

**AMENDMENT NO. 1
TO MENTAL HEALTH SERVICES AGREEMENT NO. A-12486
BETWEEN COUNTY OF MONTEREY AND
SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER**

This Amendment No. 1 to Mental Health Services Agreement No. A-12486 is made and entered into by and between the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and **Seneca Family of Agencies dba Kinship Center**, (hereinafter referred to as CONTRACTOR).

WHEREAS, the County entered into a Mental Health Services Agreement No. A-12486 with Kinship Center in the amount of \$5,040,902 for the term of July 1, 2013 to June 30, 2016 for mental health services to children and their families;

WHEREAS, the COUNTY and CONTRACTOR request to amend the Mental Health Services Agreement No. A-12486 to increase the services amount for Program 2 – Adoption Preservation by \$63,694, remove the Parenting Classes services of \$11,306 and apply the \$11,306 towards the Adoption Preservation services for a total of \$75,000 for Fiscal Year (FY) 2013-14 thru FY 2015-16; add Program 4 – King City Children’s Clinic in the amount of \$250,000 for FY 2013-14, \$483,376 for FY 2014-15, and \$483,376 for FY 2015-16; and decrease the projected budgeted amounts for Program 1 – D’Arrigo Children’s Clinic by \$3,132.66, Program 2 – Adoption Preservation by \$609.44; Program 3 – Trauma Services by \$824.98 for FY 2015-16. This Amendment No. 1 increases the contract amount by \$1,403,266.92. The total revised contract amount is \$6,444,169.35 for FY 2013-14 thru FY 2015-16.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend Agreement No. A-12486 as follows:

1. EXHIBIT A PROGRAM DESCRIPTION is replaced by EXHIBIT A-1 PROGRAM DESCRIPTION. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-1 as attached to this Amendment No. 1 and incorporated herein.
2. EXHIBIT B PAYMENT AND BILLING PROVISIONS is replaced by EXHIBIT B-1 PAYMENT AND BILLING PROVISIONS. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-1 as attached to this Amendment No. 1 and incorporated herein.
3. EXHIBIT G COST REIMBURSEMENT INVOICE FORM is replaced by EXHIBIT G-1 COST REIMBURSEMENT INVOICE FORM for Programs 2 & 4. All references in the Agreement to EXHIBIT G shall be construed to refer to EXHIBIT G-1 for Programs 2 & 4, as attached to this Amendment No. 1 and incorporated herein.
4. EXHIBIT H BUDGET AND EXPENDITURE REPORT is replaced by EXHIBIT H-1 BUDGET AND EXPENDITURE REPORT. All references in the Agreement to EXHIBIT H shall be construed to refer to EXHIBIT H-1 as attached to this Amendment No. 1 and incorporated herein.

5. Except as provided herein, all remaining terms, conditions and provisions of Agreement No. A-12486 are unchanged and unaffected by this Amendment No. 1, and shall remain in full force and effect.
6. This Amendment No. 1 shall be effective January 1, 2014.
7. A copy of this Amendment No. 1, EXHIBITS A-1, B-1, G-1, and H-1 shall be attached to the original Agreement No. A-12486.

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

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: 3-4-14

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: CB _____
County Counsel

Date: Jan 28, 2014

Approved as to Fiscal Provisions

By: [Signature] _____
Auditor/Controller

Date: 12-9-14

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

SENECA FAMILY OF AGENCIES dba KINSHIP CENTER

Contractor's Business Name* _____

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

Ken Bernick, CEO
Name and Title

Date: 12/20/13

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

Janet Briggs CFO
Name and Title

Date: 12/31/13

County Board of Supervisors' Agreement Number: **A-12486**

*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.

**EXHIBIT A-1:
PROGRAM DESCRIPTION**

I. IDENTIFICATION OF PROVIDER

Seneca Family of Agencies dba Kinship Center
124 River Road
Salinas, CA 93908

INCORPORATION STATUS/TYPE OF FACILITY LICENSE

501 C 3 Corporation (Community Benefit Non-Profit)

II. PROGRAM NARRATIVE

Program 1: D'Arrigo Children's Clinic

- A. Kinship Center will provide Mental Health Services, Medication Support and Case Management/Brokerage to youth who require outpatient services. The focus of the program will be permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of-state facilities, or placement in a juvenile justice facility.
- B. The D'Arrigo Children's Clinic will provide outpatient mental health services to eligible children 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.

Program 2: Adoption Preservation

- A. As part of the voter approved Mental Health Services Act (MHSA - Proposition 63), Kinship Center will provide Mental Health Services, Medication Support and Case Management/Brokerage focused on Adoption Preservation. Children and youth who are at acute risk for disruption in home or school placement, or loss of community access to extra-curricular activities, will receive a team based, "full service partnership" approach that will include a Child & Family Therapist and Family Support Counselor, and also, with priority access, as needed, to psychiatric, psychological assessment and occupational therapy services. MHSA families will also have access to 24-hour consultation.
- B. Parents will be referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention. In Fiscal Years 2006-2007 through 2012-2013, parent education services were funded by MHSA; starting in Fiscal Year 2013-2014, parent education will be funded by Title IV-E and other sources.

Program 3: Trauma Services Program

- A. Kinship Center will provide Mental Health Services and Case Management/Brokerage, as needed, to infants and children 0-5 who require outpatient services. The focus of the program will be resolving trauma experiences for children, the impact of trauma on a child and his/her family, and the impact of trauma on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of-home facilities, or placement in a juvenile justice facility.
- B. The D'Arrigo Children's Clinic will provide outpatient mental health services to eligible children 0-5 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, future independent living and enhanced self-sufficiency.

Program 4: King City Children's Clinic

- A. Kinship Center will provide Mental Health Services, Medication Support and Case Management/Brokerage to youth who require outpatient services. The focus of the program will be to promote the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with, for example, abuse, neglect, domestic violence, parental incarceration and parental substance abuse. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of-state facilities, or placement in a juvenile justice facility.
- B. The King City Clinic will provide outpatient mental health services to eligible children 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. Kinship Center staff will use their expertise in permanency, development, attachment and trauma to support the well-being of the entire family; significant work will be done with caregivers in collateral parenting sessions to help caregivers understand the unique needs of children who have been exposed to trauma and multiple transitions and to develop successful interventions to support these children.

III. PROGRAM GOALS

Program 1: D'Arrigo Children's Clinic

To provide outpatient mental health services to eligible children and their families in order to improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific permanency issues that impact the life of the child and his or her family.

Program 2: Adoption Preservation

- A. To provide outpatient mental health services to eligible children and their families in order to improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific permanency issues that impact the life of the child and his or her family.
- B. To encourage Adoption Preservation by integrating parental education course and additional mental health services in accordance with the Full Service Partnership (FSP) model for eligible children and their families.
- C. To reduce parental stress as a result of mental health services and the implementation of evidence based parent education programs.

Program 3: Trauma Services Program

- A. To provide outpatient mental health services to eligible children 0-5 and their families in order to improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific trauma issues that impact the life of the child and his or her family.
- B. To reduce familial stress as a result of the parent skills development in evidence informed reflective parenting.

Program 4: King City Children's Clinic

- A. To provide outpatient mental health services to eligible children and their families in the southern portion of Monterey County in order to improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific permanency, loss and trauma issues that impact the life of the child and his or her family.
- B. To increase parent/caregiver awareness and skills to support children's healthy development

IV. PROGRAM OBJECTIVES

Program 1: D'Arrigo Children's Clinic

- A. Improve the child's functioning within his/her family, school, peer group and community.
- B. Support and empower the child's parent(s)/caregiver(s) by providing skills and strategies to provide continuity of care.
- C. Reduce the volume and level of parental stress as demonstrated by pre and post-tests.

Program 2: Adoption Preservation

- A. Address issues specific to adoption, foster care, relative families, and permanence for both the child and the family.
- B. Reduce the volume and level of parental stress as demonstrated by pre and post-tests.

- C. Serve up to a minimum of ten (10) families using the “FSP” model.

Program 3: Trauma Services Program

- A. Improve the child’s functioning within his/her family, pre-school, peer group and community.
- B. Support and empower the 0-5 child’s parent(s)/caregiver(s) by providing skills and strategies to provide trauma reducing reflective parenting.
- C. Address issues specific to trauma and permanence for both the child and the family.
- D. Reduce the volume and level of parental stress as demonstrated by pre and post-tests.
- E. Serve up to a minimum of twenty-six (26) families utilizing a “whatever it takes” model of service.

Program 4: King City Children’s Clinic

- A. Improve the child’s functioning within his/her family, school, peer group and community.
- B. Support and empower the child’s parent(s)/caregiver(s) with knowledge, skills and strategies to provide effective parenting support, including knowledge, skills and strategies related to the experience of loss and trauma.
- C. Reduce the volume and level of parental stress as demonstrated by pre and post-tests.

V. TREATMENT SERVICES

A. Modes of Service:

Outpatient Mental Health Services, Medication Support and Case Management/Brokerage Services delivered in clinic, home and community settings, as indicated. Contractor shall make a full accounting of all units of service and cost in accordance with Section XIV, Preparation of Annual Report(s) and Contractor’s Year-End Cost Report Settlement

B. Delivery Sites

Kinship Center	Kinship Center
D’Arrigo Children’s Clinic	984 Lupin Drive
124 River Road,	Salinas, CA 93906
Salinas, CA 93908	

C. Hours of Operation

The clinic will operate five (5) days per week, Monday – Friday with evening hours on Monday & Wednesdays, and as needed based on client need. Services will be made available, whenever possible, at the convenience of the child and his/her family. Services will be provided at the offices of Kinship Center in Salinas, but may also be

available at additional community sites, including the child's school or daycare, and the family home.

VI. POPULATION/CATCHMENT AREA TO BE SERVED AND FINANCIAL ELIGIBILITY

Programs 1, 2, 3 & 4 will service all eligible residents, children and youth of Monterey County who have full scope Medi-Cal.

VII. LIMITATION OF SERVICE / PRIOR AUTHORIZATION

Referrals for admission to these programs will be initiated by Behavioral Health Children's Program, Monterey County Department of Social Services, parent request, and referral from other medical, educational or social services organizations.

Parents of children who are adopted, legal guardians and other adults that have the right to sign for treatment may self-refer using a Monterey County full scope Medi-Cal card for which the child is eligible to receive as an Adoption Assistance Program (AAP) recipient. Screening criteria will be based on the degree of emotional or behavioral disturbance and a designated funding source. Admission for evaluation and subsequent treatment, if qualified by DSM IV (DSM-V starting in May 2014) diagnosis and medical necessity or the EPSDT rule, will be the sole authority of the CONTRACTOR.

Medication Support, beyond two visits per month, requires prior authorization. These authorizations will be provided by the Program Manager of Children's Behavioral Health or his/her designee in a format acceptable to the County. Additionally, the Contractor will comply with all Utilization Review requirements. The contracted duration of the treatment is limited to twelve (12) months; any extension requires consultation with the Mental Health Case Manager and approval of the Contract Monitor.

VIII. CASE COORDINATION

COUNTY shall provide case coordination, as necessary, through MCBHB Quality Assurance.

IX. CLIENT DESCRIPTION/ CHARACTERISTICS

Populations served are children or youth in or transitioning to permanent placements, ages birth to 21 years of age who meet the following criteria:

A. Diagnostic Criteria.

- a. Emotional and/or behavioral disturbance consistent with one of the qualifying Title IX diagnose
- b. Diagnosis of children ages birth to three will be made using DC: 0-3 and the crosswalk to the DSM and/or ICD

B. Impairment Criteria. Clients must have one of the following conditions resulting from the disorder(s) documented in Diagnostic Criteria Section A:

- a. Significant impairment in an important area of life functioning, or
- b. A probability of significant deterioration in an important area of life functioning, or
- c. A probability that the child will not progress developmentally as individually appropriate.

C. Intervention Related Criteria

- a. The service is to address the condition(s) identified in Impairment Criteria Section B
- b. It is expected that the service will significantly improve the condition(s) identified in Impairment Criteria Section B
- c. The condition(s) would not be responsive to physical healthcare based treatment

X. MEETINGS/COMMUNICATIONS

The CONTRACT MONITOR shall convene regularly scheduled meeting with CONTRACTOR. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications. The CONTRACT MONITOR does not have the authority to authorize changes requiring a contract amendment.

XI. DESIGNATED CONTRACT MONITOR

Thomas Berg, Behavioral Health Services Manager
Monterey County Health Dept/Behavioral Health Bureau
1000 S. Main Street, Suite 210B
Salinas, CA 93906
Tel: (831) 796-1513
bergts@co.monterey.ca.us

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**EXHIBIT B-1:
PAYMENT AND BILLING PROVISIONS**

I. PAYMENT TYPES

Provisional Rates and Cash Flow Advances (CFA)

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-1 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, Mental Health Services, and Medication Support 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-1.

B. FISCAL YEAR BUDGET: **Program 1 – D'Arrigo Children's Clinic**

The program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$3,429,668.01** for Fiscal Year 2013-14 thru Fiscal Year 2015-16 as follows:

Monterey In-County Residents (Monterey County Medi-Cal Clients)							
Service Description	Mode	SFC	Estimated Units of Service	Cost/Unit CMA Rate	Annual Total Amount for FY 2013-14	Annual Total Amount for FY 2014-15	Annual Total Amount for FY 2015-16
Mental Health Services	15	10 -50	306,034	XCMA	\$ 829,352.14	\$ 829,352.14	\$ 829,352.14
Medication Support	15	60	15,188	XCMA	\$ 76,091.88	\$ 76,091.88	\$ 76,091.88
Case Management	15	01	42,067	XCMA	\$ 88,340.70	\$ 88,340.70	\$ 88,340.70
Program 1: SubTotal Per Fiscal Year					\$ 993,784.72	\$ 993,784.72	\$ 993,784.72

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Monterey County Residents (Other County Medi-Cal Clients)							
Service Description	Mode	SFC	Estimated Units of Service	Cost/Unit CMA Rate	Annual Total Amount for FY 2013-14	Annual Total Amount for FY 2014-15	Annual Total Amount for FY 2015-16
Mental Health Services	15	10 -50	36,750	XCMA	\$ 99,592.50	\$ 99,592.50	\$ 99,592.50
Medication Support	15	60	5,465	XCMA	\$ 27,379.65	\$ 27,379.65	\$ 27,379.65
Case Management	15	01	10,698	XCMA	\$ 22,465.80	\$ 22,465.80	\$ 22,465.80
Program 1: SubTotal Per Fiscal Year					\$149,437.95	\$149,437.95	\$149,437.95
Program 1: Total ANNUAL Maximum Contract Amount					\$1,143,222.67	\$1,143,222.67	\$1,143,222.67

C. FISCAL YEAR BUDGET: Program 2 – Adoption Preservation

The program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$894,282.15** for Fiscal Year 2013-14 thru Fiscal Year 2015-16 as follows:

Service Description	Mode	SFC	Estimated Units of Service	Cost/Unit CMA Rate	Annual Total Amount for FY 2013-14 (01/01/2014 - 06/30/2014)	Annual Total Amount for FY 2014-15	Annual Total Amount for FY 2015-16
Mental Health Services	15	10 -50	90,430	XCMA	\$245,065.30	\$245,065.30	\$245,065.30
Medication Support	15	60	4,038	XCMA	\$ 20,230.38	\$ 20,230.38	\$ 20,230.38
Case Management	15	01	15,618	XCMA	\$ 32,798.37	\$ 32,798.37	\$ 32,798.37
Program 2: Total ANNUAL Maximum Contract Amount					\$298,094.05	\$298,094.05	\$298,094.05

D. FISCAL YEAR BUDGET: Program 3 – Trauma Services Program

The program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$903,467.19** for Fiscal Year 2013-14 thru Fiscal Year 2015-16 as follows:

Service Description	Mode	SFC	Estimated Units of Service	Cost/Unit CMA Rate	Annual Total Amount for FY 2013-14	Annual Total Amount for FY 2014-15	Annual Total Amount for FY 2015-16
Mental Health Services	15	10 -50	97,855	XCMA	\$ 265,186.13	\$ 265,186.13	\$ 265,186.13
Case Management	15	60	17,128	XCMA	\$ 35,969.60	\$ 35,969.60	\$ 35,969.60
Program 3: Total ANNUAL Maximum Contract Amount					\$ 301,155.73	\$ 301,155.73	\$ 301,155.73

E. FISCAL YEAR BUDGET: **Program 4 – King City Children’s Clinic**

The program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$1,216,752.00** for Fiscal Year 2013-14 thru Fiscal Year 2015-16 as follows:

Service Description	Mode	SFC	Estimated Units of Service	Cost/Unit CMA Rate	Annual Total Amount for FY 2013-14 (01/01/2014 - 06/30/2014)	Annual Total Amount for FY 2014-15	Annual Total Amount for FY 2015-16
Mental Health Services	15	10 - 50	138,960	XCMA	\$ 195,120.00	\$ 376,581.00	\$ 376,581.00
Medication Support	15	60	9,700	XCMA	\$ 25,050.00	\$ 48,597.00	\$ 48,597.00
Case Management	15	01	27,713	XCMA	\$ 29,830.00	\$ 58,198.00	\$ 58,198.00
Program 3: ANNUAL Maximum Contract Amount					\$ 250,000.00	\$ 483,376.00	\$ 483,376.00

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F. FUNDING MATCH SOURCES

ANNUAL Maximum Contract Amount Match/Liability Breakdown for each FY 2013-14 thru FY 2015-16					
Program 1	Source of Match Funds	Maximum Annual Program Expense	Match Amount	Estimated FFP & EPSDT Amount	Maximum County Liability (MHSA/PEI) per FY 2013-14 thru FY 2015-16
D'Arrigo Children's Clinic	Mental Health Services Act (MHSA) Prevention/Early Intervention (PEI)	\$ 974,818.67	\$ 97,481.87	\$877,336.80	\$ 974,818.67
D'Arrigo Children's Clinic	Department of Social Services (DSS)/Kinship Support Services Program (KSSP) & MHSA/PEI	\$ 168,404.00	DSS: \$8420.20 & MHSA/PEI: \$8420.20	\$151,563.60	\$ 168,404.00
D'Arrigo Children's Clinic Total					\$ 1,143,222.67
Program 2	Source of Match Funds	Maximum Annual Program Expense	Match Amount	Estimated FFP & EPSDT Amount	Maximum County Liability (MHSA/PEI) per FY 2013-14 thru FY 2015-16
Adoption Preservation	MHSA/PEI	\$ 298,094.05	\$ 29,809.41	\$268,284.65	\$ 298,094.05
Adoption Preservation Services Total					\$ 298,094.05
Program 3	Source of Match Funds	Maximum Annual Program Expense	Match Amount	Estimated FFP & EPSDT Amount	Maximum County Liability (MHSA/PEI) per FY 2013-14 thru FY 2015-16
Trauma Svcs Progr	First 5 Monterey County	\$ 290,000.00	\$ 29,000.00	\$261,000.00	\$ 290,000.00
Trauma Svcs Progr	MHSA/PEI	\$ 11,155.73	\$ 1,115.57	\$ 10,040.16	\$ 11,155.73
Trauma Services Program Total					\$ 301,155.73
Program 4	Source of Match Funds	Maximum Annual Program Expense	Match Amount	Estimated FFP & EPSDT Amount	Maximum County Liability (MHSA/PEI) FY 2013-14
King City Children's Clinic	MHSA/PEI	\$ 250,000.00	\$ 25,000.00	\$225,000.00	\$ 250,000.00
King City Children's Clinic Services Total for FY 2013-14					\$ 250,000.00
Program 4	Source of Match Funds	Maximum Annual Program Expense	Match Amount	Estimated FFP & EPSDT Amount	Maximum County Liability (MHSA/PEI) FY 2014-15 thru FY 2015-16
King City Children's Clinic	MHSA/PEI	\$ 483,376.00	\$ 48,337.60	\$435,038.40	\$ 483,376.00
King City Children's Clinic Services Total					\$ 483,376.00

IV. PAYMENT CONDITIONS

A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act (“MHSA”), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources,

including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY'S Maximum Allowances (CMA), which is based on the most recent State's Schedule of Maximum Allowances (SMA) as established by the State's Department of Mental Health. The SMA Schedule shall be used until COUNTY establishes the COUNTY'S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B-1, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B-1, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program ("an eligible beneficiary"), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.
- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this

Agreement, along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30th) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

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

MCHDBHFinance@co.monterey.ca.us

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations incurred" included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.
- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR'S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.

- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR'S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

V. MAXIMUM OBLIGATION OF COUNTY

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum fiscal year amount for each Program not to exceed the funded amounts as listed in the following Section B. Maximum Annual Liability for a total maximum amount of **\$6,444,169.35** for services rendered under this Agreement.

B. Maximum Annual Liability:

Program Description	FISCAL YEAR LIABILITY			Program Totals
	2013-14	2014-15	2015-16	
Program 1: D'Arrigo Children's Clinic	\$1,143,222.67	\$1,143,222.67	\$1,143,222.67	\$3,429,668.01
Program 2: Adoption Preservation	\$ 298,094.05	\$ 298,094.05	\$ 298,094.05	\$ 894,282.15
Program 3: Trauma Services	\$ 301,155.73	\$ 301,155.73	\$ 301,155.73	\$ 903,467.19
Program 4: King City Children's Clinic	\$ 250,000.00	\$ 483,376.00	\$ 483,376.00	\$1,216,752.00
MAXIMUM COUNTY OBLIGATION PER FISCAL YEAR	\$1,992,472.45	\$2,225,848.45	\$2,225,848.45	\$ 6,444,169.35

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

VI. BILLING AND PAYMENT LIMITATIONS

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS

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

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

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

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall

certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY. CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.
- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.

- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.
- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

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

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
 - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
 - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.
- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health

services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.

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

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

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B-1,

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."

Cost Reimbursement Invoice Form
COUNTY OF MONTEREY, Behavioral Health Bureau

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

Contractor : Seneca Family of Agencies dba Kinship Center
 Address Line 1 | 124 River Road, Salinas, CA 93908
 Address Line 2 | _____
 Tel. No.: 831-435-4700
 Fax No.: _____
 Contract Term: FY 2013-14 thru FY 2015-16

FUNDED PROGRAM:

AVATAR Program, Mode and Service Function Code
 Financial Eligibility (Admission Criteria)
 Unduplicated Number of Clients Served:

Identify Program

Program 2: Adoption Preservation; 27CW

Service Description	Mode of Service	SFC	Procedure Code	Units of Service (UOS) Delivered to Date	Total UOS Delivered as of Last Period	UOS Delivered this Period	CMA Rate per Unit	Amount of UOS at CMA Rate or Cash Flow Advance (CFA)	Dollar Amount Requested this Period (lower of Net Cost or CMA/CFA)	Total Dollar Amount Requested last Period	Dollar Amount Requested Year-to-Date	Estimated FFP	AVATAR System	Variance																																																																
Case Management	15	1	301								\$ -	\$ -		\$ -																																																																
Medication Support	15	60	361								\$ -	\$ -		\$ -																																																																
Mental Health Services	15										\$ -	\$ -		\$ -																																																																
Collateral		10	311								\$ -	\$ -		\$ -																																																																
Assessment/Evaluation		30	331								\$ -	\$ -		\$ -																																																																
Individual Counseling		40	341								\$ -	\$ -		\$ -																																																																
Group Counseling		50	351								\$ -	\$ -		\$ -																																																																
Mental Health Rehab		45	381								\$ -	\$ -		\$ -																																																																
Plan Development		45	381								\$ -	\$ -		\$ -																																																																
TOTALS											\$ 298,094.05	\$ 298,094.05		\$ -																																																																
REMAINING AMOUNT																																																																														
<table border="0" style="width:100%"> <tr> <td style="width:50%">TOTAL ALLOWABLE PROGRAM EXPENDITURES</td> <td style="width:10%">Total BUDGET</td> <td style="width:10%">Cash Flow Advances</td> <td style="width:10%">Provisional Rates</td> <td style="width:10%">Total Dollar Amount Requested last Period</td> <td style="width:10%">Gross Expenses this Period</td> <td style="width:10%">Dollar Amount Requested Year-to-Date</td> <td style="width:10%">Remaining Amount in the Budget</td> </tr> <tr> <td>\$ 298,094.05</td> <td>\$ 298,094.05</td> <td>\$ -</td> <td>\$ 298,094.05</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ 298,094.05</td> </tr> <tr> <td>Less Other Revenues</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Use of Deferred Revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Net Cost Due from Monterey County</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount of UOS at CMA Rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Due from Monterey County - lower of Net Cost or CMA/CFA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Federal Financial Participation (FFP) Revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>															TOTAL ALLOWABLE PROGRAM EXPENDITURES	Total BUDGET	Cash Flow Advances	Provisional Rates	Total Dollar Amount Requested last Period	Gross Expenses this Period	Dollar Amount Requested Year-to-Date	Remaining Amount in the Budget	\$ 298,094.05	\$ 298,094.05	\$ -	\$ 298,094.05	\$ -	\$ -	\$ -	\$ 298,094.05	Less Other Revenues								Use of Deferred Revenue								Net Cost Due from Monterey County								Amount of UOS at CMA Rate								Due from Monterey County - lower of Net Cost or CMA/CFA								Federal Financial Participation (FFP) Revenue							
TOTAL ALLOWABLE PROGRAM EXPENDITURES	Total BUDGET	Cash Flow Advances	Provisional Rates	Total Dollar Amount Requested last Period	Gross Expenses this Period	Dollar Amount Requested Year-to-Date	Remaining Amount in the Budget																																																																							
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I certify that the information provided above is, to the best of my knowledge, complete and accurate. I request reimbursement for services rendered 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 above.

Signature: 
 Title: CEO

Date: 12/20/13
 Telephone: (510) 654 4004

Behavioral Health Authorization for Payment
 Behavioral Health Claims Section
 MCHDBHFinance@co.monterey.ca.us
 Authorized Signatory: _____ Date: _____

Cost Reimbursement Invoice Form
COUNTY OF MONTEREY, Behavioral Health Bureau

Contractor : Seneca Family of Agencies dba Kinship Center	Invoice Number :
Address Line 1 : 124 River Road, Salinas, CA 93908	County PO No.:
Address Line 2 :	Invoice Period :
Tel. No. : 831-455-4700	Final Invoice : <input type="checkbox"/> (Check if Yes)
Fax No. :	
Contract Term: FY 2013-14 thru FY 2015-16	

FUNDED PROGRAM: AVATAR Program, Mode and Service Function Code
 Financial Eligibility (Admission Criteria):
 Unduplicated Number of Clients Served:

Program 4: King City Children's Clinic; progr code pending

Service Description	Mode of Service	SFC	Procedure Code	Units of Service (UOS) Delivered to Date	Total UOS Delivered as of Last Period	UOS Delivered this Period	CMA Rate per Unit	Amount of UOS at CMA Rate or Cash Flow Advance (CFA)	Dollar Amount Requested this Period (lower of Net Cost or CMA/CFA)	Total Dollar Amount Requested last Period	Dollar Amount Requested Year-to-Date	Estimated FFP	AVATAR System	Variance
Case Management	15	1	301								\$ -	\$ -		\$ -
Medication Support	15	60	361								\$ -	\$ -		\$ -
Mental Health Services	15										\$ -	\$ -		\$ -
Collateral		10	311								\$ -	\$ -		\$ -
Assessment/Evaluation		30	331								\$ -	\$ -		\$ -
Individual Counseling		40	341								\$ -	\$ -		\$ -
Group Counseling		50	351								\$ -	\$ -		\$ -
Mental Health Rehab		45	381								\$ -	\$ -		\$ -
Plan Development		45	381								\$ -	\$ -		\$ -
TOTALS											\$ -	\$ -		\$ -
REMAINING AMOUNT														
Provisional Rates												\$ 250,000.00	\$ 250,000.00	\$ -
Cash Flow Advances												\$ 250,000.00	\$ 250,000.00	\$ -
Total BUDGET												\$ 250,000.00	\$ 250,000.00	\$ -
Total Dollar Amount Requested last Period												\$ -	\$ -	\$ -
Gross Expenses this Period												\$ -	\$ -	\$ -
Total ALLOWABLE PROGRAM EXPENDITURES												\$ -	\$ -	\$ -
Less Other Revenues												\$ -	\$ -	\$ -
Net Cost												\$ -	\$ -	\$ -
Use of Deferred Revenue												\$ -	\$ -	\$ -
Net Cost Due from Monterey County												\$ -	\$ -	\$ -
Amount of UOS at CMA Rate												\$ -	\$ -	\$ -
Due from Monterey County - lower of Net Cost or CMA/CFA												\$ -	\$ -	\$ -
Federal Financial Participation (FFP) Revenue												\$ -	\$ -	\$ -

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 this contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: *[Signature]* Title: CEO
 Date: 12/20/13 Telephone: (510) 654-4009
 Behavioral Health Authorization for Payment
 MCHD@finance@co.monterey.ca.us
 Behavioral Health Claims Section
 Authorized Signatory _____ Date _____

Seneca Family of Agencies/Kinship Center

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2013-14: Amendment No. 1

Program Name: PROGRAMS 1-4 GRAND TOTAL

AVATAR Program(s): 27CW, 27CW2, 27CW3, PENDING (P4)

Unduplicated Number of Clients Served _____

Address: 124 River Road, Salinas, CA 93908

Service Description	Mode of Service	Service Function Code	Total Units of Service	Amount Due from the COUNTY	Estimated Medi-Cal Units of Service	Estimated Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	603,069	\$ 1,634,317.00	\$ 603,069	\$ 1,470,884
Medication Support	15	60	29,691	\$ 148,752.00	\$ 29,691	\$ 133,877
Case Mgmt/Brokerage	15	01	99,716	\$ 209,404.00	\$ 99,716	\$ 188,464
				\$ 1,992,473.00		\$ 1,793,225.20

0.8999975

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Fund Participation		\$ 1,184,054.10	\$ 1,793,225.20	\$ 609,171.10
First 5 Monterey County (prog 3)		\$ 29,000.00	\$ 29,000.00	\$ -
MHSA (programs 1, 2, 3 & 4)		\$ 105,447.70	\$ 161,827.05	\$ 56,379.35
DSS/Kinship Support Services Program (prog 1)		\$ 8,420.20	\$ 8,420.20	\$ -
	\$ -		\$ -	\$ -
Total Requested Monterey County Funds	\$ -	\$ 1,326,922.00	\$ 1,992,472.45	\$ 665,550.45
Other Program Revenues	\$ -	\$ -	\$ -	\$ -
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ 1,326,922.00	\$ 1,992,472.45	\$ 665,553.56

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

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

A. Mode Costs (Direct Services)	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ -	\$ 624,739.00	\$ 1,007,440.75	\$ 382,701.75
2 Payroll taxes	\$ -	\$ 174,927.00	\$ 266,504.44	\$ 91,577.44
3 Employee benefits	\$ -	\$ -	\$ -	\$ -
4 Workers Compensation	\$ -	\$ -	\$ -	\$ -
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	\$ -	\$ -	\$ -	\$ -
6 Temporary Staffing	\$ -	\$ -	\$ -	\$ -
7 Flexible Client Spending (please provide supporting documents)	\$ -	\$ 11,700.00	\$ 18,521.00	\$ 6,821.00
8 Travel (costs incurred to carry out the program)	\$ -	\$ 12,239.00	\$ 23,040.00	\$ 10,801.00
9 Employee Travel and Conference	\$ -	\$ 15,000.00	\$ 21,613.00	\$ 6,613.00
10 Communication Costs	\$ -	\$ 15,319.00	\$ 22,284.00	\$ 6,965.00
11 Utilities	\$ -	\$ 11,642.00	\$ 16,937.00	\$ 5,295.00
12 Cleaning and Janitorial	\$ -	\$ -	\$ -	\$ -
13 Maintenance and Repairs - Buildings	\$ -	\$ 19,844.00	\$ 28,868.00	\$ 9,024.00
14 Maintenance and Repairs - Equipment	\$ -	\$ 1,175.00	\$ 1,709.00	\$ 534.00
15 Printing and Publications	\$ -	\$ 2,715.00	\$ 3,949.00	\$ 1,234.00
16 Memberships, Subscriptions and Dues	\$ -	\$ 1,644.00	\$ 2,661.00	\$ 1,017.00
17 Office Supplies	\$ -	\$ 9,395.00	\$ 15,048.00	\$ 5,653.00

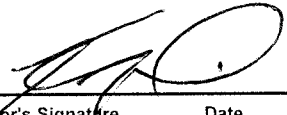
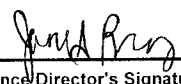
EXHIBIT H - 1

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
18 Postage and Mailing	\$ -	\$ 2,155.00	\$ 3,134.00	\$ 979.00
19 Medical Records	\$ -	\$ -	\$ -	\$ -
20 Data Processing	\$ -	\$ -	\$ -	\$ -
21 Rent and Leases - equipment	\$ -	\$ 1,577.00	\$ 2,295.00	\$ 718.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ -	\$ 30,000.00	\$ 39,801.00	\$ 9,801.00
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)	\$ -	\$ 37,532.00	\$ 48,767.00	\$ 11,235.00
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	\$ -	\$ 176,320.00	\$ 180,045.00	\$ 3,725.00
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)	\$ -	\$ 17,712.00	\$ 25,764.00	\$ 8,052.00
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ -	\$ 43,370.00	\$ 34,990.37	\$ (8,379.63)
29 Total Mode Costs	\$ -	\$ 1,209,005.00	\$ 1,763,371.56	\$ 554,366.56
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service				
30 Salaries and Benefits	\$ -	\$ -	\$ -	\$ -
31 Supplies	\$ -	\$ -	\$ -	\$ -
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	\$ -	\$ -	\$ -	\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ -	\$ -	\$ -	\$ -
34 Total Administrative Costs	\$ -	\$ -	\$ -	\$ -
35 TOTAL DIRECT COSTS	\$ -	\$ 1,209,005.00	\$ 1,763,371.56	\$ 554,366.56
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
INDIRECT COSTS	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
36 Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$ -	\$ -
37 Rent and Leases - equipment	\$ -	\$ -	\$ -	\$ -
38 Rent and Leases - building and improvements	\$ -	\$ 1,179.16	\$ 2,289.94	\$ 1,110.78
39 Taxes and assessments	\$ -	\$ -	\$ -	\$ -
40 Insurance and Indemnity	\$ -	\$ 4,716.64	\$ 9,164.77	\$ 4,448.13
41 Maintenance - equipment	\$ -	\$ -	\$ -	\$ -
42 Maintenance - building and improvements	\$ -	\$ 1,179.16	\$ 2,289.94	\$ 1,110.78
43 Utilities	\$ -	\$ 1,179.16	\$ 2,289.94	\$ 1,110.78
44 Household Expenses	\$ -	\$ -	\$ -	\$ -
45 Interest in Bonds	\$ -	\$ -	\$ -	\$ -
46 Interest in Other Long-term debts	\$ -	\$ 2,358.32	\$ 4,581.89	\$ 2,223.57
47 Other interest and finance charges	\$ -	\$ 12,970.76	\$ 25,201.37	\$ 12,230.61
48 Contracts Administration	\$ -	\$ 14,149.92	\$ 27,495.31	\$ 13,345.39
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	\$ -	\$ 69,570.44	\$ 135,169.60	\$ 65,599.16
53 Medical Records	\$ -	\$ -	\$ -	\$ -

EXHIBIT H - 1

		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
54	Other Professional and Specialized Services	\$ -	\$ 10,612.44	\$ 20,620.24	\$ 10,007.80
55	Transportation and Travel	\$ -	\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ -	\$ -	\$ -	\$ -
57	Total Indirect costs	\$ -	\$ 117,916.00	\$ 229,103.00	\$ 111,187.00
63	Total Allowable Costs	\$ -	\$ 1,326,921.00	\$ 1,992,474.56	\$ 665,553.56
COST REPORT INFORMATION:			Budget FY 2012-13	Budget FY 2013-14	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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


Date 12/20/13

Date 12/21/13

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

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Division Director	\$ 131,250	0.14	\$ 17,063
Program Director	\$ 75,596	1.00	\$ 73,706
Program Manager	\$ 61,950	2.00	\$ 92,925
Clinicians	\$ 49,161	11.92	\$ 561,172
Counselors	\$ 44,991	4.70	\$ 166,466
Case Assistants/Clerica	\$ 35,596	3.20	\$ 96,108
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries and Wages		22.96	\$ 1,007,441

EXHIBIT H-1

Seneca Family of Agencies/Kinship Center

**BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2013-14**

Program Name: D'Arrigo Clinic: Program 1

AVATAR Program(s) 27CW2

Unduplicated Number of Clients Served: _____

Address: 124 River Road, Salinas, CA 93908

Service Description Monterey County Residents (In-County Medi-Cal)	Mode of Service	Service Function Code	Total Units of Service	Maximum COUNTY Liability by Program (MHSA)	Estimated Medi- Cal Units of Service	Est Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	306,034	\$ 829,352.14	\$ 306,034	\$ 746,417
Medication Support	15	60	15,188	\$ 76,091.88	\$ 15,188	\$ 68,483
Case Mgmt/Brokerage	15	01	42,067	\$ 88,340.70	\$ 42,067	\$ 79,507
SubTotals				\$ 993,784.72	363,289	\$ 894,406.25

Service Description Monterey County Residents (Other County Medi-Cal)	Mode of Service	Service Function Code	Total Units of Service	Maximum COUNTY Liability by Program (MHSA)	Estimated Medi- Cal Units of Service	Est Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	36,750	\$ 99,592.50	36,750	\$ 89,633
Medication Support	15	60	5,465	\$ 27,379.65	5,465	\$ 24,642
Case Mgmt/Brokerage	15	01	10,698	\$ 22,465.80	10,698	\$ 20,219
SubTotals				\$ 149,437.95		\$ 134,494.16

Grand Totals	\$ 1,143,222.67		\$ 1,028,900.40
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	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Funding Participation		\$ 990,719.10	\$ 1,028,900.40	\$ 38,181.30
MHSA		\$ 72,659.70	\$ 105,902.07	\$ 33,242.37
DSS/Kinship Support Services Program		\$ 8,420.20	\$ 8,420.20	\$ -
First 5 Monterey County		\$ 29,000.00	\$ -	\$ (29,000.00)
Total Requested Monterey County Funds	\$ -	\$ 1,100,799.00	\$ 1,143,222.67	\$ 42,423.67
Other Program Revenues				\$ -
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ 1,100,799.00	\$ 1,143,222.67	\$ 42,425.00

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.

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 506,345.00	\$ 579,559.00	\$ 73,214.00
2 Payroll taxes		\$ 141,777.00	\$ 156,481.00	\$ 14,704.00
3 Employee benefits			\$ -	\$ -
4 Workers Compensation			\$ -	\$ -
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -	\$ -
6 Temporary Staffing			\$ -	\$ -
7 Flexible Client Spending (please provide supporting documents)		\$ 7,500.00	\$ 8,021.00	\$ 521.00
8 Travel (costs incurred to carry out the program)		\$ 5,239.00	\$ 8,390.00	\$ 3,151.00

EXHIBIT H-1

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
9 Employee Travel and Conference		\$ 10,000.00	\$ 10,283.00	\$ 283.00
10 Communication Costs		\$ 11,119.00	\$ 10,502.00	\$ (617.00)
11 Utilities		\$ 9,642.00	\$ 7,981.00	\$ (1,661.00)
12 Cleaning and Janitorial			\$ -	\$ -
13 Maintenance and Repairs - Buildings		\$ 17,844.00	\$ 13,604.00	\$ (4,240.00)
14 Maintenance and Repairs - Equipment		\$ 1,175.00	\$ 806.00	\$ (369.00)
15 Printing and Publications		\$ 2,715.00	\$ 1,861.00	\$ (854.00)
16 Memberships, Subscriptions and Dues		\$ 1,144.00	\$ 1,127.00	\$ (17.00)
17 Office Supplies		\$ 6,695.00	\$ 6,441.00	\$ (254.00)
18 Postage and Mailing		\$ 2,155.00	\$ 1,477.00	\$ (678.00)
19 Medical Records			\$ -	\$ -
20 Data Processing			\$ -	\$ -
21 Rent and Leases - equipment		\$ 1,577.00	\$ 1,081.00	\$ (496.00)
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 15,000.00	\$ 20,566.00	\$ 5,566.00
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) 124 River Road, Salinas, CA 93908		\$ 37,532.00	\$ 33,210.00	\$ (4,322.00)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 169,789.00	\$ 120,874.00	\$ (48,915.00)
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) \$1620 for Staff and Foster Family Recruitment \$10,739 dor Expendable Equipment		\$ 12,359.00	\$ 12,142.00	\$ (217.00)
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)		\$ 43,370.00	\$ 17,294.00	\$ (26,076.00)
29 Total Mode Costs	\$ -	\$ 1,002,977.00	\$ 1,011,700.00	\$ 8,723.00
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30 Salaries and Benefits				\$ -
31 Supplies				\$ -
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34 Total Administrative Costs	\$ -	\$ -	\$ -	\$ -
35 TOTAL DIRECT COSTS	\$ -	\$ 1,002,977.00	\$ 1,011,700.00	\$ 8,723.00
If Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
INDIRECT COSTS	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
36 Equipment (purchase price of less than \$5000)		\$ -	\$ -	\$ -
37 Rent and Leases - equipment		\$ -	\$ -	\$ -
38 Rent and Leases - building and improvements		\$ 978.22	\$ 1,315.21	\$ 336.99
39 Taxes and assessments		\$ -	\$ -	\$ -
40 Insurance and Indemnity		\$ 3,912.88	\$ 5,260.84	\$ 1,347.96
41 Maintenance - equipment		\$ -	\$ -	\$ -
42 Maintenance - building and improvements		\$ 978.22	\$ 1,315.21	\$ 336.99
43 Utilities		\$ 978.22	\$ 1,315.21	\$ 336.99
44 Household Expenses		\$ -	\$ -	\$ -
45 Interest in Bonds		\$ -	\$ -	\$ -

EXHIBIT H-1

		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
46	Interest in Other Long-term debts		\$ 1,956.44	\$ 2,630.42	\$ 673.98
47	Other interest and finance charges		\$ 10,760.42	\$ 14,467.31	\$ 3,706.89
48	Contracts Administration		\$ 11,738.64	\$ 15,782.52	\$ 4,043.88
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		\$ 57,714.98	\$ 77,597.39	\$ 19,882.41
53	Medical Records		\$ -	\$ -	\$ -
54	Other Professional and Specialized Services		\$ 8,803.98	\$ 11,839.89	\$ 3,035.91
55	Transportation and Travel		\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)		\$ -	\$ -	\$ -
57	Total Indirect costs	\$ -	\$ 97,822.00	\$ 131,524.00	\$ 33,702.00
63	Total Allowable Costs	\$ -	\$ 1,100,799.00	\$ 1,143,224.00	\$ 42,425.00
COST REPORT INFORMATION:			Budget FY 2012-13	Budget FY 2013-14	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature Date

Finance Director's Signature Date

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Division Director	\$ 131,250	0.08	\$ 10,500
Program Director	\$ 75,596	0.70	\$ 52,917
Program Manager	\$ 61,950	0.70	\$ 43,365
Clinicians	\$ 49,161	7.32	\$ 359,955
Counselors	\$ 44,991	1.40	\$ 62,987
Case Assistants/Clerica	\$ 35,596	1.40	\$ 49,834
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries and Wages			\$ 579,559

EXHIBIT H-1

Seneca Family of Agencies/Kinship Center

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2013-14 (Jan 1 thru Jun 30, 2014) Amendment No. 1

Program Name: Adoption Preservation: Program 2

AVATAR Program(s) 27CW

Unduplicated Number of Clients Served _____

Address: _____

124 River Road, Salinas, CA
93908

Service Description	Mode of Service	Service Function Code	Total Units of Service	Maximum COUNTY Liability by Program (MHSA)	Estimated Medi-Cal Units of Service	Est Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	90,430	\$ 245,065.58	90,430	\$ 220,559
Medication Support	15	60	4,038	\$ 20,229.09	4,038	\$ 18,207
Case Mgmt/Brokerage	15	01	15,618	\$ 32,799.38	15,618	\$ 29,519
Totals				\$ 298,094.05	110,086	\$ 268,284.64

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation		\$ 193,335.00	\$ 268,284.64	\$ 74,949.64
MHSA		\$ 32,788.00	\$ 29,809.41	\$ (2,978.59)
		\$ -		\$ -
Total Requested Monterey County Funds	\$ -	\$ 226,123.00	\$ 298,094.05	\$ 71,971.05
Other Program Revenues		\$ -		
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ 226,123.00	\$ 298,094.05	\$ 71,972.56

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 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 118,394.00	\$ 153,662.85	\$ 35,268.85
2 Payroll taxes		\$ 33,150.00	\$ 38,415.71	\$ 5,265.71
3 Employee benefits			\$ -	\$ -
4 Workers Compensation			\$ -	\$ -
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -	\$ -
6 Temporary Staffing			\$ -	\$ -
7 Flexible Client Spending (please provide supporting documents)		\$ 4,200.00	\$ 3,145.00	\$ (1,055.00)
8 Travel (costs incurred to carry out the program)		\$ 7,000.00	\$ 6,957.00	\$ (43.00)
9 Employee Travel and Conference		\$ 5,000.00	\$ 6,500.00	\$ 1,500.00
10 Communication Costs		\$ 4,200.00	\$ 2,154.00	\$ (2,046.00)
11 Utilities		\$ 2,000.00	\$ 1,636.00	\$ (364.00)
12 Cleaning and Janitorial			\$ -	\$ -
13 Maintenance and Repairs - Buildings		\$ 2,000.00	\$ 2,789.00	\$ 789.00
14 Maintenance and Repairs - Equipment			\$ 165.00	\$ 165.00
15 Printing and Publications			\$ 382.00	\$ 382.00
16 Memberships, Subscriptions and Dues		\$ 500.00	\$ 500.00	\$ -
17 Office Supplies		\$ 2,700.00	\$ 2,700.00	\$ -

EXHIBIT H-1

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
18 Postage and Mailing			\$ 303.00	\$ 303.00
19 Medical Records			\$ -	\$ -
20 Data Processing			\$ -	\$ -
21 Rent and Leases - equipment			\$ 222.00	\$ 222.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 15,000.00	\$ 4,217.00	\$ (10,783.00)
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)			\$ 6,809.00	\$ 6,809.00
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 6,531.00	\$ 27,329.00	\$ 20,798.00
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)		\$ 5,353.00	\$ 2,490.00	\$ (2,863.00)
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ 3,546.00	\$ 3,546.00
29 Total Mode Costs	\$ -	\$ 206,028.00	\$ 263,922.56	\$ 57,894.56
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service				
30 Salaries and Benefits				\$ -
31 Supplies				\$ -
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34 Total Administrative Costs	\$ -	\$ -	\$ -	\$ -
35 TOTAL DIRECT COSTS	\$ -	\$ 206,028.00	\$ 263,922.56	\$ 57,894.56
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
INDIRECT COSTS	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
36 Equipment (purchase price of less than \$5000)		\$ -	\$ -	\$ -
37 Rent and Leases - equipment		\$ -	\$ -	\$ -
38 Rent and Leases - building and improvements		\$ 200.94	\$ 341.73	\$ 140.79
39 Taxes and assessments		\$ -	\$ -	\$ -
40 Insurance and Indemnity		\$ 803.76	\$ 1,366.93	\$ 563.17
41 Maintenance - equipment		\$ -	\$ -	\$ -
42 Maintenance - building and improvements		\$ 200.94	\$ 341.73	\$ 140.79
43 Utilities		\$ 200.94	\$ 341.73	\$ 140.79
44 Household Expenses		\$ -	\$ -	\$ -
45 Interest in Bonds		\$ -	\$ -	\$ -
46 Interest in Other Long-term debts		\$ 401.88	\$ 683.47	\$ 281.59
47 Other interest and finance charges		\$ 2,210.34	\$ 3,759.06	\$ 1,548.72
48 Contracts Administration		\$ 2,411.28	\$ 4,100.79	\$ 1,689.51
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		\$ 11,855.46	\$ 20,162.21	\$ 8,306.75
53 Medical Records		\$ -	\$ -	\$ -

EXHIBIT H-1

		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
54	Other Professional and Specialized Services		\$ 1,808.46	\$ 3,074.35	\$ 1,265.89
55	Transportation and Travel		\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)		\$ -	\$ -	\$ -
57	Total Indirect costs	\$ -	\$ 20,094.00	\$ 34,172.00	\$ 14,078.00
63	Total Allowable Costs	\$ -	\$ 226,122.00	\$ 298,094.56	\$ 71,972.56
COST REPORT INFORMATION:			Budget FY 2012-13	Budget FY 2013-14	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

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

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

TITLE OF POSITION	Annual Salary/Wage	TE (Full Time Employees)	TOTAL
Division Director	\$ 131,250	0.02	\$ 2,625
Program Director	\$ 75,596	0.05	\$ 3,780
Program Manager	\$ 61,950	0.10	\$ 6,195
Clinicians	\$ 49,161	1.59	\$ 78,274
Counselors	\$ 44,991	1.00	\$ 44,991
Case Assistants/Clerica	\$ 35,596	0.50	\$ 17,798
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries and Wages			\$ 153,663

Seneca Family of Agencies/Kinship Center

BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2013-14

Program Name: Trauma Services Program: Program 3

AVATAR Program(ε 27CW3

Unduplicated Number of Clients Ser _____

Address: 124 River Road, Salinas, CA 93908

Service Description	Mode of Service	Service Function Code	Total Units of Service	Maximum COUNTY Liability by Program (MHSA)	Estimated Medi-Cal Units of Service	Est Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	97,855	\$ 265,186.13	97,855	\$ 238,667.52
Case Mgmt/ Brokerage	15	60	17,128	\$ 35,969.60	17,128	\$ 32,372.64
Totals				\$ 301,155.73	114,983	\$ 271,040.16

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Fund Participation		\$ -	\$ 271,040.16	\$ 271,040.16
MHSA		\$ -	\$ 1,115.57	\$ 1,115.57
First 5 Monterey County	\$ -	\$ -	\$ 29,000.00	\$ 29,000.00
		\$ -		\$ -
Total Requested Monterey County Funds	\$ -	\$ -	\$ 301,155.73	\$ 301,155.73
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ -	\$ 301,155.73	\$ 301,155.73

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

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

A. Mode Costs (Direct Services)		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)			\$ 152,672.00	\$ 152,672.00
2	Payroll taxes			\$ 41,221.00	\$ 41,221.00
3	Employee benefits				\$ -
4	Workers Compensation				\$ -
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6	Temporary Staffing				\$ -
7	Flexible Client Spending (please provide supporting documents)			\$ 2,113.00	\$ 2,113.00
8	Travel (costs incurred to carry out the program)			\$ 2,210.00	\$ 2,210.00
9	Employee Travel and Conference			\$ 2,709.00	\$ 2,709.00
10	Communication Costs			\$ 2,766.00	\$ 2,766.00
11	Utilities			\$ 2,103.00	\$ 2,103.00
12	Cleaning and Janitorial				\$ -
13	Maintenance and Repairs - Buildings			\$ 3,584.00	\$ 3,584.00
14	Maintenance and Repairs - Equipment			\$ 212.00	\$ 212.00
15	Printing and Publications			\$ 490.00	\$ 490.00

EXHIBIT H-1

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
16 Memberships, Subscriptions and Dues			\$ 297.00	\$ 297.00
17 Office Supplies			\$ 1,697.00	\$ 1,697.00
18 Postage and Mailing			\$ 389.00	\$ 389.00
19 Medical Records				\$ -
20 Data Processing				\$ -
21 Rent and Leases - equipment			\$ 285.00	\$ 285.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)			\$ 5,418.00	\$ 5,418.00
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)			\$ 8,748.00	\$ 8,748.00
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			\$ 31,842.00	\$ 31,842.00
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)			\$ 3,198.00	\$ 3,198.00
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ 4,556.00	\$ 4,556.00
29 Total Mode Costs	\$ -	\$ -	\$ 266,510.00	\$ 266,510.00
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and				
30 Salaries and Benefits				\$ -
31 Supplies				\$ -
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34 Total Administrative Costs	\$ -	\$ -	\$ -	\$ -
35 TOTAL DIRECT COSTS	\$ -	\$ -	\$ 266,510.00	\$ 266,510.00

II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.

INDIRECT COSTS	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
36 Equipment (purchase price of less than \$5000)			\$ -	\$ -
37 Rent and Leases - equipment			\$ -	\$ -
38 Rent and Leases - building and improvements			\$ 346.00	\$ 346.00
39 Taxes and assessments				\$ -
40 Insurance and Indemnity			\$ 1,386.00	\$ 1,386.00
41 Maintenance - equipment				\$ -
42 Maintenance - building and improvements			\$ 346.00	\$ 346.00
43 Utilities			\$ 346.00	\$ 346.00
44 Household Expenses				\$ -
45 Interest in Bonds				\$ -
46 Interest in Other Long-term debts			\$ 693.00	\$ 693.00
47 Other interest and finance charges			\$ 3,811.00	\$ 3,811.00
48 Contracts Administration			\$ 4,159.00	\$ 4,159.00
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))				\$ -

EXHIBIT H-1

		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
51	Data Processing				\$ -
52	Personnel Administration			\$ 20,441.00	\$ 20,441.00
53	Medical Records				\$ -
54	Other Professional and Specialized Services			\$ 3,118.00	\$ 3,118.00
55	Transportation and Travel			\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			\$ -	\$ -
57	Total Indirect costs	\$ -	\$ -	\$ 34,646.00	\$ 34,646.00
63	Total Allowable Costs	\$ -	\$ -	\$ 301,156.00	\$ 301,156.00
COST REPORT INFORMATION:			Budget FY 2012-13	Budget FY 2013-14	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

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

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

TITLE OF POSITION	Annual Salary/Wage	TE (Full Time Employed)	TOTAL
Division Director	\$ 131,250	0.02	\$ 2,625
Program Director	\$ 75,596	0.20	\$ 15,119
Program Manager	\$ 61,950	0.20	\$ 12,390
Clinicians	\$ 49,161	2.00	\$ 98,362
Counselors	\$ 44,991	0.30	\$ 13,497
Case Assistants/Clerica	\$ 35,596	0.30	\$ 10,679
			\$ -
			\$ -
			\$ -
Total Salaries and Wages			\$ 152,672

EXHIBIT H-1

Seneca Family of Agencies/Kinship Center

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2013-14 (Jan 1 thru Jun 30, 2014) - Amendment No. 1

Program Name: King City Children's Clinic

AVATAR Program(s) pending

Unduplicated Number of Clients Served _____

Address: 124 River Road, Salinas, CA 93908

Service Description	Mode of Service	Service Function Code	Total Units of Service	Maximum COUNTY Liability by Program (MHSA)	Estimated Medi-Cal Units of Service	Est Federal Financial Participation (FFP) Revenue
Mental Health Services	15	10 - 50	72,000	\$ 195,120.00	72,000	\$ 175,608.00
Medication Support	15	60	5,000	\$ 25,050.00	5,000	\$ 22,545.00
Case Mgmt/Brokerage	15	01	14,205	\$ 29,830.00	14,205	\$ 26,847.00
Totals				\$ 250,000.00	91,205	\$ 225,000.00

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Fund Participation		\$ -	\$ 225,000.00	\$ 225,000.00
MHSA		\$ -	\$ 25,000.00	\$ 25,000.00
	\$ -	\$ -		\$ -
Cash Flow Advances				\$ -
				\$ -
Total Requested Monterey County Funds	\$ -	\$ -	\$ 250,000.00	\$ 250,000.00
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ -	\$ 250,000.00	\$ 250,000.00

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

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 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)			\$ 121,546.90	\$ 121,546.90
2 Payroll taxes			\$ 30,386.73	\$ 30,386.73
3 Employee benefits				\$ -
4 Workers Compensation				\$ -
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)				\$ -
6 Temporary Staffing				\$ -
7 Flexible Client Spending (please provide supporting documents)			\$ 5,242.00	\$ 5,242.00
8 Travel (costs incurred to carry out the program)			\$ 5,483.00	\$ 5,483.00
9 Employee Travel and Conference			\$ 2,121.00	\$ 2,121.00
10 Communication Costs			\$ 6,862.00	\$ 6,862.00
11 Utilities			\$ 5,217.00	\$ 5,217.00
12 Cleaning and Janitorial			\$ -	\$ -
13 Maintenance and Repairs - Buildings			\$ 8,891.00	\$ 8,891.00
14 Maintenance and Repairs - Equipment			\$ 526.00	\$ 526.00
15 Printing and Publications			\$ 1,216.00	\$ 1,216.00
16 Memberships, Subscriptions and Dues			\$ 737.00	\$ 737.00
17 Office Supplies			\$ 4,210.00	\$ 4,210.00
18 Postage and Mailing			\$ 965.00	\$ 965.00
19 Medical Records				\$ -
20 Data Processing				\$ -
21 Rent and Leases - equipment			\$ 707.00	\$ 707.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)			\$ 9,600.00	\$ 9,600.00

EXHIBIT H-1

		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
23	Taxes and assessments (Please identify the property address and method of cost allocation)				\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)				\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)				\$ -
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27	Miscellaneous (please provide details)			\$ 7,934.00	\$ 7,934.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ 9,594.37	\$ 9,594.37
29	Total Mode Costs	\$ -	\$ -	\$ 221,239.00	\$ 221,239.00
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.					
30	Salaries and Benefits				\$ -
31	Supplies				\$ -
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.				\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34	Total Administrative Costs	\$ -	\$ -	\$ -	\$ -
35	TOTAL DIRECT COSTS	\$ -	\$ -	\$ 221,239.00	\$ 221,239.00
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.					
INDIRECT COSTS		Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
36	Equipment (purchase price of less than \$5000)			\$ -	\$ -
37	Rent and Leases - equipment			\$ -	\$ -
38	Rent and Leases - building and improvements			\$ 287.00	\$ 287.00
39	Taxes and assessments				\$ -
40	Insurance and Indemnity			\$ 1,151.00	\$ 1,151.00
41	Maintenance - equipment				\$ -
42	Maintenance - building and improvements			\$ 287.00	\$ 287.00
43	Utilities			\$ 287.00	\$ 287.00
44	Household Expenses				\$ -
45	Interest in Bonds				\$ -
46	Interest in Other Long-term debts			\$ 575.00	\$ 575.00
47	Other interest and finance charges			\$ 3,164.00	\$ 3,164.00
48	Contracts Administration			\$ 3,453.00	\$ 3,453.00
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			\$ 16,969.00	\$ 16,969.00
53	Medical Records				\$ -
54	Other Professional and Specialized Services			\$ 2,588.00	\$ 2,588.00
55	Transportation and Travel			\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			\$ -	\$ -
57	Total Indirect costs	\$ -	\$ -	\$ 28,761.00	\$ 28,761.00
63	Total Allowable Costs	\$ 25,000.00	\$ -	\$ 250,000.00	\$ 250,000.00
COST REPORT INFORMATION:			Budget FY 2012-13	Budget FY 2013-14	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

EXHIBIT H-1

	Actual FY 2011-12	Budget FY 2012-13	Budget FY 2013-14	Change
Executive Director's Signature _____	Finance Director's Signature _____			
Date _____	Date _____			

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL	FY13-14 @ 50%
Division Director	\$ 131,250	0.02	\$ 2,625	\$ 1,313
Program Director	\$ 75,596	0.05	\$ 3,780	\$ 1,890
Program Manager/Clinical Supervisor	\$ 61,950	1.00	\$ 61,950	\$ 30,975
Child & Family Therapist	\$ 49,161	1.00	\$ 49,161	\$ 24,581
Family Support Counselors	\$ 44,991	2.00	\$ 89,982	\$ 44,991
Program Assitant/Case Assistant	\$ 35,596	1.00	\$ 35,596	\$ 17,798
Total Salaries and Wages			\$ 243,094	\$ 121,547

Represents Half Year