

**AMENDMENT NO. 3  
TO MENTAL HEALTH SERVICES AGREEMENT A-12779  
BETWEEN COUNTY OF MONTEREY AND  
DOOR TO HOPE**

**THIS AMENDMENT** is made to the AGREEMENT A-12779 for mental health services by and between **DOOR TO HOPE**, hereinafter “CONTRACTOR”, and the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as “COUNTY.”

**WHEREAS**, the COUNTY entered into MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR in the amount of \$13,042,045 for the term of July 1, 2015 to June 30, 2018 for outpatient and residential mental health services;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 1 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR revising EXHIBITS A, B, G, and H for Fiscal Year 2015-16 through Fiscal Year 2017-18;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR revising EXHIBITS A, B, and G for Fiscal Year 2017-18; and

**WHEREAS**, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to revise the EXHIBIT A: PROGRAM DESCRIPTION; the EXHIBIT B: PAYMENT AND BILLING PROVISIONS; the EXHIBIT G: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE; and the EXHIBIT H: BUDGET AND EXPENDITURE REPORT.

**NOW THEREFORE**, the COUNTY and CONTRACTOR hereby agree to amend 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, 2015 and shall remain in effect until June 30, 2018*” and replacing it with “*This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2019*”
2. EXHIBIT A-3: PROGRAM DESCRIPTION replaces EXHIBITS A-2, A-1 and A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-3. This EXHIBIT A-3 discontinues the PROGRAM 4: NUEVA ESPERANZA effective June 30, 2018, and modifies the total estimated Units of Service to be provided in each of the remaining programs in Fiscal Year 2018-19.
3. EXHIBIT B-3: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B-2, B-1 and B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-3. This EXHIBIT B-3 modifies the total estimated Units of Service and cost reimbursements to be provided in all programs; the Funding Sources for Fiscal Year 2018-19; and the total Agreement maximum amount for the term July 1, 2015 through June 30,

2019 is increased by \$3,664,100 in Fiscal Year 2018-19 for a new total Agreement amount of \$16,727,521.

4. EXHIBIT G-3: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBITS G-2, G-1 and G. All references in the Agreement to EXHIBIT G shall be construed to refer to EXHIBIT G-3. This EXHIBIT G-3 reflects the modifications referenced above in all programs .
5. EXHIBIT H-2: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-1 and H. All references in the Agreement to EXHIBIT H shall be construed to refer to EXHIBIT H-2. This EXHIBIT H-2 reflects the modifications referenced above in all programs
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. 3 shall be effective July 1, 2018.
8. A copy of this AMENDMENT No. 3 shall be attached to the original AGREEMENT executed by the COUNTY on July 9, 2015.

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IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 3 to Agreement A-12779 as of the day and year written below.

**COUNTY OF MONTEREY**

By: \_\_\_\_\_  
Contracts/Purchasing Officer

Date: \_\_\_\_\_

By: [Signature]  
Department Head

Date: 07/02/2018

Approved as to Form <sup>1</sup>  
By: [Signature]  
County Counsel

Date: 5/31/18

Approved as to Fiscal Provisions<sup>2</sup>  
By: [Signature]  
Auditor/Controller

Date: 6-1-18

Approved as to Liability Provisions<sup>3</sup>  
By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

**CONTRACTOR**

DOOR TO HOPE  
Contractor's Business Name\*  
By: [Signature]  
(Signature of Chair, President, or Vice-President)\*

Chris Shannon, Exec. Director  
Name and Title

Date: 5/25/18

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

Denise Felix, CFO  
Name and Title

Date: 5/25/18

\*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.

<sup>1</sup> Approval by County Counsel is required.

<sup>2</sup> Approval by Auditor-Controller is required

<sup>3</sup> Approval by Risk Management is necessary only if changes are made in Sections XI or XII.

**EXHIBIT A-3:  
PROGRAM 1 DESCRIPTION**

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**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan St.  
Salinas, CA 93901  
831 758-0181

**II. SERVICE DESCRIPTION: FAMILIES FIRST AND FOREMOST (FFF)  
PROGRAM NARRATIVE**

Door to Hope will provide assessment, case management, and mental health rehabilitation services for interactive parenting education services to eligible Monterey County children and their families and/or caregivers who are referred for services by the Family and Children Services Division of the Monterey County Department of Social Services and/or The Action Council. Services will be provided using the strength-based, home visitation model by Certified Parent Educators using the Parents as Teachers evidence-based curriculum. Services will be individualized and customized to meet the discerned needs of each child and family as identified in their specific mental health plan.

**III. PROGRAM GOALS**

Door to Hope's Families First and Foremost program goals are as follows:

- A. Identify child/family needs,
- B. Provide parent/child interaction to reinforce the parent-child bond,
- C. Improve the family's ability to meet the child's developmental needs, and
- D. Improve the mental health, functioning, and well-being of the child and family.

**IV. PROGRAM OBJECTIVES**

- A. Assess each child's and family's needs from a strength-based evaluation and develop an appropriate mental health plan. This may include the use of the ASQ, if not a duplication of a recent service. Utilize the DC-05 formulation to identify and establish a qualifying diagnosis and crosswalk to the DSM-V and ICD-10.
- B. Provide interactive parent education and mental health rehabilitation therapy utilizing an evidence-based model of home visitation.
- C. Improve the child's health and well-being and the family's parenting skills and stability.
- D. Provide case management and mental health services in accordance with the individualized treatment plan.

**V. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes and Contracted Units of Service

<b>FFF PROGRAM</b>	<b>MODE</b>	<b>SFC</b>	<b>FY 2015-16 EST. UNITS</b>	<b>FY 2016-17 EST. UNITS</b>	<b>FY 2017-18 EST. UNITS</b>	<b>FY 2018-19 EST. UNITS</b>
Case Management	15	01	75,029	21,164	21,164	111,454
Mental Health Services	15	10, 30, 45	108,741	145,572	145,572	136,860

2. **Delivery Site**

Door to Hope  
130 Church St.  
Salinas, CA 93901

Services will be provided at the MCSTART Clinic in Salinas, and will also be available in the child’s natural environment, including the home and/or the child’s school or daycare.

3. **Hours of Operation**

The MCSTART Clinic will operate five (5) days per week, Monday – Friday from 8:00 AM – 6:00 PM. Home visitation services will be made available, whenever possible, at the convenience of the child and his/her family and will be available by appointment in the evenings and weekends.

**VI. POPULATION/CATCHMENT AREA TO BE SERVED**

All eligible residents of Monterey County who have full scope Medi-Cal will be served. Clients without Medi-Cal eligibility are not part of this Agreement.

**VII. FINANCIAL ELIGIBILITY**

Monterey County children who are full scope Medi-Cal beneficiaries.

**VIII. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

The Contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, Client Information System (CSI) Admission and Discharges and all services provided.

**IX. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

All services will require prior authorization by Monterey County Behavioral Health. Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

**X. CLIENT DESCRIPTION/CHARACTERISTICS**

Populations served are:

Monterey County referred families or caregivers in need of child development assessment and parent education that include the following:

Children, ages 0 to 5 years of age with:

1. Severe social and emotional developmental delays or disturbances; or
2. DSM-V diagnosis that qualifies for specialty mental health services based upon Title 9 regulations.

**XI. LEGAL STATUS**

Voluntary or juvenile dependents (W&I Code, 300 et. seq.) and wards (W&I Code, 602 et. seq.)

**XII. REPORTING REQUIREMENTS**

CONTRACTOR will meet regularly with the designated Children’s Behavioral Health Services Manager to monitor progress on client and project outcomes. CONTRACTOR will be required to report outcomes data regularly to the Monterey County Behavioral Health Bureau (MCBHB) according to the requirements as set forth by the State Department of Health Care Services (DHCS). MCBHB will provide to the CONTRACTOR the reporting requirements, forms and instructions as required by DHCS and the MCBHB.

**XIII. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

**EXHIBIT A-3, continued:  
PROGRAM 2 DESCRIPTION**

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**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan Street  
Salinas, CA 93901  
831-758-0181

**II. SERVICE DESCRIPTION: INTEGRATED CO-OCCURRING TREATMENT (ICT) PROGRAM NARRATIVE**

Door to Hope will provide Mental Health Services to eligible youth ages 12 to 17 and to eligible young adults ages 18 to 25 who require outpatient services. The primary focus of the program will be to identify, assess, and treat youth and young adults who have both substance abuse and mental health disorders and who are involved or at risk for involvement in the juvenile justice system and criminal justice system, respectively. Such interventions will stabilize crises, reduce mental health symptomology and substance abuse, improve youth and family functioning, and reduce the possibility of future residential care, hospitalization, and/or incarceration.

Door to Hope will provide outpatient mental health services to eligible youth and young adults and their families. Mental health services refer to those individual, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and family functioning. Service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy.

ICT is built upon the following foundation:

- home-based service delivery,
- integrated mental health and substance abuse services,
- stage-wise treatment,
- motivational interviewing,
- harm reduction approach, and
- focus on resiliency.

ICT will provide age-specific treatment tracts, separating youth age 12 – 17 years and young adults age 18 – 25 years.

**III. PROGRAM GOALS**

The Integrated Co-occurring Treatment (“ICT”) Program goals of services are:

1. Provide mental health services to eligible youth, young adults and their families;

2. Improve the youth's and young adult's overall functioning;
3. Reduce acute mental health and substance abuse symptoms;
4. Improve family functioning; and
5. Reduce need for residential care.

#### **IV. PROGRAM OBJECTIVES**

1. Establish mental health interventions integrated with alcohol and drug treatment programs using evidence-based practices for 100 youth and young adults and their families annually;
2. Provide services that incorporate the "full services partnership model" as defined in the requirements for implementation of the Mental Health Services (MHSA) for 12 youth and young adults and their families annually. This model provides "whatever it takes" to insure progress to goals (i.e. intensive treatment/case management available 24/7);
3. Assure that services are provided in a culturally and linguistically competent manner and setting;
4. Treat adolescents and young adults with serious substance abuse problems in addition to their mental health issues;
5. Implement an evidence-based practice, i.e. "Integrated Co-Occurring Treatment Model";
6. Form a cooperative agreement with the local school system to insure youth continue to attain education credits while involved in treatment;
7. Provide and/or arrange for transportation;
8. Provide services at locations county wide, and at times convenient for families; and,
9. Function as sole provider or in collaboration with Behavioral Health and/or other partners.

#### **V. EXPECTED OUTCOMES**

1. Youth and young adults served will demonstrate reduction of substance use.
2. Youth and young adults served will demonstrate improvement in functioning in school and/or employment.
3. Youth and young adults served will have a reduction in mental health symptoms.
4. The majority of youth and young adults served will not commit crimes and/or re-offend while engaged in the program.



**VI. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service

<b>ICT PROGRAM</b>	<b>MODE</b>	<b>SFC</b>	<b>FY 2015-16 EST. UNITS</b>	<b>FY 2016-17 EST. UNITS</b>	<b>FY 2017-18 EST. UNITS</b>	<b>FY 2018-19 EST. UNITS</b>
Case Management	15	01	108,333	57,000	57,000	62,115
Mental Health Services	15	10, 30,40, 45, 50	189,813	210,513	210,513	212,287

2. **Service Delivery Sites:**

Door to Hope  
150 Cayuga Street, Suite 3  
Salinas, CA 93901

Services will be provided at Door to Hope’s offices in Salinas, and will also be available in the youth’s natural environment, including the home, the youth’s school, and other community sites.

3. **Hours of Operation:**

The ICT Program will be available to clients 24/7. Scheduled services will be made available, whenever possible, at the convenience of the adolescent and his/her family.

**VII. POPULATION/CATCHMENT AREA TO BE SERVED**

All eligible residents of Monterey County ages 12 to 25 who have full scope Medi-Cal will be served. Clients without Medi-Cal eligibility are not part of this Agreement.

**VIII. FINANCIAL ELIGIBILITY**

Monterey County youth and young adults who are full scope Medi-Cal beneficiaries.

**IX. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

The Contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, Client Information System (CSI) Admission and Discharges and all services provided.

**X. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

All services will require prior authorization by Monterey County Health Department, Behavioral Health Bureau (BHB). Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

**XI. CLIENT DESCRIPTION/CHARACTERISTICS**

Populations served are adolescents, ages 12 to 17 and young adults ages 18 to 25 who:

1. Have a significant moderate to severe substance abuse disorder, of either abuse (meets DSM V criteria) or dependence that necessitates intervention; and,
2. Have a co-occurring moderate to severe mental health Axis I disorder, (excluding a sole diagnosis of Conduct Disorder or disruptive behavior disorder NOS); and/or,
3. Are medically and psychiatrically stable and able to participate in an active outpatient program of therapy, psycho-education, and other treatment activities; and,
3. Are willing to participate in a strength-based program with a duration of 12 to 24 weeks.

**XII. LEGAL STATUS**

Voluntary or juvenile dependents and wards.

**XIII. REPORTING REQUIREMENTS**

Contractor will meet regularly with the designated Children’s BHB Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to BHB according to the requirements as set forth by the State Department of Health Care Services (DHCS). BHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the BHB.

**XIV. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

**EXHIBIT A-3 continued:  
PROGRAM 3 DESCRIPTION**

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**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan Street  
Salinas, CA 93901  
831 758-0181

**II. SERVICE DESCRIPTION: MONTEREY COUNTY SCREENING TEAM FOR ASSESSMENT, REFERRAL, AND TREATMENT (“MCSTART”) PROGRAM NARRATIVE**

Door to Hope will provide case management and mental health rehabilitation services to eligible infants and children. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral disorders caused by prenatal alcohol/drug exposure and/or early childhood trauma. Such interventions will improve the child’s development, improve the child’s health, promote school readiness, improve family functioning, and reduce the possibility of future residential care, out-of-the-home placement, and/or hospitalization.

MCSTART will provide outpatient mental health services to eligible children and their families. Mental health services refer to those individual, dyadic, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of development, learning, enhanced self-regulation and family functioning. Mental health service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy. Note: prior to January 2018, medication support services were also included in this program.

**III. PROGRAM GOALS**

The goals of MCSTART’s services are:

1. Prepare high-risk children in the program to be prepared to enter school ready and able to learn;
2. Assist children in the program to maintain an adequate level of academic capability and social/emotional development during their grade school years; and,
3. Children served by the program will demonstrate a reduction in mental health symptoms.

**IV. PROGRAM OBJECTIVES**

1. Parents and caregivers will increase their parenting skills to meet the needs of high-risk children who demonstrate challenging behaviors.
2. All children served in the program will receive the early intervention services necessary to improve their social/emotional development and functioning.
3. All children served in the program will receive the services necessary to improve age-appropriate self-regulation and reduce challenging behavior.
4. Provide mental health assessments and/or treatment for 300 children ages 0-5 years as appropriate to their mental health needs.
5. Provide case management and mental health services for up to 50 children ages 6-11 years.
6. Utilize the DC-05 formulation to identify and establish a qualifying diagnosis and crosswalk to the DSM-V and ICD-10.

**V. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible 0 – 5 clients.

<b>MCSTART PROGRAM 0 - 5</b>	<b>MODE</b>	<b>SFC</b>	<b>FY 2015-16 EST. UNITS</b>	<b>FY 2016-17 EST. UNITS</b>	<b>FY 2017-18 EST. UNITS</b>	<b>FY 2018-19 EST. UNITS</b>
Case Management	15	01	336,020	85,320	85,320	100,441
Mental Health Services	15	10, 30, 40, 45, 50	120,518	360,766	360,766	380,205
Medication Support Services*	15	60	92,716	34,570	12,000	none

2. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible 6 – 11 clients.

<b>MCSTART PROGRAM 6 - 11</b>	<b>MODE</b>	<b>SFC</b>	<b>FY 2015-16 EST. UNITS</b>	<b>FY 2016-17 EST. UNITS</b>	<b>FY 2017-18 EST. UNITS</b>	<b>FY 2018-19 EST. UNITS</b>
Case Management	15	01	35,808	40,300	40,300	190,307
Mental Health Services	15	10, 30, 40, 45, 50	158,450	196,924	196,924	30,617
Medication Support Services*	15	60	19,045	21,600	8,000	none

**NOTE: Effective January 2018, Medication Support Services are no longer provided under this Agreement.**

DOOR TO HOPE / Monterey County Mental Health Services Agreement A-12779  
 FY 2018-19  
 Amendment No.3

3. **Delivery Site**  
Door to Hope  
MCSTART Clinic  
130 Church Street  
Salinas, CA 93901

Services will be provided at the MCSTART Clinic in Salinas, and will also be available in the child's natural environment, including the home and/or the child's school or daycare.

4. **Hours of Operation**  
The MCSTART Clinic will operate five (5) days per week, Monday – Friday from 8:00 AM – 6:00 PM. Home visitation services will be made available, whenever possible, at the convenience of the child and his/her family and will be available by appointment in the evenings and weekends.

## **VI. POPULATION/CATCHMENT AREA TO BE SERVED**

Eligible residents of Monterey County who have full scope Medi-Cal.

## **VII. FINANCIAL ELIGIBILITY**

Monterey County children who are full scope Medi-Cal beneficiaries.

## **VIII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

All services will require prior authorization by Monterey County Health Department Behavioral Health Bureau. Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

## **IX. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

The Contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, Client Information System (CSI) Admission and Discharges and all services provided.

## **X. CLIENT DESCRIPTION/CHARACTERISTICS**

The population served is children ages 0 through 11 with:

1. Severe social and emotional developmental delays or disturbances; or
2. DSM-V diagnosis that qualifies for specialty mental health services based upon Title 9 regulations.

**XI. LEGAL STATUS**

Voluntary or juvenile dependents and wards.

**XII. REPORTING REQUIREMENTS**

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State Department of Health Care Services (DHCS). MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the MCBHB.

**XIII. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

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**EXHIBIT A-3, continued:  
PROGRAM 4 DESCRIPTION**

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**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan St.  
Salinas, CA 93901  
831-758-0181

**II. SERVICE DESCRIPTION: SANTA LUCIA RESIDENTIAL PARTNERSHIP PROGRAM FOR ADOLESCENT FEMALES PROGRAM NARRATIVE**

Door to Hope will provide mental health services to eligible females ages 13 - 17 who require residential care and who are placed out-of-the-home by the Department of Probation or Department of Social Services. The primary focus of the program will be to identify, assess, and treat adolescent females who exhibit the highest level of psychiatric, emotional/behavioral, and co-occurring needs.

Door to Hope will provide mental health services in conjunction with the Behavioral Health Division to eligible adolescent females and their families. Mental health services refer to those individual, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and family functioning. Service programming and services addresses such critical needs as: serious emotional disturbance, behavioral dyscontrol, sexual exploitation, involvement with juvenile justice systems, multiple foster care and/or residential placements, high risk parents and/or community, substance abuse, trauma, and populations whose cultural differences have historically excluded them from traditional mental health services. Interventions and activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy.

**III. PROGRAM GOALS**

The Santa Lucia Residential Program goals of services are:

1. Provide mental health services to eligible youth and their families;
2. Improve the youth's overall functioning;
3. Reduce acute mental health and substance abuse symptoms;
4. Improve family functioning; and,
5. Reduce mental health symptoms and improve functioning to support successful step down to a lower level of care.

#### **IV. SCOPE OF SERVICES**

1. Establish mental health interventions integrated with alcohol and drug treatment services using evidence-based practices for an annual residential capacity of **18** young women and their families;
2. Assure services are provided in culturally and linguistically competent manner and setting;
3. Treat adolescents with serious substance abuse problems in addition to their mental health issues;
4. Implement evidence-based practice, i.e. “Integrated Co-Occurring Treatment Model”, Seeking Safety, Seven Challenges, Cognitive Behavioral Therapy, Eye Movement Desensitization Reprocessing (EMDR) and Matrix;
5. Maintain residential group home licensure with the Community Care Licensing;
6. Maintain program structure and guidelines with clients 24 hours per day, 7 days of the week;
7. Maintain clear policies and procedures regarding drug testing, medication management, and appropriate safety and security measures for clients;
8. Provide and/or arrange for transportation of clients to various appointments and activities; and,
9. Function in collaboration with Behavioral Health and/or other partners, including the Probation Department, Department of Social Services, and the Monterey County Office of Education.

#### **V. EXPECTED OUTCOMES**

1. Promote successful program completion and graduation with at least 60% of admissions.
2. Referred youth will be engaged in the treatment program for at least three (3) months.
3. Youth served in the program will demonstrate reduction of substance abuse as measured by negative toxicology screens and no reported use episodes during their treatment.
4. Youth served will demonstrate improvement in functioning as measured by a 10 point or more drop on the problem severity scale of the Ohio Scales taken at the time of admission and at 3-month intervals during the treatment episode.
5. Families served will demonstrate improvement in functioning as measured by an 8 point or more drop on the parent functioning scale of the Ohio Scales taken at the time of admission and at 3-month intervals during the treatment episode.
6. 75% of youth completing treatment will not commit crimes and/or re-offend as measured at 6- and 12-month post-discharge intervals.
7. Achievement of the above goals will be reported by DTH on a quarterly basis showing aggregate year to date progress (fiscal year) and quarterly numbers. Reports must be sent to Contract Monitor not later than 15 days after the end of the quarter.
8. Contractor will provide on a quarterly and annual basis tabulated results from the Ohio Scale to demonstrate #5 and #6 above. Contractor will also report on financial information on a quarterly basis.



## VI. TREATMENT SERVICES

### 1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service:

SANTA LUCIA PROGRAM	MODE	SFC	FY 2015-16 EST. UNITS	FY 2016-17 EST. UNITS	FY 2017-18 EST. UNITS	FY 2018-19 EST. UNITS
Case Management	15	01	34,199	23,378	23,378	24,229
Mental Health Services	15	10, 30, 40, 45, 50	129,778	167,258	167,258	153,585

### 2. Service Delivery Sites:

Santa Lucia Program  
1929 Oxford Court  
Salinas, CA 93906

### 3. Hours of Operation:

The Santa Lucia Program operates 24 hours a day, 7 days a week.

## VII. POPULATION/CATCHMENT AREA TO BE SERVED

All eligible adolescent females age 13 -17 residing in Monterey County.

## VIII. FINANCIAL ELIGIBILITY

Monterey County residents with full-scope Medi-Cal eligibility

## IX. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES

The Contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, Client Information System (CSI) Admission and Discharges and all services provided.

## X. LIMITATION OF SERVICE / PRIOR AUTHORIZATION

All services will require prior authorization by Monterey County Behavioral Health. Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

**XI. CLIENT DESCRIPTION / CHARACTERISTICS**

Populations served are adolescent females, ages 13 to 17 years of age with:

- A. Severe emotional and/or behavioral disturbances; or
- B. DSM-V diagnosis that qualifies for specialty mental health services based upon Title 9 regulations.

**XII. LEGAL STATUS**

Voluntary or juvenile dependents and wards.

**XIII. REPORTING REQUIREMENTS**

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to Monterey County Behavioral Health Bureau (MCBHB) according to the requirements as set forth by the State Department of Health Care Services (DHCS). MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the MCBHB.

**XIV. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

**EXHIBIT B-3:  
PAYMENT AND BILLING PROVISIONS**

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**I. PAYMENT TYPE**

Provisional Rates

**II. PAYMENT AUTHORIZATION FOR SERVICES**

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-3 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 (CM), Mental Health Services (MHS), and Medication Support (MS) 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-3. Note: Effective January 1, 2018, Medication Support Services are no longer provided under this Agreement.

See the following pages for Provisional Rates, Funding Sources Tables and Match Requirements.

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The total program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$ 16,727,521** for **FY 2015-16 through FY 2018-19**.

<b>Door To Hope: Provisional Rates for FY 2015-16</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2015-16 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2015-16</b>		<b>Estimated Total FY 2015-16</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	75,029	CM	2.27	170,316
			10, 30, 45	108,741	MHS	2.93	318,611
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	108,333	CM	2.27	245,917
			10, 30, 40, 45	189,813	MHS	2.93	556,153
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	336,020	CM	2.27	762,766
			10, 30, 40, 45	120,518	MHS	2.93	353,119
			60	92,716	MS	5.42	502,521
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDSSES: DTH MCSTART 6-11 DSES	15	01	35,808	CM	2.27	81,283
			10, 30, 40, 45	158,450	MHS	2.93	464,260
			60	19,045	MS	5.42	103,225
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	18,044	CM	2.27	40,959
			10, 30, 40, 45	193,083	MHS	2.93	565,732
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	34,199	CM	2.27	77,632
			10-19	129,778	MHS	2.93	380,249
<b>SUBTOTAL ANNUAL AMOUNT</b>							<b>\$4,622,743</b>
<b>Less Contractor Match Amount</b>							<b>(\$155,395)</b>
<b>TOTAL MAXIMUM COUNTY ANNUAL AMOUNT FOR FY 2015-16</b>							<b>\$4,467,348</b>

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<b>Door To Hope: Provisional Rates for FY 2016-17</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2016-17 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2016-17</b>		<b>Estimated Total FY 2016-17</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	21,164	CM	2.27	\$48,042
			10, 30, 45	142,572	MHS	2.93	\$417,736
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSVDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	57,000	CM	2.27	129,390
			10, 30, 40, 45	210,513	MHS	2.93	\$616,803
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	85,320	CM	2.27	\$193,676
			10, 30, 40, 45	360,766	MHS	2.93	\$1,057,044
			60	34,570	MS	5.42	\$187,369
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDSSES: DTH MCSTART 6-11 DSES	15	01	40,300	CM	2.27	\$91,481
			10, 30, 40, 45	196,924	MHS	2.93	\$576,987
			60	21,600	MS	5.42	117,072
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	7,449	CM	2.27	\$16,909
			10, 30, 40, 45	160,608	MHS	2.93	\$470,582
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	23,378	CM	2.27	\$53,068
			10-19	167,258	MHS	2.93	\$490,066
<b>SUBTOTAL ANNUAL AMOUNT</b>							\$4,466,225
<b>Less Contractor Match Amount</b>							(\$140,335)
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2016-17</b>							\$4,325,890

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<b>Door To Hope: Provisional Rates for FY 2017-18</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2017-18 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2017-18</b>		<b>Estimated Total FY 2017-18</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	21,164	CM	2.27	\$48,042
			10, 30, 45	142,572	MHS	2.93	\$417,736
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	57,000	CM	2.27	\$129,390
			10, 30, 40, 45	210,513	MHS	2.93	\$616,803
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	85,320	CM	2.27	\$193,676
			10, 30, 40, 45	360,766	MHS	2.93	\$1,057,044
			60*	12,000	MS	5.42	\$65,040
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDSSES: DTH MCSTART 6-11 DSES	15	01	40,300	CM	2.27	\$91,481
			10, 30, 40, 45	196,924	MHS	2.93	\$576,987
			60*	8,000	MS	5.42	\$43,360
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	7,449	CM	2.27	\$16,909
			10, 30, 40, 45	160,608	MHS	2.93	\$470,582
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	23,378	CM	2.27	\$53,068
			10-19	167,258	MHS	2.93	\$490,066
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2017-18</b>							<b>\$4,270,184</b>

**NOTE:**

Effective 01/01/2018, Medication Support (MS) Services are no longer provided under this Agreement.

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<b>Door To Hope: Provisional Rates for FY 2018-19</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2018-19 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2018-19</b>		<b>Estimated Total FY 2018-19</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	11,454	CM	2.27	\$26,000
			10, 30, 45	136,860	MHS	2.93	\$401,000
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	62,115	CM	2.27	\$141,000
			10, 30, 40, 45	212,287	MHS	2.93	\$622,000
MCSTART 0-5 – CM & MHS	BUCSOC: DTH MCSTART	15	01	100,441	CM	2.27	\$228,000
			10, 30, 40, 45	380,205	MHS	2.93	\$1,114,000
MCSTART 6-11 – CM & MHS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDSSES: DTH MCSTART 6-11 DSES	15	01	30,617	CM	2.27	\$69,500
			10, 30, 40, 45	190,307	MHS	2.93	\$557,600
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	24,229	CM	2.27	\$55,000
			10-19	153,584	MHS	2.93	\$450,000
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2018-19</b>							<b>\$3,664,100</b>

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**B. FUNDING SOURCES**

<b>ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2015-16</b>							
<b>PROGRAM</b>	<b>Units of Service</b>	<b>FFP/Medi-Cal</b>	<b>EPSDT</b>	<b>MHSA</b>	<b>Other DSS</b>	<b>Other Contractor Match</b>	<b>Total County Maximum Funding Per Program</b>
Foremost and Expansion	183,770	\$ 244,464	\$ 195,571	\$ -	\$ 15,000	\$ 33,893	\$ 488,927
Integrated Co-Occurring Treatment	298,147	\$ 240,621	\$ 192,497	\$ 368,952	\$ -	\$ -	\$ 802,069
MCSTART 0-5	549,255	\$ 787,603	\$ 630,083	\$ 79,218	\$ -	\$ 121,502	\$ 1,618,406
MCSTART 6-11	213,303	\$ 324,384	\$ 259,507	\$ 34,877	\$ 30,000	\$ -	\$ 648,768
Nueva Esperanza	211,126	\$ 303,346	\$ 86,866	\$ 196,479	\$ 20,000	\$ -	\$ 606,692
Santa Lucia	163,977	\$ 228,941	\$ 183,152	\$ 45,788	\$ -	\$ -	\$ 457,881
<b>TOTALS</b>	<b>1,619,578</b>	<b>\$ 2,129,358</b>	<b>\$ 1,547,676</b>	<b>\$ 725,314</b>	<b>\$ 65,000</b>	<b>\$ 155,395</b>	<b>\$ 4,622,743</b>
<b>Less Contractor Match Amount</b>							<b>\$ (155,395)</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2015-16</b>							<b>\$ 4,467,348</b>

<b>ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2016-17</b>							
<b>PROGRAM</b>	<b>Units of Service</b>	<b>FFP/Medi-Cal</b>	<b>EPSDT</b>	<b>MHSA</b>	<b>Other DSS</b>	<b>Other Contractor Match</b>	<b>Total County Maximum Funding Per Program</b>
Families First & Foremost and Expansion	163,736	\$ 232,889	\$ 185,691	\$ -	\$ 15,000	\$ 32,198	\$ 465,778
Integrated Co-Occurring Treatment	267,513	\$ 223,858	\$ 179,086	\$ 343,249	\$ -	\$ -	\$ 746,193
MCSTART 0-5	480,656	\$ 704,664	\$ 560,855	\$ 64,434	\$ -	\$ 108,137	\$ 1,438,090
MCSTART 6-11	258,824	\$ 392,770	\$ 314,216	\$ 48,554	\$ 30,000	\$ -	\$ 785,540
Nueva Esperanza	168,057	\$ 243,745	\$ 68,249	\$ 155,497	\$ 20,000	\$ -	\$ 487,490
Santa Lucia	190,636	\$ 271,567	\$ 217,254	\$ 54,313	\$ -	\$ -	\$ 543,134
<b>TOTALS</b>	<b>1,529,422</b>	<b>\$ 2,069,493</b>	<b>\$ 1,525,351</b>	<b>\$ 666,047</b>	<b>\$ 65,000</b>	<b>\$ 140,335</b>	<b>\$ 4,466,225</b>
<b>Less Contractor Match Amount</b>							<b>\$ (140,335)</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2016-17</b>							<b>\$ 4,325,890</b>

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ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2017-18						
PROGRAM	Units of Service	FFP/Medi-Cal	EPSDT	MHSA	Other DSS	Total County Maximum Funding Per Program
Families First & Foremost and Expansion	163,736	232,889	217,889	-	15,000	465,778
Integrated Co-Occurring Treatment	267,513	223,858	179,086	343,249	-	746,193
MCSTART 0-5	458,086	644,722	513,146	157,891	-	1,315,760
MCSTART 6-11	245,224	355,914	284,731	41,183	30,000	711,828
Nueva Esperanza	168,057	243,745	68,249	155,497	20,000	487,490
Santa Lucia	190,636	271,567	217,254	54,313	-	543,134
<b>TOTALS</b>	<b>1,493,252</b>	<b>1,972,695</b>	<b>1,480,355</b>	<b>752,133</b>	<b>65,000</b>	<b>4,270,183</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2017-18</b>						<b>4,270,183</b>

ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2018-19						
PROGRAM	Units of Service	FFP/Medi-Cal	EPSDT	MHSA	Other DSS	Total County Maximum Funding Per Program
Families First & Foremost	148,314	\$ 213,500	\$ 198,500	\$ -	\$ 15,000	\$ 427,000
Integrated Co-Occurring Treatment	274,401	\$ 228,900	\$ 183,120	\$ 350,980	\$ -	\$ 763,000
MCSTART 0-5	480,645	\$ 657,580	\$ 523,380	\$ 161,040	\$ -	\$ 1,342,000
MCSTART 6-11	220,924	\$ 313,550	\$ 247,196	\$ 36,354	\$ 30,000	\$ 627,100
Santa Lucia	177,813	\$ 252,500	\$ 202,000	\$ 50,500	\$ -	\$ 505,000
<b>TOTALS</b>	<b>1,302,097</b>	<b>\$ 1,666,030</b>	<b>\$ 1,354,196</b>	<b>\$ 598,874</b>	<b>\$ 45,000</b>	<b>\$ 3,664,100</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2018-19</b>						<b>\$ 3,664,100</b>

**C. MATCH REQUIREMENTS – FISCAL YEAR 2015-16 & 2016-17 ONLY**

**1. FAMILIES FIRST & FOREMOST (FFF) EXPANSION PROGRAM**

CONTRACTOR shall provide a funding match in the amount of **\$33,893** for Fiscal Year 2015-16 and **\$32,198** for Fiscal Year 2016-17 during the term of this Agreement. The match amount will be deducted from the total amount of provisional funds disbursed on a monthly pro-rated basis.

## 2. MCSTART 0 – 5 PROGRAM

CONTRACTOR shall provide a funding match in the amount of **\$121,502** for Fiscal Year 2015-16 and **\$108,137** for Fiscal Year 2016-17 during the term of this Agreement. The match amount will be deducted from the total amount of provisional funds disbursed on a monthly pro-rated basis.

### 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). 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-3, Section III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B-3, 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-3, 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 (30<sup>th</sup>) 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-3, 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](mailto: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 **\$ 16,727,521** for services rendered under this Agreement.
- B. Maximum Annual Liability:

<b>PROGRAM</b>	<b>FY 2015-16 ANNUAL AMOUNT</b>	<b>FY 2016-17 ANNUAL AMOUNT</b>	<b>FY 2017-18 ANNUAL AMOUNT</b>	<b>FY 2018-19 ANNUAL AMOUNT</b>	<b>4-YEAR TOTAL BY PROGRAM</b>
Families First & Foremost	\$ 455,034	\$ 433,580	\$ 465,778	\$ 427,000	\$ 1,781,392
Integrated Co-Occurring Treatment	\$ 802,069	\$ 746,193	\$ 746,193	\$ 763,000	\$ 3,057,455
MCSTART 0-5	\$ 1,496,904	\$ 1,329,953	\$ 1,315,760	\$ 1,342,000	\$ 5,484,617
MCSTART 6-11	\$ 648,768	\$ 785,540	\$ 711,828	\$ 627,100	\$ 2,773,236
Nueva Esperanza Adults & Children	\$ 606,692	\$ 487,490	\$ 487,490	\$ -	\$ 1,581,672
Santa Lucia	\$ 457,881	\$ 543,134	\$ 543,134	\$ 505,000	\$ 2,049,149
<b>TOTAL AGREEMENT MAXIMUM COUNTY OBLIGATION PER FISCAL YEAR</b>	<b>\$ 4,467,348</b>	<b>\$ 4,325,890</b>	<b>\$ 4,270,183</b>	<b>\$ 3,664,100</b>	<b>\$ 16,727,521</b>

- 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 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-2. Only the costs listed in Exhibit H-2 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-2, 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 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, 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 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 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, 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 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, 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, 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 offset 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 Health Care Services 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.
- F. 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.
- G. 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."

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b>	Door To Hope - Families First and Foremost
<b>Address Line 1</b>	130 W. Gabilan Street
<b>Address Line 2</b>	Salinas, CA 93901
<b>Tel. No.:</b>	(831) 758-0181
<b>Fax No.:</b>	
<b>Contract Term:</b>	July 1, 2015 - June 30, 2019

<b>Invoice Number :</b>	
<b>County PO No.:</b>	
<b>Invoice Period :</b>	
<b>Final Invoice :</b>	(Check if Yes) <input type="checkbox"/>

<b>BH Bureau :</b>	Mental Health
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<b>BH Control Number</b>	
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Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 2019	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 2019 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	11,454					11,454	100.0%	26,000.58			26,000.58	100.0%
Mental Health Services	15	--	--	2.93	136,860					136,860	100.0%	400,999.80	--		400,999.80	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--			--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--			--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--			--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--			--	--
					--			--	--	--	--	--			--	--
					--			--	--	--	--	--			--	--
					--			--	--	--	--	--			--	--
<b>TOTALS</b>					148,314				--	148,314	--	427,000			427,000	100.0%

100%

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

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Director of Finance

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831-758-0181

<b>Send to:</b>	Behavioral Health Claims Section <a href="mailto:MCHDBHFinance@co.monterey.ca.us">MCHDBHFinance@co.monterey.ca.us</a>
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Behavioral Health Authorization for Payment	
Authorized Signatory _____	Date _____

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - Integrated Co-Occuring Treatment (ICT)		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b> July 1, 2015 - June 30, 2019		
<b>BH Bureau :</b> Mental Health		<b>BH Control Number</b> <span style="background-color: gray; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 2019	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 2019 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	62,115					62,115	100.0%	141,001			141,001	100.0%
Mental Health Services	15	--	--	2.93	212,287					212,287	100.0%	622,001	--		622,000.91	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					274,402				--	274,402	--	763,000			763,000	100.0%

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

Signature: \_\_\_\_\_  
 Title: Director of Finance

Date: \_\_\_\_\_  
 Telephone: 831-758-0181

Send to:	Behavioral Health Claims Section <a href="mailto:MCHDBHFinance@co.monterey.ca.us">MCHDBHFinance@co.monterey.ca.us</a>

Behavioral Health Authorization for Payment	
Authorized Signatory _____	Date _____

**Behavioral Health Cost Reimbursement Invoice**

<b>Contractor :</b> Door To Hope - MCSTART (0 to 5)	<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b> 130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b> Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b> (831) 758-0181	
<b>Fax No.:</b>	
<b>Contract Term:</b> July 1, 2015 - June 30, 2019	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>BH Bureau :</b> Mental Health	<b>BH Control Number</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 2019	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 2019 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	100,441					100,441	100.0%	228,001			228,001	100.0%
Mental Health Services	15	--	--	2.93	380,205					380,205	100.0%	1,114,001	--		1,114,001	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					480,646				--	480,646	--	1,342,000			1,342,000	100.0%

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

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Director of Finance

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831-758-0181

Send to: Behavioral Health Claims Section  
[MCCHDBHFinance@co.monterey.ca.us](mailto:MCCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_  
 Date

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - MCSTART (6-11)		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b>	July 1, 2015 - June 30, 2019	
<b>BH Bureau :</b> Mental Health		<b>BH Control Number</b> <span style="background-color: gray; color: white; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 2019	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 2019 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	30,617					30,617	100.0%	\$ 69,501			\$ 69,501	100.0%
Mental Health Services	15	--	--	2.93	190,307					190,307	100.0%	\$ 557,600			\$ 557,600	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--			--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--			--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--			--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--			--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--			--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--			--	--
<b>TOTALS</b>					220,924				--	220,924	--	627,100			627,100	100.0%

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

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Director of Finance

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831-758-0181

<b>Send to:</b>	Behavioral Health Claims Section <a href="mailto:MCHDBHFinance@co.monterey.ca.us">MCHDBHFinance@co.monterey.ca.us</a>
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Behavioral Health Authorization for Payment	
_____ Authorized Signatory	_____ Date

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - Santa Lucia		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b>	July 1, 2015 - June 30, 2019	
<b>BH Bureau :</b> Mental Health		<b>BH Control Number</b> <span style="background-color: gray; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 2019	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 2019 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	24,229					24,229	100.0%	55,000			55,000	100.0%
Mental Health Services	15	--	--	2.93	153,584					153,584	100.0%	450,001	--		450,001	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					177,813				--	177,813	--	505,000			505,000	100.0%

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

Signature: \_\_\_\_\_  
 Title: Director of Finance

Date: \_\_\_\_\_  
 Telephone: 831-758-0181

<b>Send to:</b>	Behavioral Health Claims Section <a href="mailto:MCHDBHFinance@co.monterey.ca.us">MCHDBHFinance@co.monterey.ca.us</a>
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Behavioral Health Authorization for Payment	
Authorized Signatory _____	Date _____

**DOOR TO HOPE**  
**BUDGET AND EXPENDITURE REPORT**  
**For Monterey County - Behavioral Health**  
**Fiscal Year 2018-19**

Program Name: **GRAND TOTAL ALL MENTAL HEALTH PROGRAMS**

\$ (3,664,101.48)

	Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
<b>Provisional Rates</b>				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
<b>Total Requested Monterey County Funds</b>	\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	\$ -	\$ -	\$ -	\$ (108,288.11)

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 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. Mode Costs (Direct Services)</b>				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 1,698,374.00	\$ 1,524,738.40	\$ 1,549,512.00	\$ 24,773.60
2 Payroll taxes	\$ 123,270.58	\$ 115,260.04	\$ 108,297.00	\$ (6,963.04)
3 Employee benefits	\$ 244,769.44	\$ 195,793.75	\$ 153,874.00	\$ (41,919.75)
4 Workers Compensation	\$ 28,525.92	\$ 24,327.24	\$ 26,316.00	\$ 1,988.76
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)	\$ 22,818.00	\$ 15,176.33	\$ 16,051.00	\$ 874.67
9 Employee Travel and Conference	\$ 19,994.44	\$ 13,093.03	\$ 18,198.00	\$ 5,104.97
10 Communication Costs	\$ 36,140.00	\$ 18,966.14	\$ 23,304.20	\$ 4,338.06
11 Utilities	\$ 7,745.43	\$ 7,221.19	\$ 10,286.20	\$ 3,065.01
12 Cleaning and Janitorial	\$ 26,879.00	\$ 16,429.82	\$ 16,615.96	\$ 186.14
13 Maintenance and Repairs - Buildings	\$ 22,231.08	\$ 48,957.39	\$ 21,264.00	\$ (27,693.39)
14 Maintenance and Repairs - Equipment	\$ 8,211.00	\$ 9,269.63	\$ 10,235.00	\$ 965.37
15 Printing and Publications	\$ 4,225.02	\$ 1,237.72	\$ 2,160.00	\$ 922.28
16 Memberships, Subscriptions and Dues	\$ 99.00	\$ 2,331.63	\$ 1,000.00	\$ (1,331.63)
17 Office Supplies	\$ 53,326.67	\$ 39,388.95	\$ 26,303.20	\$ (13,085.75)
18 Postage and Mailing	\$ 426.02	\$ 464.76	\$ 495.00	\$ 30.24
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)	\$ 200,216.00	\$ 166,968.97	\$ 174,261.00	\$ 7,292.03
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. Please provide List of Providers)	\$ 258,579.00	\$ 125,000.36	\$ 104,137.00	\$ (20,863.36)
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133) and Certified Public Expenditure requirement of Monterey County)	\$ -	\$ -	\$ -	\$ -
27 Miscellaneous (please provide details)	\$ -	\$ -	\$ -	\$ -



**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 4,845.67	\$ 4,717.00	\$	5,000.00	\$ 283.00
29	<b>Total Mode Costs</b>	\$ 2,760,676.27	\$ 2,329,342.34	\$	2,267,309.56	\$ (62,032.78)
	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	\$ 48,682.33	\$ 31,997.55	\$	28,493.00	\$ (3,504.55)
31	Supplies	\$ 245,226.00	\$ 169,667.45	\$	142,867.00	\$ (26,800.45)
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	\$ 101,254.00	\$ -	\$	-	\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 23,146.00	\$ 18,659.41	\$	13,436.00	\$ (5,223.41)
34	<b>Total Administrative Costs</b>	\$ 418,308.33	\$ 220,324.41	\$	184,796.00	\$ (35,528.41)
35	<b>TOTAL DIRECT COSTS</b>	\$ 3,178,984.60	\$ 2,549,666.75	\$	2,452,105.56	\$ (97,561.19)
<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 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
36	Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$	-	\$ -
37	Rent and Leases - equipment	\$ -	\$ -	\$	-	\$ -
38	Rent and Leases - building and improvements	\$ -	\$ -	\$	-	\$ -
39	Taxes and assessments	\$ 118.00	\$ 62.54	\$	100.00	\$ 37.46
40	Insurance and Indemnity	\$ -	\$ -	\$	-	\$ -
41	Maintenance - equipment	\$ -	\$ -	\$	-	\$ -
42	Maintenance - building and improvements	\$ -	\$ -	\$	-	\$ -
43	Utilities	\$ -	\$ -	\$	-	\$ -
44	Household Expenses	\$ -	\$ -	\$	-	\$ -
45	Interest in Bonds	\$ -	\$ -	\$	-	\$ -
46	Interest in Other Long-term debts	\$ 9,578.68	\$ 10,350.29	\$	8,500.00	\$ (1,850.29)
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	\$ 9,856.50	\$ 15,366.29	\$	5,500.00	\$ (9,866.29)
55	Transportation and Travel	\$ -	\$ -	\$	-	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 9,457.18	\$ 6,942.72	\$	7,894.92	\$ 952.20
57	<b>Total Indirect costs</b>	\$ 29,010.36	\$ 32,721.84	\$	21,994.92	\$ (10,726.92)
63	<b>Total Allowable Costs</b>	\$ 3,207,994.96	\$ 2,582,388.59	\$	2,474,100.48	\$ (108,288.11)
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18		Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land					
65	Buildings and Improvements					
66	Equipment (purchase price of \$5000 or more)					
67	Total					

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

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
Executive Director's Signature	Date	Finance Director's Signature	Date			

**DOOR TO HOPE**  
**BUDGET AND EXPENDITURE REPORT**  
 For Monterey County - Behavioral Health  
 Fiscal Year 2018-19

Program Name: Families First & Foremost AVATAR Program(s): \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Total Units of Service
Case Management	15	01	11,454
Mental Health	15	10, 30, 45, 50	136,860

\$ (319,513.03) \$ (460,057.00) \$ (427,000.00) \$ -

				Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>							
<b>Monterey County Funds (Monterey County's Use):</b>							
<b>Provisional Rates</b>							
	Estimated Federal Financial Participation (FFP)						\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>Total Requested Monterey County Funds</b>				\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>							
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>				\$ -	\$ -	\$ -	\$ (33,057.00)

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 159,924.00	\$ 264,000.00	\$ 255,500.00	\$ (8,500.00)
2	Payroll taxes	\$ 17,898.48	\$ 27,698.00	\$ 24,515.00	\$ (3,183.00)
3	Employee benefits	\$ 15,908.00	\$ 35,082.00	\$ 28,319.00	\$ (6,763.00)
4	Workers Compensation	\$ 4,340.00	\$ 6,420.00	\$ 5,832.00	\$ (588.00)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6	Temporary Staffing				\$ -
7	Flexible Client Spending (please provide supporting documents)				\$ -
8	Travel (costs incurred to carry out the program)	\$ 3,090.00	\$ 4,306.00	\$ 4,000.00	\$ (306.00)
9	Employee Travel and Conference	\$ 5,685.00	\$ 17,449.00	\$ 11,934.00	\$ (5,515.00)
10	Communication Costs	\$ 6,493.00	\$ 4,556.00	\$ 4,300.00	\$ (256.00)
11	Utilities	\$ 1,387.00	\$ 1,818.00	\$ 1,800.00	\$ (18.00)
12	Cleaning and Janitorial	\$ 3,663.00	\$ 3,200.00	\$ 3,400.00	\$ 200.00
13	Maintenance and Repairs - Buildings	\$ 1,320.00	\$ 413.00	\$ 1,500.00	\$ 1,087.00
14	Maintenance and Repairs - Equipment				\$ -
15	Printing and Publications	\$ 1,979.00	\$ 287.00	\$ 500.00	\$ 213.00
16	Memberships, Subscriptions and Dues				\$ -
17	Office Supplies	\$ 3,484.00	\$ 2,694.00	\$ 2,800.00	\$ 106.00
18	Postage and Mailing	\$ 45.00	\$ 67.00	\$ 50.00	\$ (17.00)
19	Medical Records				\$ -
20	Data Processing				\$ -
21	Rent and Leases - equipment				\$ -

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ 23,724.00	\$ 31,488.00	\$ 34,000.00	\$ 2,512.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	\$ 5,872.55	\$ 5,972.00	\$ 6,000.00	\$ 28.00
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27	Miscellaneous (please provide details)				\$ -
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29	<b>Total Mode Costs</b>	<b>\$ 254,813.03</b>	<b>\$ 405,450.00</b>	<b>\$ 384,450.00</b>	<b>\$ (21,000.00)</b>
	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	\$ 4,224.45	\$ 6,117.45	\$ 5,250.00	\$ (867.45)
31	Supplies	\$ 23,938.55	\$ 34,665.55	\$ 24,750.00	\$ (9,915.55)
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations. <b>Match money</b>	\$ 28,244.00	\$ -		\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 6,160.00	\$ 8,200.00	\$ 7,800.00	\$ (400.00)
34	<b>Total Administrative Costs</b>	<b>\$ 62,567.00</b>	<b>\$ 48,983.00</b>	<b>\$ 37,800.00</b>	<b>\$ (11,183.00)</b>
35	<b>TOTAL DIRECT COSTS</b>	<b>\$ 317,380.03</b>	<b>\$ 454,433.00</b>	<b>\$ 422,250.00</b>	<b>\$ (32,183.00)</b>
<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>					
	<b>INDIRECT COSTS</b>	Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
36	Equipment (purchase price of less than \$5000)				\$ -
37	Rent and Leases - equipment	\$ 1,631.00	\$ 1,300.00	\$ 1,250.00	\$ (50.00)
38	Rent and Leases - building and improvements				\$ -
39	Taxes and assessments				\$ -
40	Insurance and Indemnity				\$ -
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)	\$ 502.00	\$ 4,324.00	\$ 3,500.00	\$ (824.00)
57	<b>Total Indirect costs</b>	<b>\$ 2,133.00</b>	<b>\$ 5,624.00</b>	<b>\$ 4,750.00</b>	<b>\$ (874.00)</b>
63	<b>Total Allowable Costs</b>	<b>\$ 319,513.03</b>	<b>\$ 460,057.00</b>	<b>\$ 427,000.00</b>	<b>\$ (33,057.00)</b>

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Program Coordinator	\$ 79,800	0.50	\$ 39,900
Quality Assurance	\$ 31,250	0.50	\$ 15,625
Therapist	\$ 65,247	0.80	\$ 52,198
Parent Educators	\$ 62,331	1.50	\$ 93,497
Child Development Specialist	\$ 41,781	1.00	\$ 41,781
Executive Assistant	\$ 62,500	0.20	\$ 12,500
			\$ -
			\$ -
			\$ -
<b>Total Salaries and Wages</b>			<b>\$ 255,500</b>

**EXHIBIT H-2**

**DOOR TO HOPE  
BUDGET AND EXPENDITURE REPORT  
For Monterey County - Behavioral Health  
Fiscal Year 2018-19**

Program Name: Integrated Co-Occurring Treatment (ICT) AVATAR Program(s): \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Total Units of Service
Case Management	15	01	62,115
Mental Health	15	10, 30, 45, 50	212,287

\$ (774,086.00) \$ (810,398.00) \$ (763,001.00) \$ -

		Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)				\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Requested Monterey County Funds</b>		\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>					
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ -	\$ -	\$ (47,397.00)

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 471,384.00	\$ 497,503.00	\$ 474,410.00	\$ (23,093.00)
2	Payroll taxes	\$ 37,148.14	\$ 36,514.00	\$ 32,800.00	\$ (3,714.00)
3	Employee benefits	\$ 68,076.00	\$ 71,582.00	\$ 65,026.00	\$ (6,556.00)
4	Workers Compensation	\$ 9,677.00	\$ 7,953.00	\$ 8,245.00	\$ 292.00
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6	Temporary Staffing				\$ -
7	Flexible Client Spending (please provide supporting documents)				\$ -
8	Travel (costs incurred to carry out the program)	\$ 18,583.00	\$ 21,823.00	\$ 14,900.00	\$ (6,923.00)
9	Employee Travel and Conference	\$ 3,580.00	\$ 3,754.00	\$ 4,000.00	\$ 246.00
10	Communication Costs	\$ 14,093.00	\$ 12,436.00	\$ 12,500.00	\$ 64.00
11	Utilities				\$ -
12	Cleaning and Janitorial	\$ 1,611.54	\$ 2,792.00	\$ 2,800.00	\$ 8.00
13	Maintenance and Repairs - Buildings	\$ 3,591.64	\$ 1,381.00	\$ 1,400.00	\$ 19.00
14	Maintenance and Repairs - Equipment				\$ -
15	Printing and Publications				\$ -
16	Memberships, Subscriptions and Dues	\$ 147.50			\$ -
17	Office Supplies	\$ 7,090.54	\$ 4,625.00	\$ 4,600.00	\$ (25.00)
18	Postage and Mailing	\$ 64.83	\$ 68.00	\$ 70.00	\$ 2.00
19	Medical Records				\$ -
20	Data Processing				\$ -
21	Rent and Leases - equipment	\$ 362.79	\$ 2,201.00	\$ 2,200.00	\$ (1.00)

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ 48,328.13	\$ 66,180.00	\$ 66,200.00	\$ 20.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	\$ 19,041.89	\$ 4,138.00	\$ 4,200.00	\$ 62.00
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27	Miscellaneous (please provide details)				\$ -
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29	<b>Total Mode Costs</b>	<b>\$ 702,780.00</b>	<b>\$ 732,950.00</b>	<b>\$ 693,351.00</b>	<b>\$ (39,599.00)</b>
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	\$ 9,197.88	\$ 10,170.00	\$ 10,140.00	\$ (30.00)
31	Supplies	\$ 52,121.32	\$ 57,630.00	\$ 49,860.00	\$ (7,770.00)
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 7,467.00	\$ 8,183.00	\$ 8,200.00	\$ 17.00
34	<b>Total Administrative Costs</b>	<b>\$ 68,786.20</b>	<b>\$ 75,983.00</b>	<b>\$ 68,200.00</b>	<b>\$ (7,783.00)</b>
35	<b>TOTAL DIRECT COSTS</b>	<b>\$ 771,566.20</b>	<b>\$ 808,933.00</b>	<b>\$ 761,551.00</b>	<b>\$ (47,382.00)</b>
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.					
	<b>INDIRECT COSTS</b>	Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
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				\$ -
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)	\$ 2,519.80	\$ 1,465.00	\$ 1,450.00	\$ (15.00)
57	<b>Total Indirect costs</b>	<b>\$ 2,519.80</b>	<b>\$ 1,465.00</b>	<b>\$ 1,450.00</b>	<b>\$ (15.00)</b>
63	<b>Total Allowable Costs</b>	<b>\$ 774,086.00</b>	<b>\$ 810,398.00</b>	<b>\$ 763,001.00</b>	<b>\$ (47,397.00)</b>

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Clinical Director	\$ 117,000	0.30	\$ 35,000
Clinical Supervisor	\$ 88,000	0.50	\$ 44,000
Therapist	\$ 67,000	5.00	\$ 335,000
Program Coordinator	\$ 56,820	0.50	\$ 28,410
Peer Partner	\$ 32,000	1.00	\$ 32,000
			\$ -
			\$ -
			\$ -
<b>Total Salaries and Wages</b>			<b>\$ 474,410</b>



**DOOR TO HOPE**  
**BUDGET AND EXPENDITURE REPORT**  
 For Monterey County - Behavioral Health  
 Fiscal Year 2018-19

Program Name: MCSTART 0-5 AVATAR Program(s): \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Total Units of Service
Case Management	15	01	100,441
Mental Health	15	10, 30, 45, 50	380,205

\$ (1,925,394.00) \$ (1,346,612.00) \$ (1,342,000.00) \$ -

				Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>							
<b>Monterey County Funds (Monterey County's Use):</b>							
<b>Provisional Rates</b>							
	Estimated Federal Financial Participation (FFP)						\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>Total Requested Monterey County Funds</b>				\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>							\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>				\$ -	\$ -	\$ -	\$ (4,612.00)

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

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

<b>A. Mode Costs (Direct Services)</b>				Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)			\$ 935,607.00	\$ 820,693.00	\$ 808,013.00	\$ (12,680.00)
2	Payroll taxes			\$ 68,746.00	\$ 63,342.00	\$ 56,174.00	\$ (7,168.00)
3	Employee benefits			\$ 136,999.00	\$ 95,450.00	\$ 108,873.00	\$ 13,423.00
4	Workers Compensation			\$ 15,802.00	\$ 13,204.00	\$ 15,017.00	\$ 1,813.00
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)						\$ -
6	Temporary Staffing						\$ -
7	Flexible Client Spending (please provide supporting documents)						\$ -
8	Travel (costs incurred to carry out the program)			\$ 15,236.39	\$ 5,951.00	\$ 5,951.00	\$ -
9	Employee Travel and Conference			\$ 12,638.44	\$ 5,094.00	\$ 5,094.00	\$ -
10	Communication Costs			\$ 23,957.00	\$ 8,165.00	\$ 8,165.00	\$ -
11	Utilities			\$ 3,112.00	\$ 2,893.00	\$ 2,893.00	\$ -
12	Cleaning and Janitorial			\$ 18,741.00	\$ 9,187.00	\$ 9,187.00	\$ -
13	Maintenance and Repairs - Buildings			\$ 12,358.00	\$ 8,600.00	\$ 8,600.00	\$ -
14	Maintenance and Repairs - Equipment			\$ 6,419.00	\$ 7,635.00	\$ 7,635.00	\$ -
15	Printing and Publications			\$ 3,226.00	\$ 680.00	\$ 680.00	\$ -
16	Memberships, Subscriptions and Dues			\$ 85.34	\$ 200.00	\$ 200.00	\$ -
17	Office Supplies			\$ 28,042.67	\$ 9,200.00	\$ 9,200.00	\$ -
18	Postage and Mailing			\$ 372.31	\$ 420.00	\$ 420.00	\$ -
19	Medical Records						\$ -
20	Data Processing						\$ -
21	Rent and Leases - equipment						\$ -

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ 155,543.00	\$ 127,210.00	\$ 127,210.00	\$ -
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	\$ 180,755.00	\$ 55,737.00	\$ 55,737.00	\$ -
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27	Miscellaneous (please provide details)				\$ -
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29	<b>Total Mode Costs</b>	<b>\$ 1,617,640.15</b>	<b>\$ 1,233,661.00</b>	<b>\$ 1,229,049.00</b>	<b>\$ (4,612.00)</b>
	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	\$ 27,678.33	\$ 12,143.00	\$ 12,143.00	\$ -
31	Supplies	\$ 159,148.00	\$ 85,477.00	\$ 85,477.00	\$ -
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations. <b>Match money</b>	\$ 101,254.00			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 17,277.00	\$ 13,436.00	\$ 13,436.00	\$ -
34	<b>Total Administrative Costs</b>	<b>\$ 305,357.33</b>	<b>\$ 111,056.00</b>	<b>\$ 111,056.00</b>	<b>\$ -</b>
35	<b>TOTAL DIRECT COSTS</b>	<b>\$ 1,922,997.48</b>	<b>\$ 1,344,717.00</b>	<b>\$ 1,340,105.00</b>	<b>\$ (4,612.00)</b>
<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 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
	<b>INDIRECT COSTS</b>				
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				\$ -
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)	\$ 2,396.52	\$ 1,895.00	\$ 1,895.00	\$ -
57	<b>Total Indirect costs</b>	<b>\$ 2,396.52</b>	<b>\$ 1,895.00</b>	<b>\$ 1,895.00</b>	<b>\$ -</b>
63	<b>Total Allowable Costs</b>	<b>\$ 1,925,394.00</b>	<b>\$ 1,346,612.00</b>	<b>\$ 1,342,000.00</b>	<b>\$ (4,612.00)</b>

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Therapists	\$ 65,000	5.00	\$ 325,000
Occupational Therapist	\$ 85,013	1.00	\$ 85,013
Senior Clinical Director	\$ 107,000	0.20	\$ 21,400
Case Manager	\$ 60,000	0.50	\$ 30,000
Clinical Supervisor	\$ 84,000	1.00	\$ 84,000
Program Coordinator	\$ 80,000	0.60	\$ 48,000
Parent Educator	\$ 60,700	3.00	\$ 182,100
Quality Improvement	\$ 65,000	0.50	\$ 32,500
Total Salaries and Wages			\$ 808,013

**DOOR TO HOPE  
BUDGET AND EXPENDITURE REPORT  
For Monterey County - Behavioral Health  
Fiscal Year 2018-19**

Program Name: MCSTART 6-11

AVATAR Program(s): \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Total Units of Service
Case Management	15	01	30,617
Mental Health	15	10, 30, 45, 50	190,307

\$ (777,000.00) \$ (692,600.00) \$ (627,100.48)

	Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
<b>Provisional Rates</b>				
Estimated Federal Financial Participation (FFP)				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total Requested Monterey County Funds</b>	\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>				
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	\$ -	\$ -	\$ -	\$ (65,499.52)

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 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. Mode Costs (Direct Services)</b>				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 436,525.00	\$ 388,507.25	\$ 344,035.00	\$ (44,472.25)
2 Payroll taxes	\$ 29,354.00	\$ 26,125.06	\$ 25,012.00	\$ (1,113.06)
3 Employee benefits	\$ 64,514.00	\$ 57,417.46	\$ 41,201.00	\$ (16,216.46)
4 Workers Compensation	\$ 6,300.00	\$ 5,607.00	\$ 5,299.00	\$ (308.00)
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)		\$ -		\$ -
6 Temporary Staffing		\$ -		\$ -
7 Flexible Client Spending (please provide supporting documents)		\$ -		\$ -
8 Travel (costs incurred to carry out the program)	\$ 3,759.00	\$ 3,345.51	\$ 4,200.00	\$ 854.49
9 Employee Travel and Conference	\$ 4,996.00	\$ 4,446.44	\$ 9,504.00	\$ 5,057.56
10 Communication Costs	\$ 10,826.00	\$ 9,635.14	\$ 13,939.20	\$ 4,304.06
11 Utilities	\$ 694.00	\$ 617.66	\$ 3,643.20	\$ 3,025.54
12 Cleaning and Janitorial	\$ 8,138.00	\$ 7,242.82	\$ 7,428.96	\$ 186.14
13 Maintenance and Repairs - Buildings	\$ 4,851.00	\$ 4,317.39	\$ 4,664.00	\$ 346.61
14 Maintenance and Repairs - Equipment	\$ 1,792.00	\$ 1,594.88	\$ 2,100.00	\$ 505.12
15 Printing and Publications	\$ 448.00	\$ 398.72	\$ 980.00	\$ 581.28
16 Memberships, Subscriptions and Dues	\$ 13.66	\$ 12.16	\$ 50.00	\$ 37.84
17 Office Supplies	\$ 7,681.00	\$ 6,836.09	\$ 7,603.20	\$ 767.11
18 Postage and Mailing	\$ 24.68	\$ 21.97	\$ 50.00	\$ 28.03
19 Medical Records		\$ -		\$ -
20 Data Processing		\$ -		\$ -
21 Rent and Leases - equipment		\$ -		\$ -

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ 44,673.00	\$ 39,758.97		\$ 47,051.00	\$ 7,292.03
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)	\$ 77,824.00	\$ 69,263.36		\$ 48,400.00	\$ (20,863.36)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		\$ -			\$ -
27	Miscellaneous (please provide details)		\$ -			\$ -
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)		\$ -			\$ -
29	<b>Total Mode Costs</b>	<b>\$ 702,413.34</b>	<b>\$ 625,147.87</b>		<b>\$ 565,160.56</b>	<b>\$ (59,987.31)</b>
	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	\$ 14,600.00	\$ 12,994.00		\$ 13,500.00	\$ 506.00
31	Supplies	\$ 49,792.00	\$ 45,314.00		\$ 44,240.00	\$ (1,074.00)
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations. <b>Match money</b>		\$ -			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 5,869.00	\$ 5,223.41			\$ (5,223.41)
34	<b>Total Administrative Costs</b>	<b>\$ 70,261.00</b>	<b>\$ 63,531.41</b>		<b>\$ 57,740.00</b>	<b>\$ (5,791.41)</b>
35	<b>TOTAL DIRECT COSTS</b>	<b>\$ 772,674.34</b>	<b>\$ 688,679.28</b>		<b>\$ 622,900.56</b>	<b>\$ (65,778.72)</b>
<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>						
	<b>INDIRECT COSTS</b>	Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
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					\$ -
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)	\$ 4,325.66	\$ 3,920.72		\$ 4,199.92	\$ 279.20
57	<b>Total Indirect costs</b>	<b>\$ 4,325.66</b>	<b>\$ 3,920.72</b>		<b>\$ 4,199.92</b>	<b>\$ 279.20</b>
63	<b>Total Allowable Costs</b>	<b>\$ 777,000.00</b>	<b>\$ 692,600.00</b>		<b>\$ 627,100.48</b>	<b>\$ (65,499.52)</b>

**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature

Date

Finance Director's Signature

Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Therapists	\$ 60,000	1.80	\$ 108,000
Occupational Therapist	\$ 69,185	1.00	\$ 69,185
Senior Clinical Director	\$ 107,000	0.20	\$ 21,400
Case Manager	\$ 55,000	0.50	\$ 27,500
Clinical Supervisor	\$ 84,000	0.40	\$ 33,600
Program Coordinator	\$ 80,000	0.40	\$ 32,000
Parent Educator	\$ 60,700	0.50	\$ 30,350
Quality Improvement	\$ 55,000	0.40	\$ 22,000
			\$ -
			\$ -
			\$ -
Total Salaries and Wages			\$ 344,035

**EXHIBIT H-2**

**DOOR TO HOPE  
BUDGET AND EXPENDITURE REPORT  
For Monterey County - Behavioral Health  
Fiscal Year 2018-19**

Program Name: Santa Lucia AVATAR Program(s): \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Total Units of Service
Case Management	15	01	24,229
Mental Health	15	10, 30, 45, 50	153,584

\$ (505,600.96) \$ (543,176.59) \$ (505,000.00) \$ -

	Actual FY 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
<b>Provisional Rates</b>				
Estimated Federal Financial Participation (FFP)				\$ -
				\$ -
				\$ -
				\$ -
<b>Cash Flow Advances</b>				\$ -
				\$ -
				\$ -
				\$ -
		\$ -		\$ -
<b>Total Requested Monterey County Funds</b>	\$ -	\$ -	\$ -	\$ -
<b>Other Program Revenues</b>				
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	\$ -	\$ -	\$ -	\$ (38,176.59)

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 2016-17	Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>A. Mode Costs (Direct Services)</b>				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 326,242.00	\$ 315,538.15	\$ 397,464.00	\$ 81,925.85
2 Payroll taxes	\$ 25,170.58	\$ 25,792.98	\$ 27,111.00	\$ 1,318.02
3 Employee benefits	\$ 43,256.44	\$ 42,926.29	\$ 3,800.00	\$ (39,126.29)
4 Workers Compensation	\$ 6,423.92	\$ 5,516.24	\$ 6,000.00	\$ 483.76
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)	\$ 3,822.61	\$ 5,879.82	\$ 5,900.00	\$ 20.18
9 Employee Travel and Conference	\$ 2,360.00	\$ 3,552.59	\$ 3,600.00	\$ 47.41
10 Communication Costs	\$ 1,357.00	\$ 1,166.00	\$ 1,200.00	\$ 34.00
11 Utilities	\$ 3,939.43	\$ 3,710.53	\$ 3,750.00	\$ 39.47
12 Cleaning and Janitorial				\$ -
13 Maintenance and Repairs - Buildings	\$ 5,022.08	\$ 36,040.00	\$ 8,000.00	\$ (28,040.00)
14 Maintenance and Repairs - Equipment		\$ 39.75	\$ 500.00	\$ 460.25
15 Printing and Publications	\$ 551.02	\$ 159.00	\$ 500.00	\$ 341.00
16 Memberships, Subscriptions and Dues		\$ 2,119.47	\$ 750.00	\$ (1,369.47)
17 Office Supplies	\$ 17,603.00	\$ 23,352.86	\$ 9,500.00	\$ (13,852.86)
18 Postage and Mailing	\$ 29.03	\$ 22.79	\$ 25.00	\$ 2.21

**EXHIBIT H-2**

	Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
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)					\$ -
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))					\$ -
27 Miscellaneous (please provide details)					\$ -
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 4,845.67	\$ 4,717.00		\$ 5,000.00	\$ 283.00
<b>29 Total Mode Costs</b>	<b>\$ 440,622.78</b>	<b>\$ 470,533.47</b>		<b>\$ 473,100.00</b>	<b>\$ 2,566.53</b>
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	\$ 6,404.00	\$ 6,860.55		\$ 2,850.00	\$ (4,010.55)
31 Supplies	\$ 36,286.00	\$ 38,876.45		\$ 13,150.00	\$ (25,726.45)
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.)					\$ -
<b>34 Total Administrative Costs</b>	<b>\$ 42,690.00</b>	<b>\$ 45,737.00</b>		<b>\$ 16,000.00</b>	<b>\$ (29,737.00)</b>
<b>35 TOTAL DIRECT COSTS</b>	<b>\$ 483,312.78</b>	<b>\$ 516,270.47</b>		<b>\$ 489,100.00</b>	<b>\$ (27,170.47)</b>
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.					
	Actual FY 2016-17	Projected 2017-18	FY	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
<b>INDIRECT COSTS</b>					
36 Equipment (purchase price of less than \$5000)					\$ -
37 Rent and Leases - equipment					\$ -
38 Rent and Leases - building and improvements					\$ -
39 Taxes and assessments	\$ 118.00	\$ 62.54		\$ 100.00	\$ 37.46
40 Insurance and Indemnity					\$ -
41 Maintenance - equipment					\$ -
42 Maintenance - building and improvements					\$ -
43 Utilities					\$ -
44 Household Expenses					\$ -
45 Interest in Bonds					\$ -
46 Interest in Other Long-term debts	\$ 9,578.68	\$ 10,350.29		\$ 8,500.00	\$ (1,850.29)
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	\$ 9,856.50	\$ 15,366.29		\$ 5,500.00	\$ (9,866.29)
55 Transportation and Travel					\$ -



**EXHIBIT H-2**

		Actual FY 2016-17	Projected 2017-18	FY Requested Budget FY 2018-19	Variance FY 18 vs FY 19
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 2,735.00	\$ 1,127.00	\$ 1,800.00	\$ 673.00
<b>57</b>	<b>Total Indirect costs</b>	<b>\$ 22,288.18</b>	<b>\$ 26,906.12</b>	<b>\$ 15,900.00</b>	<b>\$ (11,006.12)</b>
<b>63</b>	<b>Total Allowable Costs</b>	<b>\$ 505,600.96</b>	<b>\$ 543,176.59</b>	<b>\$ 505,000.00</b>	<b>\$ (38,176.59)</b>
<b>COST REPORT INFORMATION:</b>			Projected FY 2017-18	Requested Budget FY 2018-19	Variance FY 18 vs FY 19
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

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

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Equivalent)	TOTAL
Clinical Director	\$ 117,000	0.10	\$ 11,700
Clinical Supervisor	\$ 97,000	0.10	\$ 9,700
Program Coordinator	\$ 54,080	0.80	\$ 43,264
Therapists	\$ 54,080	1.00	\$ 54,080
Lead Childcare Counselor	\$ 41,600	1.80	\$ 74,880
Childcare Counselor	\$ 37,440	5.00	\$ 187,200
Residential Services	\$ 33,280	0.50	\$ 16,640
			\$ -
			\$ -
<b>Total Salaries and Wages</b>			<b>\$ 397,464</b>