



Monterey County

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Agreement No.: A-12493

Upon motion of Supervisor Parker, seconded by Supervisor Phillips and carried by those members present, the Board of Supervisors hereby:

Approved and authorized the Director of Health to execute Amendment No. 5 to the Mental Health Services Agreement A-12493 with Interim, Incorporated for housing, residential treatment, homeless outreach and support, and supported education and employment services for adults with serious mental illnesses. Amendment No. 5 increases the current Agreement amount of \$23,461,333 by \$1,298,926 in FY 2015-16 for a new total Agreement amount not to exceed \$24,760,259.

PASSED AND ADOPTED on this 7th day of July 2015, by the following vote, to wit:

AYES: Supervisors Armenta, Phillips, Salinas, Parker and Potter
NOES: None
ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 78 for the meeting on July 7, 2015.

Dated: July 17, 2015
File ID: A 15-223

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By *Jessie Hancock*
Deputy



Monterey County

188 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Board Report

Legistar File Number: A 15-223

July 07, 2015

Introduced: 6/18/2015

Version: 1

Current Status: Agenda Ready

Matter Type: BoS Agreement

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RECOMMENDATION:

It is recommended that the Board of Supervisors:

Approve and authorize the Director of Health to execute Amendment No. 5 to the Mental Health Services Agreement A-12493 with Interim, Incorporated for housing, residential treatment, homeless outreach and support, and supported education and employment services for adults with serious mental illnesses. Amendment No. 5 increases the current Agreement amount of \$23,461,333 by \$1,298,926 in FY 2015-16 for a new total Agreement amount not to exceed \$24,760,259.

SUMMARY/DISCUSSION:

Monterey County has contracted with Interim, Incorporated for many years to provide residential treatment programs, supportive housing, and community-based activities that provide normalizing experiences for individuals age 18 and older with serious mental illnesses. The proposed Amendment No. 5 increases funding for FY 2015-16 due to a 4% cost of doing business increase for services and additional funding for clinical quality assurance and data analysis activities as recommended by the County, and Wellness Navigators, who are persons with lived experience and employed by Interim, Inc. on a part-time basis. Wellness Navigators will provide peer mentorship to individuals recently hospitalized for a psychiatric emergency, in order to assure timely follow-up services by County adult system of care clinicians.

This Agreement contains the County's standard 30-day "no cause" provision (Section IV,D), which provides the County the ability to amend or terminate the Agreement in the event of a reduction and/or termination of funding. Should the funding be reduced or terminated, Behavioral Health Bureau will implement a plan to terminate this Agreement as needed.

This work supports the Monterey County Health Department 2011-2015 strategic plan initiatives: enhance community health and safety by emphasizing prevention; and ensure access to culturally and linguistically appropriate, customer-friendly, quality health services. It also supports one or more of the ten essential public health services, specifically: inform, educate, and empower people about health issues.


OTHER AGENCY INVOLVEMENT:

County Counsel, Auditor-Controller, and Risk Management have reviewed Amendment No. 5 as to legal form and fiscal provisions respectively. A copy of Amendment No. 5 to Agreement A-12493 is on file with the Clerk of the Board.

FINANCING:

This Agreement is funded by Federal Financial Participation (34%), Realignment (36%), Mental Health Services Act (28%), and federal grants (2%). The funds for this Agreement are included in the Health Department's Behavioral Health (HEA012, Unit 8410) Fiscal Year 2015-16 Adopted Budget.

Prepared by: Sarah Trueblood, Management Analyst, x8996

Approved by: Ray Bullick, Director of Health, x4526 

Attachment:

Amendment No. 5 to Agreement A-12493 is on file with Clerk of the Board.
Amendment No. 4 to Agreement A-12493 is on file with Clerk of the Board.
Amendment No. 3 to Agreement A-12493 is on file with Clerk of the Board.
Amendment No. 2 to Agreement A-12493 is on file with Clerk of the Board.
Amendment No. 1 to Agreement A-12493 is on file with Clerk of the Board.
Agreement A-12493 is on file with Clerk of the Board

**AMENDMENT NO. 5
TO MENTAL HEALTH SERVICES AGREEMENT NO. 12493
BETWEEN COUNTY OF MONTEREY AND
INTERIM, INC.**

THIS AMENDMENT is made to the AGREEMENT A-12493 for mental health services and supportive housing for mental health consumers by and between **INTERIM, INC.**, hereinafter "CONTRACTOR", and the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY).

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to increase the total amount of the AGREEMENT, and revise the EXHIBIT A PROGRAM DESCRIPTION, the EXHIBIT B PAYMENT AND BILLING PROVISIONS, the EXHIBIT G COST REIMBURSEMENT INVOICE FORM and EXHIBIT I REVENUE AND EXPENDITURE SUMMARY;

WHEREAS, the COUNTY and CONTRACTOR amended the AGREEMENT previously on April 7, 2015 via Amendment No. 4, on June 6, 2014 via Amendment No. 3, on February 28, 2014 via Amendment No. 2 and on October 3, 2013 via Amendment No. 1;

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

1. EXHIBIT A-5 – PROGRAM DESCRIPTION replaces EXHIBIT A-4, A-3, A-2, A-1 and A. All references in the Agreement to EXHIBIT A shall be construed to refer to exhibit A-5.
2. EXHIBIT B-5 – PAYMENT AND BILLING PROVISIONS replaces EXHIBIT B-4, B-3, B-2, B-1 and B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-5.
3. EXHIBIT G-5 COST REIMBURSEMENT INVOICE FORM replaces EXHIBITS G-3, G-2, G-1 AND G. All references in the Agreement to EXHIBIT G shall be construed to refer to EXHIBIT G-5.
4. EXHIBIT I-4 REVENUE & EXPENDITURE SUMMARY replaces EXHIBITS I-2, I-1 AND I. All references in the Agreement to EXHIBIT I shall be construed to refer to EXHIBIT I-4.
5. This Amendment No. 5 shall be effective July 1, 2015.
6. A copy of this AMENDMENT shall be attached to the original AGREEMENT executed by the COUNTY on June 25, 2013.

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

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 5 to Agreement A-12493 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head

Date: 7-20-15

Approved as to Form¹ _____
By: Slav Saetta

Date: 6/15/15
Deputy County Counsel

Approved as to Fiscal Provisions²
By: Tom Dally
Chief Deputy Auditor-Controller

Date: 6/16/15

Approved as to Liability Provisions³
By: _____
Risk Management

Date: _____

CONTRACTOR

INTERIM, INC.
Contractor's Business Name*

By: Barbara L. Mitchell
(Signature of Chair, President, or Vice-President)*

Barbara L. Mitchell
Name and Title Exec. Director

Date: 6/8/15

By: Pai Weerasakera
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Pai Weerasakera
Name and Title Director of Finance

Date: 6/8/15

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

¹ Approval by County Counsel is required.

² Approval by Auditor-Controller is required

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

EXHIBIT A-5
PROGRAM DESCRIPTION

I. IDENTIFICATION OF PROVIDER:

Interim, Incorporated.
P. O. Box 3222
Monterey, CA 93942

II. SERVICES DESCRIPTIONS:

Program One: Short-Term Crisis Residence/Manzanita House

Type of Facility:	24-Hour Adult Crisis Residential
Address of Delivery Site:	200 Casentini Street, Salinas, CA 93907
Operation Schedule:	Provides residents twenty-four (24) hour care, seven (7) days a week. Intake shall be on a twenty-four (24) hour basis with all County referrals made by Monterey County Behavioral Health Bureau (MCBHB) Adult and TAY System of Care (ASOC & TAYSOC) staff.
Limitation of Service:	Initially, consumers may receive up to seven (7) days of care.
Continued Stay Criteria:	Any extension of care beyond thirty (30) days requires authorization from the Behavioral Health Director or his/her designee. No consumer may stay longer than ninety (90) days.
Total # of Beds Available:	Fifteen (15)

A. Program Description

Interim, Inc. will operate a Community Care Licensed, short-term crisis residential program as an alternative to hospitalization in accordance with State of California Department of Social Services guidelines. Crisis residential services can be therapeutic and/or rehabilitation services that are provided in a 24-hour residential treatment program for individuals experiencing an acute psychiatric episode or crisis, and who do not present criteria for acute psychiatric care. The program supports individuals in their efforts to restore, maintain and apply interpersonal and independent living skills, and access to community support systems. Interventions concentrating on symptom reduction are the primary focus. Service activities shall include assessment, mental health treatment plan development, collateral services, and linkage. Interim will also provide short-term emergency shelter for homeless mentally ill adults. Manzanita's nurse provides consultation to assist in the development of a care plan for residents who have co-existing medical conditions. MCBHB Medical Director or his/her designee will provide medical consultation to nursing staff at the facility. MCBHB will also provide psychiatric services for all residents of Manzanita.

B. Program Goals

1. Provide fifteen (15) licensed adult crisis residential beds. Initially, the program can admit consumers for up to seven (7) days. During this period Individualized Consumer Service Plans must be developed and submitted to the client's case coordinator for approval.
2. Ensure that prior to the seventh (7th) day, each consumer will meet with Interim staff and a MCBHB Services Coordinator to review their progress and discharge plans. If deemed necessary, the County can extend the length of stay beyond the initial seven (7) days. Thereafter, each consumer must meet with Interim staff and the client's Case Coordinator to review the consumer's progress and determine if further residential care is required. Individualized consumer service plans must be updated every 30 days and approved through the County's authorization process.
3. Ensure that if discharge is appropriate, the consumer will have a comprehensive community discharge plan in coordination with the assigned coordinator.
4. Reduce the use of acute care hospitals by providing a community-based short-term crisis residential program which, in conjunction with other mental health services, represents a viable alternative to a higher level of care. This will include the availability to interview and accept consumers for admission seven (7) days per week and during evening hours.
5. Provide daily program and services to stabilize consumers so that they are able to maintain themselves in the community setting upon discharge from this program, by offering consumers an opportunity to address the psychosocial issues that contribute to the need for crisis placement and a higher level of care.
6. Provide staffing and intervention plans that help stabilize clients whose symptoms create intermittent challenges to community living.
7. Evaluate the consumer's strengths, needs, and resources and develop with the consumer and the coordinator a written intervention plan specifying the consumer's personal milestones/goals and assistance needed to accomplish these goals while in the program. Crisis residence staff will provide coordinators written service plans within seventy-two (72) hours of admission.
8. Provide written documents according to Medi-Cal standards and using wellness and recovery principles, as well as meet Department of Social Services Community Care Licensing regulations, and submit to the client's Case Coordinator who will review case consumer records for approval of the medical necessity, quality, appropriateness of services and adequate billing documentation.
9. Deliver all services in a culturally sensitive and competent manner.

C. Admission Criteria

1. Financial Eligibility: Short-Doyle Medi-Cal eligible or based on referral from MCBHB.
2. Referral through inpatient acute care units, crisis teams, and Services Coordinators, with admission approved by Interim staff. Intake shall be on a twenty-four (24) hour basis. Other Interim Supportive Housing program staff may refer directly to this program in the absence of an available Services Coordinator. The client's Services Coordinator approval is required within seventy-two (72) hours of admission for all County referrals. Interim staff shall assess all consumers for appropriateness to the level of care, compatibility with other residents, and safety.

3. Ambulatory adults 18 years of age and older with acute to moderate level of impairment but do not meet 5150 criteria that are under conservatorship or under voluntary terms.
4. Adults with DSM IV serious mental illness Diagnostic Categories including but not limited to:
 - schizophrenia
 - bipolar disorders
 - schizoaffective disorders
 - mental health disorders that substantially interfere with the person's functional ability to carry out primary aspects of daily living in the community

D. Population of Focus/Facility Specialization

Provide community-based short-term crisis residential program as an alternative to hospitalization for MCBHB consumers who are 18 years of age or older experiencing acute exacerbation of a psychiatric problem and/or an acute situational crisis that could necessitate hospitalization or whose psychiatric symptoms are not stable due to a co-occurring condition.

Program Two: Dual Diagnosis Program Residential/Day Treatment

Type of Facility:	24-Hour Adult Residential Treatment
Address of Delivery Site:	343 De La Vina St., Monterey, Ca. 93940
Operation Schedule:	Provides residents 24 hour care, 7 days a week. Intake will be by pre-arranged appointments.
Program Schedule	Monday through Friday, five hours of therapeutic groups offered per day.
Limitation of Service	Consumers residing in Bridge House may receive up to six (6) months of residential care.
Continued Stay Criteria:	Any extension beyond the six (6) months requires authorization by the Monterey County Behavioral Health Bureau Director or his/her designee.
Total # of Beds Available:	Thirteen (13)

A. Program Descriptions

1. Residential

Interim, Inc. will operate a community-based person-centered, trauma-informed dual diagnosis residential program in accordance with State guidelines. Transitional residential services for individuals with dual diagnosis are defined as a non-institutional residential setting where consumers are supported in their efforts to stabilize their psychiatric symptoms while restoring, maintaining, and applying interpersonal and skill building techniques. Transitional residential services programs shall provide a therapeutic/wellness and recovery community including a range of activities and services

for consumers who would be at risk of hospitalization or other more restrictive living settings if they were not in a transitional residential program. This program is required to be licensed by, and meet all of the requirements of, the Department of Social Services Community Care Licensing Division. MCBHB Medical Director or his/her designee will provide medical consultation to nursing staff at the facility.

2. Day Treatment

Interim, Inc. will operate a community-based person-centered, trauma-informed full day rehabilitation program for the thirteen (13) consumers residing in the dual diagnosed residential treatment program in accordance with State/Medi-Cal guidelines. Day Rehabilitation provides evaluation, rehabilitation, and mental health services to maintain or restore personal independence and functioning consistent with requirements for learning and development. It is an organized and structured program that provides services to a distinct group of consumers. Day Rehabilitation is a scheduled program of therapeutic services available for five hours or more per day.

The Day Rehabilitation program at the Bridge House Program, using wellness and recovery principles, will focus on assisting seriously mentally ill consumers, who also have a diagnosable substance abuse disorder, to develop the coping and recovery skills needed to successfully reintegrate into the community. This program will consist of a range of person-centered educational, recreational and therapeutic day program activities, e.g., symptom management, coping skills, wellness, stress management, recovery tools, relapse prevention, and living skills. Motivational Interviewing (MI), non-violent communication, Seeking Safety, Dialectical Behavioral Therapy (DBT), Wellness Recovery Action Plan (WRAP), cognitive behavioral therapy (CBT) and an adaptive twelve step/dual recovery model are employed, focusing on the mutually agreed upon written service plans that are authorized by the MCBHB Services staff.

B. Program Goals

1. Residential Facility

- a. Interim, Inc. will provide thirteen (13) beds as an adult residential transitional facility, providing a stable, community-based wellness and recovery living situation in which residents may obtain benefit from supportive counseling that addresses both their mental health and substance abuse problems in a therapeutic community setting.
- b. Reduce the risk of re-hospitalization for dual diagnosed consumers able to live in the community and take part in wellness and recovery and substance abuse recovery programs in the general community.
- c. Transition dual diagnosed consumers from more restrictive levels of care to less restrictive levels of care, e.g., from Institute for Mental Disease (IMD) Short-term Crisis Program, residential care facility, or skilled nursing facility, to a satellite house, independent living, or to a board and care facility.
- d. Assist residents to acquire social/living skills by involving consumers in major roles in the functioning of the household with increasing levels of responsibility in both the resident and general community. Consumers shall have personal goals

- conducive to their achieving management of their psychiatric symptoms and greater self-sufficiency in the community.
- e. Assist consumers to obtain successful recovery from their chemical addictions so that, upon discharge from this transitional residential program, they are to maintain themselves clean and sober six (6) months or more in the community.
 - f. Utilizing an adaptive twelve step and/or Dual Recovery model and a level of care system, the program will assist residents to develop their wellness and recovery skills and the community support needed to stay sober/drug free.
 - g. Within thirty (30) days of admission and jointly with the consumer and the Coordinator, evaluate the consumer's strengths, needs and resources and develop a written service/intervention plan specifying the consumer's personal milestones/goals and assistance needed to accomplish these wellness and recovery goals while in the program.
 - h. Ensure complete written documents of case records as per State regulations and Medi-Cal documentation standards and submit to the Coordinator all consumer records, which can be reviewed for approval of the medical necessity, quality and appropriateness of services. Also maintain consumer records within the regulations of Department of Social Services Community Care Licensing.
 - i. Deliver all services in a culturally sensitive and competent manner.

2. Day Treatment

- a. The Bridge House Day Program will reduce the risk of re-hospitalization for dual diagnosed consumers able to live in the community and take part in programs in the general community.
- b. Provide five (5) hours of structured therapeutic daytime activities (Monday through Friday) for the thirteen (13) consumers residing in the Bridge House Dual Diagnosis residential program.
- c. Provide consumers with the skills to maintain successful recovery from both mental illness and addiction so they may be able to maintain themselves in the community upon discharge from this program.
- d. Utilizing therapeutic groups and psychosocial modules and skill building, program staff will educate consumers regarding relapse and recovery issues and assist consumers to develop healthy support systems in the outside community.
- e. Within the first thirty (30) days of treatment, program staff will complete the initial intervention plan. The program will ensure that staff evaluates the consumer's strengths, needs and resources, and develops, with input from the consumer, a written intervention plan specifying the consumer's service plan goals and the assistance needed to accomplish these goals while in the program.

Document all services in case records, per State regulations under the social rehabilitation option. Program staff will submit case records to the Coordinator for review and approval of the medical necessity, quality and appropriateness of services.

- g. Link consumers with the community recovery support systems like twelve step and dual recovery programs. For those consumers in recovery, discharge plans will encourage personal sponsors to facilitate the consumer's re-entry into the community.
- h. Deliver all services in a culturally sensitive and competent manner.

C. Admission Criteria

1. Financial Eligibility: Short-Doyle Medi-Cal
2. Referral through client's Services Coordinators with admission approval by Interim staff. Program staff will assess consumers for appropriateness to the level of care, for compatibility with other residents, and safety.
3. DSM IV and Axis I Diagnostic Categories for both serious mental illness and substance abuse disorder.
 - schizophrenia
 - bipolar disorders
 - schizoaffective disorders
 - serious mental illness that substantially interferes with the person's ability to carry out primary aspects of daily living in the community
4. Consumers must reside in Bridge's Residential Program to be part of the Day Rehabilitation Program

D. Population of Focus

Adults with serious psychiatric disabilities who have a substance abuse disorder diagnosis and who require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Service Manager to monitor progress on consumer and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Three: Case Management and Mental Health Services; Community/Supportive Housing; Shelter Cove; Sandy Shores; Supported Education Services; Workforce Education & Training (WET); Dual Recovery Services (MHSA); and Outreach and Aftercare Services (SAMHSA Block Grant)

Address of Delivery Sites

Housing Placements:

Pearl Street Apartments, Monterey, CA
Casa de Los Robles, Monterey, CA
Horizons Apartments, Monterey, CA
Casa de Paloma, Salinas, CA
Acacia House, Salinas, CA
Catalyst Apartments, Salinas, CA
Mariposa Apartments Salinas, CA
California Street Project, Salinas, CA
Casa de Perla, Monterey, CA
Shelter Cove, Marina, CA
Sandy Shores, Marina, CA

Rockrose Gardens, Marina, CA
and other potential locations that may be developed.

Supported Education:
339 Pajaro Street, Salinas, CA 93901
Monterey Peninsula College, Hartnell College
and other educational facilities, e.g. Salinas Adult School,
based on consumer enrollment.

Program Schedule: Shelter Cove: Varies, generally Monday – Friday, 9:00 a.m. to 7:00 p.m.; Saturday and Sundays, 11:00 a.m. to 7:00 p.m. Resident Managers provide coverage on an on-call basis seven (7) days a week from 8:00 p.m. to 8:00 a.m.

Sandy Shores and Community Housing: Typically Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff are on-call and available by pager for emergencies. Staff schedule may vary based upon consumers' needs.

Supported Education Services: Typically Monday through Friday, 8:00 a.m. – 5:00 p.m.

Limitation of Service: Shelter Cove housing, limited two (2) year stay. For Shelter Cove, Sandy Shores, and some Community Housing locations, there are income limitations and individuals must meet the criteria of being homeless as defined by HUD regulations.

Target # of Consumers: Community Housing: One hundred (100+) consumers
Shelter Cove: Thirty Six (36) consumers
Sandy Shores: Twenty-eight (28) consumers

A. Program Description

1. Case Management and Mental Health Services

Interim, Inc. will provide Short-Doyle Medi-Cal (SD/MC) case management, crisis intervention, and mental health services for residents in all the supported housing programs in accordance with state guidelines established under the rehabilitation option. The Coordinator will approve these services for Shelter Cove, Sandy Shores, Supported Education Services, and Dual Recovery Services. Effective Amendment 4, the Service Coordination function was transferred to Interim Inc. for Community Housing. Amendment 5 will add one additional Case Coordinator in order to further eliminate duplication with the County Coordinators. Both Interim Inc. Coordinators or MCBHB Coordinators shall be either a licensed or license eligible practitioner of the healing arts and shall supervise all services. Case management services are activities provided by program staff to access/linkage to psychiatric, medical, educational, social, vocational, rehabilitative, or other needed community services. This may include inter and intra-agency consultation, communication and referrals, as well as monitoring service delivery or consumers' progress. Mental health services are interventions designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent

with the requirements for learning, development, independent living and enhancing self-sufficiency.

2. Community/Supportive Housing

- a. Interim, Inc. will provide a Supportive Housing Program, which provides 100+ housing placements for community independent living for chronically mentally disabled consumers. These placements are provided as individual apartments and/or cooperative group housing units. Interim shall obtain housing through purchase or lease agreements and then sublet or rent them to consumers who are enrolled in MCBHB services. Interim will work with the local housing authority to provide Section 8 housing subsidies for units when possible. Units are to be located in the Salinas Valley and on the Monterey Peninsula. In addition, administrative staff of Interim will work on the development of additional units to accommodate future growth.
- b. The Shelter Cove program will provide supported transitional housing for thirty-six (36) adults with a psychiatric disability and transition age youth age 18 and older who have mental health disorders that substantially interfere with their functional ability to carry out primary aspects of daily living in the community and who qualify as homeless under HUD guidelines. Consumers have a maximum length of stay of two (2) years. This program is primarily for individuals who are incapable of living completely independently and who need transitional affordable housing with support services in order to live successfully in the community. The program is designed to help individuals learn the skills necessary to move into more independent housing.
- c. The Sandy Shores program will provide twenty-eight (28) permanent housing beds in individual bedrooms for individuals with severe mental illness who are homeless according to HUD guidelines. Interim will provide case management, mental health and housing services in an effort to assist individuals to live in the community. These services will be coordinated with Services Coordinators.

3. Supported Education Services

Interim, Inc. will assist adults with psychiatric disabilities that substantially interfere with their ability to carry out primary aspects of daily living in the community, to be successful in the educational environment of their choice. This supported education service will be initiated by a referral from the client's case coordinator. Interim staff will assist consumers with class enrollment, coordinate services with the educational institution, and provide ongoing consumer support in the community.

4. Workforce Education & Training (WET)

WET promotes successful employment of consumers and family members in the public mental health system in Monterey County. Interim, Inc. will provide outreach, recruitment, training and orientations for all consumers and families employed by Interim in peer and family support positions. Interim will also provide employment and educational support services, job recruitment, job analysis, training, and job coaching for mental health consumers to promote a diverse and stable mental health workforce. This expansion will assist in supporting the additional consumer and family member

employees; MCBHB also uses these services for training and support of consumers employed by MCBHB. All services are consistent with the Mental Health Services Act (MHSA) guidelines and must incorporate the General Standards set forth in Title 9, California Code of Regulations (CCR), Section 3320:1) wellness, recovery and resilience, 2) cultural competence, 3) consumer and family driven mental health services, 4) an integrated service experience, and 5) collaboration with the community.

5. Dual Recovery Services (MHSA)

The purpose of these services is to reduce the length of stay at the Bridge House dual recovery residential program, to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and transitional age youth in the MCBHB Adult & TAY Systems of Care. Best evidence practice indicates that in order to make a successful adjustment back to community living for individuals with dual recovery issues, consumers need activities every day that promote a clean and sober life style. The staff and the consumer will develop written daily schedules for individuals to have and to follow. These schedules will include various treatment options that include: skill building groups, recovery oriented community based groups and other structured activities which promote healthy community living and help to reduce the triggers that lead to relapse of substance use. Individual written service plans will be developed for each consumer moving into this phase of community based treatment and will help teach consumers how to avoid drug and alcohol use while strengthening healthy social supports using wellness and recovery principles.

6. Outreach and Aftercare Services (OAS) (SAMHSA Block Grant)

Interim, Inc. staff will focus on providing outreach and aftercare services for dually disordered individuals living in the community who are at risk, and those who are in need of a dual recovery or other drug and alcohol treatment program. The goal will be to ensure stability of psychiatric symptoms and are engaged in harm reduction or clean and sober living, satisfying daily/structured activities, and the opportunity to successfully reintegrate into the larger community.

OAS provides individual and group services for dually diagnosed adults who are not opened to the Monterey County Behavioral Health Care System (except in South County) because they either do not meet the eligibility criteria for the Adult System of Care or lack Medi-Cal. These adults with co-occurring disorders need support in both their mental health and drug and alcohol recovery in order to successfully live in the community. Some of the individuals that OAS will serve are dually diagnosed adults who have been recently released from jail. OAS will provide individual and group dual recovery support services to clients being monitored by the Probation Department. OAS will also take referrals for homeless adults who have dual recovery needs. OAS will refer clients who are eligible to MCBHB and/or other resources in the community. OAS will provide individual and group support for individuals living in South County weekly. These dual recovery groups in South County are open to both clients who are served by MCBHB and clients who are not currently open to MCBHB.

B. Program Goals

1. Community/Supportive Housing Services - Case Management and Mental Health Services
 - a. To intervene as needed either directly or indirectly in assisting individuals with severe, persistent mental illness who reside in Interim, Inc., independent living program and utilize the MCBHB psychiatric services to function as independently as possible in the community.
 - b. To monitor, coordinate and assist the resident in obtaining treatment, social services resources, and other available resources in the community.
 - c. To assist consumers in achieving success according to their individual intervention plan developed jointly by the consumer, staff and the Services Coordinator.
 - d. To document in case records as per State regulations under the social rehabilitation option and submit consumer case records to the Services Coordinator for authorization and approval of the medical necessity, quality and appropriateness of case management and rehabilitative mental health services.
 - e. To document consumer information in case records which specific rehabilitation service provided, the date of service and the time spent providing services and the consumer's response to the intervention.
 - f. To provide Short-Doyle/Medi-Cal reimbursable services, which include mental health services and case management/brokerage services.
 - g. To provide management of the housing units.
 - h. To maintain a ninety percent (90%) occupancy rate.
 - i. To provide permanent housing in a supportive independent living situation for consumers enrolled in MCBHB services that have evidenced an ability to live independently with support services.
 - j. To provide permanent housing at Rockrose Gardens with nine (9) of the twenty (20) units designated for consumers that are homeless or at risk of homelessness as per the MHSA Housing program requirements.
2. Shelter Cove & Sandy Shores Services
 - a. To provide affordable, supported housing for adults who experience mental illness and are homeless due to their inability to secure suitable, supportive and affordable housing. There will be thirty-six (36) transitional residential units at Shelter Cove and twenty-eight (28) permanent housing residential units at Sandy Shores.
 - b. To provide management of all the housing units.
 - c. To offer dinner meal service for one hundred percent (100%) of the Shelter Cove residents each day of the week at no cost to residents.
 - d. Shelter Cove will provide transitional housing in a supported independent living situation for consumers who have shown an inability to live independently without support services.
 - e. Fifty percent (50%) of the individuals at Shelter Cove will move out to either Sandy Shores within their two (2) year transition period, to Community Housing or to independent living in the community.
 - f. Staff will work with all individuals to assist with developing meaningful structured daytime activities either on site or in the community.

- g. Shelter Cove will provide daily groups, Monday through Friday, providing mental health services and independent living skills development.

3. Supported Education Services

- a. To increase and improve educational opportunities including access and retention to educational institutions for individuals with psychiatric disabilities.
- b. To enroll a minimum of twenty (20) psychiatrically disabled adults each semester in academic classes during the school year at Monterey Peninsula College, Hartnell College, CSU Monterey Bay, Adult School or ROP, etc. To assist other adults who enroll in summer classes.
- c. To provide counseling and support to individuals with psychiatric disabilities individually and in groups as well as to provide support even if consumers have not decided on a vocational goal.
- d. To assist consumers with pre-enrollment, enrollment and completing BOG waivers, financial aid applications, linkage to resources on campus (i.e. Supported Services, EOPS), obtaining accommodations identified as needed. Link clients to Supportive Service, Disabled Students Programs & Services, EOPS and tutoring services on campus.
- e. To provide supported educational services to consumers without educational plans. Staff will minimally meet with students without vocational plans once per year to discuss developing a plan.

4. Workforce Education & Training (WET)

- a. The 1.5 FTE Employment Training and Development Specialists will support recovery taskforces and workforce collaboratives, which support employment of consumers and family members in the mental health system.
- b. Provide twenty-four (24) trainings per fiscal year on skill development areas such as recovery principles, Medi-Cal billing, work expectations (i.e. how to receive feedback on work performance) and peer support. Topics will be developed by utilizing input from consumers and supervisors.
- c. Provide two (2) to three (3) support groups per month for vocational support of consumers and family members who are employed in the public mental health system.
- d. Annually, provide individual job support to sixty (60) consumers or family members. Services to be offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.
- e. Attend Quarterly Meetings with Monterey County Behavioral WE&T Coordinator, if there is a WET Coordinator assigned by MCBHB. The WE&T Coordinator shall convene quarterly meetings which will include community based organizations to discuss the implementation of the program, issues, evaluate services utilization and effectiveness, and make recommendations for program modifications; as well as a review of the number and percentage of eligible staff, consumers/family members receiving skill development and job support services, attending support groups and trainings, and consumer satisfaction survey results.
- f. The Employment Training and Development Specialist will work with local, regional and statewide collaboratives, which promote hiring people with psychiatric disabilities.

5. Dual Recovery Services (DRS) (MHSA)
 - a. Increase consumers' successful adjustment to community living after completion of the dual recovery residential program by reducing the relapse rate.
 - b. Provide Rehabilitation/Relapse Prevention: social skills training and on-going support.
 - c. Develop Wellness Recovery Action Plans and Dual Recovery Anonymous groups.
 - d. Provide Symptom Management Support/Wellness Programs, understanding and dealing with the stresses of daily living, understanding what triggers psychiatric symptoms and the interplay of using/abusing of substances.
 - e. Provide Education that includes: strategies for continued recovery of addiction, use of twelve step and dual recovery education programs, peer advocacy/counseling to maintain sobriety, and alcohol and drug education groups aimed at preventing relapse.
 - f. Provide DRS Group Activities: Drug/Alcohol Education and Other Support Groups
 - 1) Provide one (1) drug and alcohol education groups in Salinas. The group will meet weekly for (1) one hour.
 - 2) Provide two WRAP (Wellness Recovery Action Plan) groups in two (2) communities (Monterey and Salinas). Each group will meet weekly for one (1) hour.
 - 3) Facilitate one (1) substance treatment graduate/alumni groups in Monterey. This group will meet weekly for one (1) hour.
 - 4) Provide one (1) Relapse Prevention group in Salinas. This group will meet weekly for one (1) hour.
 - 5) Provide one (1) "Back on Track" group in Salinas. This group will meet for six (6) sessions on a weekly basis for one (1) hour in duration. The group will be activated whenever two (2) or more individuals have relapsed and are in need of additional support.
 - 6) Provide two support groups for consumers in the South Monterey County region one day per week.

6. Outreach and Aftercare Services (SAMHSA Block Grant)

Provide Outreach and Support services as follows:

- a. Provide individual support for seventy (70) outreach and aftercare consumers in three communities (Monterey, Salinas, and Marina).
- b. Provide four (4) Dual Recovery Anonymous (DRA) groups/week in two (2) communities (Monterey and Salinas). Train and supervise one (1) fifteen (15) hours/week peer counselor to serve as a leader for the DRA groups.

C. Admission Criteria

1. Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status (Excluding J. WET, and L. Outreach and Aftercare Services SAMHSA Block Grant)
2. Referral through Interim Case Coordinators and MCBHB Service Coordinators with admission approval by Interim, Inc. staff.

D. Population of Focus

The populations to be served are adults with major psychiatric disabilities and transition age youth age 18 and older who have mental health disorders that substantially interfere with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatric services through MCBHB. Upon discharge from MCBHB services or Interim, rehabilitative mental health and case management services will be terminated.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Service Manager and the WE&T Coordinator to monitor progress on consumer and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Four: MCHOME Homeless Mentally Ill Adults Program

Type of Program:	Full Service Partnership model, services for adults with mental illness who are homeless or at high risk of homelessness. Outreach and engagement, case management, mental health services, and supportive housing.
Address of Delivery Site:	Countywide
Limitation of Service:	Homeless (and at high risk of homelessness) and Mentally Ill consumers throughout Monterey County
Target # of Consumers MHSA:	Fifty (50) Consumers

A. Program Description

The MCHOME program promotes the tenets of the “Full Service Partnership” (FSP) model required by the Mental Health Services Act funding which provides assessments, outreach, intensive case management services, mental health services, medication support and assistance with daily living skills in order for consumers to live self-sufficiently in the community. MCHOME is a collaborative program with MCBHB and other local homeless service providers. MCHOME Program provides outreach services for adults with a psychiatric disability who are homeless or at high risk of homelessness. The purpose of the program is to assist adults with mental illness off the street into housing and employed and/or on benefits. Interim, Inc. works closely with MCBHB to help individuals who are not currently receiving services from the public behavioral healthcare system to obtain psychiatric medications and other needed medical services. The program also works closely with the Department of Social Services to help individuals to enroll in benefits, including SSI.

No MCBHB referral is required for admission to MCHOME. However, MCHOME will accept referrals from MCBHB staff for Monterey County consumers who are homeless. MCHOME staff will travel to the site where the homeless person is located and will provide immediate evaluation to determine probable eligibility and will work to enroll the individual in the program. The response team members will then assess and transport the individual for services. These staff will coordinate with other programs serving the MCHOME population. The MCHOME team will have the assistance of a coordinator to set up the framework for treatment. The MCHOME team will arrange for the MCBHB Psychiatrist to assess, treat, and administer medication to help stabilize the individual in community living.

B. Program Goals

1. Reduce the number of homeless seriously mentally ill adults living on the streets in Monterey County.
2. Provide a "whatever it takes" intensive case management service approach to assist mentally ill individuals to gain support and live in community settings.
3. Coordinate services available to homeless mentally ill adults. The total number to be served is fifty (50) consumers (up to 23 are housed at Sunflower Gardens).
4. Assist in obtaining income or benefits to assist in stabilization in the community.
5. Provide or arrange for housing e.g., hotels, shelters, transitional housing and permanent housing for persons served in the MCHOME program using the following strategies:
 - a. Provide housing for up minimum of ten (10) consumers in transitional housing or emergency hotel rooms within Monterey County in addition to the permanent supportive housing and the transitional units at Sunflower Gardens in Salinas.
 - b. Refer other consumers to shelters, transitional housing and permanent housing i.e., assist in obtaining rent vouchers.
6. Improve the overall functioning of the community's service delivery system to homeless mentally ill adults i.e., easier access to available mental health services with the following expected outcomes:
 - Consumer satisfaction with the quality of services provided will be high.
 - Eighty percent (80%) of the residents will report a substantial improvement in quality of life as a result of the services received from entry point benchmark
 - Eighty percent (80%) of the MCHOME residents will receive assistance in completing housing applications if needed and when available i.e. Section 8 and Shelter Plus Care Rent Vouchers.
 - Participate in regular assessments of the level of care needed as part of a Full Service Partnership (FSP).
7. Provide case management and coordination or purchase of services, peer counseling, benefits counseling and applications i.e. Section 8 or Shelter Plus Care housing vouchers. The expected outcomes will be as follows:
 - One hundred percent (100%) of the MCHOME residents in transitional and permanent housing will have one or more individualized mental health service plans utilizing strengths based approach to provide stability in community living.

- Sixty-five percent (65%) of the residents living in MCHOME transitional housing will receive benefits or employment within the first year of housing.
8. Provide food, clothing, and other personal need items to help support community living.
 9. Provide evaluation and referral to the following Interim, Inc. programs which may occur on an as-needed basis with the permission of the client's Case Coordinator (for permanent housing a MCBHB Services Manager must grant approval):
 - Crisis residential treatment at Interim's Manzanita House
 - Dual Diagnosis residential treatment at Interim's Bridge House
 - Dual Diagnosis outreach, follow-up, engagement, peer support groups
 - Transitional housing for homeless at Interim's Shelter Cove
 - Permanent housing for homeless in Interim housing in Salinas, Monterey and Marina
 - Supported Education and/or Employment Services at Interim's SEES program
 10. Establish community partnerships with law enforcement, veterans' services, Probation, housing coalitions, city officials, businesses, etc. as well as engage in joint outreach to identify consumers for enrollment.

C. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Five: Intensive Supportive Housing Services – Lupine Gardens

Type of Program:	Intensive Supportive Housing Service – Full Service Partnership (FSP)
Address of Delivery Site:	306 Soledad Street, Salinas
Limitation of Service:	Consumers must meet FSP eligibility criteria
Target # of Consumers:	Twenty (20) Adults

A. Program Description

Lupine Gardens will provide safe, affordable, quality permanent housing for twenty (20) very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness and require additional support necessary to live independently in the community. The service array includes: Intensive case management provided in the "Full Service Partnership" (FSP) model as required by Mental Health Services Act funding, medication coaching and assistance with daily living skills i.e., meals, house cleaning, and laundry services, in order to live

independently in the community. These intensive support services are not available in Interim's other permanent housing projects.

B. Program Goals

1. Provide permanent housing for twenty (20) adults with psychiatric disabilities who are homeless or at risk of homelessness. Outcome: Sixty percent (60%) of the individuals served will remain in permanent housing for at least one (1) year.
2. Provide intensive mental health and case management services including peer counseling, crisis intervention, and medication support. Assist consumers in arranging for optional meal service, house cleaning, and laundry services. Provide linkage and assessment. Provide transportation assistance as needed, while encouraging residents to use public transportation. Seeking the following consumer outcomes:
 - Seventy-five percent (75%) of consumers will rate satisfaction with the quality of services provided as satisfied or very satisfied on the client satisfaction survey.
 - Eighty percent (80%) of the residents will report a substantial improvement in quality of life as a result of the services received at Lupine Gardens.
 - Forty percent (40%) of the individuals will participate in various community programs, social support program, or peer operated wellness recovery program, i.e., Pajaro Wellness Center programs, Dual Recovery Services. .
3. Promote employment as important part of individual's wellness and recovery process. Outcome: Ten percent (10%) of the residents will participate in vocational training, will be employed or will perform volunteer work.
4. Enhance each resident's self-sufficiency and independent living skills. Outcome: Twenty percent (20%) of the residents will require less intensive support services or will move to a more independent level of housing within 2 years.

C. Admission Criteria

1. Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status.
2. Meet HUD income qualifications, and HCD qualifications for homelessness or at risk of homelessness.
3. Referral through the Service Coordinators with admission approval by Interim, Inc. staff.

D. Population of Focus

Adults with serious psychiatric disabilities.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Six: Wellness Recovery Centers for Adults - OMNI Resource Center

Type of Program: A. Wellness & Recovery/Prevention & Early Intervention

Address of Delivery Sites: 339 Pajaro Street Salinas, CA 93901
608 Pearl St., Monterey
and Behavioral Health/Primary Care Integrated Clinic
locations in Salinas, Marina and King City

Program Schedule: Monday through Friday, 11am to 4pm in Salinas
Monday through Friday, Noon to 5 p.m. in Monterey

Target # of Consumers: Five hundred (500) unduplicated consumers and family
members annually

A. Program Description

As part of the Monterey County Mental Health Services Act (MHSA) Plan, the Contractor will assist adults with mental health challenges residing in Monterey County to acquire the skills and resources to live successfully in the community. Consumers do not have to be affiliated with Interim Inc.'s housing facilities or MCBHB to participate in the recovery oriented support groups nor do they need a referral. There will be coordination with the OMNI Resource Center in providing services. OMNI will promote consumer wellness and recovery by operating a center that provides self-help groups, including socialization groups, to assist members in pursuing personal and social growth and change; as well as groups to provide peer support in order to specifically address issues of personal growth. Recreational activities include: outings, monthly dinners, holiday dinners or events, annual Volunteer appreciation luncheon, computer and internet access.

B. Program Goals: Wellness & Recovery/Prevention & Early Intervention

1. Provide Wellness Recovery Centers for Adults in Salinas that are directed and operated by mental health consumers and family members. Consumers on the Monterey Peninsula are encouraged to use OMNI. Occasionally activities are provided on the Monterey Peninsula.
2. Assure services are provided in welcoming environment that is culturally and linguistically competent.
3. Facilitate the provision of wellness recovery action planning groups and peer-led self-help/support groups.
4. Employ consumers as staff.
5. Facilitate development of an advisory committee/council composed of a majority of consumers who will assist in the decision making process of running the day to day operation of both centers.

6. Organize safe and fun recreational and social activities based on consumer feedback which promote wellness and recovery. Recreational activities are regularly scheduled, including monthly and holiday dinners, dances, and outings.
7. Operate the OMNI Resource Center on days and hours that create maximum access for mental health consumer's participation.
8. Develop volunteer opportunities for at least ten consumers to assist with the running of the activities.
9. Facilitate the Recovery Task Force.
10. Offer weekly Smoking Cessation groups.
11. Promote the message that wellness and recovery is possible.
12. Provide peer-led self-help/support groups twice per week in Salinas for Transition Age Youth.
13. Offer a minimum two (2) mental health recovery groups once a week in East Salinas and once per month in South County by bi-lingual (Spanish speaking) staff.
14. Receive eighty percent (80%) or higher satisfaction rate on Consumer Satisfaction Surveys to be distributed bi-annually.
15. Serve five hundred (500) unduplicated consumers on an annual basis.

C. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager(s) to monitor progress on consumer and project outcomes. Contractor will be required to report outcome data regularly to MCBHB according to the requirements as set forth by the federal Substance Abuse and Mental Health Administration (SAMHSA), State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the SAMHSA, State and the MCBHB.

Program Seven: Creating New Choices "CNC"

Type of Program:	Supportive Housing
Address of Delivery Site:	439 Soledad St., Salinas
Limitation of Service:	Adult Mentally Ill Offenders
Target # of Consumers:	Four (4)

A. Program Description

As previously developed by a California Board of Corrections Mentally Ill Offenders Crime Reduction grant, Interim, Inc. will provide stable housing that is designed for the individual needs of the consumer as well as a central place for peer group interaction in the community. Mentally ill offenders can check in with staff to maximize the social gains that can be made through peer pressure as well as reside in a supportive group residence with space to conduct cognitive skill groups and other social skills learning activities. This will also provide a central place and a program identity that fosters positive peer support. This program, Creating New Choices (CNC) is a Full Service Partnership (FSP) program as included in the Monterey County Mental Health Services Act (MHSA) Plan.

B. Program Goals

1. Provide a stable supportive housing environment and a positive peer culture.
2. Use a FSP philosophy of “whatever it takes” to ensure consumers reside successfully in the community.
3. Help to reduce the criminal recidivism rate amongst mentally ill offenders as well as assist consumers to integrate successfully back into the community.

C. Admission Criteria

1. Ambulatory adults 18 years of age and older with acute to moderate level of impairment but does not meet 5150 criteria.
2. Adults with DSM IV serious mental illness Diagnostic Categories including but not limited to:
 - Schizophrenia
 - bipolar disorders
 - schizoaffective disorders
 - mental health disorders that substantially interfere with the person’s ability to carry out primary aspects of daily living in the community.
3. Referral through MCBHB Forensic Services Team with admission approval by Interim staff. Priority will be given to CNC consumers for the beds at Soledad House. If a Soledad House bed is empty and the MCBHB team does not have CNC consumers to refer, the bed can be used by consumers receiving a level of service consistent with Community Housing.

D. Population of Focus

Adults who have been incarcerated and recently released with serious psychiatric disabilities and require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will be required to report outcome data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Eight: Sunflower Gardens

Type of Program:	Permanent Supportive Housing 15 Units (13 efficiency units and 2 shared units) Transitional Housing (2 efficiency units)
Address of Delivery Site:	29 Sun Street, Salinas
Target # of Consumers:	23 individuals (See Exhibit H)

A. Program Description

Interim, Inc. will provide services to individuals with serious mental illness who are homeless or at risk of homelessness during a transition period whereby individuals are referred to this program by MCBHB and permanent placement into an available housing option has been made within this development. The intent is to transition those individuals into the permanent housing while providing the necessary support system to ensure success in integrating into the community. The services provided to the tenants will include assessments, evaluation, and assistance in accessing benefits, case management, with a major focus in helping consumers to be successful in housing by helping them to meet the terms of their leases. The intent is to ensure the challenges of maintaining housing for individuals with serious mental illness are addressed and the provision of independent living skills in a behavioral health care environment are provided in a collaborative fashion whereby MCBHB and Interim, Inc. collaborate in determining the individualized services needed for each consumer in working towards resiliency and self-sufficiency. Tenants in Sunflower Gardens can be moved from Full Service Partnership (FSP) level of service to a less intense level of service (“FSP-Light”) services at a level consistent with Community Housing services. All billing for Sunflower (FSP or FSP Light) will remain under Sunflower Gardens.

B. Program Goals

The services provided to residents will be as defined in the Mental Health Services Act and include assessments, evaluation, and assistance in accessing benefits, case management, with a major focus in helping residents to be successful in housing by helping them to meet the terms of their leases. The intent is to ensure the challenges of maintaining housing for individuals with serious mental illness are addressed and the provisions of independent living skills are provided. MCBHB and Interim, Inc. will work in a collaborative manner in determining the individualized services needed for each resident in working towards resiliency and self-sufficiency.

Interim, Inc. and MCBHB staff will also work together to create a welcoming community, promoting the values of the wellness recovery principles of the Mental Health Services Act in a culturally competent, recovery-based model for the population of focus. This will include psychosocial and psychiatric rehabilitation services using the following strategies:

- Increase the consumer’s network of support, i.e. assist consumers with reconnecting with family members
- Develop bi-lingual materials

The expected outcomes will be as follows:

- Sixty percent (60%) of Sunflower Garden residents will remain in permanent housing for at least one (1) year.
- Of the twenty-one (21) adults living at Sunflower Gardens, twenty percent (20%) will move after one year to Community Housing or other permanent housing in the community at large.
- Each resident’s self-sufficiency and independent living skills will be enhanced.

- Develop jobs and related job resources, work with SEES, Department of Rehabilitation, and assist consumers to find and keep employment, or other meaningful daytime activities with the following expected outcomes:
 - Forty percent (40%) of the residents will participate in various community programs, social support programs, or peer operated wellness recovery program, i.e., OMNI Resource Center, and Dual Recovery Services.

C. Tenancy Criteria

The priority for residency at Sunflower Gardens will be for individuals with serious mental illness who are homeless and enrolled in mental health services with priority given to Full Service Partnership (FSP) consumers. The income levels of those served in the twenty-one (21) permanent supportive housing beds shall not exceed 30% of Area Median Income (AMI). Those served in the two (2) transitional shared units shall not exceed fifty percent (50%) of AMI. All tenants are referred to Sunflower Gardens through MCBHB as specified in the Tenant Selection Plan approved by the State.

Sunflower Gardens is a rental housing project developed with financial support of the Mental Health Services Act Supportive Housing Program. Operating expenses connected to the fifteen (15) permanent and two (2) transitional units has been granted to Interim, Inc. through separate regulatory agreements. The funds in this Agreement are connected to the provision of services to tenants only. No funds granted through this Agreement shall be attributed to operating expenses. All services granted under this Agreement must conform to the service plan approved by the State for the permanent supportive housing units (see Exhibit H).

D. Population of Focus

The population of focus includes single individuals age 18 and older who are homeless or are at risk of homelessness with psychiatric disabilities as defined in Welfare and Institutions Code Section 5600.3 (b) (1). The term "Homeless" means living on the streets, or lacking a fixed, regular, and adequate night-time residence which includes shelters, motels and living situations in which the individual has no tenant rights.

Some examples of individuals who are at risk of homelessness may include, but are not limited to, individuals discharged from:

- Institutional settings such as hospitals, psychiatric health facilities, skilled nursing facilities, mental health rehabilitation centers, crisis and transitional residential settings;
- Crisis and transitional residential settings;
- Local city or county jails; and
- Those individuals who have been assessed and are receiving services at the county mental health department and who have been deemed to be at imminent risk of homelessness, as certified by the Monterey County Behavioral Health Bureau Director.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will be required to report outcome data regularly to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Nine: Chinatown Community Learning Center with CSUMB (through June 30, 2016)

Type of Program:	Community-based wellness and recovery services for adults who are currently homeless and who may also have serious mental illness and/or substance abuse disorders.
Address of Delivery Site:	20 Soledad Street, Salinas, CA
Target # of Consumers:	25 unduplicated consumers per month who are currently homeless.

A. Program Description

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

In 2015-16, CSUMB will expand their efforts to include a cohort of four (4) MSW students working under the supervision of the Assistant Social Work Professor, and with the support of the Field Coordinator. This cohort of MSW students would work as a team and provide 64 hours per week of social work service to Chinatown residents. The primary function of the team would be to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students would be onsite and available to listen to issues, and challenges faced by client residents of Chinatown, and work with service providers to help clients move off the street and into housing and viable employment.

B. Program Goals: Chinatown Community Learning Center

1. CSUMB will operate the Chinatown Community Learning Center a minimum of five (5) days per week, six (6) hours per day.
2. CSUMB will work collaboratively with the MCHOME Program to assist two (2) mutual clients per month toward the completion of supporting documentation necessary to begin the SSI application process as defined by MCBHB.
3. Facilitate two (2) groups per week, employing a mental health/substance abuse focused evidence based practice, a skill building focus or a curriculum approved by Interim, Inc. and contract monitor. Groups can be rotated based on client need with approval of Interim Inc. contract monitor.
4. Provide assistance in applications for General Assistance, and/or Medi-Cal or other health benefits, and/or Food Stamps for two (2) individuals with mental illness per month. Services in conjunction with these applications may include assistance in obtaining identification and income verifications. Assistance may also include accompanying consumers to interviews, application appointments, hearings or other appointments necessary to procure benefits. When coordinating services, notification of completed applications shall be given to Interim's homeless service program staff at MCHOME on a monthly basis.
5. Provide access to the Chinatown Community Learning Center for a minimum of five (5) hours per week for use by Interim's MCHOME Program. Provide access to Chinatown Learning Center for a minimum of five (5) hours per week for a substance abuse prevention/treatment provider for counseling/support groups. Sub-Contractor is responsible for developing a method to ensure staff has access.
6. Serve a minimum of twenty-five (25) unduplicated homeless clients/month.
7. Meet with Interim, Inc. contract monitor bi-monthly and provide monthly reports to contract monitor on contract goals.

Program Goals: MSW Chinatown Field Coordinator and MSW Student Outreach Cohort

1. The MSW Cohort, specifically, will provide services four (4) days per week, six (6) hours per day from September 1, 2015 to May 31, 2016. Service provision will be continuous during this time, including during students' traditional holiday breaks.
2. Each MSW student will provide 480 hours of service in the Chinatown Community over the course of the contract.
3. Dr. Wright will provide eight (8) hours of service and supervision per week.
4. The MSW Field Coordinator and/or the Project Coordinator will provide clients with transportation to needed services when necessary.
5. Each MSW student will carry an ongoing caseload of between 3-5 clients (24-50 total). For these clients they will provide necessary case management and/or situational crisis counseling services.
6. Each MSW student will assist 1-2 clients in their caseload (4-8 total) to achieve housing and/or employment during this time period.
7. In addition to focusing on housing and employment, MSW students will assist with the following: social service enrollments (MediCal/CalFresh/SSI/etc.); referrals to

mental health, physical health services; assistance with reapplication for California State IDs, etc., and general trust-building and re-socialization.

8. Interns must use the Homeless Management Information System (HMIS) and enter all clients served into this system. When doing intakes and evaluations, students must use the Coordinated Assessment and Referral System established by the Coalition of Homeless Services Providers. Services for clients must be coordinated with other service providers to avoid duplication of services. (HMIS fee added to budget.)

B. Population of Focus

Homeless adults who have mental illness/and or substance abuse challenges.

C. Reporting Requirements

Sub-contractor will meet regularly with the designated Interim Inc. manager to monitor progress on outcomes. Interim will provide reports to MCBHB Services Manager to monitor progress on consumer and project outcomes as requested.

Program Ten: Wesley Oaks

Type of Program:	Permanent Supportive Housing - 4 Units
Target # of Consumers:	4

A. Program Description

Clients identified for the Wesley Oaks Home permanent housing program will be single adults with serious mental illness who are homeless or at risk of homelessness as defined under the Mental Health Services Act (MHSA) Housing Program.

The primary mission of the Wesley Oaks Home services is to support the tenant in attaining and maintaining residency and in achieving wellness and recovery. This is achieved by assisting the tenant achieve stability and recovery through a wide variety of supportive services. Services are available to all residents, although participation is voluntary.

A team, including staff reflecting the ethnic and cultural diversity of tenants, will provide services. The team will include a case manager from Interim, Inc. and a case coordinator (a Psychiatric Social Worker) provided by MCBHB. A psychiatrist will be available as needed depending on each individual's psychiatric needs and will be an employee of MCBHB. This team will work in collaboration with Monterey County System of Care partners including the Department of Social Services, the California Department of Rehabilitation and local educational partners, such as Hartnell Community College.

B. Program Goals

While all services will be voluntary, a range of mental health services will be offered and provided to all tenants. The complete supportive services program will include the

"whatever- it-takes approach" with a major focus in helping residents to be successful in housing by helping them to meet the terms of their leases, and will include but not be limited to: assessment and evaluation assistance in accessing benefits; individual goal and service planning; case management; independent living skills development; transportation assistance; money management and financial education; emergency assistance with food and clothing; assistance in accessing other healthcare services including dental, medical and vision; medication education and support, supportive employment and education services; crisis intervention; dual diagnosis treatment and support for residents who have drug and alcohol disorders as well as psychiatric disabilities. Other support services include recreational and social activities. Details of the services to be provided are outlined in the Wesley Oaks Supportive Services Plan (See Exhibit K).

Interim, Inc. and MCBHB staff will work together, with input from the residents, to create a welcoming community, promoting the values of the wellness recovery principles of the MHSA in a culturally competent, recovery-based model for the population of focus. This will include psychosocial and psychiatric rehabilitation services that help create a blended residential program with the adult and older adult populations and increase the consumer's network of support, e.g. assist consumers with reconnecting with family members.

C. Tenancy Criteria

The Tenant Selection Plan and any wait list for the Wesley Oak Home will comply with fair housing laws and regulations.

Potential tenants for the four (4) permanent MHSA-units must be referred to Wesley Oaks through Interim, Inc.'s MCHOME Program. Interim Inc. will provide the outreach for the project, targeting persons with mental illness who are homeless and served through MCHOME. MCHOME will accept referrals from MCBHB. MCBHB will include the Transition Age Youth Avanza FSP program participants as potential referrals to Wesley Oaks. The Monterey County Behavioral Health Director or his/her designee will certify that the applicant has a qualifying psychiatric disability and will certify the applicant's status as homeless or at-risk of homelessness. Interim, Inc. will then work with the applicant to obtain all information necessary for property owner to determine eligibility for housing units and make referrals to the Property Manager of the Wesley Oaks Home.

D. Population of Focus

The population of focus includes single individuals age 18 and older who are homeless or are at risk of homelessness with psychiatric disabilities as defined in Welfare and Institutions Code Section 5600.3 (b) (1), et. Seq. The term "Homeless" means living on the streets, or lacking a fixed, regular, and adequate night-time residence which includes shelters, motels and living situations in which the individual has no tenant rights. Some examples of individuals who are at risk of homelessness may include, but are not limited to the following:

- Individuals discharged from institutional settings;

- Hospitals, psychiatric health facilities, skilled nursing facilities, mental health rehabilitation centers, crisis and transitional residential settings;
- Crisis and transitional residential settings;
- Local city or county jails;
- TAY (ages 18 thru 25) (as defined In Welfare and Institutions Code Section 5847(c) and in Title 9 California Code of Regulations, Section 3200.080) exiting the child welfare or juvenile justice systems;
- Those individuals who have been assessed and are receiving services at MCBHB and who have been deemed to be at imminent risk of homelessness, as certified by the Monterey County Behavioral Health Director or his/her designee.

E. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will report outcome data regularly and provide program data updates as requested by the County to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Eleven: Family Self-Help Support & Advocacy (NAMI MONTEREY COUNTY)

A. Program Description

Interim Inc., in conjunction with NAMI-MC, recruits employees who are hired by Interim to fulfill the Family Self-Help Support & Advocacy initiative. These staff utilize NAMI's curriculum to fulfill our mutual mission. NAMI-MC is a non-profit support and advocacy organization of consumers, families, and friends of people with severe mental illness, such as schizophrenic, schizoaffective disorder, major depression, bipolar disorder, obsessive compulsive disorder, and anxiety disorders. NAMI-MC is affiliated with NAMI California and NAMI National. NAMI-MC offers individual and group support, family-to family, advocacy, public education, and hope for families and their loved ones living with mental illness. NAMI-MC's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve client's quality of life. Interim is the operating agent for NAMI-MC.

B. Program Goals

1. Deliver all services in a culturally sensitive and competent manner.
2. Provide phone and one-on-one support to family members who are frequently in distress and in need of information.
3. Distribute resource materials on mental illness.
4. Produce public presentations throughout the county with an emphasis on care to consumers and families.
5. Provide outreach services for one to two days in South County and 16 additional hours in Monterey, assuring improved response to callers and walk-in consumers seeking assistance.
6. Four additional hours (to 14) for Program Coordinator to actively promote, secure and train volunteers to provide additional In Our Own Voices, End The Silence, Connection,

and Basics sessions, with the expectation that volunteers will be trained and at least three of the programs will be initiated in locations throughout Monterey County.

7. Establish full-time Outreach Coordinator presence on the Monterey Peninsula.
8. Facilitate at least three (3) 12-week "Family to Family" and/or "Familia a Familia" education courses annually for family members and care providers of adults living with mental illness.
9. Facilitate two (2) "Provider Education" presentations (12 hours of in-service training) to mental health professionals to encourage sensitivity in regards to mental illness.
10. Facilitate once per month "NAMI Connection Recovery Support Group" program for adults with a mental illness and family members.
11. Increase NAMI-sponsored anti-stigma campaigns in the community and promote additional crisis intervention presentations to first responders currently not attending county CIT training.
12. Coordinate with, assist and supplement existing programs in Monterey County that currently offer mental-health service programs to youth and seniors.

C. Admission Criteria

Services are free of charge. All family members and care providers of adults living with serious mental illness is the target population. No referrals are required; accepts self-referral.

D. Reporting Requirements

An Interim Inc. manager will meet regularly with the Family Outreach Coordinators and Program Coordinator to monitor progress on family and project outcomes. The Family Outreach Coordinator will be required to report outcome data on a quarterly and annual basis to Interim, Inc. to ensure they are meeting their goals and outcomes. Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on project outcomes

Program 12: Vocational Services for Transitional Age Youth (TAY)

Type of Program:	Vocational Services for TAY
Address of Delivery Site:	339 Pajaro St., Salinas
Program Schedule:	Monday through Friday 9:30 a.m. to 6 p.m.
Limitation of Service:	For Transitional Age Youth (TAY) ages 18 to 25
Target # of Clients:	Thirty unduplicated clients
Staffing:	One FTE Counselor II and .25 FTE CSW II

A. Program Description

Interim Inc. will align with MCBHB's Transition Age Youth (TAY) System of Care and on an annual basis, will serve thirty (30) youth ages 18-25. Services will include pre-

vocational groups, job development, job placement, job coaching, and follow-along support. Youth will not be required to meet the State Department of Rehabilitation's eligibility criteria in order to receive services by this program.

B. Program Goals

- a. Align services with MCBHB's TAY System of Care and serve annually 30 youth (ages 18-25).
- b. Provide pre-vocational trainings, job development, job placement, support and assure services provided in culturally and linguistically competent manner.
- c. Provide services at time convenient to TAY and function as sole provider or in collaboration with MCBHB and/or other partners.
- d. Provide job seeking skills which include: development of individualized resumes, application completion, interview techniques, appropriate attire, grooming and behaviors. Strategy: Provide job seeking skills to 30 TAY.
- e. Identify jobs and careers suited to each youth's strengths and skills. Strategies: 1) Vocational assessments will be completed on twenty (20) TAY to determine which careers would be best suited for their unique skills; 2) Each TAY that has completed the vocational assessment will have a written individualized vocational plan.
- f. Develop jobs that meet each youth's planned vocational goals. Outcomes: Fifteen (15) TAY referred to Supported Employment will be placed in a competitive job within the community.
- g. Provide job coaching and follow-along support to 10 TAY in job placement.

C. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will report outcome data regularly and provide program data updates as requested by the County to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

Program Thirteen:

Type of Program:	Peer Health Navigation & Advocacy (PHNA)
Address of Delivery Sites:	339 Pajaro Street Salinas, CA 93901 and MCBHB's Adult Services Behavioral Health/Primary Care Integrated Clinics located in Salinas, Marina, Soledad and King City
Limitation of Service:	Peer Navigators – clients as assigned by MCBHB or Manzanita House

A. Program Description

1. Success Over Stigma

The "Success Over Stigma" program focuses on consumer advocacy and outreach. The program will promote consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. It will serve as a means to recruit and train Monterey County consumer representatives for various community initiatives including statewide forums, trainings, task forces, focus groups, etc. that seek direct recipient representation. It will meet MCBH's request that Interim use the "Success Over Stigma" (SOS) Coordinator for county trainings and engage consumers in advocating for the psychiatrically disabled community. It will also serve as means to increase peer involvement in developing and strengthening mental health services both locally and at the State level. Lastly, consumers will learn how to better advocate for themselves and whom to turn to in their community should they need a peer advocate.

2. Peer Partners for Health

The Peer Partners for Health training and peer support program will focus on clients who are either in the crisis residential program at Manzanita and/or the Natividad Medical Center in-patient unit to help them with their transition into the community after they are discharged. Clients and/or their family members will be referred to a Wellness Navigator (WN) while they are still in one of these centers. The goal of the program is to utilize the assistance of a peer and a family member in connecting consumers to community based follow up services in a culturally sensitive manner as this will focus mainly on Latino engagement.

WNs will be given a list of measurable tasks to work on with the referred client/family member by the Discharge Social Worker at the Inpatient Unit or Manzanita's Clinical Specialist. WNs will work one-on-one with clients promoting mental health recovery and evidence-based practices; providing awareness of the signs and symptoms of mental health challenges; and assist clients in strategies such as positive self-talk, cognitive behavior thought records, and crisis management tools. The WNs will be trained in Reflective Listening Skills, Problem Solving Skills and Motivational Interviewing Skills. WNs will also connect clients to community resources to promote clients' self-management of their mental health recovery. Family members will be educated on mental illness, how to support their loved one and the importance of never giving up hope. Family members will also be referred to community resources i.e. NAMI. WN's services will be provided for the client or family member in person or over the phone for a time period of up to three months. The WNs will be supervised by Manzanita's Clinical Specialist.

This support will reduce the likelihood of recidivism of these two intensive and costly programs. This strategy will increase resilience, wellness and self-management of health and behavioral health. Through this support consumers will be more equipped to transition back to society.

3. Health Navigation Partnership - “Bienestar”

Interim, Inc. will collaborate with MCBHB in the implementation of the Health Navigation Partnership - “Bienestar” project, which is placing primary care services in community mental health clinics operated by MCBHB. Interim, Inc. will hire Wellness Navigators who will provide activities that engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services. The Wellness Navigators will assist in care coordination, provide prevention assistance (such as peer-to-peer smoking cessation) and help clients build skills needed to access primary care services. Research has shown that mental health peer programs significantly improve access to medical and mental health care, and that outcomes are improved in both areas. Wellness Navigators will be consumers selected to have the combination of ability, experience, and commitment required to assist others. One of the primary selection criteria will be the mutual agreement that the consumer is sufficiently advanced in his/her recovery to be able to help others without experiencing negative effects. As clients make enough progress to transition back into mainstream primary care services, Wellness Navigators will accompany them and provide support to make sure they are successful in accessing all the services they need.

Interim, Inc. has identified a qualified individual to serve as the Wellness Navigator Team Leader and initial Wellness Navigator. This individual will assist in the development of a curriculum that will be used to orient and train “Bienestar” Wellness Navigators. A Psychiatric Social Worker on MCBHB’s Quality Improvement team will collaborate with the Team Leader to provide training to all new Wellness Navigators. The PSW will supervise the Wellness Navigators while they are stationed in the MCBHB’s community mental health clinic sites. Wellness Navigators will provide services on a part-time basis according to a schedule developed by MCBHB in collaboration with Interim, Inc. The Wellness Navigators team will reflect the racial/ethnic and linguistic diversity of the target population. As appropriate, Wellness Navigators will be assigned to clients based on a good match of linguistic and cultural competence.

4. Peer Support - Wellness Navigation

Interim will also provide Wellness Navigators (WNs) for MCBHB’s Adult Services’ Clinics located in Marina, Salinas, Soledad and King City. This position is likely to be split between four consumers who will be recruited, trained and supervised by the WET program at the Pajaro Wellness Center under the leadership of the Pajaro Wellness Center Program Director. The WNs will be trained in Reflective Listening Skills, Motivational Interviewing Skills and other evidence based practices.

The purpose of the Wellness Navigators is similar to Interim’s Bienestar Wellness Navigators. They will be stationed at each Adult Services’ clinic for 5 hours/week at times to be determined by MCBHB and will be responsible for welcoming clients into the clinic while the client is waiting to meet with his/her psychiatrist or coordinator. The WNs will help support completion of intake screening tools, and help clients understand the services available to them. They will discuss with each client services that suit his/her recovery needs and help connect him/her to community based resources that new clients

need support in accessing i.e. OMNI, County groups, Bienestar, SEES, Dual Recovery Services, CCCIL, etc. The WNs will work an additional 5 hours/week providing follow up with a visit or phone call to continue linking clients to services. This peer support initiative plays an important role in the County's efforts to promote mental health recovery, peer advocacy, and peer leadership.

B. Program Goals

Program Goals: Success Over Stigma

1. Recruit consumers to share their story of overcoming mental health challenges in order to help reduce mental health stigma in the community.
2. Train consumers on story sharing techniques.
3. Schedule 25 presentations in the community/year at schools, organizations, public agencies, etc.
4. Provide speakers for Hope & Recovery Groups at Natividad and CHOMP in-patient units.
5. Assist to plan and execute an annual peer driven Embracing Wellness and Recovery Conference.
6. To have an assigned peer representative or the SOS Coordinator participate in State Committees focusing on Peer Leadership.
7. Peers will be recruited and trained to sit on MCBHB Committees as needed.
8. Identify committees that need peer representatives.
9. Provide a monthly support group for peer speakers/or committee members.

Program Goals: Peer Partners for Health

1. Recruit and train peers and family members to perform duties of a Wellness Navigator (WN).
Peers and family members will receive training using a curriculum developed by Interim that uses evidence based practices.
2. Reduce re-hospitalization or re-entry into the Manzanita Crisis Residential Treatment Program for those clients receiving WN services by 5% within the first 30 days of discharge compared to the re-hospitalization rate for those not served in this program.
3. Work with 35 clients coming out of intensive programs (Natividad Inpatient Unit or Manzanita Crisis Residential) promoting mental health recovery and evidence-based practices.
4. Work with 35 family members whose loved one is coming out of Natividad Inpatient Unit or the Manzanita Crisis Residential Program.
5. Link clients to community resources e.g. OMNI, SEES, Dual Recovery Services, CCCIL, smoking cessations groups, etc. Fifty percent (50%) of the clients and/or referred family members will connect with two or more community resources as a result of the WN linkage.
6. Eighty percent (80%) of the clients served will report satisfaction with WN s services and report an increase in knowledge and/or skills leading towards reducing symptoms and increasing mental health recovery.
7. Data collection and analysis will be the responsibility of MCBHB. Wellness Navigators will enter data on clients served into MCBHB's Avatar System.

Program Goals: Bienestar - Health Navigation Partnership

Wellness Navigators assigned to the Bienestar project will:

1. Welcome new clients to the clinic and provide information regarding the services available from Wellness Navigators in particular and the clinic in general.
2. Assist the Care Coordinators and help clients transition to less intensive levels of care.
3. Help clients follow through on important health related tasks such as learning to manage medications; practicing communicating with primary care providers; accompany them and provide support and guidance to make sure they are comfortable and successful in accessing all the services they need; provide self- management supports to individuals and their families; and provide input on the peer and community perspective.
4. Function as coaches, helping clients improve their health outcomes by applying practical skills.
5. Conduct the peer oriented smoking cessation and other peer oriented wellness group activities such as healthy eating and exercise.
6. Provide peer-to-peer activities including referrals to other peer programs such as those held by the OMNI Resource Center as well as other wellness activities provided in the community such as walking groups.
7. Assist clients' in transition across settings. A particular emphasis is assisting clients' transition from the "Bienestar" clinic to mainstream community clinics. When clients' recovery has proceeded to the point that they can transition to less-intensive care, as determined by the whole team including the client, Wellness Navigators will accompany them on their first visits to their new medical home to ensure they access care. The WNs will continue their assistance with visits as long as needed; no one will be left on their own to fall between the cracks.
8. Possess the proven capability serving the SMI target population, including its different racial/ethnic groups such as Latinos and African Americans.
9. Be offered opportunities to participate in local, regional, state and national trainings to become proficient in the strategies of Peer Navigation in the integrated behavioral health/primary care clinic setting, peer-led smoking cessation, and other evidence-based practices.

Program Goals: Peer Support - Wellness Navigation

1. Recruit and train peers on how to be a Wellness Navigator. Peers will receive training using an approved curriculum.
2. Create a safe welcoming environment at the adult services clinics for clients coming into the system of care; serving 200 clients a year.
3. Link clients to community resources e.g. OMNI, Bienestar, SEES, Dual Recovery Services, CCCIL, smoking cessations groups etc. Twenty five percent (25%) of the clients will connect with one or more community resource as a result of the Wellness Navigator linkage.
4. Eighty percent (80%) of clients served will report satisfaction with Wellness Navigator services and report an increase in knowledge and/or skills leading towards mental health recovery.

5. Annual satisfaction surveys will be given to the Access clinical providers to evaluate the effectiveness of services provided by the Wellness Navigators. Seventy five percent (75%) of the Access providers will report satisfaction with the effectiveness of WN's services.
6. Data collection and analysis will be the responsibility of MCBHB. Wellness Navigators will enter data on clients served into MCBHB's Avatar System.

C. Population of Focus

The population to be served are adults with mental health challenges. The program will also serve those who are transitioning out of the crisis residential program and/or the hospital's in-patient unit.

D. Reporting Requirements

Contractor will meet regularly with the designated MCBHB Services Manager to monitor progress on consumer and project outcomes. Contractor will report outcome data regularly and provide program data updates as requested by the County to MCBHB according to the requirements as set forth by the State and County. MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by the State and the MCBHB.

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EXHIBIT B-5
PAYMENT AND BILLING PROVISIONS

II. I. PAYMENT TYPES

Provisional Rates and Cash Flow Advances (CFA)

III. PAYMENT AUTHORIZATION FOR SERVICES

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

IV. PAYMENT RATE

A. PROVISIONAL RATE: COUNTY MAXIMUM REIMBURSEMENT (CMA)

Case Management and Mental Health Services shall be paid at the COUNTY Maximum Reimbursement (CMA) rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B-5.

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The following program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$17,702,330** for **FY 2013-14 through FY 2015-16** as follows:

Service Description	Mode of Service	Service Function Code	FY 2014-15 Units of Service (est.)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2013-14	
Adult Crisis Residential	5	40-49	4,714	\$332.49	\$1,452,208	
Bridge House: Residential	10	65-79	4,365	\$167.32	\$691,371	
Bridge House: Day Rehab	15	95-99	2,746	\$114.04	\$295,975	
Dual Recovery – CM & MHS	15	01-09	119,603	CM	\$2.91	\$324,713
		10-19		MHS		
Community Housing – CM & MHS	15	01-09	217,778	CM	\$2.91	\$596,713
		10-19		MHS		
				MHS		
Shelter Cove – CM & MHS	15	01-09	233,332	CM	\$2.91	\$639,329
		10-19		MHS		
Sandy Shores – CM & MHS	15	01-09	100,728	CM	\$2.91	\$275,994
		10-19		MHS		
SEES – CM & MHS	15	01-09	37,211	CM	\$2.91	\$101,959
		10-19		MHS		
McHome – CM & MHS	15	01-09	126,989	CM	\$2.91	\$347,949
		10-19		MHS		
Sunflower Gardens – CM & MHS	15	01-09	89,058	CM	\$2.91	\$244,018
		10-19		MHS		
Lupine Gardens – CM & MHS	15	01-09	99,750	CM	\$2.91	\$273,315
		10-19		MHS		
Soledad/CNC – CM & MHS	15	01-09	51,499	CM	\$2.91	\$141,106
		10-19		MHS		
Total FY 2013-14					\$5,384,650	

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Service Description	Mode of Service	Service Function Code	FY 2014-15 Units Of Service (est.)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2014-15	
Adult Crisis Residential	5	40-49	4,714	\$ 332.49	\$ 1,567,365	
Bridge House: Residential	10	65-79	4,374	\$ 167.32	\$ 731,844	
Bridge House: Day Rehab.	15	95-99	2,746	\$ 114.04	\$ 313,164	
Dual Recovery - CM & MHS	15	01-09	136,951	CM	\$ 2.91	\$ 398,782
		10-19 & 30-59		MHS		
Community Housing - CM & MHS	15	01-09	228,561	CM	\$ 2.91	\$ 665,535
		10-19 & 30-59		MHS		
Rockrose Gardens - CM & MHS	15	01-09	38,073	CM	\$ 2.91	\$ 110,864
		10-19 & 30-59		MHS		
Shelter Cove - CM & MHS	15	01-09	229,452	CM	\$ 2.91	\$ 668,131
		10-19 & 30-59		MHS		
Sandy Shores - CM & MHS	15	01-09	98,576	CM	\$ 2.91	\$ 287,040
		10-19 & 30-59		MHS		
SEES - CM & MHS	15	01-09	42,842	CM	\$ 2.91	\$ 124,751
		10-19		MHS		
McHome - CM & MHS	15	01-09	134,691	CM	\$ 2.91	\$ 392,201
		10-19 & 30-59		MHS		
Sunflower Gardens - CM & MHS	15	01-09	78,800	CM	\$ 2.91	\$ 229,454
		10-19 & 30-59		MHS		
Lupine Gardens - CM & MHS	15	01-09	102,839	CM	\$ 2.91	\$ 299,453
		10-19 & 30-59		MHS		
Soledad/CNC - CM & MHS	15	01-09	45,334	CM	\$ 2.91	\$ 132,006
		10-19 & 30-59		MHS		
Total FY 2014-15					\$ 5,920,590	

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Service Description (Program #)	Mode of Service	Service Function Code	FY 2015-16 Units of Service (est.)	CMA Rate per Unit of Service (\$)		Estimated Total FY 2015-2016
Manzanita Adult Crisis Residential (1)	5	40-49	4,553		\$371.98	\$1,693,625
Bridge House: Residential (2)	5	65-79	4,374		\$177.73	\$777,391
Bridge House: Day Rehab (2)	10	95-99	2,746		\$129.51	\$355,634
Dual Recovery – CM & MHS (3)	15	01-09	139,936	CM	\$2.91	\$407,213
		10-19 & 30-59		MHS	\$2.91	
Community Housing – CM & MHS (3)	15	01-09	271,357	CM	\$2.91	\$789,649
		10-19 & 30-59		MHS	\$2.91	
Rockrose Gardens – CM & MHS (3)	15	01-09	39,558	CM	\$2.91	\$115,114
		10-19 & 30-59		MHS	\$2.91	
Shelter Cove – CM & MHS (3)	15	01-09	212,223	CM	\$2.91	\$617,569
		10-19 & 30-59		MHS	\$2.91	
Sandy Shores – CM & MHS (3)	15	01-09	90,721	CM	\$2.91	\$263,998
		10-19 & 30-59		MHS	\$2.91	
SEES – CM & MHS (3)	15	01-09	49,046	CM	\$2.91	\$142,723
		10-19 & 30-59		MHS	\$2.91	
McHome – CM & MHS (4)	15	01-09	182,592	CM	\$2.91	\$531,342
		10-19 & 30-59		MHS	\$2.91	
Lupine Gardens – CM & MHS (5)	15	01-09	109,857	CM	\$2.91	\$319,684
		10-19 & 30-59		MHS	\$2.91	
Soledad/CNC – CM & MHS (7)	15	01-09	44,575	CM	\$2.91	\$129,713
		10-19 & 30-59		MHS	\$2.91	
Sunflower Gardens – CM & MHS (8)	15	01-09	87,091	CM	\$2.91	\$253,435
		10-19 & 30-59		MHS	\$2.91	
Total FY 2015-16						\$6,397,090

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B. CASH FLOW ADVANCE

Board & Care and other housing supports, dual recovery, homeless outreach, and peer-led wellness and recovery programs that provide non-Medi-Cal billable services shall be paid as Cash Flow Advances for a total maximum of **\$7,057,929** for **FY 2013-2014 through FY 2015-16** as follows:

Service Description	Mode of Service	Service Function Code	FY 2013-2014 Amount
Adult Crisis: Board & Care	60	40-49	\$103,058
Bridge House: Board: Board & Care	60	40-49	\$24,530
SAMHSA Support – Dual Diagnosis	60	78	\$98,931
Dual Recovery Services	60	70	\$12,686
Community Housing: Housing	60	70	\$155,677
Shelter Cove: Housing	60	70	\$208,013
Sandy Shores: Housing	60	70	\$94,206
SEES: Non-Medi-Cal	60	70	\$20,331
WET: Non-Medi-Cal	60	70	\$71,153
McHome: Non-Medi-Cal/MHSA	60	70	\$288,551
McHome: Non-Medi-Cal/PATH	60	70	\$91,888
OMNI Resource Center	60	70	\$428,499
Our Voices	60	70	\$93,547
Soledad/CNC: Housing	60	70	\$34,015
Chinatown Community Learning	60	70	\$80,477
Wesley Oaks	60	70	\$54,107
Total FY 2013-2014			1,859,669

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Service Description	Mode of Service	Service Function Code	FY 2013-2014 Amount
Adult Crisis: Board & Care	60	40-49	\$91,714
Bridge House: Board: Board & Care	60	40-49	\$49,139
SAMHSA Support – Dual Diagnosis	60	78	\$109,628
Dual Recovery Services	60	70	\$18,913
Community Housing: Housing	60	70	\$148,020
Shelter Cove: Housing	60	70	\$207,740
Sandy Shores: Housing	60	70	\$102,197
SEES: Non-Medi-Cal	60	70	\$109,534
McHome: Non-Medi-Cal/MHSA	60	70	\$291,324
McHome: Non-Medi-Cal/PATH	60	70	\$95,497
OMNI Resource Center	60	70	\$486,179
Bienestar Grant – Wellness Navigators	60	70	\$46,000
Access – Wellness Navigators	60	70	23,343
Our Voices	60	70	\$100,261
Soledad/CNC: Housing	60	70	\$26,638
Chinatown Community Learning	60	70	\$88,660
Wesley Oaks: Board & Care	60	70	\$108,214
NAMI Outreach	60	70	\$58,000
TAY Vocational Services	60	70	\$26,916
Total FY 2013-2014			2,187,917

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Service Description (Program #)	Mode of Service	Service Function Code	FY 2015-16 Amount
Manzanita Adult Crisis: Board & Care (1)	60	40-49	\$96,744
Bridge House: Board: Board & Care (2)	60	40-49	\$47,798
SAMHSA Support – Dual Diagnosis (3)	60	78	\$116,127
Dual Recovery Services (3)	60	70	\$37,762
Community Housing: Housing (3)	60	70	\$255,301
Shelter Cove: Housing (3)	60	70	\$305,172
Sandy Shores: Housing (3)	60	70	\$122,834
Support Education Services/WET: Non-Medi-Cal (3)	60	70	\$197,379
McHome: Non-Medi-Cal/MHSA (4)	60	70	\$276,521
McHome: Non-Medi-Cal/PATH (4)	60	70	\$95,497
OMNI Resource Center – Wellness Recovery for Adults (6)	60	70	\$502,963
Soledad/CNC: Housing (7)	60	70	\$44,726
Chinatown Community Learning Center with CSUMB (9)	60	70	\$137,510
Wesley Oaks: Board and Care (10)	60	70	\$108,214
Family Self-Help Support & Advocacy with NAMI (11)	60	70	\$166,490
TAY Vocational Services (12)	60	70	\$112,386
Peer Health Navigation & Advocacy – Bienestar Grant (13)	60	70	\$80,236
Peer Health Navigation & Advocacy – Success Over Stigma formerly Our Voices (13)	60	70	\$100,261
Peer Health Navigation & Advocacy – Peer Support Wellness Navigators Access (13)	60	70	\$97,325
Peer Health Navigation & Advocacy – Peer Partners for Health (13)	60	70	\$109,097
Total FY 2015-16			\$3,010,343

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V. PAYMENT CONDITIONS

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

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

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program ("an eligible beneficiary"), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement. The County shall only pay the CONTRACTOR for services to clients that are referred by the COUNTY. If the client is referred by the COUNTY to the CONTRACTOR, or is approved for services by the COUNTY, the COUNTY shall pay the CONTRACTOR, regardless of the client's Medi-Cal eligibility.

- 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.

VI. MAXIMUM OBLIGATION OF COUNTY

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of \$24,760,259 for services rendered under this Agreement.
- B. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2013 – June 30, 2014	\$7,244,319
July 1, 2014 – June 30, 2015	\$8,108,507
July 1, 2015 – June 30, 2016	\$9,407,433
TOTAL MAXIMUM LIABILITY	\$24,760,259

- 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 I Only the costs listed in Exhibit I 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
VII. 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. If the CONTRACTOR's Medi-Cal claims are denied/disallowed by the State and the disallowance is the responsibility of the CONTRACTOR, the 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:
 - (a) 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.
 - (b) The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.
- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.
- D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.

- E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.
- F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:
 - 1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
 - 2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
 - 3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.

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

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.

- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.
- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

XI. AUTHORITY TO ACT FOR THE COUNTY

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

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Contractor: Inocim, Inc. - Residential & Day Programs
Address Line 1: P.O. Box 3222
Address Line 2: Monterey, CA 93942
Tel. No.:
Fax No.: (831) 649-1581
Contract Term: July 1, 2013 to June 30, 2016

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

BH Division: Mental Health Services

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Manzanita Adult Crisis Residential	5	40-49	\$371.98	4553					4553	100%	\$1,693,625				\$1,693,624.94	100%
Bridge House Transitional Residential	5	65-79	\$177.73	4374					4374	100%	\$777,391				\$777,391.02	100%
Bridge House Full Day Rehab	10	95-99	\$129.51	2746					2746	100%	\$355,634				\$355,634.46	100%
TOTALS																

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

Signature: _____ Title: _____
 Date: _____ Telephone: _____

Send to: MCHDBHFinance@co.monterey.ca.gov
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____

County PD No.: _____

Invoice Period: _____

Final Invoice: (Check if Yes)

Contractor: Interim, Inc. - Residential & Day Programs

Address Line 1 | P.O. Box 3222

Address Line 2 | Monterey, CA 93942

Tel. No.: _____

Fax No.: (831) 649-1381

Contract Term: July 1, 2013 to June 30, 2016

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	% Remaining of Total Contract Amount
Dual Recovery - CM	15	01-09, 10-19, 30-59	\$2.91								\$0	\$0.00	\$0.00	\$0.00	#DNV/D!
Dual Recover - MHS	15	01-09, 10-19, 30-59	\$2.91	139936							\$0	\$0.00	\$0.00	\$0.00	#DNV/D!
TOTALS					0	0	0	0	0		\$407,214	\$0.00	\$0.00	\$0.00	100%

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

Signature: _____ Date: _____

Title: _____ Telephone: _____

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

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

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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Invoice Period: _____

Final Invoice: (Check if Yes)

BH Division: Mental Health Services

BH Control Number _____

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Community Housing - CM	15	01-09, 19, 30-59	\$2.91													
Community Housing - MHS	15	01-09, 19, 30-59	\$2.91	271357	0	0	0	0%	271357	100%	\$789,649	\$0.00	\$0.00	\$0.00	\$789,648.87	100%
TOTALS					0	0	0		0		\$0.00	\$0.00	0.00	0.00		

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

Signature: _____

Title: _____

Date: _____

Telephone: _____

Send to: MCHDBH-Finances@co.monterey.ca.us

Behavioral Health Authorization for Payment

Authorized Signatory _____

Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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Address Line 1 P.O. Box 3222	County PO No.: _____
Address Line 2 Monterey, CA 93942	Invoice Period: _____
Tel. No.: _____	Final Invoice: <input type="checkbox"/> (Check if Yes)
Fax No.: (831) 649-1581	
Contract Term: July 1, 2013 to June 30, 2016	

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Rockrose Gardens - CM	15	01-09, 10-19, 30-59	\$2.91												
Rockrose Gardens - MHS	15	01-09, 10-19, 30-59	\$2.91	39558	0		0%	39558	100%	\$115,114	\$0.00	\$0.00	\$0.00	\$115,113.78	100%
TOTALS					0	0		0			\$0.00	0.00	0.00		

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

Signature: _____ Date: _____
 Title: _____ Telephone: _____

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

Send to:
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EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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BH Division: Mental Health Services

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Shelter Cove - CM	15	01-09, 10, 19, 30-59	\$2.91													
Shelter Cove - MHS	15	01-09, 10, 19, 30-59	\$2.91	212223			0	0%	212223	100%	\$617,569	\$0.00	\$0.00	\$0.00	\$617,568.93	100%
TOTALS					0	0	0		0			\$0.00	0.00	0.00		

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

Signature: _____ Title: _____
 Date: _____ Telephone: _____

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

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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Fax No.: (831) 649-1581	
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Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Sandy Shores - CM	15	01-09, 10-19, 30-59	\$2.91													
Sandy Shores - MHS	15	01-09, 10-19, 30-59	\$2.91	90721			0	0%	90721	100%	\$263,998	\$0.00	\$0.00	\$0.00	\$263,998.11	100%
TOTALS					0	0	0		0		\$0.00	\$0.00	0.00			

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

Signature: _____ Date: _____
 Title: _____ Telephone: _____

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

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

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

Contractor: Interim, Inc. - Residential & Day Programs
Address Line 1 | P.O. Box 3222
Address Line 2 | Monterey, CA 93942
Tel. No.: _____
Fax No.: (831) 649-1581
Contract Term: July 1, 2013 to June 30, 2016

BH Division: Mental Health Services

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Supported Education Services - CM	15	01-09, 19, 30-59	\$2.91													
Supported Education Services - MHS	15	01-09, 19, 30-59	\$2.91	49046	0	0	0%	0%	49046	100%	\$142,724	\$0.00	\$0.00	\$0.00	\$142,723.86	100%
TOTALS					0	0	0		0			\$0.00	0.00	0.00		

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

Signature: _____
 Title: _____

Date: _____
 Telephone: _____

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

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
McHome - CM	15	01-09, 10-19, 30-59	\$2.91													
McHome - MHS	15	01-09, 10-19, 30-59	\$2.91	182592			0	0%	182592	100%	\$531,343	\$0.00	\$0.00	\$0.00	\$531,342.72	100%
TOTALS				0	0	0	0		0			\$0.00	0.00	0.00		

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

Signature: _____ **Date:** _____
Title: _____ **Telephone:** _____

Send to: MC-HDBHFinancial@co.monterey.ca.us
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Lupine Gardens - CM	15	01-09, 10 19, 30-59	\$2.91													
Lupine Gardens - MHS	15	01-09, 10 19, 30-59	\$2.91	109857			0	0%	109857	100%	\$319,684	\$0.00	\$0.00	\$0.00	\$319,683.87	100%
TOTALS					0	0	0		0		\$0.00	\$0.00	0.00	0.00		

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

Signature: _____ **Date:** _____
Title: _____ **Telephone:** _____

Send to: MCHDBHFinance@ca.mhnetrev.ca.us
 Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

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

Contractor: Interim, Inc. - Residential & Day Programs
Address Line 1 | P.O. Box 3222
Address Line 2 | Monterey, CA 93942
Tel. No.: _____
Fax No.: (831) 649-1581
Contract Term: July 1, 2013 to June 30, 2016

BH Control Number

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount
Creating New Choices Soledad- CM	15	01-09, 10-19, 30-59	\$2.91													
Creating New Choices Soledad- MHS	15	01-09, 10-19, 30-59	\$2.91	44575	0	0	0	0%	44575	100%	\$129,713	\$0.00	\$0.00	\$0.00	\$129,713.25	100%
TOTALS					0	0	0		0			\$0.00	0.00	0.00		

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

Signature: _____ Date: _____
 Title: _____ Telephone: _____

Behavioral Health Authorization for Payment

 Authorized Signatory _____ Date _____

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

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc.- Residential & Day Programs	Invoice Number:
Address Line 1 P.O. Box 3222	County PO No.:
Address Line 2 Monterey, CA 93942	Invoice Period:
Tel. No.:	Final Invoice: <input type="checkbox"/> (Check if Yes)
Fax No.: (831) 649-1581	
Contract Term: July 1, 2013 to June 30, 2016	

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2015-16	UOS Delivered this Period	Total UOS Delivered as of Last Period	% Delivered to Date of Contracted UOS	Remaining UOS Deliverables	% of Remaining Deliverables	Total Annual Contract Amount	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract Amount	BH Control Number
Sunflower Gardens - CM	15	01-09, 10-19, 30-59	\$2.91													
Sunflower Gardens - MHS	15	01-09, 10-19, 30-59	\$2.91	87091			0%	87091	100%	\$253,435	\$0.00	\$0.00	\$0.00	\$253,434.81	100%	
TOTALS					0	0	0	0			\$0.00	0.00	0.00			

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

Signature: _____ Title: _____
 Date: _____ Telephone: _____

Send to: MCHDBHFinance@ca.monterey.ca.us	Behavioral Health Authorization for Payment
	Authorized Signatory
	Date

EXHIBIT G-5: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

County PO No.:

Invoice Period:

Final Invoice: (Check if Yes)

Contractor: Interim, Inc. - Residential & Day Programs

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.:

Fax No.: (831) 649-1581

Contract Term: July 1, 2013 to June 30, 2016

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Total Annual Contract Amount	Donor Amount Requested at this Point in Time	Total Dollars Delivered as of Last Date	Donor Amount Requested to Date	Dollar Amount Remaining	% Remaining of Total Contract
Manzanita Adult Crisis: Board & Care (1)	60	40-49	\$96,744					
Bridge House: Board, Board & Care (2)			\$47,798					
SAMHSA Support - Dual Diagnosis (3)			\$116,127					
Dual Recovery Services (3)			\$37,762					
Community Housing: Housing (3)			\$295,301					
Shelter Cove: Housing (3)			\$305,172					
Sandy Shores: Housing (3)			\$122,834					
SEES/WET: Non-Medi-Cal (3)			\$197,379					
McHome: Non-Medi-Cal/MHSA (4)			\$95,497					
McHome: Non-Medi-Cal/PATH (4)			\$502,963					
OMNI Resource Center - Wellness			\$44,726					
Soledad/CNC: Housing (7)			\$137,510					
Chinatown Community Learning w/			\$108,214					
Wesley Oaks: Board and Care (10)			\$166,490					
Family Self-Help Support & Advocacy with NAMI (11)								
TAY Vocational Services (12)			\$112,386					
Bienestar Grant (13)			\$80,236					
Success Over Stigma (13)			\$100,261					
Peer Support Wellness Navigators Access			\$97,325					
Peer Partners for Health (13)			\$109,097					
TOTALS			3,010,343.00					

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

Signature: _____ Title: _____

Authorized Signatory

Behavioral Health Authorization for Payment

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

Date: _____

Interim, Inc.
REVENUE AND EXPENDITURE SUMMARY
For Monterey County - Behavioral Health

REVENUE AND EXPENDITURE SUMMARY				
	Actual FY 2013-2014	BUDGET FY 2014-15	BUDGET FY 2015-16	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Short-Doyle/FFP	\$ 2,651,583	\$ 2,952,539	\$ 3,198,600	\$ 248,062
Realignment	1,986,033	2,178,917	2,320,350	141,433
MHSA - CSS	665,551	781,382	878,250	96,869
MHSA - PEI	-	-	-	-
Cash Flow Advances				
Realignment	719,140	606,569	827,849	221,280
MHSA - CSS	512,856	840,048	1,199,336	359,288
MHSA - PEI	530,880	655,783	869,882	234,099
SAMHSA Block Grant	93,276	93,276	93,276	-
Use of Deferred Revenue, if any (Unallocated Funds)	-	-	-	-
Total Requested Monterey County Funds	7,159,319	8,108,513	9,407,543	1,299,030
Other Program Revenues	1,102,241	1,216,551	1,078,601	(137,950)
TOTAL PROGRAM REVENUES (equals Allowable Program Expenditures)	8,261,560	9,325,064	10,486,144	1,161,080
B. ALLOWABLE PROGRAM EXPENDITURES (Allowable Expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in Section _____ and _____ of the Agreement. Expenditures should be reported within the cost categories listed below.)				
1 Program Expenditures				
2 Salaries and wages	4,096,079	4,762,563	5,509,995	747,432
3 Payroll taxes	305,810	359,467	421,849	62,382
4 Employee benefits	647,773	748,935	797,712	48,777
7 Temporary Staffing	16,804	-	-	-
8 Flexible Client Spending (please provide supporting document)	286,419	319,623	340,796	21,173
9 Client Transportation Costs and staff mileage	71,650	74,584	81,348	6,764
10 Employee Travel and Conference	-	-	-	-
11 Staff Training	48,969	58,500	66,835	8,335
12 Communication Costs	63,946	73,236	76,236	3,000
13 Utilities	181,361	181,366	185,250	3,884
14 Cleaning and Janitorial	64,317	66,350	35,512	(30,838)
15 Insurance and Indemnity	105,762	125,707	139,625	13,918
16 Maintenance and Repairs - Buildings	137,257	101,450	106,743	5,293
17 Maintenance and Repairs - Equipment	5,442	8,081	6,311	(1,750)
18 Printing and Publications	20,799	26,543	27,743	1,200
19 Memberships, Subscriptions and Dues	9,312	14,500	14,500	-
20 Office Supplies	65,665	82,212	120,200	37,988
21 Postage and Mailing	2,518	8,374	6,674	300
22 Legal Services (when required for the administration of the County Programs)	14,541	50,391	20,766	(29,625)
23 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB	37,054	39,537	40,912	1,375
24 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County)	188,079	183,913	246,853	62,940
25 Rent and Leases - building and improvements	179,235	133,981	106,906	(27,075)
26 Rent and Leases - equipment	-	-	-	-
27 Taxes and assessments	12,134	18,344	32,344	14,000
28 Interest in Bonds	64,820	-	-	-
29 Interest in Other Long-term debts	-	-	-	-
30 Other interest and finance charges	-	80,434	75,925	(4,509)

EXHIBIT I-4

MHSA - PEI		-	-	-	-
31	Advertising (for recruitment of program personnel, procurement of services and disposal of surplus assets)	14,500	15,900	15,900	-
32	Miscellaneous (please provide details)	-	7,385	-	(7,385)
33	Total Program Expenditures	6,862,512	7,862,894	8,848,860	985,866
34 Administrative Expenditures					
35	Salaries and wages (please include personnel and contract administration)	597,680	624,809	696,482	71,673
36	Payroll taxes	42,307	46,448	51,453	5,005
37	Employee benefits	110,929	115,196	109,444	(5,752)
38	Workers Compensation	4,636	7,046	9,127	2,081
39	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with)	-	-	-	-
40	Transportation, Travel, Training and Conferences	9,182	8,640	15,274	6,634
41	Data Processing	12,070	12,870	12,945	75
42	Utilities	3,101	4,840	4,868	28
43	Cleaning and Janitorial	4,449	6,755	10,973	4,218
44	Insurance and Indemnity	3,898	4,460	4,824	364
45	Maintenance and Repairs - Buildings	7,882	2,869	2,885	16
46	Maintenance and Repairs - Equipment	56	138	139	1
47	Memberships, Subscriptions and Dues	1,491	2,749	2,765	16
48	Office Supplies	37,974	44,834	40,906	(3,928)
49	Postage and Mailing	6,713	6,035	6,073	38
50	Legal Services (when required for the administration of the County Programs)	48,133	26,113	26,281	148
51	Other Professional and Specialized Services (allowable with prior specific approval from Monterey County)	33,686	17,279	93,083	75,804
52	Rent and Leases - building and improvements	38,029	37,627	37,840	213
53	Rent and Leases - equipment	-	-	-	-
54	Taxes and assessments	3,737	5,360	5,393	33
55	Interest in Bonds	17,773	-	-	-
56	Interest in Other Long-term debts	-	-	-	-
57	Other interest and finance charges	-	7,424	7,465	41
58	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,984	949	953	4
59	Miscellaneous (please provide details)	2,825	2,749	-	(2,749)
60	Total Administrative Expenditures	985,535	985,190	1,139,153	153,963
61	Depreciation Expense	471,997	476,976	498,131	21,155
62	Total Allowable Program Expenditures	\$ 8,323,044	\$ 9,325,060	\$ 10,486,144	\$ 1,161,084

I hereby certify to the best of my knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to Interim, Inc. 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