	-	417,814
6	Sheller Cove - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	402,857	-	402,857	-	-	-	-	-	805,714
13	SEES Supp EDWET - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	86,178	-	86,178	-	-	-	-	-	172,356
22	Psychiatrist - Medication Support Services	15	80	Provisional	308,184	-	308,184	-	-	-	-	-	616,368
Sub-Total Reallotment Funded Programs					1,541,204	-	1,541,204	-	-	-	-	-	3,082,408
Sub-Total Provisional Rate Programs					4,488,920	-	6,249,535	-	1,540,793	-	-	239,862	12,496,070
1	Marzonites - Adult Crisis Residential	80	40-49	Fixed Rate	237,010	-	-	-	-	-	-	-	237,010
2	Bridge - Adult Residential	80	40-49	Fixed Rate	80,802	-	-	-	-	-	-	-	80,802
3	Bridge - Day Rehabilitation - The Academy	80	40-49	Fixed Rate	10,014	-	-	-	-	-	-	-	10,014
4	Community Housing	80	70	Fixed Rate	274,007	-	-	-	-	-	-	-	274,007
5	Sandy Shores - Housing	80	70	Fixed Rate	128,024	-	-	-	-	-	-	-	128,024
8	Sheller Cove - Housing	80	70	Fixed Rate	371,049	-	-	-	-	-	-	100,800	471,849
10	MidHome - Outreach	80	70	Fixed Rate	-	-	-	96,295	462,243	-	-	319,816	678,354
11	Dual Recovery Services	80	70	Fixed Rate	-	-	-	-	64,785	-	-	-	64,785
12	SAMHSA Support - Dual Diagnosis	80	78	Fixed Rate	-	-	93,279	-	17,748	-	-	-	111,027
14	SEES-Supp EDWET - Fixed Rate	80	70	Fixed Rate	238,482	-	-	-	-	-	-	-	238,482
15	Wellness Recovery Center - Adults OMNI	80	70	Fixed Rate	-	-	-	-	-	688,782	-	-	688,782
16	Success Over Sigma	80	70	Fixed Rate	-	-	-	-	-	142,398	-	-	142,398
17	Bienestar	80	70	Fixed Rate	90,841	-	-	-	-	-	-	-	90,841
19	Peer Support- Wellness Navigators	80	70	Fixed Rate	-	-	-	-	202,225	-	405,075	-	607,300
19	Intensive Day Treatment	80	40-49	Fixed Rate	23,565	-	-	-	-	-	-	-	23,565
20	CSUMB	80	70	Fixed Rate	-	-	-	-	-	151,365	-	-	151,365
22	Psychiatrist - Medication Support Services	80	70	Fixed Rate	-	-	-	-	-	-	-	-	-
21	ACT Team	80	70	Fixed Rate	-	-	-	-	336,557	-	-	-	336,557
Sub-Total Cash Flow Advances Programs					1,464,894	93,279	-	96,295	1,083,568	982,846	405,075	419,816	4,525,162
Total FY 2019-20 By Funding Source					5,933,514	93,279	6,249,535	96,295	2,624,311	982,545	405,075	659,678	17,024,232
percentage by funding source					35%	1%	37%	1%	15%	8%	2%	4%	

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

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____

County FO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Control Number: _____

Contractor: Inerim, Inc.

Address Line 1: P.O. Box 3223

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

Contract Term: July 1, 2016 - June 30, 2020

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual 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
Manzanita Adult Crisis Res. (Salinas and Monterey sites)	5	141/40-49	\$421.67	7,884				\$3,324,578				\$3,324,578	7,949
Bridge House Transitional Residential	5	161/85-79	\$241.89	4,599				\$1,111,464				\$1,111,464	4,599
Bridge House Full Day Rehab	10	295/95-99	\$174.50	4,200				\$732,910				\$732,910	4,200
TOTALS				16,683				\$5,168,952				\$5,168,952	16,748

I certify 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: MCHDBHE@ca.mhcdhs.gov

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoices: (Check if Yes)

Contractor: Inverim, Inc. - Intensive Day Program

Address Line 1 P.O. Box 3222

Address Line 2 Monterey, CA 93942

Tel. No.: (831) 649-3522

Fax No.: (831) 647-9136

Contract Term: July 1, 2016 - June 30, 2020

BH Division: Mental Health Services

BH Control Number: _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Intensive Day Program	10	85-89	\$260.06	2,640	0	0	0	\$633,260	\$0.00	0.00	\$0.00	\$633,260	
TOTALS				2,640	0	0	0	\$633,260	\$0.00	0.00	\$0.00	\$633,260	

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: WCHDBH@inverim.com

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Community Housing		Invoice Number:
Address Line 1 P.O. Box 3222	County PO No.:	
Address Line 2 Monterey, CA 93942	Invoice Period:	
Tel. No.: (831) 649-4523	Final Invoice:	<input type="checkbox"/> (Check if Yes)
Fax No.: (831) 647-9136		
Contract Term: July 1, 2016 - June 30, 2020		

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Community Housing - Case Management	15	301	\$3.94	272,130			0	\$1,072,194			\$0.00	\$1,072,194	
Community Housing - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				272,130	0	0	0	\$1,072,194		0.00	0.00	\$1,072,194	

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

Signature: _____ **Title:** Grants & Contracts Manager
Date: _____ **Telephone:** 831.649.4522 ext 214

Send to: MCHDBHF@sanjose.ca.gov
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-6: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____	
Contractor: Interim, Inc. - Sandy Shores	
Address Line 1 (P.O. Box 3222)	County PO No.: _____
Address Line 2 (Monterey, CA 93942)	Invoice Period: _____
Tel. No.: (831) 649-4522	Final Invoice: <input type="checkbox"/> (Check if Yes)
Fax No.: (831) 647-9136	
Contract Term: July 1, 2016 - June 30, 2020	

BH Division: Mental Health Services BH Control Number: _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Sandy Shores - Case Management	15	301	\$3.94	106,552			0	\$419,814			\$0.00	\$419,814	
Sandy Shores - Mental Health Collateral	15												
Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				106,552	0	0	0	\$419,814		0.00	0.00	\$419,814	

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: _____ Date: _____
 Title: Grants & Contracts Manager Telephone: 831.649.4522 ext 214

Send to: MC@DBHF.mso.ca.gov Behavioral Health Authorization for Payment
 _____ Authorized Signatory _____ Date

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoices

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

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, 2016 - June 30, 2020

BH Control Number

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Shelter Cove - Case Management	15	301	\$3.94	204,496	0	0	0	\$805,714	\$0.00	\$0.00	\$0.00	\$805,714	
Shelter Cove - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				204,496	0	0	0	\$805,714	0.00	0.00	0.00	\$805,714	

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

Signature: _____
Title: Grants & Contracts Manager

Date: _____
Telephone: 831.649.4522 ext 214

Send to:
 MCHDBHF.contracts@p.e.p.courts.ca.gov

Behavioral Health Authorization for Payment

 Authorized Signatory

Date

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

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, 2016 - June 30, 2020

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Rockrose - Case Management	15	301	\$3.94	56,004	0		0	\$220,656	\$0.00		\$0.00	\$220,656	
Rockrose - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				56,004	0	0	0	\$220,656	0.00	0.00	0.00	\$220,656	

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-5: Behavioral Health Cost Reimbursement Invoice

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

Contractor: Interim, Inc. - Lupine Gardens
 Address Line 1 P.O. Box 3222
 Address Line 2 Monterey, CA 93942
 Tel. No.: (831) 649-4322
 Fax No.: (831) 647-9136
 Contract Term: July 1, 2016 - June 30, 2020

BH Control Number: _____

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Lupine - Case Management	15	301	\$3.94	92,340	0		0	\$363,820	\$0.00		\$0.00	\$363,820	
Lupine - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				92,340	0	0	0	\$363,820	0.00	0.00	0.00	\$363,820	

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 Yalir
 Title: _____ Grants & Contracts Manager
 Date: _____ Telephone: _____ 831.649.4522 ext 214

Send to: MHCBHF@sanctis.comonrc.org

Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Contractor: Interra, Inc. - Sunflower Gardens		Invoice Numbers:
Address Line 1 P.O. Box 3222	County PO No.:	
Address Line 2 Monterey, CA 93942	Invoice Period:	
Tel. No.: (831) 649-4522	Final Invoice:	<input type="checkbox"/> (Check if Yes)
Fax No.: (831) 647-9136		
Contract Term: July 1, 2016 - June 30, 2020		

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Sunflower - Case Management Services	15	301	\$3.94	93,334			0	\$367,736	\$0.00		\$0.00	\$367,736	
Sunflower - Mental Health Collateral Assessment	15	311	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				93,334	0	0	0	\$367,736	0.00	0.00	0.00	\$367,736	

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 Yelkr Title: Grants & Contracts Manager Date: _____ Telephone: 831.649.4522 ext 214

Send to: MCHDBHF@ca.mntsa.org Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: 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, 2016 - June 30, 2020

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 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
McHome - Case Management Services	15	301	\$3.94	330,009	0	0	0	\$1,300,236	\$0.00	0.00	\$0.00	\$1,300,236	
McHome - Mental Health Collateral Assessment	15	311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
TOTALS				330,009	0	0	0	\$1,300,236	0.00	0.00	0.00	\$1,300,236	

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: MGHDBHFinance@ca.mantatech.org

Behavioral Health Authorization for Payment

 Authorized Signatory

Date

EXHIBIT G-6: Behavioral Health Cost Reimbursement Invoice

Contractor: Interum, Inc. - Dual Recovery	Invoice Number: _____
Address Line 1 P.O. Box 3222	County PO No.: _____
Address Line 2 Monterey, CA 93942	Invoice Period: _____
Tel. No.: (831) 649-4522	Final Invoice: <input type="checkbox"/> (Check if Yes)
Fax No.: (831) 647-9136	
Contract Term: July 1, 2016 - June 30, 2020	

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
Dual Recovery - Case Management	15	301	\$3.94	134,912	0	0	0	\$531,552	\$0.00	\$0.00	\$0.00	\$531,552	
Dual Recovery - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				134,912	0	0	0	\$531,552		0.00	0.00	\$531,552	

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

Signature: _____ Title: **Grants & Contracts Manager** Date: _____ Telephone: **831.649.4522 ext 214**

Send to: MCDOBHF@pds.sdsu.edu Behavioral Health Authorization for Payment Authorized Signatory Date

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoices

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

Contractor: Interim, Inc. - SEES
 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, 2016 - June 30, 2020

BH Division: Mental Health Services BH Control Number _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
SEES - Case Management	15	301	\$3.94	43,745			0	\$172,358	\$0.00		\$0.00	\$172,358	
SEES - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				43,745	0	0	0	\$172,358	0.00	0.00	0.00	\$172,358	

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 Yalir Date: _____
 Title: _____ Grants & Contracts Manager Telephone: 831.649.4522 ext 214

Send to: MCHDBHF.maine@e.s.m.dh.maine.gov
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____

County FO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

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) 649-136

Contract Term: July 1, 2016 - June 30, 2020

BH Division: Mental Health Services

BH Control Number: _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
ACT Team - Case Management	15	301	\$3.94	100,984			0	\$397,876			\$0.00	\$397,876	
ACT Team - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
Crisis Intervention Outpatient		391	\$3.94										
TOTALS			\$10.00	2,280	0	0	0	\$22,800		0.00	\$0.00	\$22,800	
				103,264				\$420,676		0.00		\$420,676	

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

Signature: _____ Title: _____

Date: _____ Telephone: 831.649.4522 ext 214

Send to: MCBBHE.manager@calpa.org

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

Contractor: Interim, Inc. - ACT Team - Psychiatrist/RN
 Address Line 1 P.O. Box 3222
 Address Line 2 Monterey, CA 93942
 Tel. No.: (831) 649-4523
 Fax No.: (831) 647-9136
 Contract Term: July 1, 2016 - June 30, 2020

BH Division: Mental Health Services
 BH Control Number: _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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
ACT Team - Medication Support	15	60	\$10.00	35,655	0	0	0	\$356,554	\$0.00	0.00	\$356,554	\$356,554	
TOTALS				35,655	0	0	0	\$356,554	0.00	0.00	\$356,554	\$356,554	

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: MCHDBH@MANSOUSA.COM
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Involes

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

BH Control Number: _____

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

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4322

Fax No.: (831) 647-9136

Contract Term: July 1, 2016 - June 30, 2020

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2019-20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2019-20 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	\$10.00	61,233	0	0	0	\$612,328	0.00	0.00	\$0.00	\$612,328	
TOTALS				61,233	0	0	0	\$612,328	0.00	0.00	\$0.00	\$612,328	

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: MCHDBHF@cap.monterey.ca.gov

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc.- Cash Flow Advance Services	Invoice Number:
Address Line 1 P.O. Box 3222	County PO No.:
Address Line 2 Monterey, CA 93942	Invoice Period:
Tel. No.: (831) 649-4522	Final Invoice: <input type="checkbox"/> (Check if Yes)
Fax No.: (831) 847-9136	
Contract Term: July 1, 2016 to June 30, 2020	

Service Description	Mode of Service	Service Function Code	Total FY 2019-20 Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining
Manzanita Adult Crisis: Board & Care	60	40-49	\$ 237,010			\$ -	\$ 237,010
Bridge House: Board & Care	60	40-49	\$ 90,802			\$ -	\$ 90,802
Bridge - Day Rehabilitation	60	40-49	\$ 10,014			\$ -	\$ 10,014
Community Housing: Housing	60	70	\$ 274,007			\$ -	\$ 274,007
Sandy Shores: Housing	60	70	\$ 128,024			\$ -	\$ 128,024
Shelter Cove: Housing	60	70	\$ 371,049			\$ -	\$ 371,049
Shelter Cove: HMIOT Funds	60	70	\$ 100,000			\$ -	\$ 100,000
McHome: Non-Medi-Cal/MHSA	60	70	\$ 462,243			\$ -	\$ 462,243
McHome: Non-Medi-Cal/PATH Grant	60	70	\$ 96,295			\$ -	\$ 96,295
McHOME: Non-Medi-Cal/HMIOT Funds	60	70	\$ 319,816			\$ -	\$ 319,816
Dual Recovery Services	60	70	\$ 64,785			\$ -	\$ 64,785
SAMHSA Support - Dual Diagnosis/SAMHSA Grant	60	78	\$ 93,279			\$ -	\$ 93,279
SAMHSA Support - Dual Diagnosis/MHSA	60	70	\$ 17,748			\$ -	\$ 17,748
Supported Education Services/WET: Non-Medi-Cal	60	70	\$ 239,482			\$ -	\$ 239,482
OMNI Resource Center: Wellness Recovery for Adults	60	70	\$ 668,782			\$ -	\$ 668,782
Success Over Sigma	60	70	\$ 142,398			\$ -	\$ 142,398
Bienestar	60	70	\$ 90,641			\$ -	\$ 90,641
Peer Partners for Health: MHSA/CSS	60	70	\$ 202,225			\$ -	\$ 202,225
Peer Partners for Health: MHSA/Innovations	60	70	\$ 405,075			\$ -	\$ 405,075
Day Treatment Intensive	60	70	\$ 23,565			\$ -	\$ 23,565
Chinatown Community Learning Center with CSUMB	60	70	\$ 151,365			\$ -	\$ 151,365
ACT Welcoming and Engagement Team	60	70	\$ 336,557	\$ 0.00	\$ 0.00	\$ -	\$ 336,557
Total Cash Flow Advance			\$ 4,525,162	\$ -	\$ -	\$ -	\$ 4,525,162

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: _____ Date: _____
 Title: Grants & Contracts Manager Telephone: 831.649.4522 ext 214

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

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

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Interim, Inc. Summary - All Programs

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 4,137,656	\$ 5,825,894	\$ 6,249,536	\$ 423,642
Realignment	3,025,605	4,403,342	4,468,920	85,578
MHSA	1,112,052	1,295,239	1,540,754	245,515
HMIOT	-	127,313	239,862	112,549
	-	-	-	-
Cash Flow Advances				
Realignment	1,163,710	1,395,227	1,464,592	69,365
MHSA - CSS	451,027	982,820	1,083,575	100,755
MHSA - PEI	1,062,947	871,693	962,545	90,852
MHSA - Innovations	-	173,168	405,075	231,907
HMIOT	-	452,687	419,816	(32,871)
PATH	82,492	96,278	96,278	-
SAMHSA Block Grant	93,276	93,276	93,279	3
Total Requested Monterey County Funds	\$ 11,128,764	\$ 15,716,937	\$ 17,024,232	\$ 1,307,295
Other Program Revenues	1,215,501	1,136,430	1,306,749	170,319
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 12,344,265	\$ 16,853,367	\$ 18,330,981	\$ 1,477,614

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 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	6,094,314	8,898,892	9,442,139	543,247
2 Payroll taxes	487,136	673,434	732,856	59,422
3 Employee benefits	873,921	1,070,351	1,286,708	216,357
4 Workers Compensation	277,861	449,087	447,712	(1,375)
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	91,315	-	-	-
7 Flexible Client Spending (please provide supporting documents)	311,862	717,952	532,238	(185,714)
8 Travel (costs incurred to carry out the program)	180,097	112,825	114,550	1,725
9 Employee Travel and Conference	3	87,196	100,540	13,344
10 Communication Costs	111,052	117,050	141,226	24,176
11 Utilities	218,157	250,870	276,291	25,421
12 Cleaning and Janitorial	120,458	105,200	130,102	24,902
13 Maintenance and Repairs - Buildings	188,703	204,691	267,205	62,514
14 Maintenance and Repairs - Equipment	8,276	4,900	-	(4,900)
15 Printing and Publications	27,903	35,519	34,100	(1,419)
16 Memberships, Subscriptions and Dues	45,485	53,601	50,458	(3,143)
17 Office Supplies	29,477	163,152	211,036	47,884
18 Postage and Mailing	115,451	-	-	-
19 Medical Records	3	-	-	-
20 Data Processing	106,461	184,765	211,075	26,310
	3	-	-	-
21 Rent and Leases - equipment				
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	274,351	174,383	471,454	297,071

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	2,227	3,366	3,686	320
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	65,373	54,104	71,947	17,843
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	105,185	207,987	492,668	284,681
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	47,169	67,408	54,068	(13,340)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	544,643	740,863	771,749	30,886
29 Total Mode Costs	\$ 10,326,889	\$ 14,377,596	\$ 15,843,808	\$ 1,466,212
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	1,090,520	1,531,375	1,699,149	167,774
31 Supplies	311,512	378,725	404,829	26,104
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.)	48,275	45,579	45,774	195
34 Total Administrative Costs	\$ 1,450,307	\$ 1,955,679	\$ 2,149,752	\$ 194,073
35 TOTAL DIRECT COSTS	\$ 11,777,196	\$ 16,333,275	\$ 17,993,560	\$ 1,660,285
<p>If 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				
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	128,440	187,388	202,071	14,683
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	51,873	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	76,480	-	-	-
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	217,107	-	-	-
53 Medical Records	3	-	-	-
54 Other Professional and Specialized Services	69,482	1,650	-	(1,650)
55 Transportation and Travel	3	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	23,681	31,054	35,350	4,296
57 Total Indirect costs	\$ 567,069	\$ 220,092	\$ 237,421	\$ 17,329
63 Total Allowable Costs	\$ 12,344,265	\$ 16,553,367	\$ 18,230,981	\$ 1,677,614

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Manzanita House - Crisis Residential

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 912,630	\$ 1,693,358	\$ 1,662,289	\$ (31,069)
Realignment	912,630	1,693,358	1,662,289	(31,069)
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	322,169	204,280	237,010	32,730
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 2,147,428	\$ 3,590,996	\$ 3,561,588	\$ (29,408)
Other Program Revenues	25,546	42,000	161,928	119,928
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 2,172,974	3,632,996	\$ 3,723,516	\$ 90,520

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 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 1,185,486	\$ 2,097,442	\$ 2,159,208	61,766
2 Payroll taxes	92,079	161,908	166,714	4,806
3 Employee benefits	208,717	306,437	321,426	14,989
4 Workers Compensation	59,244	117,904	107,917	(9,987)
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	24,288	-	-	-
7 Flexible Client Spending (please provide supporting documents)	41,313	96,175	98,082	1,907
8 Travel (costs incurred to carry out the program)	13,885	9,854	9,500	(354)
9 Employee Travel and Conference	-	15,848	18,621	2,773
10 Communication Costs	11,402	16,362	26,620	10,258
11 Utilities	30,500	48,918	53,000	4,082
12 Cleaning and Janitorial	30,350	23,400	35,000	11,600
13 Maintenance and Repairs - Buildings	27,810	53,068	49,000	(4,068)
14 Maintenance and Repairs - Equipment	1,157	-	-	-
15 Printing and Publications	3,614	7,504	5,700	(1,804)
16 Memberships, Subscriptions and Dues	18,168	13,720	9,900	(3,820)
17 Office Supplies	5,295	22,881	27,135	4,254
18 Postage and Mailing	20,004	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	9,587	28,519	26,477	(2,042)
21 Rent and Leases - equipment	-	-	-	-
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)	207	416	700	284

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,598	4,500	515	(3,985)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	16,439	22,480	6,041
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,081	13,662	12,516	(1,146)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	61,874	118,451	111,052	(7,399)
29 Total Mode Costs	\$ 1,853,659	3,173,408.00	3,261,563.00	\$ 88,155
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	191,580	335,125	347,033	11,908
31 Supplies	54,726	82,844	82,682	(162)
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.)	8,481	10,366	9,349	(1,017)
34 Total Administrative Costs	\$ 254,786	\$ 428,335	\$ 439,064	\$ 10,729
35 TOTAL DIRECT COSTS	\$ 2,108,445	\$ 3,601,743	\$ 3,700,627	\$ 98,884
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	6,660	22,241	13,789	(8,452)
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	2,766	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	8,411	-	-	-
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	34,174	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	6,390	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	6,128	9,012	9,100	88
57 Total Indirect costs	\$ 64,529	\$ 31,253	\$ 22,889	\$ (8,364)
63 Total Allowable Costs	\$ 2,172,974	\$ 3,632,996	\$ 3,723,516	\$ 90,520
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				
67 Total				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)				
TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL	
Administrative Assistant I	\$ 44,444	0.11	\$ 5,031	
Administrative Assistant II-CI	58,075	1.00	58,075	
Administrative Assistant II-CI	52,957	1.00	52,957	
Behavioral Health Clinician II	61,297	1.00	61,297	
Counselor I-B	41,935	0.50	20,968	
Counselor I-B	42,969	0.50	21,484	
Counselor I-B	42,777	0.50	21,388	
Counselor I-B	43,030	0.50	21,515	
Counselor I-C	43,030	0.83	35,500	
Counselor I-C	41,494	0.83	34,232	
Counselor I-C	53,359	0.83	44,021	
Counselor I-C	38,918	0.83	32,107	
Counselor I-C	40,540	0.83	33,445	
Counselor I-C	42,131	0.83	34,758	
Counselor I-C	46,885	0.83	38,680	
Counselor I-C	41,030	0.83	33,849	
Counselor II	49,375	1.00	49,375	
Counselor II	52,094	1.00	52,094	
Counselor II	49,589	1.00	49,589	
Counselor II	48,530	1.00	48,530	
Counselor II	48,955	1.00	48,955	
Counselor II	45,415	1.00	45,415	
Counselor II	56,257	1.00	56,257	
Counselor II	47,237	1.00	47,237	
Counselor II	47,468	1.00	47,468	
Counselor II	49,330	1.00	49,330	
Counselor III	59,475	1.00	59,475	
Deputy Director	142,200	0.18	25,179	
Division Director of Clinical Services	115,104	0.22	25,147	
Division Director of Program Services	110,018	0.23	25,299	
Division Director of Program Services	108,137	0.18	19,397	
Division Director of Quality Assurance	114,039	0.20	22,808	
Facilities Manager	91,297	0.12	10,618	
Housing Development & Property Director	109,196	0.06	6,781	
Kitchen Coordinator	49,803	1.00	49,803	
Kitchen Coordinator II	51,957	1.00	51,957	
Landscape Assistant	28,659	0.49	13,971	
Landscape Supervisor	58,797	0.12	6,909	
Licensed Vocational Nurse	68,664	1.00	68,664	
Maintenance Supervisor	68,202	0.12	7,932	
Maintenance Worker	44,906	0.12	5,223	
Maintenance Worker	45,255	0.12	5,263	
Maintenance Worker	54,103	0.12	6,292	
Maintenance Worker	60,971	0.12	7,091	
Program Director	81,116	1.00	81,116	
Program Director	82,643	1.00	82,643	
Program Manager	77,613	1.00	77,613	
Program Manager	72,033	1.00	72,033	
Quality Assurance & Performance Outcomes Specialist	77,737	0.20	15,547	
Quality Assurance & Performance Outcomes Specialist	123,477	0.08	9,261	
Registered Nurse	131,873	1.00	131,873	
Relief Counselor	132,433		132,433	
Substance Abuse Therapist	92,192	0.38	34,572	
Substance Use Counselor	60,547	1.00	60,547	
Total Salaries and Wages	\$ 2,609,901		\$ 2,159,208	

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Bridge Residential

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 512,523	\$ 557,163	\$ 555,732	\$ (1,431)
Realignment	512,523	557,163	555,732	(1,431)
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	65,795	77,039	90,801	13,762
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,090,841	\$ 1,191,365	\$ 1,202,265	\$ 10,900
Other Program Revenues	77,607	70,257	70,257	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,168,448	\$ 1,261,622	\$ 1,272,522	\$ 10,900
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)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	607,086	608,332	602,932	(5,400)
2 Payroll taxes	47,979	47,198	46,832	(366)
3 Employee benefits	42,964	73,834	89,621	15,787
4 Workers Compensation	30,604	33,039	29,653	(3,386)
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	10,241	-	-	-
7 Flexible Client Spending (please provide supporting documents)	70,589	63,500	63,500	-
8 Travel (costs incurred to carry out the program)	12,505	5,950	5,950	-
9 Employee Travel and Conference	-	5,770	5,770	-
10 Communication Costs	10,402	5,335	7,690	2,355
11 Utilities	15,024	20,700	20,700	-
12 Cleaning and Janitorial	22,465	18,650	18,650	-
13 Maintenance and Repairs - Buildings	14,156	9,700	9,700	-
14 Maintenance and Repairs - Equipment	1,027	-	-	-
15 Printing and Publications	2,352	2,900	2,900	-
16 Memberships, Subscriptions and Dues	4,272	6,300	6,300	-
17 Office Supplies	4,229	10,500	10,000	(500)
18 Postage and Mailing	7,218	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	4,386	11,009	12,588	1,579
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	364	362	362	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	3,477	20,000	17,600	(2,400)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	17,200	19,980	2,780
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	4,562	5,854	4,346	(1,508)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	64,340	135,000	135,000	-
29 Total Mode Costs	\$ 980,242	\$ 1,101,133	\$ 1,110,074	\$ 8,941
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	103,268	116,378	118,601	2,223
31 Supplies	29,499	28,769	28,257	(512)
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.)	4,571	3,600	3,195	(405)
34 Total Administrative Costs	\$ 137,338	\$ 148,747	\$ 150,053	\$ 1,306
35 TOTAL DIRECT COSTS	\$ 1,117,580	\$ 1,249,880	\$ 1,260,127	\$ 10,247
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	5,046	8,142	7,795	(347)
41 Maintenance - equipment	-	-	-	-
42 Maintenance - building and improvements	-	-	-	-
43 Utilities	-	-	-	-
44 Household Expenses	-	-	-	-
46 Interest in Bonds	-	-	-	-
48 Interest in Other Long-term debts	-	-	-	-
47 Other interest and finance charges	-	-	-	-
48 Contracts Administration	1,382	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	4,327	-	-	-
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	22,582	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	15,085	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	2,446	3,600	4,600	1,000
57 Total Indirect costs	\$ 50,868	\$ 11,742	\$ 12,395	\$ 653
63 Total Allowable Costs	\$ 1,168,448	\$ 1,261,622	\$ 1,272,522	\$ 10,900
COST REPORT INFORMATION:				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,444	0.0782	\$ 3,476
Administrative Assistant II-CI	36,126	0.7576	27,369
Counselor I-B	39,024	0.8250	32,195
Counselor I-B	40,802	1.0000	40,802
Counselor I-C	41,088	0.8250	33,898
Counselor I-C	39,053	0.8250	32,219
Counselor II	44,521	1.0000	44,521
Counselor II	52,283	1.0000	52,283
Counselor II	47,468	1.0000	47,468
Deputy Director	142,200	0.0615	8,744
Division Director of Clinical Services	115,104	0.0759	8,733
Division Director of Program Services	110,018	0.0799	8,786
Division Director of Program Services	108,137	0.0623	6,736
Division Director of Quality Assurance	114,039	0.1000	11,404
Facilities Manager	91,297	0.0725	6,619
Housing Development & Property Director	109,196	0.0620	6,770
Landscape Assistant	9,672	0.5000	4,836
Landscape Supervisor	58,796	0.0872	5,127
Maintenance Supervisor	68,202	0.0725	4,945
Maintenance Worker	44,906	0.0725	3,256
Maintenance Worker	45,255	0.0725	3,281
Maintenance Worker	54,103	0.0725	3,922
Maintenance Worker	60,971	0.0725	4,420
Program Director	80,830	0.3500	28,290
Program Manager	74,080	1.0000	74,080
Quality Assurance & Performance Outcomes Specialist	77,737	0.1000	7,774
Quality Assurance & Performance Outcomes Specialist	46,304	0.1000	4,630
Registered Nurse	105,688	0.2000	21,138
Registered Nurse	108,196	0.4000	43,279
Relief Counselor	21,932		21,932
Total Salaries and Wages	\$ 2,031,473		\$ 602,932

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Bridge House - Day Academy

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 222,122	\$ 340,081	\$ 366,455	\$ 26,374
Realignment	222,122	340,081	366,455	26,374
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	10,000	10,014	14
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 444,243	\$ 690,162	\$ 742,924	\$ 52,762
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 444,243	\$ 690,162	\$ 742,924	\$ 52,762

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	264,127	416,094	434,772	18,678
2 Payroll taxes	20,576	32,096	33,536	1,440
3 Employee benefits	36,284	46,524	68,168	21,644
4 Workers Compensation	12,623	20,867	19,541	(1,326)
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	2,557	-	-	-
7 Flexible Client Spending (please provide supporting documents)	2,202	10,000	10,000	-
8 Travel (costs incurred to carry out the program)	3,449	1,600	1,600	-
9 Employee Travel and Conference	-	1,150	1,150	-
10 Communication Costs	3,276	6,063	7,912	1,849
11 Utilities	4,984	5,052	5,052	-
12 Cleaning and Janitorial	3,352	4,600	4,600	-
13 Maintenance and Repairs - Buildings	7,145	4,000	4,000	-
14 Maintenance and Repairs - Equipment	256	-	-	-
15 Printing and Publications	918	950	950	-
16 Memberships, Subscriptions and Dues	699	1,150	1,150	-
17 Office Supplies	2,150	2,450	4,350	1,900
18 Postage and Mailing	1,752	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	3,226	4,468	4,350	(118)
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	91	100	100	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	113	-	-	-
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,000	1,000	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	883	1,106	2,378	1,272
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	12,156	46,000	46,000	-
29 Total Mode Costs	\$ 382,819	\$ 605,270	\$ 650,609	\$ 45,339
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	39,262	63,664	69,242	5,578
31 Supplies	11,215	15,738	16,497	759
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.)	\$ 1,738	\$ 1,969	1,865	(104)
34 Total Administrative Costs	52,216	81,371	87,604	\$ 6,233
35 TOTAL DIRECT COSTS	\$ 435,035	\$ 686,641	\$ 738,213	\$ 51,572
II Indirect Cost Centers - Include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	1,456	2,221	3,411	1,190
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	1,383	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	1,588	-	-	-
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	3,247	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	440	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,094	1,300	1,300	-
57 Total Indirect costs	\$ 9,208	\$ 3,521	\$ 4,711	\$ 1,190
63 Total Allowable Costs	\$ 444,243	\$ 690,162	\$ 742,924	\$ 52,762
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,444	0.08	\$ 3,476
Administrative Assistant II-CI	51,885	0.83	42,805
Behavioral Health Clinician I	64,523	1.04	66,942
Behavioral Health Clinician I	61,423	1.00	61,423
Behavioral Health Clinician I	63,424	1.00	63,424
Clinical Specialist	80,526	1.00	80,526
Deputy Director	142,200	0.03	4,784
Division Director of Clinical Services	115,104	0.04	4,777
Division Director of Program Services	110,018	0.04	4,806
Division Director of Program Services	108,137	0.03	3,684
Division Director of Quality Assurance	114,039	0.08	8,553
Facilities Manager	91,298	0.02	1,826
Housing Development & Property Director	109,196	0.02	1,638
Landscape Assistant	9,672	0.50	4,836
Landscape Supervisor	58,796	0.02	1,311
Maintenance Assistant	27,120	0.25	6,780
Maintenance Assistant	10,170	0.65	6,611
Maintenance Supervisor	66,865	0.02	1,364
Maintenance Worker	44,025	0.02	898
Maintenance Worker	44,368	0.02	905
Maintenance Worker	53,042	0.02	1,082
Maintenance Worker	59,775	0.02	1,219
Program Director	80,830	0.40	32,332
Quality Assurance & Performance Outcomes Specialist	77,737	0.08	5,830
Quality Assurance & Performance Outcomes Specialist	46,304	0.08	3,473
Relief Counselor	1,412		1,412
Wellness Navigator	36,112	0.50	18,056
			\$ -
Total Salaries and Wages	\$ 1,772,444		\$ 434,772

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Community Housing

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 428,409	\$ 479,295	\$ 536,097	\$ 56,802
Realignment	428,409	479,295	536,097	56,802
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	240,343	294,378	274,006	(20,372)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,097,161	\$ 1,252,968	\$ 1,346,200	\$ 93,232
Other Program Revenues	388,020	317,053	425,191	108,138
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,485,181	\$ 1,570,021	\$ 1,771,391	\$ 201,370

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	566,486	707,512	815,132	107,620
2 Payroll taxes	47,640	56,808	65,214	8,406
3 Employee benefits	90,941	82,464	104,050	21,586
4 Workers Compensation	25,679	36,749	38,187	1,438
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	15,912	-	-	-
7 Flexible Client Spending (please provide supporting documents)	15,401	109,212	18,500	(90,712)
8 Travel (costs incurred to carry out the program)	16,459	11,300	11,300	-
9 Employee Travel and Conference	-	6,072	6,196	124
10 Communication Costs	17,852	19,050	21,700	2,650
11 Utilities	56,007	42,670	47,762	5,092
12 Cleaning and Janitorial	17,365	5,400	7,702	2,302
13 Maintenance and Repairs - Buildings	45,458	41,800	49,852	8,052
14 Maintenance and Repairs - Equipment	1,360	-	-	-
15 Printing and Publications	4,403	4,800	4,800	-
16 Memberships, Subscriptions and Dues	3,797	4,700	4,750	50
17 Office Supplies	888	14,350	16,750	2,400
18 Postage and Mailing	10,866	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	35,127	37,330	38,994	1,664
21 Rent and Leases - equipment				
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	112,813	7,214	97,214	90,000

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23	Taxes and assessments (Please identify the property address and method of cost allocation)	606	1,584	1,619	35
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	23,814	12,706	22,120	9,414
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	9,500	15,480	5,980
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	7,440	10,012	5,408	(4,604)
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	116,513	127,650	135,593	7,943
29	Total Mode Costs	\$ 1,232,827	\$ 1,348,883	\$ 1,528,323	\$ 179,440
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	131,261	144,826	165,096	20,270
31	Supplies	37,495	35,802	39,334	3,532
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.)	5,811	4,480	4,448	(32)
34	Total Administrative Costs	\$ 174,567	\$ 185,108	\$ 208,878	\$ 23,770
35	TOTAL DIRECT COSTS	\$ 1,407,394	\$ 1,533,991	\$ 1,737,201	\$ 203,210
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	23,624	33,130	30,590	(2,540)
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	10,371	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	16,442	-	-	-
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	19,280	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	5,266	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	2,804	2,900	3,600	700
57	Total Indirect costs	\$ 77,787	\$ 36,030	\$ 34,190	\$ (1,840)
63	Total Allowable Costs	\$ 1,485,181	\$ 1,570,021	\$ 1,771,391	\$ 201,370
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 58,946	0.78	\$ 45,978
Administrative Assistant I	44,444	0.14	6,231
Assistant Program Director	77,741	0.65	50,531
Assistant Program Director	76,115	0.40	30,446
Behavioral Health Clinician I	77,452	1.00	77,452
Behavioral Health Clinician I	65,062	0.50	32,531
Behavioral Health Clinician I	65,239	0.50	32,620
Behavioral Health Clinician I	76,804	0.50	38,402
Counselor II	48,926	1.00	48,926
Counselor II	55,772	0.50	27,886
Counselor II	55,252	1.00	55,252
Counselor II	49,426	0.20	9,885
Counselor II	51,408	1.00	51,408
Deputy Director	142,200	0.08	10,881
Division Director of Clinical Services	115,104	0.09	10,137
Division Director of Program Services	110,018	0.10	10,933
Division Director of Program Services	108,138	0.08	8,383
Division Director of Quality Assurance	114,039	0.10	11,404
Facilities Manager	91,297	0.12	11,275
Housing Development & Property Director	109,196	0.17	18,520
Housing Management Specialist I	45,924	0.17	7,821
Housing Management Specialist I	55,697	0.17	9,485
Housing Management Specialist I	45,932	0.17	7,822
Housing Operations Manager	56,130	0.17	9,559
Landscape Assistant	28,659	0.03	716
Landscape Assistant	28,659	0.05	1,433
Landscape Assistant	28,659	0.05	1,433
Landscape Assistant	28,659	0.19	5,374
Landscape Assistant	28,659	0.36	10,389
Landscape Assistant	28,659	0.16	4,657
Landscape Assistant	28,659	0.10	2,866
Landscape Supervisor	58,797	0.18	10,625
Maintenance Assistant	27,078	0.15	4,062
Maintenance Supervisor	68,202	0.12	8,423
Maintenance Worker	44,906	0.12	5,546
Maintenance Worker	45,255	0.12	5,589
Maintenance Worker	54,104	0.12	6,682
Maintenance Worker	60,971	0.12	7,530
Program Director	86,641	0.24	20,794
Program Director	109,491	0.60	65,694
Quality Assurance & Performance Outcomes Specialist	77,737	0.10	7,774
Quality Assurance & Performance Outcomes Specialist	46,304	0.10	4,630
Relief Counselor	4,597		4,597
Wellness Navigator	43,928	0.29	12,553
Total Salaries and Wages	\$ 2,724,885		\$ 815,132

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Sandy Shores

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 213,017	\$ 230,687	\$ 209,907	\$ (20,780)
	Realignment	213,017	230,687	209,907	(20,780)
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
		-	-	-	-
Cash Flow Advances					
	Realignment	38,795	82,845	128,024	45,179
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 464,828	\$ 544,219	\$ 547,838	\$ 3,619
Other Program Revenues		235,836	197,206	218,349	21,143
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 700,664	\$ 741,425	\$ 766,187	\$ 24,762

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	268,024	320,004	315,717	(4,287)
2	Payroll taxes	21,899	25,282	25,004	(278)
3	Employee benefits	46,110	57,085	59,524	2,439
4	Workers Compensation	11,567	15,659	13,917	(1,742)
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	12,851	-	-	-
7	Flexible Client Spending (please provide supporting documents)	654	2,500	4,600	2,100
8	Travel (costs incurred to carry out the program)	9,324	6,150	6,150	-
9	Employee Travel and Conference	-	3,559	3,559	-
10	Communication Costs	6,081	7,100	7,100	-
11	Utilities	34,032	28,500	28,526	26
12	Cleaning and Janitorial	3,031	2,200	3,200	1,000
13	Maintenance and Repairs - Buildings	24,382	27,000	27,000	-
14	Maintenance and Repairs - Equipment	1,085	-	-	-
15	Printing and Publications	2,298	2,550	2,550	-
16	Memberships, Subscriptions and Dues	2,285	4,250	1,948	(2,302)
17	Office Supplies	662	15,600	15,600	-
18	Postage and Mailing	11,471	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	6,862	12,404	13,048	644
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	250	71	71	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	24,173	5,855	25,124	19,269
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,693	9,300	7,607
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,141	4,004	2,555	(1,449)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	90,413	90,250	90,251	1
29 Total Mode Costs	\$ 580,595	\$ 631,716	\$ 654,744	\$ 23,028
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	61,925	68,393	71,410	3,017
31 Supplies	17,689	16,907	17,014	107
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.)	2,741	2,116	1,924	(192)
34 Total Administrative Costs	\$ 82,355	\$ 87,416	\$ 90,348	\$ 2,932
35 TOTAL DIRECT COSTS	\$ 662,950	\$ 719,132	\$ 745,092	\$ 25,960
<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>				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	17,676	20,743	19,545	(1,198)
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	6,937	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	2,855	-	-	-
50 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
61 Data Processing	-	-	-	-
52 Personnel Administration	7,591	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	1,372	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,283	1,550	1,550	-
57 Total Indirect costs	\$ 37,714	\$ 22,293	\$ 21,095	\$ (1,198)
63 Total Allowable Costs	\$ 700,664	\$ 741,425	\$ 766,187	\$ 24,762
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,444	0.13	\$ 5,871
Administrative Assistant II-CI	36,126	0.24	8,757
Assistant Program Director	77,738	0.25	19,434
Behavioral Health Clinician I	65,239	0.50	32,620
Counselor II	57,400	1.00	57,400
Counselor II	49,426	0.80	39,541
Deputy Director	142,200	0.04	5,139
Division Director of Clinical Services	115,104	0.04	5,131
Division Director of Program Services	110,018	0.05	5,163
Division Director of Program Services	108,137	0.04	3,958
Division Director of Quality Assurance	114,039	0.05	5,702
Facilities Manager	91,297	0.08	7,076
Housing Development & Property Director	109,196	0.13	13,748
Housing Management Specialist I	45,924	0.10	4,606
Housing Management Specialist I	55,697	0.10	5,586
Housing Management Specialist I	45,932	0.10	4,607
Housing Operations Manager	56,130	0.10	5,630
Landscape Assistant	28,658	0.39	11,105
Landscape Assistant	28,658	0.39	11,105
Landscape Supervisor	58,797	0.10	5,909
Maintenance Assistant	28,992	0.04	1,268
Maintenance Supervisor	68,202	0.08	5,286
Maintenance Worker	44,906	0.08	3,480
Maintenance Worker	45,255	0.08	3,507
Maintenance Worker	54,103	0.08	4,193
Maintenance Worker	60,971	0.08	4,725
Program Director	109,491	0.15	16,424
Quality Assurance & Performance Outcomes Specialist	77,737	0.05	3,887
Quality Assurance & Performance Outcomes Specialist	123,477	0.02	2,315
Wellness Navigator	43,898	0.29	12,544
Total Salaries and Wages	\$ 2,087,191		\$ 315,717

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Shelter Cove

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 359,653	\$ 394,637	\$ 402,857	\$ 8,220
Realignment	359,653	394,637	402,857	8,220
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	241,585	374,528	371,049	(3,479)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	300,000	100,000	(200,000)
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 960,891	\$ 1,463,802	\$ 1,276,763	\$ (187,039)
Other Program Revenues	234,165	83,000	83,000	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,195,056	\$ 1,546,802	\$ 1,359,763	\$ (187,039)

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	528,764	590,036	594,822	4,786
2 Payroll taxes	42,161	45,935	46,347	412
3 Employee benefits	82,496	70,569	74,678	4,109
4 Workers Compensation	22,566	29,226	26,679	(2,547)
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	19,876	-	-	-
7 Flexible Client Spending (please provide supporting documents)	31,082	44,700	44,700	-
8 Travel (costs incurred to carry out the program)	20,516	9,850	9,850	-
9 Employee Travel and Conference	-	8,813	8,813	-
10 Communication Costs	11,808	9,130	10,978	1,848
11 Utilities	41,783	41,454	41,454	-
12 Cleaning and Janitorial	11,902	27,000	27,000	-
13 Maintenance and Repairs - Buildings	35,547	37,050	37,050	-
14 Maintenance and Repairs - Equipment	2,949	-	-	-
15 Printing and Publications	2,933	3,900	3,900	-
16 Memberships, Subscriptions and Dues	4,309	6,800	6,800	-
17 Office Supplies	1,868	13,400	13,350	(50)
18 Postage and Mailing	10,674	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	8,002	13,504	14,348	844
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	6,932	7,214	7,214	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	475	783	783	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,380	2,368	2,220	(148)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	9,500	21,980	12,480
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	7,660	8,901	4,295	(4,606)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	82,805	83,100	88,102	5,002
29 Total Mode Costs	\$ 979,488	\$ 1,063,233	\$ 1,085,363	\$ 22,130
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	105,619	115,011	117,411	2,400
31 Supplies	30,171	28,431	27,974	(457)
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.)	4,676	3,557	3,163	(394)
34 Total Administrative Costs	\$ 140,465	\$ 146,999	\$ 148,548	\$ 1,549
35 TOTAL DIRECT COSTS	\$ 1,119,953	\$ 1,210,232	\$ 1,233,911	\$ 23,679
<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>				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	25,285	34,470	23,752	(10,718)
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	6,913	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	5,495	-	-	-
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	22,322	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	13,624	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,464	2,100	2,100	-
57 Total Indirect costs	\$ 75,103	\$ 36,570	\$ 25,852	\$ (10,718)
63 Total Allowable Costs	\$ 1,195,056	\$ 1,246,802	\$ 1,259,763	\$ 12,961
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,444	0.19	\$ 8,387
Administrative Assistant II	45,766	1.00	45,766
Assistant Program Director	81,354	1.00	81,692
Behavioral Health Clinician I	68,822	0.60	41,293
Community Support Worker III	33,643	0.38	12,616
Counselor II	48,199	1.00	48,199
Counselor II	45,811	1.00	45,811
Counselor III	60,619	1.00	60,619
Deputy Director	142,200	0.06	8,641
Division Director of Clinical Services	115,104	0.07	8,629
Division Director of Program Services	110,018	0.08	8,683
Division Director of Program Services	108,137	0.06	6,657
Division Director of Quality Assurance	114,039	0.09	9,978
Facilities Manager	91,297	0.09	7,806
Housing Development & Property Director	111,202	0.16	18,159
Housing Management Specialist I	45,924	0.19	8,877
Housing Management Specialist I	55,697	0.19	10,766
Housing Management Specialist I	45,932	0.19	8,879
Housing Operations Manager	56,130	0.19	10,850
Kitchen Assistant	30,677	0.21	6,442
Kitchen Assistant	27,120	0.21	5,695
Landscape Assistant	30,531	0.38	11,449
Landscape Supervisor	58,796	0.133	7,826
Maintenance Assistant	75,479	0.13	9,812
Maintenance Assistant	10,170	0.35	3,560
Maintenance Supervisor	68,202	0.09	5,831
Maintenance Worker	44,905	0.09	3,839
Maintenance Worker	45,255	0.09	3,869
Maintenance Worker	54,103	0.09	4,626
Maintenance Worker	60,971	0.09	5,213
Program Director	80,830	0.25	20,207
Quality Assurance & Performance Outcomes Specialist	77,737	0.09	6,802
Quality Assurance & Performance Outcomes Specialist	46,304	0.09	4,052
Relief Counselor	24,480		24,480
Wellness Navigator	43,898	0.43	18,810
Total Salaries and Wages	\$ 2,203,795		\$ 594,822

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Rockrose Gardens

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 146,078	\$ 100,707	\$ 110,328	\$ 9,621
	Realignment	-	-	-	-
	MHSA	146,078	100,707	110,328	9,621
	HMIOT	-	-	-	-
		-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 292,155	\$ 201,414	\$ 220,656	\$ 19,242
Other Program Revenues		200	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 292,355	\$ 201,414	\$ 220,656	\$ 19,242

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	189,874	125,744	142,088	16,344
2	Payroll taxes	15,163	9,886	11,151	1,265
3	Employee benefits	21,900	14,962	13,123	(1,839)
4	Workers Compensation	9,493	6,956	7,134	178
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)	1,132	1,350	1,600	250
8	Travel (costs incurred to carry out the program)	5,002	5,200	5,400	200
9	Employee Travel and Conference	-	500	500	-
10	Communication Costs	972	500	1,800	1,300
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	665	1,450	1,450	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,216	1,200	1,200	-
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	136	2,200	2,200	-
18	Postage and Mailing	1,172	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	1,963	3,768	4,050	282
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	1,563	1,563	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	325	694	369
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	\$ 248,688	\$ 175,604	\$ 193,953	\$ 18,349
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	25,838	18,579	20,565	1,986
31 Supplies	7,381	4,593	4,900	307
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.)	1,144	575	554	(21)
34 Total Administrative Costs	\$ 34,363	\$ 23,747	\$ 26,019	\$ 2,272
35 TOTAL DIRECT COSTS	\$ 283,051	\$ 199,351	\$ 219,972	\$ 20,621
<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>				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	617	2,063	684	(1,379)
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)	844	-	-	-
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	7,380	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	463	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57 Total indirect costs	\$ 9,304	\$ 2,063	\$ 684	\$ (1,379)
63 Total Allowable Costs	\$ 292,355	\$ 201,414	\$ 220,656	\$ 19,242
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Assistant Program Director	\$ 77,741	0.100	\$ 7,774
Behavioral Health Clinician I	68,824	0.400	27,529
Community Support Worker II	32,233	0.479	15,440
Counselor II	48,100	1.000	48,100
Deputy Director	142,200	0.010	1,396
Division Director of Clinical Services	115,104	0.012	1,394
Division Director of Program Services	110,018	0.013	1,403
Division Director of Program Services	108,138	0.010	1,075
Division Director of Quality Assurance	114,038	0.025	2,851
Maintenance Assistant	31,012	0.150	4,652
Program Director	109,491	0.250	27,373
Quality Assurance & Performance Outcomes Specialist	77,737	0.025	1,943
Quality Assurance & Performance Outcomes Specialist	46,304	0.025	1,158
Total Salaries and Wages	\$ 1,080,939		\$ 142,088

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Lupine Gardens

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 160,232	\$ 174,972	\$ 181,910	\$ 6,938
	Realignment	-	-	-	-
	MHSA	160,232	174,972	181,910	6,938
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 320,464	\$ 349,944	\$ 363,820	\$ 13,876
Other Program Revenues		21,496	23,153	22,156	(997)
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 341,960	\$ 373,097	\$ 385,976	\$ 12,879

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	206,551	237,293	243,133	5,840
2	Payroll taxes	16,813	18,822	19,315	493
3	Employee benefits	22,013	20,248	24,065	3,817
4	Workers Compensation	10,231	13,112	12,203	(909)
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)	4,654	7,250	7,250	-
8	Travel (costs incurred to carry out the program)	6,901	4,150	4,150	-
9	Employee Travel and Conference	-	2,200	2,200	-
10	Communication Costs	1,818	1,700	1,700	-
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	3,032	3,050	3,050	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,587	1,650	1,650	-
16	Memberships, Subscriptions and Dues	369	250	250	-
17	Office Supplies	1,411	5,500	5,600	100
18	Postage and Mailing	1,723	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	4,618	10,059	10,588	529
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and Improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	700	700	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	682	870	1,286	416
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	1,495	-	-	-
29	Total Mode Costs	\$ 283,898	\$ 326,854	337,140	\$ 10,286
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	30,223	34,416	35,974	1,558
31	Supplies	8,633	8,508	8,571	63
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.)	1,338	1,065	969	(96)
34	Total Administrative Costs	\$ 40,194	\$ 43,989	45,514	\$ 1,525
35	TOTAL DIRECT COSTS	\$ 324,092	\$ 370,843	382,654	\$ 11,811
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefited without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	2,754	904	1,972	1,068
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	2,765	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,567	-	-	-
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	8,052	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	1,641	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,089	1,350	1,350	-
57	Total Indirect costs	\$ 17,868	\$ 2,254	3,322	\$ 1,068
63	Total Allowable Costs	\$ 341,960	\$ 373,097	385,976	\$ 12,879
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 58,946	0.220	\$ 12,968
Assistant Program Director	76,109	0.100	7,611
Behavioral Health Clinician I	76,804	0.500	38,402
Cleaner-Housekeeper	39,562	0.356	14,094
Community Support Worker II	28,638	0.475	13,603
Community Support Worker II	28,638	0.300	8,592
Counselor II	55,772	0.500	27,886
Counselor II	65,688	1.000	65,688
Deputy Director	142,200	0.017	2,426
Division Director of Clinical Services	115,104	0.021	2,422
Division Director of Program Services	110,019	0.022	2,437
Division Director of Program Services	108,138	0.017	1,869
Division Director of Quality Assurance	114,039	0.050	5,702
Maintenance Assistant	28,992	0.175	5,074
Program Director	86,640	0.325	28,158
Quality Assurance & Performance Outcomes Specialist	77,737	0.050	3,887
Quality Assurance & Performance Outcomes Specialist	46,304	0.050	2,315
Total Salaries and Wages	\$ 1,259,330		\$ 243,133

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Sunflower Gardens

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 191,656	\$ 177,531	\$ 183,868	\$ 6,337
	Realignment	-	-	-	-
	MHSA	191,656	177,531	183,868	6,337
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 383,311	\$ 355,062	\$ 367,736	\$ 12,674
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 383,311	\$ 355,062	\$ 367,736	\$ 12,674
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	210,879	220,335	215,420	(4,915)
2	Payroll taxes	17,408	17,391	17,050	(341)
3	Employee benefits	31,458	22,373	23,869	1,496
4	Workers Compensation	10,457	12,208	10,782	(1,426)
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)	7,938	7,000	11,000	4,000
8	Travel (costs incurred to carry out the program)	12,520	6,300	6,300	-
9	Employee Travel and Conference	-	2,000	2,000	-
10	Communication Costs	1,724	2,000	2,000	-
11	Utilities	843	466	466	-
12	Cleaning and Janitorial	3,247	2,000	4,000	2,000
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,548	1,550	1,550	-
16	Memberships, Subscriptions and Dues	606	1,350	1,350	-
17	Office Supplies	1,265	5,800	12,900	7,100
18	Postage and Mailing	7,986	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	4,811	8,736	10,599	1,863
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	1,500	1,500	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	757	984	1,223	239
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	589	-	-	-
29	Total Mode Costs	\$ 314,036	\$ 311,993	\$ 322,009	\$ 10,016
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	33,877	32,753	34,273	1,520
31	Supplies	9,677	8,097	8,166	69
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.)	1,500	1,013	923	(90)
34	Total Administrative Costs	\$ 45,054	\$ 41,863	\$ 43,362	\$ 1,499
35	TOTAL DIRECT COSTS	\$ 359,090	\$ 353,856	\$ 365,371	\$ 11,515
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	4,582	1,206	2,365	1,159
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	2,765	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,705	-	-	-
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	12,988	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	1,181	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 24,221	\$ 1,206	\$ 2,365	\$ 1,159
63	Total Allowable Costs	\$ 383,311	\$ 355,062	\$ 367,736	\$ 12,674
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 48,327	0.50	\$ 24,164
Assistant Program Director	76,113	0.50	38,057
Behavioral Health Clinician I	65,062	0.50	32,531
Community Support Worker II	28,819	0.50	14,409
Counselor II	47,382	1.00	47,382
Deputy Director	142,199	0.02	2,460
Division Director of Clinical Services	115,104	0.02	2,457
Division Director of Program Services	110,018	0.02	2,472
Division Director of Program Services	108,137	0.02	1,898
Division Director of Quality Assurance	114,039	0.05	5,702
Program Director	86,640	0.44	37,689
Quality Assurance & Performance Outcomes Specialist	77,737	0.05	3,887
Quality Assurance & Performance Outcomes Specialist	46,304	0.05	2,315
Total Salaries and Wages	\$ 1,065,882		\$ 215,420

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: MCHOME

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 403,271	\$ 574,025	\$ 650,118	\$ 76,093
Realignment	18,551	-	-	-
MHSA	384,720	446,712	410,256	(36,456)
HMIOT	-	127,313	239,862	112,549
	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	379,897	440,890	462,260	21,370
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	152,687	319,816	167,129
PATH	82,492	96,278	96,278	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 1,268,930	\$ 1,837,905	\$ 2,178,590	\$ 340,685
Other Program Revenues	231,566	402,469	325,294	(77,175)
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,500,496	\$ 2,240,374	\$ 2,503,884	\$ 263,510
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.				
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.				
A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	718,856	1,072,973	1,173,140	100,167
2 Payroll taxes	56,999	82,880	90,581	7,701
3 Employee benefits	111,212	141,390	177,240	35,850
4 Workers Compensation	34,683	56,586	57,852	1,266
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	5,057	-	-	-
7 Flexible Client Spending (please provide supporting documents)	56,961	281,077	151,656	(129,421)
8 Travel (costs incurred to carry out the program)	37,681	29,598	22,700	(6,898)
9 Employee Travel and Conference	-	10,856	14,606	3,750
10 Communication Costs	28,179	22,400	23,800	1,400
11 Utilities	7,469	16,978	25,750	8,772
12 Cleaning and Janitorial	11,143	4,525	5,950	1,425
13 Maintenance and Repairs - Buildings	11,018	13,650	18,101	4,451
14 Maintenance and Repairs - Equipment	389	2,225	-	(2,225)
15 Printing and Publications	2,982	3,900	4,100	200
16 Memberships, Subscriptions and Dues	5,682	9,500	9,900	400
17 Office Supplies	3,712	25,575	23,500	(2,075)
18 Postage and Mailing	17,446	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	6,255	13,979	14,648	669
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	87,381	81,183	286,684	205,501

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	54	50	51	1
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)	-	9,613	8,200	(1,413)
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,883	9,617	5,299	(4,318)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	36,784	41,250	46,251	5,001
29 Total Mode Costs	\$ 1,246,826	\$ 1,929,805	\$ 2,160,009	\$ 230,204
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	132,615	214,247	233,365	19,118
31 Supplies	37,882	53,080	55,600	2,520
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.)	5,871	5,328	6,287	959
34 Total Administrative Costs	\$ 176,367	\$ 272,655	\$ 295,252	\$ 22,597
35 TOTAL DIRECT COSTS	\$ 1,423,193	\$ 2,202,460	\$ 2,455,261	\$ 252,801
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefited 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 2017-18	Budget FY 2018-19	Request FY 2019-20	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	15,252	30,814	41,573	10,759
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	10,369	-	-	-
49 Legal and Accounting (when required for the administration of the County Programs)	21,291	-	-	-
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	23,731	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	2,603	1,650	-	(1,650)
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	4,057	5,450	7,050	1,600
57 Total Indirect costs	\$ 77,303	\$ 37,914	\$ 48,623	\$ 10,709
63 Total Allowable Costs	\$ 1,500,496	\$ 2,240,374	\$ 2,503,884	\$ 263,510
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,444	0.028	\$ 1,258
Administrative Assistant II	53,278	0.500	26,639
Administrative Assistant II-CI	48,327	0.500	24,164
Administrative Assistant II-CI	48,938	1.000	48,938
Assistant Program Director	72,363	1.000	72,363
Behavioral Health Clinician I	80,229	1.000	80,229
Behavioral Health Clinician I	76,810	1.000	76,810
Behavioral Health Clinician I	71,741	1.000	71,741
Community Support Worker III	33,526	0.500	16,763
Community Support Worker III	13,691	0.475	6,503
Community Support Worker III	31,446	0.950	29,874
Counselor II	55,434	1.000	55,434
Counselor II	51,544	1.000	51,544
Counselor II	47,257	1.000	47,257
Counselor II	46,666	1.000	46,666
Counselor II	44,370	1.000	44,370
Counselor II - Outreach Counselor	46,620	1.000	46,620
Counselor II - Outreach Counselor	46,620	1.000	46,620
Counselor II - Housing Navigator	47,621	1.000	47,621
Counselor II	51,166	1.000	51,166
Counselor II	51,166	1.000	51,166
Deputy Director	142,200	0.089	12,673
Division Director of Clinical Services	115,104	0.110	12,656
Division Director of Program Services	110,018	0.116	12,732
Division Director of Program Services	108,137	0.090	9,764
Division Director of Quality Assurance	114,039	0.100	11,404
Facilities Manager	91,297	0.054	4,912
Housing Development & Property Director	109,196	0.081	8,801
Housing Management Specialist I	45,924	0.072	3,288
Housing Management Specialist I	55,697	0.072	3,988
Housing Management Specialist I	45,932	0.072	3,289
Housing Operations Manager	56,130	0.072	4,019
Landscape Assistant	28,659	0.375	10,747
Landscape Assistant	28,659	0.050	1,433
Landscape Supervisor	58,797	0.033	1,958
Maintenance Supervisor	68,202	0.054	3,669
Maintenance Worker	44,906	0.054	2,416
Maintenance Worker	45,255	0.054	2,435
Maintenance Worker	54,103	0.054	2,911
Maintenance Worker	60,971	0.054	3,280
Outreach Coordinator	51,161	1.000	51,161
Program Director	77,534	1.000	77,534
Quality Assurance & Performance Outcomes Specialist	77,737	0.100	7,774
Quality Assurance & Performance Outcomes Specialist	46,304	0.100	4,630
Budgeted Vacancy of CII Positions			(28,080)
Total Salaries and Wages	\$ -		\$ 1,173,140

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Dual Recovery Services

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 229,367	\$ 240,419	\$ 265,776	\$ 25,357
	Realignment	-	-	-	-
	MHSA	229,367	240,419	265,776	25,357
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	49,297	64,785	64,785	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 508,031	\$ 545,623	\$ 596,337	\$ 50,714
Other Program Revenues		40	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 508,071	\$ 545,623	\$ 596,337	\$ 50,714
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	269,786	305,367	309,526	4,159
2	Payroll taxes	22,049	23,888	24,246	358
3	Employee benefits	33,100	30,774	31,512	738
4	Workers Compensation	11,084	16,483	15,464	(1,019)
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	182	-	-	-
7	Flexible Client Spending (please provide supporting documents)	5,466	6,150	6,150	-
8	Travel (costs incurred to carry out the program)	14,278	6,850	6,850	-
9	Employee Travel and Conference	-	2,550	2,550	-
10	Communication Costs	4,717	5,900	5,900	-
11	Utilities	4,098	8,908	8,805	(103)
12	Cleaning and Janitorial	1,994	1,950	1,950	-
13	Maintenance and Repairs - Buildings	1,778	-	9,796	9,796
14	Maintenance and Repairs - Equipment	18	-	-	-
15	Printing and Publications	472	750	750	-
16	Memberships, Subscriptions and Dues	1,874	1,700	1,700	-
17	Office Supplies	1,335	4,100	24,700	20,600
18	Postage and Mailing	4,237	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	2,988	8,136	9,699	1,563
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	32,921	35,075	34,261	(814)

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	7,000	17,480	10,480
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,267	1,725	1,880	155
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	7,742	7,200	7,200	-
29	Total Mode Costs	\$ 421,386	\$ 474,506	\$ 520,419	\$ 45,913
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	44,903	50,331	55,580	5,249
31	Supplies	12,827	12,442	13,242	800
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.)	1,988	1,557	1,497	(60)
34	Total Administrative Costs	\$ 59,718	\$ 64,330	\$ 70,319	\$ 5,989
35	TOTAL DIRECT COSTS	\$ 481,104	\$ 538,836	\$ 590,738	\$ 51,902
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefited without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	5,213	6,587	5,399	(1,188)
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	2,765	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,183	-	-	-
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	9,740	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	6,996	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	70	200	200	-
57	Total Indirect costs	\$ 26,967	\$ 6,787	\$ 5,599	\$ (1,188)
63	Total Allowable Costs	\$ 508,071	\$ 545,623	\$ 596,337	\$ 50,714
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 57,141	0.50	\$ 28,570
Community Support Worker I	30,198	0.20	6,040
Community Support Worker I	30,199	0.40	12,080
Community Support Worker I	28,160	0.25	7,040
Community Support Worker II	27,560	0.23	6,201
Community Support Worker III	30,282	0.38	11,356
Counselor II	54,901	0.50	27,451
Counselor II	28,968	0.64	18,539
Counselor II	50,250	1.00	50,250
Counselor II	53,914	0.80	43,132
Deputy Director	142,200	0.03	3,783
Division Director of Clinical Services	115,104	0.03	3,777
Division Director of Program Services	110,018	0.03	3,800
Division Director of Program Services	108,137	0.03	2,913
Division Director of Quality Assurance	114,039	0.08	8,553
Facilities Manager	91,297	0.02	2,173
Landscape Assistant	28,659	0.02	537
Landscape Assistant	5,732	0.35	2,008
Landscape Supervisor	3,136	0.02	59
Maintenance Assistant	27,952	0.45	12,578
Maintenance Supervisor	63,956	0.03	1,623
Maintenance Worker	42,110	0.03	1,069
Maintenance Worker	42,438	0.03	1,077
Maintenance Worker	50,734	0.03	1,288
Maintenance Worker	57,175	0.03	1,451
Program Coordinator	63,524	0.68	42,878
Quality Assurance & Performance Outcomes Specialist	77,737	0.08	5,830
Quality Assurance & Performance Outcomes Specialist	46,304	0.08	3,473
Total Salaries and Wages	\$ 1,581,825		\$ 309,526

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: DRS Outreach & Aftercare SAMHSA Grant

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	Realignment	-	-	-	-
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	21,833	24,156	17,748	(6,408)
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	93,276	93,276	93,279	3
Total Requested Monterey County Funds		\$ 115,109	\$ 117,432	\$ 111,027	\$ (6,405)
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 115,109	\$ 117,432	\$ 111,027	\$ (6,405)
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	61,080	66,221	62,167	(4,054)
2	Payroll taxes	5,133	5,333	5,041	(292)
3	Employee benefits	9,724	8,039	5,475	(2,564)
4	Workers Compensation	2,332	3,649	3,144	(505)
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)	823	1,050	1,050	-
8	Travel (costs incurred to carry out the program)	2,477	1,900	3,150	1,250
9	Employee Travel and Conference	-	500	500	-
10	Communication Costs	694	900	900	-
11	Utilities	1,035	1,097	1,097	-
12	Cleaning and Janitorial	237	-	-	-
13	Maintenance and Repairs - Buildings	424	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	144	250	250	-
16	Memberships, Subscriptions and Dues	2	200	200	-
17	Office Supplies	66	1,050	1,050	-
18	Postage and Mailing	1,224	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	2,287	4,068	4,250	182
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	8,314	8,653	8,653	-

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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))	201	35	404	369
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	262	-	-	-
29	Total Moda Costs	\$ 96,459	\$ 103,195	\$ 97,581	\$ (5,614)
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	10,174	10,833	10,348	(485)
31	Supplies	2,906	2,678	2,465	(213)
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.)	450	335	279	(56)
34	Total Administrative Costs	\$ 13,530	\$ 13,846	\$ 13,092	\$ (754)
35	TOTAL DIRECT COSTS	\$ 109,989	\$ 117,041	\$ 110,673	\$ (6,368)
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	335	391	354	(37)
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	3,457	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	460	-	-	-
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	868	-	-	-
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	\$ 5,120	\$ 391	\$ 354	\$ (37)
63	Total Allowable Costs	\$ 115,109	\$ 117,432	\$ 111,027	\$ (6,405)
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	\$ 54,899	0.50	\$ 27,450
Counselor II	28,968	0.36	10,428
Deputy Director	142,199	0.01	813
Division Director of Clinical Services	115,103	0.01	813
Division Director of Program Services	110,019	0.01	817
Division Director of Program Services	108,138	0.01	627
Landscape Assistant	5,732	0.10	573
Program Coordinator	63,524	0.33	20,645
Total Salaries and Wages	\$ 628,582		\$ 62,167

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Supported Education & Employment SEES

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 87,560	\$ 85,327	\$ 86,179	\$ 852
Realignment	87,560	85,327	86,179	852
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 175,119	\$ 170,654	\$ 172,358	\$ 1,704
Other Program Revenues	-	1,292	574	(718)
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 175,119	\$ 171,946	\$ 172,932	\$ 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 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	99,034	102,662	91,157	(11,505)
2 Payroll taxes	7,634	8,255	7,401	(854)
3 Employee benefits	15,177	6,573	5,807	(766)
4 Workers Compensation	3,109	3,890	4,162	272
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)	3,864	4,500	4,500	-
8 Travel (costs incurred to carry out the program)	2,575	1,100	1,100	-
9 Employee Travel and Conference	-	500	500	-
10 Communication Costs	909	1,200	1,200	-
11 Utilities	1,232	2,300	2,300	-
12 Cleaning and Janitorial	398	550	550	-
13 Maintenance and Repairs - Buildings	1,332	1,150	5,310	4,160
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	763	800	800	-
16 Memberships, Subscriptions and Dues	696	400	400	-
17 Office Supplies	371	1,300	9,100	7,800
18 Postage and Mailing	1,265	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	2,265	5,891	7,140	1,249
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23	Taxes and assessments (Please identify the property address and method of cost allocation)	12	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	568	214	263	49
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))	516	641	592	(49)
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	7,397	7,500	7,500	-
29	Total Mode Costs	\$ 149,117	\$ 149,676	\$ 150,032	\$ 356
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	15,477	15,861	16,118	257
31	Supplies	4,421	3,921	3,840	(81)
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.)	685	491	434	(57)
34	Total Administrative Costs	\$ 20,583	\$ 20,273	\$ 20,392	\$ 119
35	TOTAL DIRECT COSTS	\$ 169,700	\$ 169,949	\$ 170,424	\$ 475
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
INDIRECT COSTS		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	2,147	697	1,208	511
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)	590	-	-	-
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	1,595	-	-	-
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)	1,087	1,300	1,300	-
57	Total Indirect costs	\$ 5,419	\$ 1,997	\$ 2,508	\$ 511
63	Total Allowable Costs	\$ 175,119	\$ 171,946	\$ 172,932	\$ 986
COST REPORT INFORMATION:		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 44,092	0.13	\$ 5,512
Community Support Worker III	15,410	0.53	8,110
Counselor II	52,838	1.00	52,838
Deputy Director	142,199	0.01	1,192
Division Director of Clinical Services	115,103	0.01	1,190
Division Director of Program Services	110,018	0.01	1,198
Division Director of Program Services	108,138	0.01	918
Division Director of Quality Assurance	114,039	0.04	4,276
Facilities Manager	91,298	0.01	456
Landscape Assistant	5,730	0.10	573
Maintenance Assistant	14,134	0.05	773
Maintenance Supervisor	68,202	0.01	341
Maintenance Worker	44,906	0.01	225
Maintenance Worker	45,254	0.01	226
Maintenance Worker	54,102	0.01	271
Maintenance Worker	60,970	0.01	305
Program Director	54,011	0.15	8,102
Quality Assurance & Performance Outcomes Specialist	77,737	0.04	2,915
Quality Assurance & Performance Outcomes Specialist	48,304	0.04	1,736
Total Salaries and Wages	\$ 1,264,486		\$ 91,157

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Workforce Ed & Training WE&T

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	Realignment	-	-	-	-
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	235,027	246,307	239,482	(6,825)
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 235,027	\$ 246,307	\$ 239,482	\$ (6,825)
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 235,027	\$ 246,307	\$ 239,482	\$ (6,825)
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	125,014	154,186	137,467	(16,719)
2	Payroll taxes	10,571	12,331	11,085	(1,246)
3	Employee benefits	24,691	21,881	16,486	(5,395)
4	Workers Compensation	4,772	6,164	4,693	(1,471)
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)	1,610	3,600	3,600	-
8	Travel (costs incurred to carry out the program)	1,782	1,150	1,150	-
9	Employee Travel and Conference	-	2,000	2,000	-
10	Communication Costs	1,219	1,150	1,150	-
11	Utilities	1,505	1,400	1,400	-
12	Cleaning and Janitorial	482	550	550	-
13	Maintenance and Repairs - Buildings	619	1,000	10,796	9,796
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	109	150	150	-
16	Memberships, Subscriptions and Dues	105	300	300	-
17	Office Supplies	191	1,500	8,800	7,300
18	Postage and Mailing	1,524	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	2,225	7,486	9,299	1,813
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	12,126	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	894	-	(894)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	120	120	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	298	403	679	276
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	382	500	500	-
29 Total Mode Costs	\$ 189,225	\$ 216,765	\$ 210,225	\$ (6,540)
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	20,772	22,721	22,320	(401)
31 Supplies	5,934	5,617	5,318	(299)
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.)	920	703	601	(102)
34 Total Administrative Costs	\$ 27,625	\$ 29,041	\$ 28,239	\$ (802)
35 TOTAL DIRECT COSTS	\$ 216,850	\$ 245,806	\$ 238,464	\$ (7,342)
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	935	201	518	317
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)	971	-	-	-
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	16,240	-	-	-
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)	31	300	500	200
57 Total indirect costs	\$ 18,177	\$ 501	\$ 1,018	\$ 517
63 Total Allowable Costs	\$ 235,027	\$ 246,307	\$ 239,482	\$ (6,825)
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 44,092	0.38	\$ 16,535
Community Support Worker I	29,318	0.25	7,330
Deputy Director	93,497	0.01	1,122
Division Director of Clinical Services	75,583	0.01	1,119
Division Director of Program Services	72,158	0.02	1,125
Division Director of Program Services	108,137	0.01	1,315
Employment Training Development Specialist	56,259	0.75	42,194
Facilities Manager	91,297	0.01	1,280
Maintenance Supervisor	68,201	0.01	941
Maintenance Worker	44,906	0.01	620
Maintenance Worker	45,255	0.01	625
Maintenance Worker	54,103	0.01	747
Maintenance Worker	60,971	0.01	841
Program Coordinator	56,614	0.05	2,831
Program Director	81,009	0.10	8,101
Workforce Development Specialist	56,403	0.90	50,783
Total Salaries and Wages	\$ 993,711		\$ 137,487

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: OMNI Resource Center

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	561,486	602,466	668,782	66,316
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 561,486	\$ 602,466	\$ 668,782	\$ 66,316
Other Program Revenues	1,000	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 562,486	\$ 602,466	\$ 668,782	\$ 66,316

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	268,854	323,380	348,613	25,233
2 Payroll taxes	22,469	25,541	27,524	1,983
3 Employee benefits	19,350	16,163	25,722	9,559
4 Workers Compensation	6,160	10,585	11,108	523
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	351	-	-	-
7 Flexible Client Spending (please provide supporting documents)	48,038	43,000	43,000	-
8 Travel (costs incurred to carry out the program)	12,848	3,450	3,450	-
9 Employee Travel and Conference	-	2,970	2,975	5
10 Communication Costs	4,835	6,900	6,900	-
11 Utilities	10,210	16,550	16,550	-
12 Cleaning and Janitorial	7,997	5,850	11,000	5,150
13 Maintenance and Repairs - Buildings	10,315	7,300	17,096	9,796
14 Maintenance and Repairs - Equipment	35	-	-	-
15 Printing and Publications	2,112	2,250	2,250	-
16 Memberships, Subscriptions and Dues	1,308	1,800	3,960	2,160
17 Office Supplies	3,932	6,100	11,650	5,550
18 Postage and Mailing	7,221	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	6,024	12,254	12,748	494
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	96	-	-	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	4,692	6,473	2,453	(4,020)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	800	800	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,445	4,461	2,075	(2,386)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	29,484	29,500	29,500	-
29 Total Mode Costs	\$ 469,776	\$ 525,327	\$ 579,374	\$ 54,047
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	49,713	55,574	62,331	6,757
31 Supplies	14,201	13,738	14,851	1,113
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.)	2,201	1,719	1,679	(40)
34 Total Administrative Costs	\$ 66,114	\$ 71,031	\$ 78,861	\$ 7,830
35 TOTAL DIRECT COSTS	\$ 535,890	\$ 596,358	\$ 658,235	\$ 61,877
<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>				
	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
36 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	8,353	6,008	10,447	4,439
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)	3,198	-	-	-
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	14,027	-	-	-
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)	1,018	100	100	-
57 Total Indirect costs	\$ 26,596	\$ 6,108	\$ 10,547	\$ 4,439
63 Total Allowable Costs	\$ 562,486	\$ 602,466	\$ 668,782	\$ 66,316
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,740	0.004	\$ 179
Administrative Assistant I	56,164	0.60	33,698
Community Support Worker I	28,121	0.2500	7,030
Community Support Worker I	28,160	0.2500	7,040
Community Support Worker II	47,618	0.41	19,643
Community Support Worker II	31,777	0.34	10,725
Community Support Worker II	31,819	0.48	15,114
Community Support Worker II	31,821	0.48	15,115
Community Support Worker III	15,410	0.47	7,300
Deputy Director	142,200	0.03	4,175
Division Director of Clinical Services	115,104	0.04	4,170
Division Director of Program Services	110,018	0.04	4,195
Division Director of Program Services	108,138	0.03	3,216
Facilities Manager	91,297	0.04	3,935
Group Facilitator	51,220	0.38	19,208
Housing Development & Property Director	109,196	0.00	273
Kitchen Assitant II	27,578	0.38	10,342
Landscape Assistant	5,732	0.35	2,006
Maintenance Assistant	28,992	0.13	3,624
Maintenance Assistant	14,134	0.51	7,186
Maintenance Supervisor	68,202	0.04	2,940
Maintenance Worker	44,906	0.04	1,935
Maintenance Worker	45,255	0.04	1,950
Maintenance Worker	54,103	0.04	2,332
Maintenance Worker	60,971	0.04	2,628
OMNI Coordinator	77,269	1.000	77,269
Wellness Coordinator	46,153	1.000	46,153
Wellness Navigator	47,137	0.400	18,855
Wellness Navigator	40,947	0.400	16,379
Total Salaries and Wages	\$ 1,604,180		\$ 348,613

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Success Over Stigma SOS

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	117,620	122,910	142,398	19,488
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 117,620	\$ 122,910	\$ 142,398	\$ 19,488
Other Program Revenues	25	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 117,645	\$ 122,910	\$ 142,398	\$ 19,488
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)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	63,268	71,286	74,700	3,414
2 Payroll taxes	4,915	4,487	5,715	1,228
3 Employee benefits	9,097	4,049	4,312	263
4 Workers Compensation	1,111	932	1,556	624
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)	1,066	1,300	1,300	-
8 Travel (costs incurred to carry out the program)	3,142	100	550	450
9 Employee Travel and Conference	-	9,600	9,600	-
10 Communication Costs	1,209	1,650	1,650	-
11 Utilities	2,174	800	800	-
12 Cleaning and Janitorial	539	600	600	-
13 Maintenance and Repairs - Buildings	2,226	1,550	10,208	8,658
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	-	-	-	-
18 Memberships, Subscriptions and Dues	163	-	-	-
17 Office Supplies	256	1,200	3,700	2,500
18 Postage and Mailing	1,573	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	547	700	1,300	600
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	20	-	-	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	1,002	214	465	251
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))	1,192	1,300	423	(877)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	6,332	6,300	6,300	-
29 Total Mode Costs	\$ 99,832	\$ 106,068	\$ 123,179	\$ 17,111
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	10,398	11,338	13,272	1,934
31 Supplies	2,970	2,803	3,162	359
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.)	460	351	358	7
34 Total Administrative Costs	\$ 13,828	\$ 14,492	\$ 16,792	\$ 2,300
35 TOTAL DIRECT COSTS	\$ 113,660	\$ 120,560	\$ 139,971	\$ 19,411
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	1,377	1,050	1,127	77
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)	446	-	-	-
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	1,075	-	-	-
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)	1,087	1,300	1,300	-
57 Total Indirect costs	\$ 3,985	\$ 2,350	\$ 2,427	\$ 77
63 Total Allowable Costs	\$ 117,645	\$ 122,910	\$ 142,398	\$ 19,488
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Community Support Worker I	\$ 304,511	0.04	\$ 12,675
Deputy Director	142,200	0.01	852
Division Director of Clinical Services	115,104	0.01	851
Division Director of Program Services	110,018	0.01	856
Division Director of Program Services	108,137	0.01	856
Facilities Manager	91,316	0.02	2,173
Maintenance Assistant	14,134	0.11	1,535
Maintenance Supervisor	68,202	0.02	1,623
Maintenance Worker	44,905	0.02	1,069
Maintenance Worker	45,255	0.02	1,077
Maintenance Worker	54,103	0.02	1,288
Maintenance Worker	60,971	0.02	1,451
Peer Outreach & Advocacy Coordinator	48,594	1.00	48,594
Total Salaries and Wages	\$ 902,938		\$ 74,700

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: **Bienestar (Peer Health & Navigation)**

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	Realignment	-	-	-	-
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
		-	-	-	-
Cash Flow Advances					
	Realignment	-	83,091	90,641	7,550
	MHSA - CSS	-	-	-	-
	MHSA - PEI	82,853	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 82,853	\$ 83,091	\$ 90,641	\$ 7,550
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 82,853	\$ 83,091	\$ 90,641	\$ 7,550
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	46,672	55,799	55,024	(775)
2	Payroll taxes	4,125	4,266	4,493	227
3	Employee benefits	8,766	6,089	7,785	1,696
4	Workers Compensation	2,399	3,040	2,791	(249)
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)	957	450	-	(450)
9	Employee Travel and Conference	-	3,000	3,000	-
10	Communication Costs	287	-	-	-
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	-	-	-	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	-	-	-
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	3	400	400	-
18	Postage and Mailing	385	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	1,963	250	3,950	3,700
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	-	-	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	286	286
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	601	-	-	-
29 Total Mode Costs	\$ 66,158	\$ 73,294	\$ 77,729	\$ 4,435
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	7,322	7,665	8,448	783
31 Supplies	2,092	1,895	2,013	118
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.)	324	237	228	(9)
34 Total Administrative Costs	\$ 9,738	\$ 9,797	\$ 10,689	\$ 892
35 TOTAL DIRECT COSTS	\$ 75,896	\$ 83,091	\$ 88,418	\$ 5,327
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 benefited 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 2017-18	Budget FY 2018-19	Request FY 2019-20	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	57	-	2,223	2,223
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)	402	-	-	-
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	6,498	-	-	-
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	\$ 6,957	\$ -	\$ 2,223	\$ 2,223
63 Total Allowable Costs	\$ 82,853	\$ 83,091	\$ 90,641	\$ 7,550
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Deputy Director	\$ 142,200	0.0041	\$ 576
Division Director of Clinical Services	115,104	0.0050	576
Division Director of Program Services	110,019	0.0053	579
Division Director of Program Services	108,137	0.00	443
Wellness Navigator	47,137	0.60	28,282
Wellness Navigator	40,947	0.60	24,568
Total Salaries and Wages	\$ 563,544		\$ 55,024

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Peer Support & Wellness Navigation

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	177,568.00	202,225	24,657
MHSA - PEI	172,821.00	-	-	-
MHSA - Innovations	-	173,168.00	405,075	231,907
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 172,821	\$ 350,736	\$ 607,300	\$ 256,564
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 172,821	\$ 350,736	\$ 607,300	\$ 256,564

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	78,410	193,719	314,960	121,241
2 Payroll taxes	6,700	14,820	24,664	9,844
3 Employee benefits	11,771	25,431	74,319	48,888
4 Workers Compensation	3,548	9,943	15,435	5,492
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)	157	1,000	1,000	-
8 Travel (costs incurred to carry out the program)	(908)	1,650	7,000	5,350
9 Employee Travel and Conference	1	3,000	6,000	3,000
10 Communication Costs	2,349	4,600	5,800	1,200
11 Utilities	4,830	1,300	3,129	1,829
12 Cleaning and Janitorial	652	-	-	-
13 Maintenance and Repairs - Buildings	3,259	2,500	2,500	-
14 Maintenance and Repairs - Equipment	-	2,675	-	(2,675)
15 Printing and Publications	298	-	-	-
16 Memberships, Subscriptions and Dues	24	50	50	-
17 Office Supplies	697	14,450	5,500	(8,950)
18 Postage and Mailing	4,146	-	-	-
19 Medical Records	1	-	-	-
20 Data Processing	3,325	800	8,899	8,099
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	13,864	1,500	17,428	15,928

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	36	-	-	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	1,517	214	-	(214)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	569	569	-
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	1,344	1,344
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	7,139	25,150	35,150	10,000
29 Total Mode Costs	\$ 141,818	\$ 303,372	\$ 523,747	\$ 220,375
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	15,274	32,307	56,601	24,294
31 Supplies	4,363	8,031	13,485	5,454
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.)	676	507	1,525	1,018
34 Total Administrative Costs	\$ 20,313	\$ 40,845	\$ 71,611	\$ 30,766
35 TOTAL DIRECT COSTS	\$ 162,131	\$ 344,217	\$ 595,358	\$ 251,141
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 2017-18	Budget FY 2018-19	Request FY 2019-20	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	4,128	6,519	11,942	5,423
41 Maintenance - equipment	-	-	-	-
42 Maintenance - building and improvements	-	-	-	-
43 Utilities	-	-	-	-
44 Household Expenses	-	-	-	-
46 Interest in Bonds	-	-	-	-
48 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)	827	-	-	-
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	5,717	-	-	-
53 Medical Records	1	-	-	-
54 Other Professional and Specialized Services	-	-	-	-
56 Transportation and Travel	1	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	16	-	-	-
57 Total Indirect costs	\$ 10,690	\$ 6,519	\$ 11,942	\$ 5,423
63 Total Allowable Costs	\$ 172,821	\$ 350,736	\$ 607,300	\$ 256,564
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Deputy Director	142,176	0.01	1,814
Division Director of Clinical Services	115,104	0.02	1,815
Division Director of Program Services	110,018	0.02	1,827
Division Director of Program Services	108,098	0.01	948
Landscape Supervisor	57,718	0.00	59
Program Coordinator	56,615	0.95	53,784
Program Director	81,009	0.15	12,151
Wellness Navigator	41,763	1.00	41,763
Wellness Navigator	39,050	1.00	39,050
Wellness Navigator	37,082	1.00	37,082
Wellness Navigator	39,050	1.00	39,050
Wellness Navigator	39,050	1.00	39,050
Wellness Navigator	40,947	1.00	40,947
Workforce Development Specialist	56,400	0.10	5,640
Total Salaries and Wages	\$ 964,060		\$ 314,980

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Day Treatment Intensive

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ 271,142	\$ 316,630	\$ 343,240	\$ 26,610
	Realignment	271,142	316,630	343,240	26,610
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	19,996	22,759	23,565	806
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 562,279	\$ 656,019	\$ 710,045	\$ 54,026
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 562,279	\$ 656,019	\$ 710,045	\$ 54,026

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	336,063	413,386	433,410	20,024
2	Payroll taxes	24,823	31,609	33,149	1,540
3	Employee benefits	48,150	45,078	58,313	13,235
4	Workers Compensation	16,199	22,446	21,757	(689)
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	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	18,912	27,400	27,400	-
8	Travel (costs incurred to carry out the program)	4,704	3,700	3,700	-
9	Employee Travel and Conference	2	2,000	2,000	-
10	Communication Costs	1,319	2,150	2,150	-
11	Utilities	2,431	4,000	4,000	-
12	Cleaning and Janitorial	1,607	2,000	2,000	-
13	Maintenance and Repairs - Buildings	3,234	2,500	12,296	9,796
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	154	200	200	-
16	Memberships, Subscriptions and Dues	1,126	700	700	-
17	Office Supplies	1,010	5,450	5,500	50
18	Postage and Mailing	3,564	-	-	-
19	Medical Records	2	-	-	-
20	Data Processing	-	-	1,500	1,500
21	Rent and Leases - equipment	2	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
23 Taxes and assessments (Please identify the property address and method of cost allocation)	16	-	-	-
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	1,039	666	1,187	521
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))	-	-	2,260	2,260
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	18,335	10,950	10,950	-
29 Total Mode Costs	\$ 482,694	\$ 574,235	\$ 622,472	\$ 48,237
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	49,693	60,516	66,177	5,661
31 Supplies	14,195	14,960	15,767	807
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.)	2,200	1,872	1,783	(89)
34 Total Administrative Costs	\$ 66,088	\$ 77,348	\$ 83,727	\$ 6,379
35 TOTAL DIRECT COSTS	\$ 548,782	\$ 651,583	\$ 706,199	\$ 54,816
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	2,943	4,436	3,846	(590)
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)	1,878	-	-	-
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	8,665	-	-	-
55 Transportation and Travel	2	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	7	-	-	-
57 Total Indirect costs	\$ 13,497	\$ 4,436	\$ 3,846	\$ (590)
63 Total Allowable Costs	\$ 562,279	\$ 656,019	\$ 710,045	\$ 54,026
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 54,632	1.00	\$ 54,632
Behavioral Health Clinician I	65,252	1.00	65,252
Behavioral Health Clinician I	68,179	1.00	68,179
Behavioral Health Clinician I	65,243	1.00	65,243
Clinical Specialist	89,492	1.00	89,492
Deputy Director	142,200	0.03	4,545
Division Director of Clinical Services	115,104	0.04	4,539
Division Director of Program Services	110,018	0.04	4,569
Division Director of Program Services	108,138	0.03	3,499
Division Director of Quality Assurance	114,039	0.05	5,702
Maintenance Assistant	14,131	0.15	2,162
Quality Assurance & Performance Outcomes Specialist	77,720	0.05	3,886
Quality Assurance & Performance Outcomes Specialist	46,300	0.05	2,315
Wellness Navigator	43,496	0.50	21,748
Wellness Navigator	36,112	0.50	18,056
Wellness Navigator	39,184	0.50	19,592
Total Salaries and Wages	\$ 1,189,239		\$ 433,410

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Chinatown Community Learning Cntr (CSUMB)

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
Cash Flow Advances				
Realignment	-	-	-	-
MHSA - CSS	-	-	-	-
MHSA - PEI	128,167	146,317	151,365	5,048
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
PATH	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 128,167	\$ 146,317	\$ 151,365	\$ 5,048
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 128,167	\$ 146,317	\$ 151,365	\$ 5,048

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.

A. Mode Costs (Direct Services)	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	-	-	-
2 Payroll taxes	-	-	-	-
3 Employee benefits	-	-	-	-
4 Workers Compensation	-	-	-	-
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)	-	-	-	-
9 Employee Travel and Conference	-	-	-	-
10 Communication Costs	-	-	-	-
11 Utilities	-	-	-	-
12 Cleaning and Janitorial	-	-	-	-
13 Maintenance and Repairs - Buildings	-	-	-	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	-	-	-	-
16 Memberships, Subscriptions and Dues	-	-	-	-
17 Office Supplies	-	-	-	-
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	-	-	-	-
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	105,185	129,482	133,516	4,034
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	2,161	2,781	-	(2,781)
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	\$ 107,346	\$ 132,263	\$ 133,516	\$ 1,253
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	11,328	10,370	14,108	3,738
31 Supplies	3,236	2,563	3,361	798
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.)	501	321	380	59
34 Total Administrative Costs	\$ 15,065	\$ 13,254	\$ 17,849	\$ 4,595
35 TOTAL DIRECT COSTS	\$ 122,411	\$ 145,517	\$ 151,365	\$ 5,848
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	-	800	-	(800)
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)	-	-	-	-
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	5,756	-	-	-
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57 Total Indirect costs	\$ 5,756	\$ 800	\$ -	\$ (800)
63 Total Allowable Costs	\$ 128,167	\$ 146,317	\$ 151,365	\$ 5,048
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

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

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: ACT: Welcoming & Engagement Team

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ 154,898	\$ 388,616	\$ 233,718
	Realignment	-	-	-	-
	MHSA	-	154,898	388,616	233,718
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	275,421	336,557	61,136
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ -	\$ 585,217	\$ 1,113,789	\$ 528,572
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ -	\$ 585,217	\$ 1,113,789	\$ 528,572
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	353,273	682,533	329,260
2	Payroll taxes	-	27,025	52,205	25,180
3	Employee benefits	-	46,937	84,966	38,029
4	Workers Compensation	-	20,123	31,902	11,779
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)	-	7,188	33,350	26,162
8	Travel (costs incurred to carry out the program)	-	2,523	4,700	2,177
9	Employee Travel and Conference	-	4,308	8,000	3,692
10	Communication Costs	-	1,535	2,851	1,316
11	Utilities	-	6,677	12,400	5,723
12	Cleaning and Janitorial	-	1,425	2,850	1,425
13	Maintenance and Repairs - Buildings	-	2,423	4,500	2,077
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	215	400	185
16	Memberships, Subscriptions and Dues	-	431	800	369
17	Office Supplies	-	3,096	2,651	(445)
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	404	1,800	1,196
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	20,031	20,000	(31)

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	808	1,500	692
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	377	2,016	1,639
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	12,062	22,400	10,338
29 Total Mode Costs	\$ -	\$ 510,862	\$ 971,624	\$ 460,762
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	-	53,983	103,806	49,823
31 Supplies	-	13,345	24,733	11,388
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.)	-	1,670	2,796	1,126
34 Total Administrative Costs	\$ -	\$ 68,998	\$ 131,335	\$ 62,337
35 TOTAL DIRECT COSTS	\$ -	\$ 579,860	\$ 1,102,959	\$ 523,099
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
INDIRECT COSTS	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	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	-	4,765	9,530	4,765
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)	-	-	-	-
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)	-	592	1,300	708
57 Total indirect costs	\$ -	\$ 5,357	\$ 10,830	\$ 5,473
63 Total Allowable Costs	\$ -	\$ 585,217	\$ 1,113,789	\$ 528,572
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67	Total				

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	\$ 41,986	1.00	\$ 41,986
Behavioral Health Clinician I	79,293	1.00	79,293
Clinical Program Manager	87,358	1.00	87,358
Counselor II	58,743	1.00	58,743
Deputy Director	142,200	0.03	4,056
Division Director of Clinical Services	115,104	0.04	4,051
Division Director of Program Services	110,018	0.04	4,075
Division Director of Program Services	108,137	0.03	3,124
Licensed Vocational Nurse	63,939	1.00	63,939
Psychiatrist	418,538	0.25	104,634
Registered Nurse	123,684	1.00	123,684
Substance Use Disorders Specialist	70,098	1.00	70,098
Wellness Navigator	37,493	1.00	37,493
Total Salaries and Wages	\$ 1,456,590		682,533

EXHIBIT H-5

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2020

Program Name: Medication Support Services

		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
Provisional Rates					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ 306,164	\$ 306,164	\$ -
	Realignment	-	306,164	306,164	-
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
Cash Flow Advances					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ -	\$ 612,328	\$ 612,328	\$ -
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ -	\$ 612,328	\$ 612,328	\$ -
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
A. Mode Costs (Direct Services)		Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	463,848	236,218	(227,630)
2	Payroll taxes	-	17,672	15,589	(2,083)
3	Employee benefits	-	23,450	16,247	(7,203)
4	Workers Compensation	-	9,526	11,835	2,309
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)	-	-	-	-
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	-	1,425	1,425	-
11	Utilities	-	3,100	3,100	-
12	Cleaning and Janitorial	-	-	-	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	-	-	-
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	-	6,250	6,600	350
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	1,000	1,000	-
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	13,513	-	(13,513)

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
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)	-	-	236,000	236,000
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	350	2,109	1,759
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	\$ -	\$ 540,134	\$ 530,123	\$ (10,011)
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	-	56,484	57,070	586
31 Supplies	-	13,963	13,597	(366)
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.)	-	1,747	1,537	(210)
34 Total Administrative Costs	\$ -	\$ 72,194	\$ 72,204	\$ 10
35 TOTAL DIRECT COSTS	\$ -	\$ 612,328	\$ 602,327	\$ (10,001)
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefiting more than one final cost objective, that are not readily assignable to the cost objective specifically benefited 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 2017-18	Budget FY 2018-19	Request FY 2019-20	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	-	-	10,001	10,001
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)	-	-	-	-
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	\$ -	\$ -	\$ 10,001	\$ 10,001
63 Total Allowable Costs	\$ -	\$ 612,328	\$ 612,328	\$ -
COST REPORT INFORMATION:				
64 Land				
65 Buildings and Improvements				
66 Equipment (purchase price of \$5000 or more)				

EXHIBIT H-5

	Actual FY 2017-18	Budget FY 2018-19	Request FY 2019-20	Change
67 Total				

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	Total
Administrative Assistant II	\$ 41,088	1.00	\$ 41,088
Deputy Director	142,200	0.03	4,243
Division Director of Clinical Services	115,104	0.04	4,238
Division Director of Program Services	110,018	0.04	4,264
Division Director of Program Services	108,138	0.03	3,269
NP- Medication Management	179,116	1.00	179,116
Total Salaries and Wages	\$ 695,663		\$ 236,218