

**AMENDMENT NO. 2  
TO MENTAL HEALTH SERVICES AGREEMENT A-15302  
BETWEEN COUNTY OF MONTEREY AND  
INTERIM, INC.**

This AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-15302 is made and entered into by and between the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as “COUNTY”) and **Interim, Inc.**, (hereinafter referred to as “CONTRACTOR”).)

**WHEREAS**, the COUNTY and CONTRACTOR have heretofore entered into Agreement A-15302 dated June 18, 2021 (Agreement), Amendment No. 1 dated March 15, 2022; and,

**WHEREAS**, the COUNTY and CONTRACTOR wish to amend AGREEMENT A-15302 to revise the following: EXHIBIT A-2: PROGRAM DESCRIPTION, EXHIBIT B-2: PAYMENT AND BILLING PROVISIONS, EXHIBIT G-2: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE and EXHIBIT H-2: BUDGET & EXPENDITURE REPORT for Fiscal Year 2022-2023. In FY 2022-23, Five new programs will be added (Peer Partners for Health Primary Care Integration, Keep it Real Community Outreach and Navigation, Success Over Stigma post-COVID restart, Transportation Coaching, and Academy Day Rehabilitation Program) and two existing programs will be expanded (Wellness Navigation Program, and Choices Day Treatment Intensive Program). In addition, FY 2022-23 rates will be revised to reflect increased staff and operational costs. This Amendment adds \$5,202,581 for a new Agreement amount of \$38,150,450.

**WHEREAS** the parties desire to amend the Agreement as specified below:

1. EXHIBIT A-2: PROGRAM DESCRIPTION replaces EXHIBIT A-1: PROGRAM DESCRIPTION. All references in the AGREEMENT to EXHIBIT A-1 shall be construed to refer to EXHIBIT A-2.
2. EXHIBIT B-2: PAYMENT AND BILLING PROVISIONS replaces EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS. All references in the AGREEMENT to EXHIBIT B-1 shall be construed to refer to EXHIBIT B-2.
3. EXHIBIT G-2: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBIT G-1: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE. All references in the AGREEMENT to EXHIBIT G-1 shall be construed to refer to EXHIBIT G-2.
4. EXHIBIT H-2: BUDGET & EXPENDITURE REPORT replaces EXHIBIT H-1: BUDGET & EXPENDITURE REPORT. All references in the AGREEMENT to EXHIBIT H-1 shall be construed to refer to EXHIBIT H-2.
5. Except as provided herein, all remaining terms, conditions and provisions of the

AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.

6. This AMENDMENT No. 2 shall be effective July 1, 2022.
7. A copy of this AMENDMENT No. 2 shall be attached to the original AGREEMENT executed by the COUNTY on June 18, 2021.

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

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT No. 2 to Agreement A-15302 as of the day and year written below.

**COUNTY OF MONTEREY**

**CONTRACTOR**

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

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

By: \_\_\_\_\_  
Department Head

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

Approved as to Form <sup>1</sup> DocuSigned by:  
By: Maiana Pantale  
65EE9F1502BD412...  
County Counsel  
Date: 5/31/2022 | 3:37 PM PDT

Approved as to Fiscal Provisions<sup>2</sup> DocuSigned by:  
By: Gary Giboney  
D3834BFEC1D8449...  
Auditor-Controller  
Date: 5/31/2022 | 3:43 PM PDT

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

INTERIM, INC.

By: \_\_\_\_\_  
Contractor's Business Name\*  
Barbara Mitchell  
153685FDD8C75440F...  
(Signature of Chair, President, or Vice-President)\*  
Barbara Mitchell, Executive Director

Name and Title  
Date: 5/27/2022 | 1:21 PM PDT

By: \_\_\_\_\_  
DocuSigned by:  
Pali Weerasekera  
021ACC8D3097470...  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)\*  
Pali Weerasekera, Director of Finance

Name and Title  
Date: 5/30/2022 | 9:45 AM PDT

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

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

**EXHIBIT A:2  
PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION  
BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS**

**A. PROGRAM DESCRIPTION**

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

**PROGRAM ONE:**

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

2. **Program Description:**

Type of Facility: Short-Term Adult Crisis Residential

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

343 Dela Vina Ave, Monterey, CA 93940

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

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

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

Target # of Consumers: 260 between both locations

Manzanita House (“Manzanita”) is a short-term crisis residential treatment program which offers community-based rehabilitative services in a non-institutional residential setting with a structured program. Manzanita is an alternative to inpatient psychiatric care for adult clients of the Monterey County Behavioral Health System experiencing an acute psychiatric episode

or crisis who do not require in-patient psychiatric treatment and who do not have medical complications requiring nursing care. The program and facilities are licensed by the State of California, Department of Social Services Community Care Licensing (CCL) as a “Social Rehabilitation Facility” and are certified by the Department of Health Care Services as short-term Crisis Residential Treatment Service Facilities. Interventions concentrate on symptom reduction, medication, and functional stabilization. Service activities include behavioral health assessment, behavioral health treatment and discharge plan development, individual and group counseling, as well as development of a community support system. Interim’s psychiatric services team provides care to Manzanita clients.

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

### **3. Program Purpose**

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

### **4. Desired Results**

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

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

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

Goal	Measurement & Data Source
1. 70% of consumers will report crisis management & stabilization.	<ul style="list-style-type: none"> <li>• Measured at exit via the survey questions: I am learning how to use community support services.</li> <li>I am learning how to manage my symptoms.</li> <li>I am learning how to deal effectively with problems and crises.</li> <li>I feel this program is helping maintain my recovery.</li> <li>I am learning about the benefits and side effects of my medications.</li> </ul>
2. 75% of consumers will discharge to a lower level of care.	<ul style="list-style-type: none"> <li>• Measured by Exit Data in Avatar; "Discharge Location" module. (Lower level of care is anything except in-patient psych or jail.)</li> </ul>
3. 75% of consumers will meet or partially meet their treatment plan goals.	<ul style="list-style-type: none"> <li>• Measured by "Type of Discharge" category in Avatar. (Type of discharge is treatment goals reached, treatment goals partially reached, no further care needed at this facility.)</li> </ul>
4. 80% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> <li>• Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.</li> </ul>

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

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

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

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

for health and safety, including Needs Appraisal and Physician's Report that indicates the program can meet the client's needs in the following areas: social/family, emotional, physical, mental, functioning, and suicide prevention. Admission eligibility determined by Interim Program Director or designee.

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

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

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

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

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

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

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

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

9. **How does the program demonstrate the following principles: Family and Consumer**

**Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

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

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

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

Services are integrated and coordinated with MCBHB.

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

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

## PROGRAM TWO

1. **Program Name:** Bridge House

2. **Program Description:**

Type of Facility:	24-Hour Adult Transitional Residential Treatment
Address of Delivery Site:	601 Bayonet Circle Marina, CA 93933
Program Schedule:	Provides residents 24-hour care, 7 days a week. Intake will be pre-arranged by appointment. Monday – Friday, residents will be offered therapeutic groups.
Limitation of Service	Consumers may receive up to 6 months of transitional residential treatment.
Continued Stay Criteria:	Any extension beyond the 6 residential months requires authorization by the Monterey County Behavioral Health Bureau Deputy Director or designee and Interim Deputy Director or designee.
Total # of Beds Available:	14 beds
Target # of Consumers:	40+ Residential Program participants

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

3. **Program Purpose**

Transitional residential services for individuals with dual diagnosis in non-institutional residential setting where consumers are supported in their efforts to stabilize their psychiatric symptoms while restoring, maintaining, and applying interpersonal and skill building techniques are more cost efficient, and more effective in helping clients transition to being productive community members than institutional alternatives. Bridge’s transitional residential treatment program provides a therapeutic/wellness and recovery community including a range of activities

and services for consumers who would be at risk of hospitalization or other more restrictive living settings if they were not in a transitional residential program.

#### 4. **Desired Results**

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

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

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

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

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

Monterey County Behavioral Health Bureau.

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

#### 7. **What is the eligibility criteria for admission to these programs? When a client is**

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

**Admission eligibility**

- The populations to be served are adults aged 18 year and older with major psychiatric disabilities and who have a substance use disorder diagnosis that require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- DSM 5 Diagnostic Categories for serious mental illness includes schizophrenia, bipolar disorders, schizoaffective disorders, and major depression with psychotic features that substantially interferes with the person’s ability to carry out primary aspects of daily living in the community. DSM 5 Diagnostic Categories for substance use disorders focuses on the harmful effects of alcohol and other drugs on the behavioral, cognitive and physiological functioning of an individual.
- Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status, or referral by MCBHB.
- Referral through Interim case coordinators and MCBHB care coordinators with admission approval by Interim, Inc. staff. Referrals from other community providers will be approved by the Deputy Director of ASOC or designees. Program staff will assess consumers for appropriateness to the level of care, for compatibility with other residents, and safety. Any exceptions to the admission criteria are reviewed and approved by MCBHB Deputy Director or designees and Interim Deputy Directors or designees.
- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- All clients must meet the general DSS Community Care Licensing, and DHCS requirements for health and safety, including Needs Appraisal and Physician’s Report that indicates the program can meet the client’s needs in the following areas: Social/family, emotional, mental, physical, functioning, and suicide prevention.

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

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

and see if they can come to an agreement on either reconsidering acceptance or agreeing on the rationale for denial.

3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

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

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

- Discharge occurs when clients no longer meet medical necessity for crisis residential services or the client self-discharges from the program
- Length of stay depends on medical necessity and ability to place clients into appropriate discharge placements. Maximum length of residential stay is 6 months without additional MCBHB authorization to ensure successful completion of treatment plan.
- Admission eligibility determined by Interim Program Director or designee.

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

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

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

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

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

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

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

Services are integrated and coordinated with MCBHB.

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

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

**PROGRAM THREE:**

1. **Program Name:** Community Housing

2. **Program Description:**

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

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

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

Target # of Consumers: 100+ consumers

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

3. **Program Purpose**

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

4. **Desired Results**

The primary public health benefit is providing and assisting low-income individuals with serious psychiatric disabilities to maintain safe, affordable, supportive permanent housing. This prevents people from homelessness or institutional placement and improves their quality of life. Federal law requires public mental health systems to provide services in integrated community settings, and Permanent Supportive Housing is a proven approach for doing so. It presents an alternative to hospitals, shelters, and other settings that segregate people by disability, such as nursing homes, board and care homes, and other residential care facilities, in which residency is tied to receiving the particular services the facility offers. Once an individual achieves a higher level of recovery and no longer meets the medical necessity criteria, only upon the resident’s consent, Interim will work on locating other sources of permanent housing. If a client does not elect to move out, is no longer served by ASOC, and receives only County outpatient treatment, Interim will retain the client in housing, as an eviction would be a violation of landlord-tenant laws.

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

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

Goal	Measurement & Data Source
1. 90% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> <li>• Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.</li> </ul>
2. 85% of consumers will appropriately engage with a PCP.	<ul style="list-style-type: none"> <li>• Measured by staff observations and clients’ self-reports of engagement in primary care physician appointments.</li> <li>• Data source: EMR/Avatar "PCP Information" module.</li> </ul>
3. 80% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> <li>• Measured by client self-report via annual "Consumer Satisfaction" survey instrument.</li> </ul>

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

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

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status.
- Referral through Interim case coordinators or MCBHB ASOC service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including transition age youth ages 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, bipolar disorders or major depression with psychotic features that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Interim currently has residents throughout Community Housing locations that are no longer served by ASOC. Upon discharge or termination from housing, clients will be referred to MCBHB case coordination.
- Housing eligibility is governed by funding sources regulatory agreements; some housing is limited to people with specific income levels. Each property has specific income and asset limitations. Some properties have specific limitations related to criminal records of applicants or rental history.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM FOUR:**

1. **Program Name:** Sandy Shores

2. **Program Description:**

Address of Delivery Site:	Sandy Shores, Marina, CA
Program Schedule:	Typically, Monday through Friday, 8:00 a.m. to 5:00 p.m. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.
Limitation of Service:	Full Service Partnership (FSP) program. There are income limitations and individuals must meet the criteria of being homeless as defined by HUD CoC regulations. Half the residents must have incomes under 20% AMI and half under 30% AMI.
Target # of Consumers:	28 consumers

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

3. **Program Purpose**

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

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

4. **Desired Results**

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

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

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

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

<b>Goal</b>	<b>Measurement &amp; Data Source</b>
1. 80% of consumers will remain housed at Sandy Shores as of the end of the operating year or exit to other permanent housing destinations during the operating year. (HUD & MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by number of clients remaining housed or exiting to other permanent housing.</li> <li>• Data source: EMR/Avatar exit data; "Discharge Location" module.</li> </ul>
2. 80% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> <li>• Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.</li> </ul>
3. 25% of consumers will attain employment, attend school or a vocational training program, or volunteer. (CoC & MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR.</li> <li>• Data source: EMR/Avatar; "Ed/Empl/Vol" module.</li> </ul>
4. 85% of consumers will appropriately engaged with a PCP (MHSA/FSP).	<ul style="list-style-type: none"> <li>• Measured by staff observations and clients' self-reports of engagement in primary care physician appointments.</li> <li>• Data source: EMR/Avatar "PCP Information" module.</li> </ul>
5. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> <li>• Measured by client self-report via annual "Consumer Satisfaction" survey instrument.</li> </ul>
6. 75% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR.</li> <li>• Data source: EMR/Avatar</li> </ul>

7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR.</li> <li>• Data source: EMR/Avatar</li> </ul>
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**6. Who are the partners involved in program implementation?**

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

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible and meet the standards for HUD homeless status and income limitations as defined by the project funding sources (50% of residents must have income under 20% AMI and 50% under 30% AMI) referral through HMIS SPDAT score, Interim case coordinators, and MCBHB ASOC service coordinators with admission approval by Interim, Inc. staff. The waitlist is managed by rules from various funding sources with prioritization given to chronically homeless individuals per HUD's definition.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth ages 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, bipolar disorders or major depression with psychotic features that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to these criteria are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients will be referred to MCBHB for case coordination.
- Housing eligibility is governed by funding sources regulatory agreements.
- Admission preference is given to clients who meet HUD chronically homeless criteria.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

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

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease

- agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

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

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

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

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

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

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

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

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

**PROGRAM FIVE:**

1. **Program Name:** Shelter Cove

2. **Program Description:**

Address of Delivery Site:	Shelter Cove, Marina, CA
Program Schedule:	Typically, Monday through Friday 8am to 7pm, and Saturday through Sunday 11am to 7pm. Resident Manager provides coverage on an on-call basis 7 days a week from 8pm to 8am. Staff are on-call and available via cellphone for emergencies. Staff schedule may vary based upon consumers' needs.
Limitation of Service:	Transitional housing limited to 2-year stay. There are income limitations and individuals must meet the criteria of being homeless. This program provides transitional housing in individual bedrooms in two- and four-bedroom. Residents have individual leases and share the common areas of the units. The project also provides lunch five days a week.
Target # of Consumers:	39 consumers at a given time; approximately 50+ served/year.

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

3. **Program Purpose**

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

#### 4. **Desired Results**

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

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

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

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

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

MCBHB or Interim coordinators provide all referrals for this program. Due to HUD CoC requirements, the Coordinated Entry Referral System (CARS) must be used for referrals for the 20 designated units, and all clients must be approved through MCBHB. MCBHB provides psychiatry services.

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, and very low income as well as homeless or at risk of homelessness.
- Referral through Interim case coordinators, and MCBHB ASOC or TAY service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth ages 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, bipolar disorders or major depression with psychotic features that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB or a designee. (Exceptions to this criterion are only approved by MCBHB Deputy Director or designees and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease.
- Shelter Cove strives toward a sober living/substance free living environment (SLE). Residents are expected to engage in harm reduction and be able to adhere to lease requirements, e.g. there is no substance or alcohol use on property – inside or outside of the housing **Clients referred are** diagnostically evaluated by case coordinators based on current SUDS diagnosis (or lack of SUDS diagnosis) for ability to live in SLE.
- Housing eligibility is governed by funding sources regulatory agreements. Effective July 2020, 20 of the units are governed by HUD CoC regulations with referral through HMIS SPDAT score, Interim case coordinators, and MCBHB ASOC or TAY service coordinators with admission approval by Interim, Inc. staff. The waitlist is managed by rules from various funding sources with prioritization given to chronically homeless individuals per HUD's definition for 20 beds. Interim is currently working on removing the HUD CoC requirements, and these may end in 2022-2023.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.
- Admission preference is given to clients discharging from the Bridge House residential program, Manzanita Monterey and Salinas, and appropriate referrals from IMD's and Enhanced Residential Care Facilities. For the 20 HUD dedicated beds, admission preference is based on HUD regulations as noted above.

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

- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Clients aren't involuntarily discharged from housing unless they violate their lease agreement or unless their term of tenancy has ended. Anticipated length of service is no more than two years, including length of stay at Bridge House, if discharging from Bridge into Shelter Cove.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community before their two years.

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

MCBHB or Interim case coordinators refer all clients. Interim serves economically-disadvantaged populations who are homeless or are Short-Doyle/Medi-Cal eligible to address one of the goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable transitional supportive housing to prepare clients for permanent housing. How does the program demonstrate the following principles: Family and Consumer Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.

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

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

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

in other languages.

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

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

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

**PROGRAM SIX:**

1. **Program Name:** Rockrose Gardens

2. **Program Description:**

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

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

3. **Program Purpose**

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

4. **Desired Results**

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

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

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

<b>Goal</b>	<b>Measurement &amp; Data Source</b>
1. 90% of consumers will remain housed at Rockrose as of the end of the operating year or exit to other permanent housing destinations during the operating year. (MHSA)	<ul style="list-style-type: none"> <li>Measured by number of clients remaining housed or exiting to other permanent housing.</li> <li>Data source: EMR/Avatar exit data; "Discharge Location" module.</li> </ul>
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> <li>Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.</li> </ul>
3. 30% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA)	<ul style="list-style-type: none"> <li>Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR.</li> <li>Data source: EMR/Avatar; "Ed/Empl/Vol" module.</li> </ul>
4. 85% of consumers will appropriately engaged with a PCP. (MHSA)	<ul style="list-style-type: none"> <li>Measured by staff observations and clients' self-reports of engagement in primary care physician appointments.</li> <li>Data source: EMR/Avatar "PCP Information" module.</li> </ul>
5. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> <li>Measured by client self-report via annual "Consumer Satisfaction" survey instrument.</li> </ul>

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

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

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible or meet the standards for low-income status. Tenants must meet HUD restrictions on income and assets.
- Referral through Interim case coordinators or MCBHB ASOC service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and

transition age youth ages 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, bipolar disorders or major depression with psychotic features that substantially interfere on a long-term basis with their functional ability to carry out primary aspects of daily living in the community and are receiving psychiatry services through MCBHB Deputy Director or designees. (Exceptions to this criterion are only approved by MCBHB and Interim Inc. Deputy Director or designees.) Upon discharge from MCBHB services or Interim, rehabilitative mental health, case coordination, and case management services will be terminated. However, housing may not be terminated except as allowed under the lease. Upon discharge or termination from housing, clients are referred to MCBHB case coordination services.

- Nine residents must meet MHSA housing criteria for being homeless or at-risk of homelessness upon entry.
- Housing eligibility is governed by funding sources regulatory agreements.
- Admission eligibility determined by Interim Program Director and Interim Housing Director or designees.

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM SEVEN:**

1. **Program Name:** Lupine Gardens

2. **Program Description:**

Address of Delivery Site: Lupine Gardens, Salinas, CA

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

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

Target # of Consumers: 20 consumers

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

3. **Program Purpose**

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

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

#### 4. **Desired Results**

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

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

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

<b>Goal</b>	<b>Measurement &amp; Data Source</b>
1. 60% of consumers will remain housed at Lupine as of the end of the operating year or exit to other permanent housing destinations during the operating year. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by number of clients remaining housed or exiting to other permanent housing.</li> <li>• Data source: EMR/Avatar exit data; "Discharge Location" module.</li> </ul>
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> <li>• Measured at entry, annually, and at exit thereafter via the Recovery Needs Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee.</li> </ul>
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by number of clients reporting employment/volunteering, SEES referral and those participating in educational services as documented by Case Coordinator or counselor in client's EMR.</li> <li>• Data source: EMR/Avatar; "Ed/Empl/Vol" module.</li> </ul>
4. 85% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by staff observations and clients' self-reports of engagement in primary care physician appointments.</li> <li>• Data source: EMR/Avatar "PCP Information" module.</li> </ul>
5. 85% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> <li>• Measured by client self-report via annual "Consumer Satisfaction" survey instrument.</li> </ul>

6. 75% of consumers served during the FY will eliminate all psychiatric hospitalizations, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by clients' reduction in a mental health unit as per client self-report and staff report as documented via a <u>KET</u> and EMR.</li> <li>• Data source: EMR/Avatar</li> </ul>
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> <li>• Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via a <u>KET</u> and EMR.</li> <li>• Data source: EMR/Avatar</li> </ul>

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

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

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

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

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

- Interim, Inc.'s Housing Department manages applications for Lupine. The Housing Department sends denial letters with reasons for denial directly to clients.
- Program staff will collaborate with case coordinators to create an alternative referral plan for

appropriate services.

- Clients aren't involuntarily discharged from housing unless they violate their lease agreement. Anticipated length of service doesn't pertain to permanent supportive housing.
- Clients who no longer need this level of care of supportive housing are encouraged and assisted with discharge plans into available affordable housing in the community.

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

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

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

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

Input from residents is provided through the consumer run Recovery Task Force as well as resident council and resident community meetings. Interim offers support team meetings that include family members and other support team members as designated by consumers. Interim also hires peers and family members in every area of agency operations. Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages. Services are integrated and coordinated with MCBHB and other providers in the area.

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

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

**PROGRAM EIGHT:**

1. **Program Name:** Sunflower Gardens

2. **Program Description:**

Address of Delivery Site: Sunflower Gardens, Salinas, CA

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

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

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

Target # of Consumers: 23 consumers

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

3. **Program Purpose**

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

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

sufficiency.

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

**4. Desired Results**

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

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

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

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

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

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

SFG=Sunflower Gardens

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM NINE:**

**1. Program Name: MCHOME consisting of the following sub-programs:**

9a. MCHOME FSP

9b. MCHOME Homeless Outreach & Engagement

**2. Program Description:**

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

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

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

Target # of Consumers: 80 including 4 at Wesley Oaks, and 10 at Moon Gate, and 17 at Sun Rose. 20 new clients enrolled each year.

MCHOME Outreach/Engagement shall serve 50 outreach clients with CRRSAA & ARPA funds.

The MCHOME Program is a Full-Service Partnership (“FSP”), which provides wrap-around services, and outreach for adults with a psychiatric disability who are homeless or at high risk of homelessness. The purpose of the program is to assist adults with mental illness, including those served by the Adult System of Care, and Access, to move off the street into housing and employment and/or on benefits through outreach, assessments, intensive case management services, mental health services, and assistance with daily living skills.

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

MCHOME is also augmented with Mental Health Block Grant (MHBG) Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds to utilize Wellness Navigators in assisting with improving linkages to homeless services and connection to behavioral health recovery services, and connection to community resources. These are vital resources as this population has been significantly impacted by the COVID-19 pandemic. Wellness Navigation – Homeless Outreach and Engagement focuses on connecting homeless adults to appropriate behavioral health and other community resources. The Wellness Navigators meet with clients one-on-one prior to engage, screen, and assist with linkages to client identified resources. The one-on-one meetings range from 30 minutes to an hour depending on client need. The services provided range from peer counseling, referrals to community resources, and support. This team also assists with encampments as requested by the county.

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

MidPen’s Moon Gate Plaza is a permanent housing facility at which MCHOME provides FSP level services up to 20 low-income individuals with a serious mental health

diagnosis, all of the clients are homeless or at risk of homelessness. Clients who no longer need FSP level services are moved to CH scattered site housing, while those who need FSP level of care will stay in MCHOME Housing.

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

### **3. Program Purpose**

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

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

### **4. Desired Results**

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

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

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

MCHOME FSP:

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

### Wellness Navigation – Homeless Outreach and Engagement

Goal	Measurement & Data Source
1. Refer 60% of homeless screened to community resources and appropriate behavioral health services.	<ul style="list-style-type: none"> <li>Measure # of homeless consumers screened/engaged by documented reporting instrument HMIS.</li> </ul>
2. 60% of consumers served will reduce re-hospitalization	<ul style="list-style-type: none"> <li>Measured by # of consumers hospitalized during services.</li> </ul>
3. 50 consumers will be referred to and obtain services from community resource providers as a result of WN linkage.	<ul style="list-style-type: none"> <li>Tracking of resources provided, such as linkages to SEES, OMNI, NA/AA, ACCESS, etc.</li> </ul>

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

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

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

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

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

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

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

denying the consumer admission into the Interim Program.

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

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

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

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

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

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

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

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

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

Services are integrated and coordinated with MCBHB.

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

Program capacity and annual number to be served is 80 during the fiscal year in the FSP. Wellness Navigation – Homeless Outreach & Engagement will serve 50 outreach clients during the fiscal year.

**PROGRAM TEN:**

**1. Program Name: Keep It Real, Harm Reduction Services consists of the following sub-programs:**

10a. Keep It Real, Harm Reduction Services

10b. Keep It Real Community Outreach & Navigation

**2. Program Description:**

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

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

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

Target # of Consumers: 85 served annually

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

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

The Keep It Real Community Outreach & Navigation team provides outreach to residents to the

Monterey County community at large to facilitate advocacy and access to services. The target population for this team is the community at large, including TAY and other adults served by MCBHB, and individuals who are exiting the ER or mental health unit. The team provides outreach to Transition Aged Youth (TAY) and other adults who have mental health and/or substance use problems that they or others have identified interfere with their lives, such as creating barriers to employment, education, activities of daily living, and other meaningful activities, social and family relationships.

Evidenced based Harm Reduction strategies are utilized with and for people who use drugs or have other behaviors related to mental illness that cause barriers to their health and wellbeing. The team provides advocacy and access to services for individuals with the goal of preventing the exacerbation of mental illness and/or substance use and decrease of their barriers in mental, physical, and social development. These workers will work closely with ASOC and TAY teams to receive calls or emails with information for outreaching individuals in Monterey County.

**3. Program Purpose**

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

**4. Desired Results**

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

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

Evidenced Based Practice: Motivational Interviewing, Harm Reduction, Seeking Safety, Trauma- Informed approaches, Cognitive Behavior Therapy (CBT) as well as Dialectical Behavior Therapy (DBT).

Goal	Measurement & Data Source
1. The Outreach team will outreach 50 new individuals each year.	• Outcome measured by the number of individuals outreached during the fiscal year based on data entered into a tracking spreadsheet.

2. Program will serve 85 consumers with co-occurring serious mental illness and substance use disorders.	• Outcome measured by the number of individuals participating in the program services during the fiscal year based on data entered into the EMR and the tracking spreadsheet.
3. 80% of consumers served during the FY will eliminate all psychiatric hospitalization, while in the program. (MHSA)	• Measured by psychiatric hospitalization data records in EMR/Avatar.
4. 85% of consumers will not experience incarceration, while in the program. (MHSA)	• Measured by clients' reduction in a jail setting as per client self-report and staff report as documented via EMR. • Data source: EMR/Avatar; "Incarceration" module.
5. 90% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	• Measured by client self-report via annual "Consumer Satisfaction" survey instrument, or at exit.

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

MCBHB is a key partner in implementation and referrals.

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

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

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

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

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

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

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

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

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

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

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

Program capacity and annual number to be served is 85 individuals enrolled in Keep It Real, and 50 outreached individuals.

**PROGRAM ELEVEN:**

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

2. **Program Description:**

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

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

Target # of Consumers: 40 served annually

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

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

3. **Program Purpose**

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

4. **Desired Results**

Outreach and Aftercare aims to assist clients with developing the recovery skills necessary to

maintain successful community integration, and substance use recovery.

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

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

Goal	Measurement & Data Source
1. Program will serve 40 consumers with co-occurring mental illness and substance use disorders who are not receiving services from Monterey County Behavioral Health Bureau (exception: South County), or they are opened to MCBHB, but are homeless or at risk of becoming homeless because of their substance use disorder, or they are open to ASOC, but do not want to engage in the dual recovery services as offered by Keep It Real.	<ul style="list-style-type: none"> <li>Outcome measured by the number of clients participating in services as indicated on tracking spreadsheet.</li> </ul>
2. 75% of consumers surveyed will improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> <li>Measured by pre-and post-self-survey results using the Recovery Assessment Scale (RAS) standardized survey tool.</li> </ul>
3. 85% of consumers will be referred to and obtain services from community resource providers.	<ul style="list-style-type: none"> <li>Outcome measured by number of clients referred or participating in community resources. Staff tracking and documentation of referrals made for each individual client.</li> </ul>

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

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

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

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

**When a client is referred, but staff at Interim conclude client is not appropriate for the**

**program, how will this be resolved? What is the discharge level of care? What is the anticipated length of service?**

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

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

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

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

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

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

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

Services are integrated and coordinated with MCBHB.

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

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

**PROGRAM TWELVE:**

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

2. **Program Description:**

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

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

Limitation of Service: Clients are self-referred

Target # of Consumers: 45

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

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

3. **Program Purpose**

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

4. **Desired Results**

The community benefits include having those who understand and who have experienced the mental health system, as consumers or family members, share their first-hand experience. This program allows for diversity and improvement to the mental health workforce. Consumer-operated or peer support services are an evidence-based practice recognized by SAMHSA. Consumer-operated services have diverse sets of practices, but research has recognized four basic types of functions: mutual support, community building, providing services, and advocacy. Some consumer-operated services assume all four of these functions; others emphasize only some of them. People with common life experiences have a unique capacity to help each other because they share a deep understanding that might not exist in other relationships. Mutual support exemplifies the “helper’s principle” which means that both parties benefit from the

process. When peers support each other in this way, there is no need to designate who is the “helper” and who is the “helpee.” They might switch back and forth in these roles or act simultaneously. The WET

program recruits and trains peers and family member to work in the public mental health system and provides training and support to help consumers and family members effectively work in their jobs.

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

Evidenced Based Practice: Motivational Interviewing, and peer support.

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

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

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

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

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

- Referral: Self-referral.

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

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

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

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

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

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

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

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

Services are integrated and coordinated with MCBHB.

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

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

**PROGRAM THIRTEEN:**

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

2. **Program Description:**

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

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

Target # of Consumers: 250 consumers

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

3. **Program Purpose**

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

4. **Desired Results**

The public health benefits include an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and

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

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

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

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

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

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

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

- The Center is open to all mental health consumers. Referrals from MCBHB or Interim will

be given priority. Acceptance into the social rehabilitation activities shall be based on the consideration of the applicant's desire and intended benefit from the activity. An expectation is addressed with each individual admitted regarding requirements of their commitment to the programming. OMNI Center Administrator can authorize services based on MCBHB and Interim referrals, identifying client need for services, or client's self-identification of need for services.

- OMNI provides outreach to local residential care homes.
- The population to be served are adults over 18, who are self- identified as having mental health challenges.
- Clients can self-discharge from the program. Discharge also occurs when clients have met their goals. Lastly, clients are discharged when they stop being in contact with the program.
- Length of service is as long as clients need services. For clients enrolled in Medi-Cal services, length of services depends on whether the client meets medical necessity criteria for these services.

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

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

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

Staff is trained in peer support, active listening, communication skills, and trauma informed care, and harm reduction. All services are voluntary. Input from consumers is provided through the consumer run Recovery Task Force. Interim also hires peers and family members in every area of agency operations. Staff receive training on Cultural and Linguistic Competency and Trauma Informed services. Bilingual Spanish services are provided as needed. Interpreters are available in other languages. Services are integrated and coordinated with MCBHB.

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

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

**PROGRAM FOURTEEN:**

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

14a. Peer Partners for Health (PPH)

14b. Transportation Coaching Program (TCP)

14c. Peer Partners for Health Transition Age Youth (TAY)

14d. Peer Partners for Health for Primary Care Integration

2. **Program Description:**

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

Limitation of Service: Clients referred by MCBHB ASOC

Target # of Consumers: 70 in PPH, 80 in Transportation Coaching, 50 in TAY, & 70 in PPH Primary Care Integration

Wellness Navigation is a consumer driven service offering peer support with mental health recovery, social inclusion, and integration into community resources. Persons served are referred by designated MCBHB case coordination teams. Referrals are guided by persons served identifying a need for recovery skills building and peer support. Based on feedback obtained through Interim’s peer run Recovery Task Force, Wellness Navigators serve to create a welcoming and recovery-oriented environment where individuals accessing services at the MCBHB outpatient clinics can feel welcome and supported by someone who may have a similar experience. Wellness Navigators will provide outreach peer support services and community resources information to peers while in the ASOC MCBHB clinics located in Salinas, Marina and South County as well as in the TAY clinic in Salinas. This program was also the primary partner with MCBHB to implement the “Transportation Coaching by Wellness Navigators” MHSa Innovation (INN) Project, which has turned into a MHSa funded program.

Peer Partners for Health:

Examples of services provided by PPH Wellness Navigators:

- Creating and helping to utilize a Wellness Recovery Action Plan (WRAP).
- Teaching and helping practice communication skills for communicating with healthcare providers and others.
- Transportation to healthcare appointments can be provided for clients who need coaching when communicating with providers and who do not have access or cannot utilize transportation.
- Connecting peers with Supported Education and Employment Services (SEES).
- Connecting peers with peer run OMNI Resource Center.

- Teaching and helping practice medication management skills, e.g. self-organization of medications and ordering refills.
- Assisting with familiarization and integration into the public mental health services system by sharing peer stories and other information.
- Providing connection, referrals, and integration into community-based resources.
- Teaching and helping practice how to utilize public transportation.
- Teaching and helping practice time management and organizational skills.
- Teaching and helping practice financial/budget management skills.
- Teaching and helping practice social skills and developing support system.
- Integration into social settings in the community.
- Peer counseling and/or coaching in specific peer support areas.

#### Transportation Coaching:

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

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

#### Peer Partners for Health TAY:

- Wellness Navigators provide peer support for MCBHB Avanza Transition Age Youth (TAY) consumers with serious mental illness/First Episode Psychosis who are in need of behavioral health services and supports; this expansion utilizes the Coordinated Specialty Care (“CSC”) model.
- Provide attuned and culturally relevant engagement.

#### PPH for Health Primary Care Integration:

This program includes Wellness Navigators (peers or family members of peers) who provide support for ASOC consumers accessing the primary care clinics. MCBH ASOC refer clients to PPH for Primary Care Integration. Interim, Inc. evaluates referrals and determines if appropriate for services. The Wellness Navigators provide an array of peer counseling and support services to enrolled

consumers focused on increasing accessibility to primary healthcare services.

Services include:

- Peer counseling and support during primary care appointments.
- Transportation or assistance with referrals and linkage for transportation to appointments, assisting with making and rescheduling appointments.
- If consumers share health information with PPH staff, assisting consumers with understanding primary care instructions or feedback.

### 3. Program Purpose

Research has shown that mental health peer programs significantly improve persons served wellbeing, recovery, and access to health care. Clients have support in accessing services and building recovery skills and feel as part of a community with the help of peer Wellness Navigators. Wellness Navigators work one-on-one with persons served, promoting mental health recovery and evidence-based practices; providing awareness of the signs and symptoms of mental health challenges; and assisting consumers in recovery strategies. Wellness Navigators also connect persons served to community resources to promote self-sufficiency and mental health recovery. Wellness Navigators will also administer Transportation Needs Assessments to new and existing clients of Adult System of Care programs. Within the TAY system, Wellness Navigators serve as a crucial bridge between the youth, their families, and the mental health system.

### 4. Desired Results

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

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

Wellness Navigators will collect data on clients served. Evidenced Based Practices: Consumer-Operated Services (SAMHSA) and Motivational Interviewing. Evidence Based Practices for TAY: System of Care (“SOC”) values and principles, Cognitive Behavioral Therapy for Psychosis (“CBTp”) and the PIER Multi-Family Group Model (“MFG”).

14a. Peer Partners for Health Goals:

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

14b. Transportation Coaching Goals:

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

14c. PPH TAY Goals:

Goal	Measurement & Data Source
1. Refer 60% of TAY screened to community resources and appropriate behavioral health services.	<ul style="list-style-type: none"> <li>Measure # of homeless consumers screened/engaged by documented reporting instrument.</li> </ul>
2. 60% of consumers served will reduce re-hospitalization	<ul style="list-style-type: none"> <li>Measured by # of consumers hospitalized during services.</li> </ul>
3. 50 consumers will be referred to and obtain services from community resource providers as a result of WN	<ul style="list-style-type: none"> <li>Tracking of resources provided, such as linkages to SEES, OMNI, NA/AA, ACCESS, etc.</li> </ul>

14d. PPH Primary Care Integration Goals:

Goal	Measurement & Data Source
1.75% of consumers will attend at least one PCP appointment i.e.	<ul style="list-style-type: none"> <li>Measured by staff observations and clients' self-reports of engagement in primary care physician appointments.</li> </ul>

annual exam, follow up appointment	• Data source: EMR/Avatar "PCP Information" module.
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**6. Who are the partners involved in program implementation?**

MCBHB.

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

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

**Duration of services**

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

**Criteria**

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

**Exclusions**

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

**Admission**

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

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

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

**9. How does the program demonstrate the following principles: Family and Consumer**

**Driven; Accessible and Timely Services; Wellness and Recovery; Culturally and Linguistically Competent; Strength and Resiliency; Integrated and Coordinated Services.**

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

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

Program capacity and annual number to be served is dependent on the number of clients referred by MCBHB. Interim anticipates serving approximately 70 consumers with the core Wellness Navigation services of the Peer Partners for Health Program. The total annual number to be served by the Transportation Coaching Project is estimated to be 80. The TAY Wellness Navigator will serve 50 individuals. PPH Primary Care Integration will serve approximately 70 consumers.

**PROGRAM FIFTEEN:**

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

2. **Program Description:**

Address of Delivery Site: 339 Pajaro St. Salinas

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

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

Target # of Consumers: 50

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

3. **Program Purpose**

ACT assists consumers with their mental health recovery process and with developing the skills necessary to the lead independent or interdependent, healthy and meaningful lives in the community. This program increases natural support systems by engaging, offering support, and mental health information to consumers’ family members. The program focuses on the Latino population who are frequent users of acute care services, and, yet, who are failing to engage in ongoing services in the Adult System of Care.

4. **Desired Results**

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

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

## Evidenced Based Practices: Assertive Community Treatment

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

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

MCBHB is a key partner in implementation and referrals.

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

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

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

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

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

on the rationale for denial.

3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

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

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

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

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

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

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

Staff is trained in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change. They are trained in and use a strengths-based and recovery focused model and deliver services that are based on individualized goals, set jointly between

staff and individual residents. Psychosocial educational and skill development groups are based on observed needs as well as ongoing feedback from participants. All services are voluntary.

Input from consumers is provided through the consumer run Recovery Task Force.

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

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

Services are integrated and coordinated with MCBHB.

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

**Program.** Program capacity is to serve a maximum of 50 individuals at any one time

throughout the year. **PROGRAM SIXTEEN:**

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

2. **Program Description:**

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

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

Program Schedule: Monday through Friday, providing clients with at least four hours per day of therapeutic groups/activities, not including lunch or other breaks, or collateral staff activities that occur outside of the program hours.

Limitation of Service	Clients with serious mental illnesses and/or serious functioning impairments, referred by MCBHB ASOC, Access, TAY, PREP/Felton Institute, and Interim who are able to safely participate with peers and staff in an outpatient, milieu setting. Admission preference is given to clients discharging from the hospital and Manzanita House (Crisis Residential program). Intake will be prearranged by appointments during program hours.
Continued Stay Criteria:	Extension beyond three months requires authorization by the Monterey County Behavioral Health Director or Interim Deputy Director or designees.
Target # of Consumers:	Up to 16 enrolled

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

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

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

technician. MCBHB will provide psychiatric services in the event that Interim cannot provide due to staff vacancies. This service allows consumers to take an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

### 3. **Program Purpose**

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

### 4. **Desired Results**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM SEVENTEEN:**

1. **Program Names: Full Day, Day Rehabilitation Program (The Wellness and Recovery Academy)**

**2. Program Descriptions:**

Address of Delivery Site:	617 Bayonet Circle Marina, CA 93933
Program Schedule:	The Academy, Day Rehabilitation Program operates Monday through Friday, at least 4 hours of therapeutic groups offered per day.
Limitation of Service	Day Rehab program participants may receive up to 2 years' day rehabilitation.
Total # of Beds Available:	Maximum 25 program participant slots in Day Rehabilitation Program. Clients enrolled in the Bridge House Residential Treatment Program have priority enrollment for the Day Rehabilitation Program.
Target # of Consumers:	70+ Day Rehabilitation Program participants.

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

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

**3. Programs' Purpose**

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

**4. Desired Results**

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

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

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

**Day Rehabilitation (The Wellness and Recovery Academy)**

Goal	Measurement & Data Source
1. 85% of consumers will improve their mental health recovery.	• Measured via the pre-and post “Reaching Recovery” survey tool.
2. 80% of consumers surveyed will report satisfaction with the quality of services provided.	• Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.

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

Monterey County Behavioral Health Bureau.

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

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

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

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

3. If there continues to be a difference of opinion on the rationale for denying the consumer acceptance into the Program, the Deputy Director of Interim and the Deputy Director of ASOC will meet in person or via telephone to review the referral and the rationale for denying the consumer admission into the Interim Program.

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

- Financial Eligibility: Short-Doyle/Medi-Cal eligible, or meet the standards for low-income status, or referral by MCBHB.
- Referral through Interim case coordinators and MCBHB service coordinators with admission approval by Interim, Inc. staff. Referrals from other community providers will be approved by the Deputy Director of ASOC or designees. Program staff will assess consumers for appropriateness to the level of care, for compatibility with other residents, and safety.
- The populations to be served are adults with major psychiatric disabilities age 18 and older who have a substance abuse disorder diagnosis and who require support to acquire and apply coping, recovery, interpersonal, and independent living skills to function in the community.
- DSM 5 Diagnostic Categories for both serious mental illness and substance abuse disorder includes schizophrenia, bipolar disorders, schizoaffective disorders, and major depression with psychotic features that substantially interferes with the person's ability to carry out primary aspects of daily living in the community. Any exceptions to these criteria are reviewed and approved by MCBHB Deputy Director or designees and Interim Deputy Directors or designees.
- Program staff will collaborate with case coordinators to create an alternative referral plan for appropriate services.
- Discharge is when clients are no longer meeting medical necessity.
- Length of stay depends on medical necessity and ability to place clients into appropriate discharge placements.
- Admission eligibility determined by Interim Program Director or designee.

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

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

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

Staff is trained in Motivational Interviewing to ensure services align with the consumer's readiness

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

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

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

Services are integrated and coordinated with MCBHB.

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

Program capacity is up to 25 clients in the Day Rehabilitation program. The annual number to be served is approximately 70+ day program participants.

**PROGRAM EIGHTEEN:**

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

2. **Program Description:**

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

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

3. **Program Purpose**

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

**4. Desired Results**

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

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

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

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

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

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

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

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

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

Not applicable.

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

Interim serves economically disadvantaged populations who meet the standards for low-income status. The program distributes information, contacts community based organizations (including agencies, churches, etc.), attends networking events to reach and engages underserved populations.

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

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

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

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

Services are integrated and coordinated with MCBHB.

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

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

**B. COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY**

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

**C. REPORTING REQUIREMENTS**

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

For all programs, CONTRACTOR shall collect and report on a quarterly basis client

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

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

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

CONTRACTOR shall report to MCBH's designated Contract Monitor on a quarterly and annual basis demographic data for each service provided, as well as the program goals and outcomes included in each Program Description. As part of the COUNTY's ongoing Programs Evaluation process, these required program data and outcome reporting requirements may be revised to assure compliance with regulations. COUNTY will inform CONTRACTOR of all revisions to reporting requirements in writing.

**DESIGNATED CONTRACT MONITOR:**

Melanie Rhodes Deputy Director, Adult Services

Behavioral Health Administration

1270 Natividad Road, Salinas, CA 93906

831-755-4708

[rhodesm@co.monterey.ca.us](mailto:rhodesm@co.monterey.ca.us)

[or her designee](#)

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**EXHIBIT B-2**  
**PAYMENT AND BILLING PROVISIONS**

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**I. PAYMENT TYPES**

Provisional Rates and Cash Flow Advances (CFA).

**II. PAYMENT AUTHORIZATION FOR SERVICES**

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-1 is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

**III. PAYMENT RATES**

**A. PROVISIONAL RATE: COUNTY MAXIMUM REIMBURSEMENT (CMA)**

Case Management and Mental Health Services shall be paid at the COUNTY Maximum Reimbursement (CMA) rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B-1.

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

The following Provisional Rates for Amendment 2 program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$29,285,713** for **FY 2021-23** as follows:

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**FY 2021-2022 Provisional Rates:**

Program # in Exhibit A	Service Description	Mode of Service	Service Function Codes	FY 2021-22 Service Units (est)	CMA Rate per Unit of Service (07/01/21 - 12/31/21)	CMA Rate/ Service Unit (01/01/22 06/30/22)	Estimated Total FY 2021-22
1	Manzanitas - Adult Crisis Residential	5	40-49	6,471	\$ 468.72	\$ 515.89	\$ 3,338,278
2	Bridge House - Adult Residential	5	65-79	4,701	\$ 306.44	\$ 306.44	\$ 1,440,529
16	CHOICES - Intensive Day Treatment	10	85-89	1,256	\$ 284.83	\$ 284.83	\$ 357,877
<b>Estimated Total FY 2021-22 for Programs # 1, 2 &amp; 16</b>							<b>\$ 5,136,684</b>
3	Community Housing - CM & MHS	15	01-09 10-19 & 30-	274,229	CM MHS	\$4.15 \$ 4.57	\$ 1,253,228
5	Shelter Cove - CM & MHS		01-09 10-19 & 30-	135,157	CM MHS	\$4.15 \$ 4.57	\$ 617,669
10	Keep It Real - CM & MHS	15	01-09 10-19 & 30-	129,004	CM MHS	\$4.15 \$ 4.57	\$ 589,546
13	OMNI Resource Center: Wellness Recovery for Adults - CM & MHS	15	01-09 10-19 & 30-	31,672	CM MHS	\$4.15 \$ 4.57	\$ 144,742
14	PPH: Wellness Navigation - CM & MHS	15	01-09 10-19 & 30-	28,057	CM MHS	\$4.15 \$ 4.57	\$ 128,222
<b>Estimated Total FY 2021-22 for GSD Services/Programs #3,5,10,13 &amp;14:</b>							<b>\$ 2,733,407</b>
4	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	94,614	CM MHS	\$4.15 \$ 4.57	\$ 432,386
6	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	63,621	CM MHS	\$4.15 \$ 4.57	\$ 290,749
7	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	84,376	C M H S	\$4.15 \$ 4.57	\$ 385,598
8	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	87,787	C M H	\$4.15 \$ 4.57	\$ 401,187
9	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	289,442	C M H C	\$4.15 \$ 4.57	\$ 1,322,748
15	ACT Team - CM & MHS	15	01-09 10-19 & 30-59	195,301	CM MHS	\$4.15 \$ 4.57	\$ 892,524
<b>Estimated Total FY 2021-22 for FSP Services/Programs #4,6-9 &amp; 15:</b>							<b>\$ 3,725,192</b>
1	Manzanitas - Medication Support	15	60	50,076	MS	\$8.40	\$ 420,638
8	Sunflower Gardens - Medication Support	15	60	15,588	MS	\$8.40	\$ 130,943
9	MCHOME - Medication Support	15	60	49,800	MS	\$8.40	\$ 418,323
15	ACT Team - Medication Support	15	60	55,059	MS	\$8.40	\$ 462,493
16	CHOICES - Medication Support	15	60	7,059	MS	\$8.40	\$ 59,292
<b>Estimated Total FY 2021-22 for Programs # 1,8,9,15 &amp; 16</b>							<b>\$ 1,491,689</b>
<b>Maximum Total FY 2021-22</b>							<b>\$ 13,086,975</b>

**FY 2022-2023 Provisional Rates:**

Program # in Exhibit A	Service Description	Mode of Service	Service Function Codes	FY 2022-23 Units Of Service (est)		CMA Rate per Unit of Service	Estimated Total FY 2022-23
1	Manzanitas - Adult Crisis Residential	5	40-49	6,790		\$ 560.98	\$ 3,808,934
2	Bridge House - Adult Residential	5	65-79	4,701		\$ 350.06	\$ 1,645,464
16	CHOICES - Intensive Day Treatment	10	85-89	2,641		\$ 303.30	\$ 800,961
17	The Academy - Day Rehab	10	95-99	3,413		\$ 189.98	\$ 648,407
<b>Estimated Total FY 2022-23 for Programs # 1, 2, 16 &amp; 17</b>							<b>\$ 6,903,766</b>
3	Community Housing - CM & MHS	15	01-09	292,226	CM	\$ 4.95	\$ 1,446,518
			10-19 & 30-59		MHS		
5	Shelter Cove - CM & MHS		01-09	179,581	CM	\$ 4.95	\$ 888,928
			10-19 & 30-59		MHS		
6	Rockrose Gardens - CM & MHS	15	01-09	59,998	CM	\$ 4.95	\$ 296,990
			10-19 & 30-59		MHS		
10	Keep It Real (Dual Recovery) - CM & MHS	15	01-09	134,628	CM	\$ 4.95	\$ 666,408
			10-19 & 30-59		MHS		
13	OMNI Resource Center: Wellness Recovery for Adults - CM & MHS	15	01-09	34,788	CM	\$ 4.95	\$ 172,203
			10-19 & 30-59		MHS		
14	PPH: Wellness Navigation - CM & MHS	15	01-09	30,329	CM	\$ 4.95	\$ 150,130
			10-19 & 30-59		MHS		
<b>Estimated Total FY 2022-23 for GSD Services/Programs #3,5,6, 10,13 &amp;14:</b>							<b>\$ 3,621,177</b>
4	Sandy Shores - CM & MHS	15	01-09	108,106	CM	\$ 4.95	\$ 535,125
			10-19 & 30-59		MHS		
7	Lupine Gardens - CM & MHS	15	01-09	89,782	CM	\$ 4.95	\$ 444,422
			10-19 & 30-59		MHS		
8	Sunflower Gardens - CM & MHS	15	01-09	93,126	CM	\$ 4.95	\$ 460,973
			10-19 & 30-59		MHS		
9	MCHOME - CM & MHS	15	01-09	299,333	CM	\$ 4.95	\$ 1,481,698
			10-19 & 30-59		MHS		
15	ACT Team - CM & MHS	15	01-09	195,220	CM	\$ 4.95	\$ 966,339
			10-19 & 30-59		MHS		
<b>Estimated Total FY 2022-23 for FSP Services/Programs #4,7-9 &amp; 15:</b>							<b>\$ 3,888,557</b>
1	Manzanitas - Medication Support	15	60	50,095	MS	\$ 10.00	\$ 500,954
8	Sunflower Gardens - Medication Support	15	60	14,646	MS	\$ 10.00	\$ 146,464
9	MCHOME - Medication Support	15	60	42,302	MS	\$ 10.00	\$ 423,016
15	ACT Team - Medication Support	15	60	56,687	MS	\$ 10.00	\$ 566,873
16	CHOICES - Medication Support	15	60	14,793	MS	\$ 10.00	\$ 147,931
<b>Estimated Total FY 2022-23 for Programs # 1,8,9,15 &amp; 16</b>							<b>\$ 1,785,238</b>
<b>Maximum Total FY 2022-23</b>							<b>\$ 16,198,738</b>

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**B. CASH FLOW ADVANCES**

Board & Care and other housing supports, dual recovery, homeless outreach, and peer-led wellness and recovery programs that provide non-Medi-Cal billable services shall be paid as Cash Flow Advances for **FY 2021-22** as follows:

Program # in Exhibit A	Cash Flow Advances	FY 2021-22 Amount
	Service Description	
1	Manzanitas Adult Crisis Residential: Board & Care	\$ 222,764
2	Bridge House Adult Residential: Board & Care	\$ 89,635
3	Community Housing: Housing Supports	\$ 280,419
4	Sandy Shores: Housing Supports	\$ 176,698
5	Shelter Cove: Housing Supports	\$ 315,847
9	McHome: Outreach & Engagement (MHSA/CSS)	\$ 563,477
9	McHome: Outreach & Engagement (PATH Grant)	\$ 96,474
9	McHome: Wellness Navigation (CRRSAA Augmentation)	\$ 69,000
9	McHome: Wellness Navigation (ARPA Augmentation)	\$ 43,356
10	Keep It Real/Dual Recovery Services	\$ 10,827
11	Outreach & Aftercare (SAMHSA Grant)	\$ 93,279
11	Outreach & Aftercare (MHSA/CSS)	\$ 43,159
12	Workforce Education & Training	\$ 141,356
13	OMNI Resource Center: Wellness Recovery Center	\$ 567,737
14	Peer Partners for Health (PPH): Wellness Navigators (MHSA/CSS)	\$ 70,519
14	PPH: Transportation Coaching (MHSA/INN)	\$ 376,122
14	PPH: Wellness Navigators for TAY (CRRSAA Augmentation)	\$ 69,000
15	ACT Welcoming and Engagement Team	\$ 223,783
16	CHOICES/Intensive Day Treatment	\$ 212,245
	<b>TOTAL FY 2021-22</b>	<b>\$ 3,665,697</b>

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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 **FY 2022-23** as follows:

Program # in Exhibit A	Cash Flow Advance	FY 2022-23 Amount
	Service Description	
1a	Manzanitas Adult Crisis Residential: Board & Care	\$262,155
2	Bridge House Adult Residential: Board & Care	\$106,206
3	Community Housing: Housing Supports	\$318,048
4	Sandy Shores: Housing Supports	\$187,520
5	Shelter Cove: Housing Supports	\$376,286
9	McHome: Outreach & Engagement (MHSA/CSS)	\$746,534
9	McHome: Outreach & Engagement (PATH grant)	\$96,474
9	McHome: Wellness Navigation (CRRSAA Augmentation)	\$41,786
9	McHome: Wellness Navigation (ARPA Augmentation)	\$105,214
10	Keep It Real/Dual Recovery Services	\$11,868
10	Keep It Real/Dual Recovery Services: Community Outreach & Navigation (PEI)	\$236,476
11	Outreach & Aftercare (SAMHSA Grant)	\$93,279
11	Outreach & Aftercare (MHSA/CSS)	\$54,229
12	Workforce Education & Training	\$207,739
13	OMNI Resource Center: Wellness Recovery Center	\$664,819
14	Peer Partners for Health (PPH): Wellness Navigators (MHSA/CSS)	\$57,149
14	PPH: Transportation Coaching (MHSA/CSS)	\$412,567
14	PPH: Wellness Navigators for TAY (CRRSAA Augmentation)	\$69,000
14	PPH: Wellness Navigators for TAY (ARPA Augmentation)	\$198,000
14	PPH: Primary Care Integration (MHSA/CSS)	\$306,186
15	ACT Welcoming and Engagement Team	\$221,241
16	CHOICES/Intensive Day Treatment	\$111,668
17	The Academy Day Rehabilitation Program	\$80,318
18	Success over Stigma	\$234,275
	<b>TOTAL FY 2022-23</b>	<b>\$5,199,037</b>

#### IV. PAYMENT CONDITIONS

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

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY’S Maximum Allowances (CMA), which is based on the most recent State’s Schedule of Maximum Allowances (SMA) as established by the State’s Department of Mental Health. The SMA Schedule shall be used until COUNTY establishes the COUNTY’S rate Schedule of Maximum Allowances.

CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program (“an eligible beneficiary”), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short- Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds

allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.

- D.** In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this Agreement, along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30<sup>th</sup>) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

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

[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

- E.** CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any “obligations incurred” included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.
- F.** If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G.** COUNTY shall review and certify CONTRACTOR’S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar

days of receiving the certified invoice.

**H.** To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.

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

**V. MAXIMUM OBLIGATION OF COUNTY**

**A.** Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$38,150,450** for services rendered under this Agreement.

**B.** Maximum Annual Liability:

<b>Payment Rate</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>Total for Term of Agreement</b>
Provisional	\$13,086,975	\$16,198,738	\$29,285,713
Cash Flow Advance	\$3,665,697	\$5,199,037	\$8,864,734
<b>Annual Total</b>	<b>\$16,752,675</b>	<b>\$21,397,775</b>	<b>\$38,150,450</b>
<b>TOTAL MAXIMUM COUNTY LIABILITY</b>			<b>\$38,150,450</b>

**C.** If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.

**D.** If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

**E.** As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain

obligated under this Agreement with regard to payment for services required to be rendered after termination.

## **VI. BILLING AND PAYMENT LIMITATIONS**

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

## **VII. LIMITATION OF PAYMENTS BASED ON FUNDING**

## **AND BUDGETARY RESTRICTIONS**

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

## **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 undertaking 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.

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 that 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.

- D.** 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.
- E.** 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.
- F.** 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.

- G.** 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.
- H.** 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.
- I.** CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- J.** Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

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

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

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

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

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

- D.** CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E.** Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.
- F.** Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.
- G.** If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H.** Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I.** Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

## **XI. AUTHORITY TO ACT FOR THE COUNTY**

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

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# in EXHIBIT A	PROGRAM	Mode of Service	Service Function Code	Payment Type	Realignment	SAMHSA BLOCK GRANT	FFP/Medical	PATH GRANT	MHSA CSS FSP	MHSA CSS GSD	MHSA WET	MHSA INN	CRSAA SAMHSA	ARPA SAMHSA	MAXIMUM TOTAL FUNDING FY 2021-22
<b>INTERIM, INC - FY22 Amendment No. 1</b>															
1	Manzanitas - Adult Crisis Residential	05	40-49	Provisional			1,669,139			1,669,139					3,338,278
2	Bridge - Adult Residential	05	65-79	Provisional			720,265			720,265					1,440,529
16	CHOICES Intensive Day Treatment	10	85-89	Provisional	178,939		178,939								357,877
	<i>Sub-Total Residential &amp; Intensive Day Treatment</i>														5,136,684
3	Community Housing - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			626,614			626,614					1,253,228
4	Sandy Shores - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			216,193		216,193						432,386
5	Shelter Cove - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			308,834			308,834					617,669
6	Rockrose - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			145,375			145,375					290,749
7	Lupine - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			192,799		192,799						385,598
8	Sunflower - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			200,594		200,594						401,187
9	McHome - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			661,374		661,375						1,322,748
10	Dual Recovery - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			294,773			294,773					589,546
13	Wellness Recovery Center - Adults OMNI	15	01-09 / 10-19	Provisional			72,371			72,371					144,742
14	Peer Support - Wellness Navigators	15	01-09 / 10-19	Provisional			64,111			64,111					128,222
15	ACT Team - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			446,262		446,262						892,524
	<i>Sub-Total MHSA-Funded Outpatient</i>														6,458,599
1	Manzanita Med Support Services	15	60	Provisional			3,229,300		1,717,222	1,512,079					6,458,599
8	Sunflower Medication Support Services	15	60	Provisional			210,319		210,319						420,638
9	McHome Medication Support Services	15	60	Provisional			65,472		65,472						130,943
15	ACT Medication Support Services	15	60	Provisional			209,162		209,162						418,323
16	CHOICES Medication Support	15	60	Provisional			231,247		231,247						462,493
	<i>Sub-Total Medication Support</i>														59,292
	<i>Sub-Total ALL PROVISIONAL RATE</i>														1,491,690
	<b>Sub-Total ALL PROVISIONAL RATE</b>														208,585
	<b>Sub-Total ALL PROVISIONAL RATE</b>														6,543,487
	<b>Sub-Total ALL PROVISIONAL RATE</b>														2,433,421
	<b>Sub-Total ALL PROVISIONAL RATE</b>														3,901,481
1	Manzanitas - Adult Crisis Residential	60	40-49	Fixed Rate						222,764					222,764
2	Bridge - Adult Residential	60	40-49	Fixed Rate						89,635					89,635
3	Community Housing	60	70	Fixed Rate						280,419					280,419
4	Sandy Shores - Housing	60	70	Fixed Rate					176,698						176,698
5	Shelter Cove - Housing	60	70	Fixed Rate						315,847					315,847
9	McHome - Outreach	60	70	Fixed Rate				96,474		563,477		69,000	43,356		772,307
10	Dual Recovery Services	60	70	Fixed Rate						10,827					10,827
11	SAMHSA Support - Dual Diagnosis	60	78	Fixed Rate		93,279				43,159					136,438
12	WET (Workforce Ed & Training)	60	70	Fixed Rate							141,356				141,356
13	Wellness Recovery Center - Adults OMNI	60	70	Fixed Rate						567,737					567,737
15	ACT Team	60	70	Fixed Rate					223,783						223,783
14	Peer Partners for Health - Wellness Navigators	60	70	Fixed Rate						70,519					70,519
14	PPH Transportation Coaching - Wellness Navigators	60	70	Fixed Rate							376,122				376,122
14	PPH - Transitional Age Youth	60	70	Fixed Rate									69,000		69,000
16	Intensive Day Treatment	60	40-49	Fixed Rate	212,245										212,245
	<i>Sub-Total CASH FLOW ADVANCE</i>														3,665,697
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														720,783
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														93,279
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														6,543,487
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														96,474
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														2,520,638
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														6,079,178
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														141,356
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														376,122
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														138,000
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														43,356
	<b>GRAND TOTAL FY2021-22 BY FUNDING</b>														16,752,672
	<b>Percentage of Total By Funding</b>														4%
	<b>Percentage of Total By Funding</b>														1%
	<b>Percentage of Total By Funding</b>														39%
	<b>Percentage of Total By Funding</b>														1%
	<b>Percentage of Total By Funding</b>														15%
	<b>Percentage of Total By Funding</b>														36%
	<b>Percentage of Total By Funding</b>														1%
	<b>Percentage of Total By Funding</b>														2%
	<b>Percentage of Total By Funding</b>														0.8%
	<b>Percentage of Total By Funding</b>														0.3%

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

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## Interim Inc. FY 2022-23 Maximum Total Funding

INTERIM INC - FY 22-23 Contract ***EFFECTIVE 07/01/2023***																
Prj #	Program	Mode of Service	SFC	Rate	Realignment	SAMHSA	FFP/Medical	PATH	MHSA CSS FSP	MHSA CSS GSD	MHSA WET	Innovations	CRRSAA	ARPA	PEI	Total Funding Needed County Contract Programs
1	Manzanitas - Adult Crisis Residential	05	40-49	Provisional			1,904,467			1,904,467						3,808,934
2	Bridge - Adult Residential	05	65-79	Provisional			822,732			822,732						1,645,464
16	Choices Intensive Day Treatment	10	85-89	Provisional	400,481		400,481									800,961
18	Academy Day Rehab Program			Provisional			324,204			324,204						648,407
	<b>Sub-Total</b>				400,481		3,451,883			3,051,403						6,903,766
3	Community Housing - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			723,259			723,259						1,446,518
4	Sandy Shores - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			267,563		267,563							535,125
5	Shelter Cove - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			444,464			444,464						888,928
6	Rockrose - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			148,495			148,495						296,990
7	Lupine - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			222,211		222,211							444,422
8	Sunflower - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			230,487		230,487							460,973
9	McHome - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			740,849		740,850							1,481,698
10	Dual Recovery - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			333,204			333,204						666,408
13	Wellness Recovery Center - Adults OMNI	15	01-09 / 10-19	Provisional			86,102			86,102						172,203
15	ACT Team - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional			483,170		483,170							966,339
14	Peer Support - Wellness Navigators	15	01-09 / 10-19	Provisional			75,065			75,065						150,130
	<b>Sub-Total</b>						3,754,867		1,944,279	1,810,589						7,509,734
8	Sunflower Medication Support Services	15	60	Provisional			73,232		73,232							146,464
9	McHome Medication Support Services	15	60	Provisional			211,508		211,508							423,016
15	ACT Medication Support Services	15	60	Provisional			283,437		283,437							566,873
1	Manzanita Med Support Services	15	60	Provisional			250,477		250,477							500,954
16	Choices Med Support	15	60	Provisional	73,966		73,966									147,931
	<b>Sub-Total</b>				73,966		892,619		818,654							1,785,238
	<b>Sub-Total</b>				474,446		8,099,369		2,762,933	4,861,991						16,198,738
1	Manzanitas - Adult Crisis Residential	60	40-49	Fixed Rate						262,155						262,155
2	Bridge - Adult Residential	60	40-49	Fixed Rate						106,206						106,206
3	Community Housing	60	70	Fixed Rate						318,048						318,048
4	Sandy Shores - Housing	60	70	Fixed Rate					187,520							187,520
5	Shelter Cove - Housing	60	70	Fixed Rate						376,286						376,286
9	McHome - Outreach	60	70	Fixed Rate				96,474		746,534			41,786	105,214		990,008
10	Dual Recovery Services	60	70	Fixed Rate						11,888						11,888
11	SAMHSA Support - Dual Diagnosis	60	78	Fixed Rate		93,279				54,229						147,508
12	WET (Workforce Ed & Training)	60	70	Fixed Rate							207,739					207,739
13	Wellness Recovery Center - Adults OMNI	60	70	Fixed Rate						664,819						664,819
15	ACT Team	60	70	Fixed Rate					221,241							221,241
14	Peer Partners for Health - Wellness Navigators	60	70	Fixed Rate						57,149						57,149
14	PPH Transportation Coaching - Wellness Navigators	60	70	Fixed Rate						412,567						412,567
14	PPH Transitional Age Youth	60	70	Fixed Rate									69,000	198,000		267,000
16	Intensive Day Treatment	60	40-49	Fixed Rate	111,668											111,668
17	Peer Partners for Health Primary Care Integration	60	70	Fixed Rate						306,186						306,186
18	Academy Day Rehab Program	60	40-49	Fixed Rate						80,318						80,318
19	Success Over Stigma	60	70	Fixed Rate											234,275	234,275
20	Keep It Real Community Outreach & Navigation	60	70	Fixed Rate											236,476	236,476
	<b>Sub-Total</b>				111,668	93,279		96,474	408,761	3,396,365	207,739		110,786	303,214	470,751	5,199,037
	<b>Total MoCo FY22-23 Contract</b>				586,114	93,279	8,099,369	96,474	3,171,694	8,258,356	207,739		110,786	303,214	470,751	21,397,775

## EXHIBIT F-1: BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("BAA") effective upon execution, is entered into by and among between the County of Monterey, a political subdivision of the State of California, on behalf of the Health Department ("Covered Entity") and Interim, Inc. ("Business Associate") (each a "Party" and collectively the "Parties").

### RECITALS

A. WHEREAS, Business Associate provides certain services for Covered Entity that involve the Use and Disclosure of Protected Health Information ("PHI") that is created, received, transmitted, or maintained by Business Associate for or on behalf of Covered Entity.

B. WHEREAS, the Parties are committed to complying with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"), and their implementing regulations, including the Standards for the Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, subparts A and E (the "Privacy Rule"), the Breach Notification Standards, 45 C.F.R. Part 160 and 164 subparts A and D (the "Breach Notification Rule"), and the Security Standards for the Protection of Electronic Protected Health Information, 45 C.F.R. Part 160 and Part 164, subparts A and C (the "Security Rule") (collectively "HIPAA"), all as amended from time to time.

C. WHEREAS, the Parties are also committed to complying with the California Confidentiality Laws (defined below).

D. WHEREAS, to the extent that Business Associate is performing activities in connection with covered accounts for or on behalf of Covered Entity, the Parties are also committed to complying with applicable requirements of the Red Flag Rules issued pursuant to the Fair and Accurate Credit Transactions Act of 2003 ("Red Flag Rules").

E. WHEREAS, the Privacy and Security Rules require Covered Entity and Business Associate to enter into a business associate agreement that meets certain requirements with respect to the Use and Disclosure of PHI. This BAA sets forth the terms and conditions pursuant to which PHI, and, when applicable, Electronic Protected Health Information ("EPHI") shall be handled, in accordance with such requirements.

NOW THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to this BAA, the Parties agree as follows:

### AGREEMENT

#### 1. DEFINITIONS

All capitalized terms used in this BAA but not otherwise defined shall have the meaning set forth in HIPAA.

(a) “Breach” shall have the same meaning as “breach” as defined in 45 C.F.R. § 164.402; however, the term “Breach” as used in this BAA shall also mean the unlawful or unauthorized access to, Use or Disclosure of a patient’s “medical information” as defined under Cal. Civil Code § 56.05(j), for which notification is required pursuant to Cal. Health & Safety Code 1280.15, or a “breach of the security of the system” under Cal. Civil Code § 1798.29.

(b) “California Confidentiality Laws” shall mean the applicable laws of the State of California governing the confidentiality, privacy, or security of PHI or other personally identifiable information (PII), including, but not limited to, the California Confidentiality of Medical Information Act (Cal. Civil Code § 56 *et seq.*), the patient access law (Cal. Health & Safety Code § 123100 *et seq.*), the HIV test result confidentiality law (Cal. Health & Safety Code § 120975 *et seq.*), the Lanterman-Petris-Short Act (Cal. Welf. & Inst. Code § 5328 *et seq.*), and California’s data breach law (Cal. Civil Code § 1798.29).

(c) “Protected Health Information” or “PHI” shall mean any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual; (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information that can be used to identify the individual, and (iii) is provided by Covered Entity to Business Associate or created, maintained, received, or transmitted by Business Associate on Covered Entity’s behalf. PHI, when used in this BAA, includes EPHI.

(d) “Services” shall mean the services for or functions performed by Business Associate on behalf of Covered Entity pursuant to an underlying services agreement “(Services Agreement)” between Covered Entity and Business Associate to which this BAA applies.

## **2. PERMITTED USES AND DISCLOSURES OF PHI**

Unless otherwise limited herein, Business Associate may:

(a) Use or Disclose PHI to perform Services for, or on behalf of, Covered Entity, provided that such Use or Disclosure would not violate the Privacy or Security Rules, this BAA, or California Confidentiality Laws if done by Covered Entity;

(b) Use PHI to provide Data Aggregation Services for the Health Care Operations of Covered Entity, if required by the Services Agreement and as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B);

(c) Use PHI if necessary for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate as permitted by 45 C.F.R. § 164.504(e)(4)(i);

(d) Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate as

permitted under 45 C.F.R. § 164.504(e)(4)(ii), provided that Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that it will remain confidential and be Used or further Disclosed only as Required by Law or for the purpose for which it was Disclosed to the person, and that such person will notify the Business Associate of any instances of which such person is aware that the confidentiality of the information has been breached; and

(e) Use PHI to report violations of law to appropriate Federal and state authorities, consistent with 45 C.F.R. § 164.5020(1).

### 3. RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO Pm

#### 3.1. Responsibilities of Business Associate. Business Associate shall:

(a) Notify the Privacy Officer of Covered Entity, in writing, of: (i) any Use and/or Disclosure of the PHI that is not permitted by this BAA; (ii) any Security Incident of which Business Associate becomes aware; and (iii) any suspected Breach. Such notice shall be provided within five (5) business days of Business Associate's discovery of such unauthorized access, acquisition, Use and/or Disclosure, Security Incident, or suspected Breach. Notwithstanding the foregoing, the Parties acknowledge the ongoing existence and occurrence of attempted but ineffective Security Incidents that are trivial in nature, such as pings and other broadcast service attacks, and unsuccessful log-in attempts. The Parties acknowledge and agree that this Section 3.1(a) constitutes notice by Business Associate to Covered Entity of such ineffective Security Incidents and no additional notification to Covered Entity of such ineffective Security Incidents is required, provided that no such Security Incident results in unauthorized access, acquisition, Use or Disclosure of PHI. For the avoidance of doubt, a ransomware attack shall not be considered an ineffective Security Incident and shall be reported to Covered Entity, irrespective of whether such Security Incident results in a Breach. Business Associate shall investigate each Security Incident or unauthorized access, acquisition, Use, or Disclosure of PHI, or suspected Breach that it discovers and shall provide a summary of its investigation to Covered Entity, upon request.

(i) ~~If Business~~ Business Associate or Covered Entity determines that such Security Incident or unauthorized access, acquisition, Use, or Disclosure, or suspected Breach constitutes a Breach, then Business Associate shall provide a supplemental written report in accordance with 45 C.F.R. § 164.410(c), which shall include, to the extent possible, the identification of each individual whose PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, Used or Disclosed during the Breach, to Covered Entity without unreasonable delay, but no later than five (5) business days after discovery of the Breach;

(ii) In consultation with Covered Entity, Business Associate shall promptly mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of such improper access, acquisition, Use, or Disclosure, Security Incident, or Breach;

(iii) Covered Entity shall have sole control over the timing and method of providing notification of such Breach to the affected individual(s), the appropriate government agencies, and other persons required by law to be notified. Business Associate shall assist with any notifications, as requested by Covered Entity. Business Associate shall take prompt corrective action, including any action required by applicable State or federal laws and regulations relating to such Security Incident or non-permitted access, acquisition, Use, or Disclosure. Business Associate shall reimburse Covered Entity for its reasonable costs and expenses in providing notification to affected individuals, appropriate government agencies, and any other persons required by law to be notified (e.g., without limitation, the media or consumer reporting agencies), including, but not limited to, any administrative costs associated with providing notice, printing and mailing costs, public relations costs, attorney fees, and costs of mitigating the harm (which may include the costs of obtaining up to one (1) year of credit monitoring services and identity theft insurance) for affected individuals whose PHI or other PII has or may have been compromised as a result of the Breach;

(b) Implement appropriate administrative, physical, and technical safeguards and comply with the Security Rule and industry best practices to prevent Use and/or Disclosure of EPHI other than as provided for by this B.A.A.;

(c) Obtain and maintain a written agreement with each of its Subcontractors that creates, receives, maintains, or transmits PHI that requires each such Subcontractor to adhere to restrictions and conditions that are at least as restrictive as those that apply to Business Associate pursuant to this B.A.A. Upon request, Business Associate shall provide Covered Entity with copies of its written agreements with such Subcontractors;

(d) Make available all internal practices, records, books, agreements, policies and procedures and PHI relating to the Use and/or Disclosure of PHI received from, created, maintained, or transmitted by Business Associate on behalf of Covered Entity to the Secretary of the Department of Health and Human Services ("Secretary") in a time and manner designated by the Secretary for purposes of determining Covered Entity's or Business Associate's compliance with HIPAA. Business Associate shall immediately notify Covered Entity of any such requests by the Secretary and, upon Covered Entity's request, provide Covered Entity with any copies of documents Business Associate provided to the Secretary. In addition, Business Associate shall promptly make available to Covered Entity such practices, records, books, agreements, policies and procedures relating to the Use and Disclosure of PHI for purposes of determining whether Business Associate has complied with this B.A.A. or maintains adequate security safeguards, upon reasonable request by Covered Entity. The fact that Covered Entity has the right to inspect, inspect, or fails to inspect Business Associate's internal practices, records, books, agreements, policies and procedures does not relieve Business Associate of its responsibility to comply with this B.A.A., regardless of whether Covered Entity detects or fails to detect a violation by Business Associate, nor does it constitute Covered Entity's acceptance of such practices or waiver of Covered Entity's rights under this B.A.A.;

(e) Document Disclosures of PHI and information related to such Disclosure and, within twenty (20) days of receiving a written request from Covered Entity, provide to Covered Entity such information as is requested by Covered Entity to permit Covered Entity to respond to a request by an individual for an accounting of the Disclosures of the individual's PHI in accordance with 45 C.F.R. § 164.528 and the HITECH Act. At a minimum, the Business Associate shall provide Covered Entity with the following information: (i) the date of the Disclosure; (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person; (iii) a brief description of the PHI Disclosed; and (iv) a brief statement of the purpose of such Disclosure which includes an explanation of the basis for such Disclosure. In the event the request for an accounting is delivered directly to the Business Associate, the Business Associate shall, within ten (10) days, forward such request to Covered Entity. The Business Associate shall implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section;

(f) Subject to Section 4.4 below, return to Covered Entity in a mutually agreeable format and medium, or destroy, within thirty (30) days of the termination of this BAA, the PHI in its possession and retain no copies, including backup copies;

(g) Use, Disclose to its Subcontractors or other third parties, and request from Covered Entity, only the minimum PHI necessary to perform or fulfill a specific function required or permitted hereunder;

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

(i) Upon ten (10) days' prior written request from Covered Entity, provide access to the PHI to Covered Entity, or to the individual, if so directed by Covered Entity, to meet a request by an individual under 45 C.F.R. § 164.524 or California Confidentiality Laws. Business Associate shall notify Covered Entity within five (5) days of its receipt of a request for access to PHI from an individual; and

(ii) Upon ten (10) days' prior written request from Covered Entity, make any amendment(s) to the PHI that Covered Entity directs pursuant to 45 C.F.R. § 164.526. Business Associate shall notify Covered Entity within five (5) days of its receipt of a request for amendment of PHI from an individual;

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

(j) To the extent that Business Associate carries out one or more of Covered Entity's obligations under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligations;

(k) Unless prohibited by law, notify Covered Entity as soon as possible and in no case later than five (5) days after the Business Associate's receipt of any request

or subpoena for PHI. To the extent that Covered Entity decides to assume responsibility for challenging the validity of such request, the Business Associate shall cooperate fully with Covered Entity in such challenge; and

(1) Maintain policies and procedures materially in accordance with HIPAA and California Confidentiality Laws and industry standards designed to ensure the confidentiality, availability, and integrity of Covered Entity's data and protect against threats or vulnerabilities to such data.

### **3.2 Business Associate Acknowledgement:**

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

(b) Business Associate is not permitted to Use PHI to create de-identified information except as approved in writing by Covered Entity.

(c) Business Associate further acknowledges that it is obligated by law to comply, and represents and warrants that it shall comply, with HIPAA. Business Associate shall comply with all California Confidentiality Laws, to the extent that such state laws are not preempted by HIPAA.

(d) Business Associate further acknowledges that Uses and Disclosures of PHI must be consistent with Covered Entity's privacy practices, as stated in Covered Entity's Notice of Privacy Practices. The current Notice of Privacy Practices can be retrieved online from the Covered Entity's webpage. Business Associate agrees to review the Notice of Privacy Practices at this URL at least once annually while doing business with Covered Entity to ensure it remains updated on any changes to the Notice of Privacy Practices Covered Entity may make.

**3.3 Responsibilities of Covered Entity.** Covered Entity shall notify Business Associate of any (i) changes in, or withdrawal of, the authorization of an individual regarding the Use or Disclosure of PHI provided to Covered Entity pursuant to 45 C.F.R. § 164.508, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI; or (ii) restrictions on Use and/or Disclosure of PHI as provided for in 45 C.F.R. § 164.522 agreed to by Covered Entity, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI.

## **4. TERM AND TERMINATION**

**4.1 Term.** This BAA shall become effective on the Effective Date and shall continue in effect until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy PHI, protections are extended to such PHI, in accordance with the termination provisions in Section 4.4. Certain provisions and requirements of this BAA shall survive its expiration or other termination as set forth in Section 5 herein.

**4.2 Termination.** If Covered Entity determines in good faith that Business Associate has breached a material term of this BAA, Covered Entity may either: (i) immediately terminate this BAA and any underlying Services Agreement without penalty; or (ii) terminate this BAA and any underlying Services Agreement within thirty (30) days of Business Associate's receipt of written notice of such breach, if the breach is not cured to the satisfaction of Covered Entity.

**4.3 Automatic Termination.** This BAA shall automatically terminate without any further action of the Parties upon the termination or expiration of all Services Agreements between Covered Entity and Business Associate that would necessitate having this BAA in place.

**4.4 Effect of Termination.** Upon termination or expiration of this BAA for any reason, Business Associate shall return or destroy all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(J) if, and to the extent that, it is feasible to do so. Prior to returning or destroying the PHI, Business Associate shall recover any PHI in the possession of its Subcontractors. Business Associate shall certify in writing that all PHI has been returned or securely destroyed, and no copies retained, upon Covered Entity's request. To the extent it is not feasible for Business Associate to return or destroy any portion of the PHI, Business Associate shall notify Covered Entity in writing of the condition that makes return or destruction infeasible. If Covered Entity agrees that return or destruction of the PHI is infeasible, as determined in its sole discretion, Business Associate shall: (i) retain only that PHI which is infeasible to return or destroy; (ii) return to Covered Entity the remaining PHI that the Business Associate maintains in any form; (iii) continue to extend the protections of this BAA to the PHI for as long as Business Associate retains PHI; (iv) limit further Uses and Disclosures of such PHI to those purposes that make the return or destruction of the PHI not feasible and subject to the same conditions as set out in Sections 2 and 3 above, which applied prior to termination; and (v) return to Covered Entity the PHI retained by Business Associate when such return is no longer infeasible.

## **5. MISCELLANEOUS**

**5.1 Survival.** The obligations of Business Associate under the provisions of Sections 3.1, 3.2, and 4.4 and Article 5 shall survive termination of this BAA until such time as all PHI is returned to Covered Entity or destroyed.

**5.2 Amendments; Waiver.** This BAA may not be modified or amended, except in a writing duly signed by authorized representatives of the Parties. To the extent that any relevant provision of HIPAA or California Confidentiality Laws is materially amended in a manner that changes the obligations of the Parties, the Parties agree to negotiate in good faith appropriate amendment(s) to this BAA to give effect to the revised obligations. Further, no provision of this BAA shall be waived, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

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

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

If to Business Associate, to:

Interim, Inc.  
Attn: Barbara L. Mitchell, MSW, Executive Director  
P.O. Box 3222  
Monterey, CA 93940  
Tel: 831-649-4522  
FAX: 831-649-1581

If to Covered Entity, to:

County of Monterey Health Department  
Attn: Compliance/Privacy Officer  
1270 Natividad Road  
Salinas, CA 93906  
Phone: 831-755-4018  
Fax: 831-755-4797  
Email: [sumeshwarsd@co.monterey.ca.us](mailto:sumeshwarsd@co.monterey.ca.us)

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

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

**5.6 Relationship of Parties.** Notwithstanding anything to the contrary in the Services Agreement, Business Associate is an independent contractor and not an agent of Covered Entity under this BAA. Business Associate has the sole right and obligation to supervise, manage, contract, direct, procure, perform, or cause to be performed all Business Associate obligations under this BAA.

**5.7 Choice of Law; Interpretation.** This BAA shall be governed by the laws of the State of California. Any ambiguities in this BAA shall be resolved in a manner that allows Covered Entity and Business Associate to comply with HIPAA and the California Confidentiality Laws.

**5.8 Indemnification.** Business Associate shall indemnify, defend, and hold harmless the County of Monterey (the "County"), its officers, agents, and employees from any claim, liability, loss, injury, cost, expense, penalty or damage, including costs incurred by the County with respect to any investigation, enforcement proceeding, or third party action, arising out of, or in connection with, a violation of this BAA, HIPAA or California Confidentiality Laws, or a Breach that is attributable to an act or omission of Business Associate and/or its agents, members, employees, or Subcontractors, excepting only loss, injury, cost, expense, penalty or damage caused by the negligence or willful misconduct of personnel employed by the County. It is the intent of the Parties to provide the broadest possible indemnification for the County. This provision is in addition to, and independent of, any indemnification provision in any Services Agreement between the Parties.

**5.9 Applicability of Terms.** This BAA applies to all present and future Services Agreements and business associate relationships, written or unwritten, formal or informal, in which Business Associate creates, receives, transmits, or maintains any PHI for or on behalf of Covered Entity in any form whatsoever. This BAA shall automatically be incorporated in all subsequent agreements between Business Associate and Covered Entity involving the Use or Disclosure of PHI whether or not specifically referenced therein. In the event of any conflict or inconsistency between a provision of this BAA and a provision of any other agreement between Business Associate and Covered Entity, the provision of this BAA shall control unless the provision in such other agreement establishes additional rights for Business Associate or additional duties for or restrictions on Business Associate with respect to PHI, in which case the provision of such other agreement will control.

**5.10 Insurance.** In addition to any general and/or professional liability insurance required of Business Associate under the Services Agreement, Business Associate agrees to obtain and maintain, at its sole expense, liability insurance on an occurrence basis, covering any and all claims, liabilities, demands, damages, losses, costs expenses, fines, and compliance costs arising from a breach of the obligations of Business Associate, its officers, employees, agents and Subcontractors under this BAA. Without limiting the foregoing, at a minimum, Business Associate's required insurance under this Section shall include cyber liability insurance covering breach notification expenses, network security and privacy liability, with limits of not less than **\$2,000,000** per claim and in the aggregate. Such insurance coverage will be maintained for the term of this BAA, and a copy of such policy or a certificate evidencing the policy shall be provided to Covered Entity at Covered Entity's request.

**5.11 Legal Actions.** Promptly, but no later than five (5) calendar days after notice thereof, Business Associate shall advise Covered Entity of any actual or potential action, proceeding, regulatory or governmental orders or actions, or any material threat thereof that becomes known to it that may affect the interests of Covered Entity or jeopardize this BAA, and of any facts and circumstances that may be pertinent to the prosecution or defense of any such actual or potential legal action or proceeding, except to the extent prohibited by law. This includes, without limitation, any allegation that Business Associate has violated HIPAA or other federal or state privacy or security laws.

DS BM DS PW  
Contractor's initials  
DS  
County Signatory

**5.12 Audit or Investigations.** Promptly, but no later than five (5) calendar days after notice thereof, Business Associate shall advise Covered Entity of any audit, compliance review, or complaint investigation by the Secretary or other state or federal agency related to compliance with HIPAA or the California Confidentiality Laws.

**5.13 Assistance in Litigation or Administrative Proceedings.** Business Associate shall make itself, and any Subcontractors, employees, or agents assisting Business Associate in the performance of its obligations under any Services Agreements, available to Covered Entity, at no cost to Covered Entity, to testify in any claim commenced against Covered Entity, its directors, officers, employees, successors, and assigns based upon claimed violation by Business Associate or its agents or subcontractors of HIPAA or other applicable law, except where Business Associate or its Subcontractor, employee, or agent is a named adverse party.

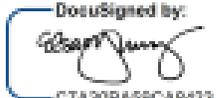
**5.14 No Offshore Work.** In performing the Services for, or on behalf of, Covered Entity, Business Associate shall not, and shall not permit any of its Subcontractors, to transmit or make available any PHI to any entity or individual outside the United States without the prior written consent of Covered Entity.

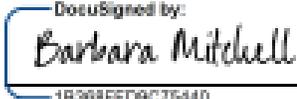
**5.15 Information Blocking Rules.** Business Associate shall not take any action, or refuse to take any action, with regard to Covered Entity’s electronic health information that would result in “information blocking” as prohibited by 42 U.S.C. § 300jj-52 and 45 C.F.R. Part 171 (collectively, “Information Blocking Rules”). Business Associate and Covered Entity shall cooperate in good faith to ensure Covered Entity’s electronic health information is accessed, exchanged, and used in compliance with the Information Blocking Rules.

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

**BUSINESS ASSOCIATE**

**COVERED ENTITY**

By:  \_\_\_\_\_  
CTA90B488C4R412

By:  \_\_\_\_\_  
1B368FFD9C76440

Print Name Elsa M. Jimenez

Print Name: Barbara L. Mitchell, MSW

Print Title Director of Health

Print Title: Executive Director

Date: 3/17/2022 | 10:24 AM PDT

Date: 2/23/2022 | 9:55 AM PST

EXHIBIT G-1: Behavioral Health Cost Reimbursement Invoice



Invoice Number: \_\_\_\_\_

County PO No.: \_\_\_\_\_

Invoice Period: \_\_\_\_\_

Final Invoice: (Check if Yes)

Contractor: Interim, Inc.

Address Line 1: P.O. Box 3222

Address Line 2: Monterey, CA 93942

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

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

BH Division: Mental Health Services

BH Control Number: \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	R U
Manzanita Adult Crisis Res. (Salinas and Monterey sites)	5	141/40-49	\$515.89	6,471				\$ 3,338,278	-	-	-	\$ 3,338,278	
Bridge House Transitional Residential	5	161/65-79	\$306.44	4,701				\$ 1,440,529	-	-	-	\$ 1,440,529	
<b>TOTALS</b>				11,172				\$ 4,778,807	-	-	-	\$ 4,778,807	

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

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

Send to:  
[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

EXHIBIT G-1: Behavioral Health Cost



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

Invoice Number:

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

County PO No.:

Tel. No.: (831) 649-4522  
 Fax No.: (831) 647-9136

Invoice Period:

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

Final Invoice: (Check if Yes)

BH Division: Mental Health Services

BH Control Number

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

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

Signature: \_\_\_\_\_ Sophie Yakir

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

Title: \_\_\_\_\_ Grants & Contracts Manager

Telephone: \_\_\_\_\_ 831.649.4522

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

EXHIBIT G-1: Behavioral Health Cost P

Invoice



**Contractor:** Interim, Inc. - Community Housing

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

**Tel. No.:** (831) 649-4522  
**Fax No.:** (831) 647-9136

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

**BH Division:** Mental Health Services

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:** (Check if Yes)

**BH Control Number:** \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To
Community Housing - Case Management	15	301	\$4.57	274,229			0	\$1,253,228			\$0.00	\$1,253,228	274,229
Community Housing - Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				274,229	0	0	0	\$1,253,228		0.00	0.00	\$1,253,228	274,229

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831.64

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

EXHIBIT Invoice

SAMPLE

**Contractor:** Interim, Inc. - Sandy Shores

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

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

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:** (Check if Yes)

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Sandy Shores - Case Management	15	301	\$4.57	94,614			0	\$432,388			\$0.00	\$432,386	94,614
Sandy Shores - Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				94,614	0	0	0	\$432,386		0.00	0.00	\$432,386	94,614

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831.64

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment

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

SAMPLE

<b>Contractor:</b> Interim, Inc. - Shelter Cove	<b>Invoice Number:</b> _____
<b>Address Line 1:</b> P.O. Box 3222	<b>County PO No.:</b> _____
<b>Address Line 2:</b> Monterey, CA 93942	<b>Invoice Period:</b> _____
<b>Tel. No.:</b> (831) 649-4522	<b>Final Invoice:</b> <input type="checkbox"/> (Check if Yes)
<b>Fax No.:</b> (831) 647-9136	
<b>Contract Term:</b> July 1, 2021- June 30, 2023	
<b>BH Division:</b> Mental Health Services	<b>BH Control Number:</b> _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Shelter Cove - Case Management	15	301	\$4.57	135,157			0	\$617,669			\$0.00	\$617,669	135,157
Shelter Cove - Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				135,157	0	0	0	\$617,669		0.00	0.00	\$617,669	135,157

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831.649.4522 ext \_\_\_\_\_

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment

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

SAMPLE

Reimbursement Invoice

Contractor: Interim, Inc. - Rockrose Gardens

Invoice Number: \_\_\_\_\_

Address Line 1 P.O. Box 3222

County PO No.: \_\_\_\_\_

Address Line 2 Monterey, CA 93942

Invoice Period: \_\_\_\_\_

Tel. No.: (831) 649-4522

Fax No.: (831) 647-9136

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

Final Invoice:  (Check if Yes)

BH Division: Mental Health Services

BH Control Number \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To
Rockrose - Case Management	15	301	\$4.57	63,621			0	\$290,749			\$0.00	\$290,749	63,621
Rockrose - Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				63,621	0	0	0	\$290,749		0.00	0.00	\$290,749	63,621

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

Signature: \_\_\_\_\_ Sophie Yakir

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

Title: \_\_\_\_\_ Grants & Contracts Manager

Telephone: \_\_\_\_\_ 831.6

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

SAMPLE

Cost Reimbursement Invoice

**Contractor:** Interim, Inc. - Lupine Gardens

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

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

**BH Division:** Mental Health Services

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:**  (Check if Yes)

**BH Control Number** \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	R UC
Lupine - Case Management	15	301	\$4.57	84,376			0	\$385,598			\$0.00	\$385,598	
Lupine - Mental Health Services	15												
Collateral Assessment		311	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				84,376	0	0	0	\$385,598		0.00	0.00	\$385,598	

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

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

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

SAMPLE

Health Cost Reimbursement Invoice

**Contractor:** Interim, Inc. - Sunflower Gardens

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

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

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:** (Check if Yes)

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

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Sunflower - Case Management	15	301	\$4.57	87,787			0	\$401,187			\$0.00	\$401,187	87,787
Sunflower - Mental Health Services	15												
Collateral Assessment		311	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
Medication Support	15	60	\$8.40	15,588				\$130,943				\$130,943	15,588
<b>TOTALS</b>				103,375	0	0	0	\$532,127		0.00	0.00	\$532,130	103,375

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831.649

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment

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

SAMPLE

Behavioral Health Cost Reimbursement Invoice

**Contractor:** Interim, Inc. - McHOME

**Address Line 1:** P.O. Box 3222

**Address Line 2:** Monterey, CA 93942

**Tel. No.:** (831) 649-4522

**Fax No.:** (831) 647-9136

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

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:**  (Check if Yes)

**BH Division:** Mental Health Services

**BH Control Number** \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Ren UOS
McHome - Case Management	15	301	\$4.57	289,442			0	\$1,322,748			\$0.00	\$1,322,748	28
McHome- Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
Medication Support	15	60	\$8.40	49,800				\$418,323				\$418,323	4
<b>TOTALS</b>				339,242	0	0	0	\$1,741,071		0.00	0.00	\$1,741,071	33

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

**Signature:** \_\_\_\_\_ **Sophie Yakir**

**Title:** \_\_\_\_\_ **Grants & Contracts Manager**

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

**Telephone:** \_\_\_\_\_ **831**

Send to:  
[MCHDBHFinance@co.monterey.ca.gov](mailto:MCHDBHFinance@co.monterey.ca.gov)

Behavioral Health Authorization for Payment

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

EXHIBIT G-1: Behavioral Health

ment Invoice



**Contractor:** Interim, Inc. - Dual Recovery

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

**Tel. No.:** (831) 649-4522  
**Fax No.:** (831) 647-9136

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

**BH Division:** Mental Health Services

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:** (Check if Yes)

**BH Control Number:** \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Keep It Real - Case Management	15	301	\$4.57	129,004			0	\$589,546			\$0.00	\$589,546	129,004
Keep It Real - Mental Health Services	15												
Collateral Assessment		311	\$4.15										
Individual Therapy		341	\$4.15										
Group Counseling		351	\$4.15										
Mental Health Rehab.		381	\$4.15										
Plan Development		391	\$4.15										
<b>TOTALS</b>				129,004	0	0	0	\$589,546		0.00	0.00	\$589,546	129,004

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

**Signature:** \_\_\_\_\_ **Sophie Yakir**  
**Title:** \_\_\_\_\_ **Grants & Contracts Manager**

**Date:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **831.649.4522**

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

EXHIBIT G-1: Behavioral Health



Invoice

Contractor: Interim, Inc. - OMNI Adult Wellness Center

Invoice Number:

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

County PO No.:

Tel. No.: (831) 649-4522  
 Fax No.: (831) 647-9136

Invoice Period:

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

Final Invoice: (Check if Yes)

BH Division: Mental Health Services

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
OMNI - Case Management	15	301	\$4.57	31,672			0	\$144,742			\$0.00	\$144,742	31,672
OMNI- Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				31,672	0	0	0	\$144,742		0.00	0.00	\$144,742	31,672

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

Signature: \_\_\_\_\_ Sophie Yakir

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

Title: \_\_\_\_\_ Grants & Contracts Manager

Telephone: \_\_\_\_\_ 831.649.4522 ext. \_\_\_\_\_

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory

EXHIBIT G-1: Behavioral Health Reimbursement Invoice



**Contractor:** Interim, Inc. - Wellness Navigation (Peer Partners for Health Services)

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

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

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:** (Check if Yes)

**BH Division:** Mental Health Services

**BH Control Number** \_\_\_\_\_

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Peer Partners for Health- Case Management	15	301	\$4.57	28,057			0	\$128,222			\$0.00	\$128,222	28,057
Peer Partners for Health- Mental Health Services	15												
Collateral		311	\$4.57										
Assessment		331	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
<b>TOTALS</b>				28,057	0	0	0	\$128,222		0.00	0.00	\$128,222	28,057

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

Signature: \_\_\_\_\_ Sophie Yakir

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

Title: \_\_\_\_\_ Grants & Contracts Manager

Telephone: \_\_\_\_\_ 831.649. \_\_\_\_\_

Send to:  
[MCHDBHFinance@co.monterey](mailto:MCHDBHFinance@co.monterey)

Behavioral Health Authorization for Payment

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

EXHIBIT G-4

Invoice

**SAMPLE**

**Contractor:** Interim, Inc. - Assertive Community Treatment (ACT) Team

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

**Tel. No.:** (831) 649-4522  
**Fax No.:** (831) 647-9136

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

**BH Division:** Mental Health Services

**Invoice Number:** \_\_\_\_\_

**County PO No.:** \_\_\_\_\_

**Invoice Period:** \_\_\_\_\_

**Final Invoice:**  (Check if Yes)

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Re UOS
ACT Team - Case Management	15	301	\$4.57	195,301			0	\$892,526			\$0.00	\$892,526	19
ACT Team - Mental Health Services	15												
Collateral Assessment		311	\$4.57										
Individual Therapy		341	\$4.57										
Group Counseling		351	\$4.57										
Mental Health Rehab.		381	\$4.57										
Plan Development		391	\$4.57										
ACT - Medication Support	15	60	\$8.40	55,059				\$462,498				\$462,498	5
<b>TOTALS</b>				250,360	0	0	0	\$1,355,025		0.00	0.00	\$1,355,025	29

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831-649-4522

Send to:  
[MCHDBHFinance@co.monterey.ca.gov](mailto:MCHDBHFinance@co.monterey.ca.gov)

Behavioral Health Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory



<b>EXHIBIT G</b>	<b>Invoice</b>
<b>Contractor:</b> Interim, Inc. - CHOICES Intensive Day Treatment	<b>Invoice Number:</b> _____
<b>Address Line 1:</b> P.O. Box 3222	<b>County PO No.:</b> _____
<b>Address Line 2:</b> Monterey, CA 93942	<b>Invoice Period:</b> _____
<b>Tel. No.:</b> (831) 649-4522	<b>Final Invoice:</b> <input type="checkbox"/> (Check if Yes)
<b>Fax No.:</b> (831) 647-9136	
<b>Contract Term:</b> July 1, 2021 - June 30, 2023	
<b>BH Division:</b> Mental Health Services	<b>BH Control Number:</b> _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2021-22	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
CHOICES Intensive Day Treatment	10	85-89	\$284.83	1,256			0	\$357,877			\$0.00	\$357,877	1,256
Medication Support	15	60	\$8.40	7,059				\$59,292			\$0.00	\$59,292	7,059
<b>TOTALS</b>				1,256	<b>0</b>	<b>0</b>	<b>0</b>			<b>0.00</b>	<b>0.00</b>	<b>\$0</b>	<b>1,256</b>

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

Signature: \_\_\_\_\_ Sophie Yakir  
 Title: \_\_\_\_\_ Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831.649.8316

Send to:  
[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment

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

**EXHIBIT H-2**

**INTERIM. INC**

**EXHIBIT G-1: Behavioral Health Cost Reimbursement**



Invoice Number:

**Contractor:** Interim, Inc.- Cash Flow Advance Services

**Address Line 1** P.O. Box 3222

**Address Line 2** Monterey, CA 93942

**Tel. No.:** (831) 649-4522

**Fax No.:** (831) 647-9136

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

**BH Division:** Mental Health Services

County PO No.:

Invoice Period:

Final Invoice:

Service Description	Mode of Service	Service Function Code	Total Annual Contract Amount FY 2021-22	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining
1_Manzanitas- Adult Crisis Residential: Board & Care	60	40-49	\$ 222,764			- \$	222,764
2_Bridge House-Adult Residential: Board & Care	60	40-49	\$ 89,635			- \$	89,635
3_Community Housing: Housing	60	70	\$ 280,419			- \$	280,419
4_Sandy Shores: Housing	60	70	\$ 176,698			- \$	176,698
5_Shelter Cove: Housing	60	70	\$ 315,847			- \$	315,847
9_McHome: Outreach/MHSA	60	70	\$ 563,477			- \$	563,477
9_McHome: Non-Medi-Cal/PATH Grant	60	70	\$ 96,474			- \$	96,474
9_McHome:Outreach (CRRSAA)	60	70	\$ 69,000			- \$	69,000
9_McHome: Outreach (ARPA)	60	70	\$ 43,356			- \$	43,356
10_Keep It Real (Dual Recovery Services)	60	70	\$ 10,827			- \$	10,827
11_Outreach & Aftercare – Dual Diagnosis /SAMHSA Grant	60	78	\$ 93,279			- \$	93,279
11_Outreach & Aftercare – Dual Diagnosis/MHSA	60	70	\$ 43,159			- \$	43,159
12_Workforce Education & Training	60	70	\$ 141,356			- \$	141,356
13_OMNI_Adult Wellness Center	60	70	\$ 567,737			- \$	567,737
14_Peer Partners: Wellness Navigators MHSA/CSS	60	70	\$ 70,519			- \$	70,519
14_Peer Partners: Transportation Coaching MHSA/INN (FY22 only)	60	70	\$ 376,122			- \$	376,122
14_Peer Partners: TAY (CRRSAA)	60	70	\$ 69,000			- \$	69,000
15_ACT Team	60	70	\$ 223,783			- \$	223,783
16_CHOICES Intensive Day Treatment	60	70	\$ 212,245			- \$	212,245
<b>Total Cash Flow Advance</b>			<b>\$ 3,665,697</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,665,697</b>

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

Signature: Sophie Yakir  
 Title: Grants & Contracts Manager

Date: \_\_\_\_\_  
 Telephone: 831.649.4522 ext 214

Behavioral Health Authorization for Payment

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

Date \_\_\_\_\_

Send to: [MCHDBHFinance@co](mailto:MCHDBHFinance@co)

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	Manzanita House - Crisis Residential				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 1,685,695	\$ 1,669,139	\$ 1,904,467	\$ 235,328
	Realignment	1,685,695	-	-	-
	MHSA	-	1,669,139	1,904,467	235,328
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	261,569	-	-	-
	MHSA - CSS	-	222,764	262,155	39,391
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH				
	SAMHSA Block Grant	-	-	-	-
	CRRSAA				
	ARPA				
	PEI				
<b>Total Requested Monterey County Funds</b>		<b>\$ 3,632,959</b>	<b>\$ 3,561,042</b>	<b>\$ 4,071,089</b>	<b>\$ 510,047</b>
<b>Other Program Revenues</b>		<b>269,644</b>	<b>227,496</b>	<b>45,000</b>	<b>(182,496)</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 3,902,603</b>	<b>3,788,538</b>	<b>4,116,089</b>	<b>\$ 327,551</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
1. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 2,400,516	\$ 2,209,781	\$ 2,359,592	149,811
2	Payroll taxes	182,145	168,875	182,176	13,301
3	Employee benefits	340,529	320,186	322,438	2,252
4	Workers Compensation	79,591	76,162	82,134	5,972
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	100,922	92,181	103,518	11,337
8	Travel (costs incurred to carry out the program)	32,961	25,087	9,178	(15,909)
9	Employee Travel and Conference	-	-	15,909	15,909
10	Communication Costs	28,095	30,725	37,552	6,827
11	Utilities	55,203	71,024	71,024	-
12	Cleaning and Janitorial	42,096	58,200	69,800	11,600
13	Maintenance and Repairs - Buildings	32,418	44,932	44,932	-
14	Maintenance and Repairs - Equipment	1,187	-	-	-
15	Printing and Publications	4,914	4,467	4,467	-
16	Memberships, Subscriptions and Dues	11,559	11,248	11,422	174
17	Office Supplies	22,558	27,327	45,337	18,010
18	Postage and Mailing	120	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	20,529	1,173	22,944	21,771

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	4,461	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	630	1,269	1,552	283
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	1,500	2,000	500
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	17,700	18,750	30,930	12,180
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	10,977	15,963	16,452	489
27	Miscellaneous (please provide details)	1,691	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	110,884	109,073	116,466	7,393
29	<b>Total Mode Costs</b>	\$ 3,501,686	3,287,923.00	3,549,823.00	\$ 261,900
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.	-			
30	Salaries and Benefits	-	379,333	414,774	35,440
31	Supplies	-	82,212	92,591	10,379
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	15,435	19,222	3,787
34	<b>Total Administrative Costs</b>	\$ -	\$ 476,981	\$ 526,587	\$ 49,606
35	<b>TOTAL DIRECT COSTS</b>	\$ 3,501,686	\$ 3,764,904	\$ 4,076,410	\$ 311,506
<p>If Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	14,938	14,914	20,150	5,236
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	20,041	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	11,543	-	11,005	11,005
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	3,341	8,720	8,524	(196)
57	<b>Total Indirect costs</b>	\$ 49,863	\$ 23,634	\$ 39,679	\$ 16,045

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Finance Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 57,622	0.09	\$ 5,186
Administrative Assistant II-CI	52,308	1.00	52,308
Administrative Assistant II-CI	66,383	1.00	66,383
Behavioral Health Clinician II	82,129	1.00	82,129
Counselor I-B	43,368	0.50	21,684
Counselor I-B	45,798	0.50	22,899
Counselor I-C	53,121	0.83	43,825
Counselor I-C	50,553	0.83	41,706
Counselor I-C	43,770	0.83	36,110
Counselor I-C	54,539	0.83	44,995
Counselor I-C	56,611	0.83	46,704
Counselor I-C	49,690	0.83	40,994
Counselor I-C	49,052	0.50	24,526
Counselor I-C	46,196	0.83	38,112
Counselor II	65,816	1.00	65,816
Counselor II	65,322	1.00	65,322
Counselor II	66,424	1.00	66,424
Counselor II	62,514	1.00	62,514
Counselor II	63,023	1.00	63,023
Counselor II	61,691	1.00	61,691
Counselor II	65,334	1.00	65,334
Counselor II	53,408	1.00	53,408
Counselor II	53,827	1.00	54,051
Counselor II	53,237	1.00	53,237
Counselor II	52,652	1.00	52,652
Deputy Director	114,954	0.20	23,336
Deputy Director	150,567	0.20	30,565
Division Director of Program Services	144,516	0.20	29,337
Division Director of Clinical Services	148,837	0.20	30,214
Division Director of Quality Assurance	138,790	0.20	27,758
Facilities Manager	103,972	0.12	12,092
Housing Development & Property Director	145,726	0.06	8,744
Kitchen Coordinator	51,652	0.50	25,826
Kitchen Coordinator II	63,681	1.00	63,681
Landscape Assistant	35,602	0.45	16,021
Landscape Supervisor	73,796	0.12	8,671
Licensed Vocational Nurse	83,855	1.00	83,855
Maintenance Supervisor	79,510	0.12	9,247
Maintenance Worker	63,104	0.12	7,339
Maintenance Worker	70,533	0.12	8,203
Maintenance Worker	57,713	0.12	6,712
Maintenance Worker	52,906	0.12	6,153
Program Director	97,138	1.00	97,138
Program Director	109,312	1.00	109,312
Program Manager	74,157	1.00	74,157
Program Manager	70,608	1.00	70,608
Quality Assurance & Performance Outcomes Specialist	34,955	0.20	6,991
Quality Assurance & Performance Outcomes Specialist	104,970	0.20	20,994
Quality Assurance Technician	76,271	0.20	15,254
Registered Nurse	160,160	0.30	48,048
Registered Nurse	110,611	0.35	38,714
Registered Nurse	87,706	0.50	43,853
Relief Counselor	135,952	3.50	135,952
Substance Use Counselor	69,784	1.00	69,784
<b>Total Salaries and Wages</b>	<b>\$ 2,994,103</b>		<b>\$ 2,359,592</b>
			<b>\$ 2,359,592.00</b>

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year <u>2022 - 2023</u>					
Program Name: <b>Manzanita Med Support Psychiatrist</b>					
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 208,911	\$ 210,319	\$ 250,477	\$ 40,158
	Realignment	208,911	-	-	-
	MHSA	-	\$ 210,319	\$ 250,477	40,158
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ 417,822	\$ 420,638	\$ 500,954	\$ 80,316
<b>Other Program Revenues</b>		-	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 417,822	\$ 420,638	\$ 500,954	\$ 80,316
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	344,997	108,449	77,428	(31,021)
2	Payroll taxes	23,587	8,262	5,258	(3,004)
3	Employee benefits	11,234	13,209	9,312	(3,897)
4	Workers Compensation	10,596	3,668	2,645	(1,023)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	1,076	-	-	-
8	Travel (costs incurred to carry out the program)	2,732	-	-	-
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	6,098	-	4,353	4,353
11	Utilities	3,844	-	-	-
12	Cleaning and Janitorial	1,993	-	-	-
13	Maintenance and Repairs - Buildings	7,359	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	670	-	-	-
16	Memberships, Subscriptions and Dues	254	-	-	-
17	Office Supplies	7,975	-	80	80
18	Postage and Mailing	7	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	-	-	-

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	2,442	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	29	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	115,041	215,250	322,693	107,443
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,817	1,392	1,432	40
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	8,688	-	-	-
29	<b>Total Mode Costs</b>	\$ 552,439	\$ 350,230	\$ 423,201	\$ 72,971
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	42,118	50,481	8,363
31	Supplies	-	9,128	11,269	2,141
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	1,714	2,340	626
34	<b>Total Administrative Costs</b>	\$ -	\$ 52,960	\$ 64,089	\$ 11,129
35	<b>TOTAL DIRECT COSTS</b>	\$ 552,439	\$ 403,190	\$ 487,290	\$ 84,100
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	27,607	17,448	13,345	(4,103)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	7,199	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	319	319
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	906	-	-	-
57	<b>Total Indirect costs</b>	\$ 35,712	\$ 17,448	\$ 13,664	\$ (3,784)
63	<b>Total Allowable Costs</b>	\$ 588,151	\$ 420,638	\$ 500,954	\$ 80,316



**EXHIBIT H-2**

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
<b>Program Name:</b>	Bridge Residential				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
Monterey County Funds (Monterey County's Use):					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 666,960	\$ 720,265	\$ 822,732	\$ 102,468
	Realignment	666,960	-	-	-
	MHSA	-	720,265	822,732	102,468
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	90,901	-	-	-
	MHSA - CSS	-	89,635	106,206	16,571
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		<b>\$ 1,424,821</b>	<b>\$ 1,530,164</b>	<b>\$ 1,751,670</b>	<b>\$ 221,506</b>
<b>Other Program Revenues</b>		<b>83,364</b>	<b>70,257</b>	<b>70,257</b>	<b>-</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 1,508,185</b>	<b>\$ 1,600,421</b>	<b>\$ 1,821,927</b>	<b>\$ 221,506</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	850,073	812,974	918,138	105,164
2	Payroll taxes	65,067	62,123	71,815	9,692
3	Employee benefits	138,546	121,900	131,701	9,801
4	Workers Compensation	27,671	27,409	31,708	4,299
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	56,170	70,987	83,200	12,213
8	Travel (costs incurred to carry out the program)	14,194	12,541	6,621	(5,920)
9	Employee Travel and Conference	-	-	5,920	5,920
10	Communication Costs	12,876	10,551	16,846	6,295
11	Utilities	14,916	28,898	28,898	-
12	Cleaning and Janitorial	21,212	18,651	18,651	-
13	Maintenance and Repairs - Buildings	17,877	11,378	11,378	-
14	Maintenance and Repairs - Equipment	947	-	-	-
15	Printing and Publications	2,511	3,315	3,315	-
16	Memberships, Subscriptions and Dues	3,382	7,375	7,375	-
17	Office Supplies	12,018	10,214	12,497	2,283
18	Postage and Mailing	178	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	18,280	1,146	21,732	20,586

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	1,487	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	412	412	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	16,662	17,000	17,000	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	5,000	10,220	5,220
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	5,850	6,167	6,351	184
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	170,704	159,268	158,298	(970)
29	<b>Total Mode Costs</b>	\$ 1,450,621	\$ 1,387,309	\$ 1,562,076	\$ 174,767
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.	-	-	-	
30	Salaries and Benefits	-	160,248	183,594	23,346
31	Supplies	-	34,730	40,984	6,254
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	6,521	8,509	1,988
34	<b>Total Administrative Costs</b>	\$ -	\$ 201,499	\$ 233,087	\$ 31,588
35	<b>TOTAL DIRECT COSTS</b>	\$ 1,450,621	\$ 1,588,808	\$ 1,795,163	\$ 206,355
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	12,717	6,053	16,978	10,925
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	5,107	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	730	-	4,226	4,226
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,300	5,560	5,560	-
57	<b>Total Indirect costs</b>	\$ 19,854	\$ 11,613	\$ 26,764	\$ 15,151
63	<b>Total Allowable Costs</b>	\$ 1,470,475	\$ 1,600,421	\$ 1,821,927	\$ 221,506

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			
<p>We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.</p>					
Executive Director's Signature		Date	Finance Director's Signature	Date	
<p><b>Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)</b></p>					
TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL		
Administrative Assistant I	\$ 58,951	0.0782	\$ 4,610		
Administrative Assistant II-CI	40,517	0.7576	30,696		
Behavioral Health Clinician II	92,559	1.0000	92,559		
Counselor I-B	42,224	0.8250	34,835		
Counselor I-B	43,345	1.0000	43,345		
Counselor I-C	56,651	0.8250	46,737		
Counselor I-C	56,904	0.8250	46,946		
Counselor II	56,009	1.0000	56,009		
Counselor II	68,325	1.0000	68,325		
Counselor II	55,654	1.0000	55,654		
Deputy Director	83,342	0.1200	10,001		
Deputy, Clinical & Division Director	131,000	0.1000	13,100		
Deputy, Clinical & Division Director	125,740	0.1000	12,574		
Division Director of Program Services	117,718	0.1100	12,949		
Division Director of Quality Assurance	126,173	0.1100	13,879		
Facilities Manager	100,775	0.0400	4,031		
Housing Development & Property Director	141,032	0.0620	8,744		
Landscape Assistant	32,624	0.1700	5,546		
Landscape Supervisor	72,264	0.1100	7,949		
Maintenance Supervisor	44,029	0.0700	3,082		
Maintenance Worker	39,057	0.0700	2,734		
Maintenance Worker	31,957	0.0700	2,237		
Maintenance Worker	29,300	0.0700	2,051		
Maintenance Worker	34,943	0.0700	2,446		
Program Director	107,256	1.0000	107,256		
Program Manager	86,313	1.0000	86,313		
Quality Assurance & Performance Outcomes Specialist	95,427	0.1100	10,497		
Quality Assurance & Performance Outcomes Specialist	87,375	0.0400	3,495		
Quality Assurance Technician	69,336	0.1100	7,627		
Registered Nurse	200,200	0.2000	40,040		
Registered Nurse	134,645	0.4000	53,858		
Relief Counselor	28,013		28,013		
	\$ -				
<b>Total Salaries and Wages</b>		\$ 2,489,659		\$ 918,138	
				\$ 918,138.00	

**EXHIBIT H-2**

<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>Community Housing</b>				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 615,991	\$ 626,614	\$ 723,259	\$ 96,645
	Realignment	615,991	-	-	96,645
	MHSA	-	626,614	723,259	-
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	257,727	-	-	-
	MHSA - CSS	-	280,419	318,048	37,629
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
	<b>Total Requested Monterey County Funds</b>	<b>\$ 1,489,709</b>	<b>\$ 1,533,647</b>	<b>\$ 1,764,566</b>	<b>\$ 230,919</b>
	<b>Other Program Revenues</b>	<b>490,496</b>	<b>443,478</b>	<b>463,678</b>	<b>20,200</b>
	<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ 1,980,205</b>	<b>\$ 1,977,125</b>	<b>2,228,244</b>	<b>\$ 251,119</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	786,081	951,004	1,025,932	74,928
2	Payroll taxes	62,060	72,685	81,879	9,194
3	Employee benefits	109,038	117,432	137,094	19,662
4	Workers Compensation	22,722	29,561	33,188	3,627
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	1,942	-	-	-
7	Flexible Client Spending (please provide supporting documents)	9,754	18,900	18,900	-
8	Travel (costs incurred to carry out the program)	19,596	20,860	12,968	(7,892)
9	Employee Travel and Conference	-	-	7,892	7,892
10	Communication Costs	18,982	22,800	25,355	2,555
11	Utilities	67,050	58,366	74,334	15,968
12	Cleaning and Janitorial	13,666	13,631	13,631	-
13	Maintenance and Repairs - Buildings	39,579	108,451	108,451	-
14	Maintenance and Repairs - Equipment	173	-	-	-
15	Printing and Publications	4,194	5,471	5,471	-
16	Memberships, Subscriptions and Dues	1,457	8,350	8,350	-
17	Office Supplies	38,805	27,011	27,855	844
18	Postage and Mailing	20	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	41,557	-	44,438	44,438

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	112,162	98,246	130,876	32,630
23	Taxes and assessments (Please identify the property address and method of cost allocation)	815	2,406	2,406	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	19,861	4,293	4,293	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	17,480	22,700	5,220
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	4,627	6,897	7,103	206
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	96,886	107,186	102,400	(4,786)
29	<b>Total Mode Costs</b>	\$ 1,471,027	\$ 1,691,030	\$ 1,895,516	\$ 204,486
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	197,968	224,539	26,571
31	Supplies	-	42,905	50,124	7,219
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	8,055	10,406	2,351
34	<b>Total Administrative Costs</b>	\$ -	\$ 248,929	\$ 285,069	\$ 36,140
35	<b>TOTAL DIRECT COSTS</b>	\$ 1,471,027	\$ 1,939,959	\$ 2,180,585	\$ 240,626
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	29,604	33,086	37,677	4,591
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	5,325	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	4,020	-	5,901	5,901
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	2,596	4,080	4,081	1
57	<b>Total Indirect costs</b>	\$ 41,545	\$ 37,166	\$ 47,659	\$ 10,493
63	<b>Total Allowable Costs</b>	\$ 1,512,572	\$ 1,977,125	\$ 2,228,244	\$ 251,119



INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name: Sandy Shores					
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 214,955	\$ 216,193	\$ 267,563	\$ 51,370
	Realignment	214,955	-	-	-
	MHSA	-	216,193	267,562	51,369
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	129,468	-	-	-
	MHSA - CSS	-	176,698	187,520	10,822
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		<b>\$ 559,378</b>	<b>\$ 609,084</b>	<b>\$ 722,645</b>	<b>\$ 113,561</b>
<b>Other Program Revenues</b>		<b>216,590</b>	<b>210,597</b>	<b>222,514</b>	<b>11,917</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 775,968</b>	<b>\$ 819,681</b>	<b>945,159</b>	<b>\$ 125,478</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	368,232	366,448	422,041	55,593
2	Payroll taxes	28,665	28,015	33,410	5,395
3	Employee benefits	75,724	59,618	73,215	13,597
4	Workers Compensation	10,338	10,813	13,000	2,187
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	1,007	6,000	6,000	-
7	Flexible Client Spending (please provide supporting documents)	2,497	4,800	4,800	-
8	Travel (costs incurred to carry out the program)	5,324	10,400	6,841	(3,559)
9	Employee Travel and Conference	-	-	3,559	3,559
10	Communication Costs	7,472	7,100	8,930	1,830
11	Utilities	44,708	37,051	40,971	3,920
12	Cleaning and Janitorial	3,009	4,200	4,200	-
13	Maintenance and Repairs - Buildings	34,379	26,989	26,989	-
14	Maintenance and Repairs - Equipment	137	-	-	-
15	Printing and Publications	2,189	2,907	2,907	-
16	Memberships, Subscriptions and Dues	422	2,498	2,498	-
17	Office Supplies	9,270	16,728	16,760	32
18	Postage and Mailing	126	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	13,630	375	15,099	14,724

## EXHIBIT H-2

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	5,332	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	181	289	291	2
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	23,809	5,523	5,523	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	6,950	8,570	1,620
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	2,142	3,254	3,353	99
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	95,056	95,012	93,466	(1,546)
29	<b>Total Mode Costs</b>	\$ 733,649	\$ 694,970	\$ 792,423	\$ 97,453
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	82,075	95,243	13,168
31	Supplies	-	17,788	21,261	3,473
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	3,340	4,414	1,074
34	<b>Total Administrative Costs</b>	\$ -	\$ 103,203	\$ 120,918	\$ 17,715
35	<b>TOTAL DIRECT COSTS</b>	\$ 733,649	\$ 798,173	\$ 913,341	\$ 115,168
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	21,872	21,138	28,737	7,599
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	8,195	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	310	-	2,711	2,711
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	426	370	370	-
57	<b>Total Indirect costs</b>	\$ 30,803	\$ 21,508	\$ 31,818	\$ 10,310
63	<b>Total Allowable Costs</b>	\$ 764,452	\$ 819,681	\$ 945,159	\$ 125,478

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

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<b>Executive Director's Signature</b>	<b>Date</b>	<b>Finance Director's Signature</b>	<b>Date</b>

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 56,707	0.13	\$ 7,491
Administrative Assistant II-CI	39,992	0.24	9,694
Assistant Program Director	69,100	0.25	17,275
Behavioral Health Clinician I	80,482	0.50	40,241
Counselor II	66,970	1.00	66,970
Counselor II	64,476	0.80	51,581
Deputy Director	155,200	0.02	3,104
Division Director of Clinical Services	200,950	0.02	4,019
Division Director of Program Services	24,636	0.17	4,065
Division Director of Program Services	22,953	0.17	3,902
Division Director of Quality Assurance	166,540	0.05	8,327
Facilities Manager	117,006	0.08	9,068
Housing Development & Property Director	138,904	0.13	17,488
Housing Management Specialist I	60,020	0.10	6,020
Housing Management Specialist I	68,156	0.10	6,836
Housing Management Specialist I	64,506	0.10	6,470
Housing Operations Manager	84,387	0.10	8,464
Landscape Assistant	32,653	0.78	25,469
Landscape Supervisor	72,260	0.05	3,613
Maintenance Assistant	38,800	0.20	7,760
Maintenance Supervisor	77,056	0.09	6,935
Maintenance Worker	68,356	0.09	6,152
Maintenance Worker	61,144	0.09	5,503
Maintenance Worker	51,289	0.09	4,616
Maintenance Worker	55,933	0.09	5,034
Program Director	131,800	0.40	52,720
Program Director	162,160	0.10	16,216
Quality Assurance & Performance Outcomes Specialist	114,509	0.06	6,298
Quality Assurance & Performance Outcomes Specialist	83,200	0.06	4,576
Quality Assurance Technician	34,950	0.06	2,097
Resident Manager	16,821	0.24	4,037
<b>Total Salaries and Wages</b>	<b>\$ 2,481,916</b>		<b>\$ 422,041</b>
			<b>\$ 422,041.00</b>

**EXHIBIT H-2**

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	Shelter Cove				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 419,860	\$ 308,834	\$ 444,464	\$ 135,630
	Realignment	419,860	-	-	-
	MHSA	-	308,834	444,464	135,630
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	295,853	-	-	-
	MHSA - CSS	-	315,847	376,286	60,439
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		<b>\$ 1,135,573</b>	<b>\$ 933,516</b>	<b>\$ 1,265,214</b>	<b>\$ 331,698</b>
<b>Other Program Revenues</b>		<b>267,389</b>	<b>353,960</b>	<b>112,613</b>	<b>(241,347)</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 1,402,962</b>	<b>\$ 1,287,476</b>	<b>1,377,827</b>	<b>\$ 90,351</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	556,345	629,899	650,642	20,743
2	Payroll taxes	42,204	48,546	50,773	2,227
3	Employee benefits	93,032	100,090	100,089	(1)
4	Workers Compensation	16,530	19,676	20,005	329
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	1,419	-	-	-
7	Flexible Client Spending (please provide supporting documents)	47,374	51,790	48,700	(3,090)
8	Travel (costs incurred to carry out the program)	16,794	7,373	10,915	3,542
9	Employee Travel and Conference	-	-	8,813	8,813
10	Communication Costs	10,020	19,355	12,852	(6,503)
11	Utilities	43,761	51,969	47,457	(4,512)
12	Cleaning and Janitorial	10,463	20,899	20,457	(442)
13	Maintenance and Repairs - Buildings	26,878	46,975	38,728	(8,247)
14	Maintenance and Repairs - Equipment	167	-	-	-
15	Printing and Publications	4,256	4,420	4,483	63
16	Memberships, Subscriptions and Dues	1,056	523	7,825	7,302
17	Office Supplies	22,926	5,842	14,431	8,589
18	Postage and Mailing	235	-	-	-
19	Medical Records	-	-	-	-

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	7,719	3,960	-	(3,960)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	243	796	834	38
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,142	2,629	2,220	(409)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	3,007	21,850	18,843
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,765	6,116	5,647	(469)
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	98,746	70,187	76,572	6,385
29	<b>Total Mode Costs</b>	\$ 1,018,377	\$ 1,094,052	\$ 1,157,168	\$ 63,116
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	128,913	138,842	9,929
31	Supplies	-	27,939	30,994	3,055
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	5,246	6,435	1,189
34	<b>Total Administrative Costs</b>	\$ -	\$ 162,098	\$ 176,271	\$ 14,173
35	<b>TOTAL DIRECT COSTS</b>	\$ 1,018,377	\$ 1,256,150	\$ 1,333,439	\$ 77,289
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	26,430	26,893	36,003	9,110
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	7,823	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	4,130	3,943	5,901	1,958
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	2,780	490	2,484	1,994
57	<b>Total Indirect costs</b>	\$ 41,163	\$ 31,326	\$ 44,388	\$ 13,062
63	<b>Total Allowable Costs</b>	\$ 1,059,540	\$ 1,287,476	\$ 1,377,827	\$ 90,351

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Finance Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 57,620	0.10	\$ 5,762
Administrative Assistant II	51,716	1.00	51,716
Assistant Program Director	69,101	0.75	51,826
Behavioral Health Clinician I	75,784	0.25	18,946
Community Support Worker III	-	0.05	
Counselor II	54,775	1.00	54,775
Counselor II	52,711	1.00	52,711
Counselor II	55,236	1.00	55,236
Counselor III	-	1.00	
Deputy Director	137,940	0.05	6,897
Division Director of Clinical Services	446,500	0.02	8,930
Division Director of Program Services	33,350	0.26	8,671
Division Director of Program Services	34,746	0.26	9,034
Division Director of Quality Assurance	138,790	0.10	13,879
Facilities Manager	100,767	0.12	12,092
Housing Development & Property Director	137,153	0.17	23,316
Housing Management Specialist I	63,601	0.19	12,294
Housing Management Specialist I	67,201	0.19	12,990
Housing Management Specialist I	59,167	0.19	11,437
Housing Operations Manager	83,192	0.19	16,081
Kitchen Assistant	42,570	0.20	8,514
Kitchen Assistant	-	0.25	
Landscape Assistant	32,864	0.38	12,324
Landscape Supervisor	72,265	0.17	12,285
Maintenance Assistant	70,880	0.35	24,808
Maintenance Supervisor	77,058	0.12	9,247
Maintenance Worker	51,275	0.12	6,153
Maintenance Worker	55,933	0.12	6,712
Maintenance Worker	61,158	0.12	7,339
Maintenance Worker	68,358	0.12	8,203
Program Director	105,440	0.50	52,720
Quality Assurance & Performance Outcomes Specialist	104,970	0.10	10,497
Quality Assurance & Performance Outcomes Specialist	87,375	0.04	3,495
Quality Assurance Technician	50,847	0.15	7,627
Resident Manager	-	0.13	
Relief Counselor	4,004	1.00	4,004
Kitchen Coordinator	60,271	0.43	25,826
Wellness Navigator	48,590	0.50	24,295
<b>Total Salaries and Wages</b>	<b>\$ 2,713,208</b>		<b>\$ 650,642</b>
			<b>\$ 650,642.00</b>

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	Rockrose Gardens				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 129,382	\$ 145,375	\$ 148,495	\$ 3,121
	Realignment	-	-	-	-
	MHSA	129,382	145,375	148,495	3,121
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ 258,764	\$ 290,749	\$ 296,990	\$ 6,241
<b>Other Program Revenues</b>		933	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 259,697	\$ 290,749	\$ 296,990	\$ 6,241
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	170,544	192,606	185,829	(6,777)
2	Payroll taxes	13,164	14,713	14,496	(217)
3	Employee benefits	22,197	18,395	21,592	3,197
4	Workers Compensation	5,534	6,471	6,386	(85)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	315	2,100	2,350	250
8	Travel (costs incurred to carry out the program)	2,965	6,944	6,680	(264)
9	Employee Travel and Conference	-	-	500	500
10	Communication Costs	1,224	4,400	6,866	2,466
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	3,757	1,260	1,260	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,165	1,368	1,368	-
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	2,304	2,351	2,351	-
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	3,407	88	3,768	3,680

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	186	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,813	2,713	900
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	617	885	911	26
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	7	10	10	-
29	<b>Total Mode Costs</b>	\$ 227,386	\$ 253,404	\$ 257,080	\$ 3,676
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	29,112	29,927	815
31	Supplies	-	6,309	6,681	372
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	1,185	1,387	202
34	<b>Total Administrative Costs</b>	\$ -	\$ 36,606	\$ 37,995	\$ 1,389
35	<b>TOTAL DIRECT COSTS</b>	\$ 227,386	\$ 290,010	\$ 295,075	\$ 5,065
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	644	739	799	60
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,518	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	320	-	1,116	1,116
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ 2,482	\$ 739	\$ 1,915	\$ 1,176
63	<b>Total Allowable Costs</b>	\$ 229,868	\$ 290,749	\$ 296,990	\$ 6,241

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

Executive Director's Signature	Date	Finance Director's Signature	Date
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#### Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Assistant Program Director	\$ 94,560	0.100	\$ 9,456
Behavioral Health Clinician I	99,758	0.400	39,903
Community Support Worker II	35,850	0.500	17,925
Counselor II	55,028	1.000	55,028
Deputy Director	86,250	0.020	1,725
Division Director of Clinical Services	111,650	0.020	2,233
Division Director of Program Services	26,565	0.085	2,258
Division Director of Program Services	25,506	0.085	2,168
Division Director of Quality Assurance	151,400	0.055	8,327
Maintenance Assistant	7,389	0.375	2,771
Program Director	108,108	0.250	27,027
Quality Assurance & Performance Outcomes Specialist	99,857	0.021	2,097
Quality Assurance & Performance Outcomes Specialist	114,509	0.055	6,298
Quality Assurance Technician	83,200	0.055	4,576
Resident Manager	4,037		4,037
<b>Total Salaries and Wages</b>	<b>\$ 1,103,667</b>		<b>\$ 185,829</b>
			<b>\$ 185,829.00</b>

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	Lupine Gardens				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	
				Change	
<b>A. PROGRAM REVENUES</b>					
Monterey County Funds (Monterey County's Use):					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 181,077	\$ 192,799	\$ 222,211	\$ 29,412
	Realignment	-	-	-	-
	MHSA	181,077	192,799	222,211	29,412
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
	<b>Total Requested Monterey County Funds</b>	<b>\$ 362,154</b>	<b>\$ 385,598</b>	<b>\$ 444,422</b>	<b>\$ 58,824</b>
	<b>Other Program Revenues</b>	<b>26,748</b>	<b>30,746</b>	<b>34,133</b>	<b>3,387</b>
	<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ 388,902</b>	<b>\$ 416,344</b>	<b>\$ 478,555</b>	<b>\$ 62,211</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	245,316	270,325	301,787	31,462
2	Payroll taxes	18,902	20,657	23,810	3,153
3	Employee benefits	26,284	24,155	26,110	1,955
4	Workers Compensation	7,600	9,051	10,468	1,417
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	6,763	7,375	7,375	-
8	Travel (costs incurred to carry out the program)	5,347	6,817	4,617	(2,200)
9	Employee Travel and Conference	-	-	2,200	2,200
10	Communication Costs	2,872	1,700	4,193	2,493
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	3,332	3,050	3,050	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,514	1,881	1,881	-
16	Memberships, Subscriptions and Dues	344	375	375	-
17	Office Supplies	5,917	5,600	6,127	527
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	8,893	242	9,686	9,444

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	372	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,450	2,770	1,320
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,199	1,640	1,689	49
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	5,809	6,100	6,100	-
29	<b>Total Mode Costs</b>	\$ 340,464	\$ 360,418	412,238	\$ 51,820
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	41,689	48,224	6,535
31	Supplies	-	9,035	10,765	1,730
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	1,696	2,235	539
34	<b>Total Administrative Costs</b>	\$ -	\$ 52,420	61,224	\$ 8,804
35	<b>TOTAL DIRECT COSTS</b>	\$ 340,464	\$ 412,838	473,462	\$ 60,624
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	1,699	2,133	2,047	(86)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,601	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	300	-	1,674	1,674
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	185	1,373	1,372	(1)
57	<b>Total Indirect costs</b>	\$ 3,785	\$ 3,506	5,093	\$ 1,587
63	<b>Total Allowable Costs</b>	\$ 344,249	\$ 416,344	478,555	\$ 62,211

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Finance Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 68,227	0.220	\$ 15,010
Assistant Program Director	76,700	0.100	7,670
Behavioral Health Clinician I	83,664	0.500	41,832
Cleaner-Housekeeper	47,086	0.475	22,366
Community Support Worker II	35,602	0.475	16,911
Community Support Worker II	36,927	0.300	11,078
Counselor II	70,956	0.500	35,478
Counselor II	65,832	1.000	65,832
Deputy Director	10,116	0.250	2,529
Deputy, Clinical & Division Director	13,248	0.250	3,312
Deputy, Clinical & Division Director	12,716	0.250	3,179
Division Director of Clinical Services	155,608	0.021	3,274
Division Director of Quality Assurance	138,783	0.060	8,327
Program Director	109,041	0.440	47,978
Quality Assurance & Performance Outcomes Specialist	93,200	0.023	2,097
Quality Assurance & Performance Outcomes Specialist	104,967	0.060	6,298
Quality Assurance Technician	76,267	0.060	4,576
Resident Manager	\$ 32,320	0.125	\$ 4,040
<b>Total Salaries and Wages</b>	<b>\$ 1,231,260</b>		<b>\$ 301,787</b>
			<b>\$ 301,787.00</b>

**BUDGET AND EXPENDITURE REPORT**

For Monterey County - Behavioral Health

Fiscal Year 2022 - 2023

Program Name: Sunflower Gardens

		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 224,364	\$ 200,594	\$ 230,487	\$ 29,894
	Realignment	-	-	-	-
	MHSA	224,364	200,594	230,486	29,893
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ 448,728	\$ 401,187	\$ 460,973	\$ 59,786
<b>Other Program Revenues</b>		2,566	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 451,294	\$ 401,187	\$ 460,973	\$ 59,786

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	199,223	233,967	259,118	25,151
2	Payroll taxes	15,615	17,596	20,238	2,642
3	Employee benefits	34,952	29,072	31,123	2,051
4	Workers Compensation	6,743	7,759	8,950	1,191
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	3,803	-	-	-
7	Flexible Client Spending (please provide supporting documents)	6,451	15,200	17,200	2,000
8	Travel (costs incurred to carry out the program)	5,198	8,994	6,994	(2,000)
9	Employee Travel and Conference	-	-	2,000	2,000
10	Communication Costs	3,419	2,000	4,917	2,917
11	Utilities	466	580	580	-
12	Cleaning and Janitorial	2,766	8,000	10,000	2,000
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,476	1,767	1,767	-
16	Memberships, Subscriptions and Dues	1,888	1,525	1,525	-
17	Office Supplies	6,497	12,900	13,013	113
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	8,893	375	9,819	9,444

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	372	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	28,641	1,750	3,130	1,380
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,121	1,560	1,606	46
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	4,537	5,074	5,074	-
29	<b>Total Mode Costs</b>	\$ 332,061	\$ 348,119	\$ 397,054	\$ 48,935
<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>					
30	Salaries and Benefits	-	40,170	46,452	6,282
31	Supplies	-	8,706	10,370	1,664
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	1,635	2,153	518
34	<b>Total Administrative Costs</b>	\$ -	\$ 50,511	\$ 58,975	\$ 8,464
35	<b>TOTAL DIRECT COSTS</b>	\$ 332,061	\$ 398,630	\$ 456,029	\$ 57,399
<p>Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	3,265	2,557	3,271	714
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,064	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	290	-	1,673	1,673
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ 5,619	\$ 2,557	\$ 4,944	\$ 2,387
63	<b>Total Allowable Costs</b>	\$ 337,680	\$ 401,187	\$ 460,973	\$ 59,786

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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


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

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant II-CI	\$ 57,202	0.50	\$ 28,601
Administrative Assistant- Med Support	\$ -	0.78	
Assistant Program Director	76,702	0.50	38,351
Behavioral Health Clinician I	83,664	0.50	41,832
Community Support Worker II	35,864	0.55	19,725
Counselor II	57,560	1.00	57,560
Deputy Director	152,832	0.02	2,644
Deputy, Clinical & Division Director	173,150	0.02	3,463
Deputy, Clinical & Division Director	166,200	0.02	3,324
Division Director of Clinical Services	160,328	0.02	3,423
Division Director of Quality Assurance	138,783	0.06	8,327
Program Director	109,041	0.32	34,893
Quality Assurance & Performance Outcomes Specialist	93,200	0.02	2,097
Quality Assurance & Performance Outcomes Specialist	125,960	0.05	6,298
Quality Assurance Technician	76,267	0.06	4,576
Resident Manager	4,004		4,004
<b>Total Salaries and Wages</b>	<b>\$ 1,510,757</b>		<b>\$ 259,118</b>
			<b>\$ 259,118.00</b>

**BUDGET AND EXPENDITURE REPORT**

For Monterey County - Behavioral Health

Fiscal Year 2022 - 2023

Program Name: Sunflower Gardens Med Support					
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)		\$ 65,472	\$ 73,232	\$ 7,761
	Realignment	-	-	\$ -	-
	MHSA		65,472	\$ 73,232	7,761
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH			-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA			-	-
	ARPA			-	-
	PEI				
<b>Total Requested Monterey County Funds</b>		\$ -	\$ 130,943	\$ 146,464	\$ 15,521
<b>Other Program Revenues</b>		-	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ 130,943	\$ 146,464	\$ 15,521
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		44,276	9,820	(34,456)
2	Payroll taxes		3,354	752	(2,602)
3	Employee benefits		4,910	1,462	(3,448)
4	Workers Compensation		1,403	321	(1,082)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)		-	-	-
6	Temporary Staffing		-	-	-
7	Flexible Client Spending (please provide supporting documents)		-	-	-
8	Travel (costs incurred to carry out the program)		-	-	-
9	Employee Travel and Conference		-	-	-
10	Communication Costs		-	-	-
11	Utilities		-	-	-
12	Cleaning and Janitorial		-	-	-
13	Maintenance and Repairs - Buildings		-	-	-
14	Maintenance and Repairs - Equipment		-	-	-
15	Printing and Publications		-	-	-
16	Memberships, Subscriptions and Dues		-	-	-
17	Office Supplies		-	-	-
18	Postage and Mailing		-	-	-
19	Medical Records		-	-	-
20	Data Processing		-	-	-

**EXHIBIT H-2**

21	Rent and Leases - equipment			-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)			-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)			-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)			-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			52,848	110,420	57,572
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			1,392	1,432	40
27	Miscellaneous (please provide details)			-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			-	-	-
29	<b>Total Mode Costs</b>	\$	-	\$ 108,183	\$ 124,207	\$ 16,024
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>					
30	Salaries and Benefits			13,111	14,759	1,648
31	Supplies			2,842	3,295	453
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			533	684	151
34	<b>Total Administrative Costs</b>	\$	-	\$ 16,486	\$ 18,738	\$ 2,252
35	<b>TOTAL DIRECT COSTS</b>	\$	-	\$ 124,669	\$ 142,945	\$ 18,276
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>						
	<b>INDIRECT COSTS</b>		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)			-	-	-
37	Rent and Leases - equipment			-	-	-
38	Rent and Leases - building and improvements			-	-	-
39	Taxes and assessments			-	-	-
40	Insurance and Indemnity			6,274	3,519	(2,755)
41	Maintenance - equipment			-	-	-
42	Maintenance - building and improvements			-	-	-
43	Utilities			-	-	-
44	Household Expenses			-	-	-
45	Interest in Bonds			-	-	-
46	Interest in Other Long-term debts			-	-	-
47	Other interest and finance charges			-	-	-
48	Contracts Administration			-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)			-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			-	-	-
51	Data Processing			-	-	-
52	Personnel Administration			-	-	-
53	Medical Records			-	-	-
54	Other Professional and Specialized Services			-	-	-
55	Transportation and Travel			-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			-	-	-
57	<b>Total Indirect costs</b>	\$	-	\$ 6,274	\$ 3,519	\$ (2,755)
63	<b>Total Allowable Costs</b>	\$	-	\$ 130,943	\$ 146,464	\$ 15,521

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

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

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant- Med Support	\$ 7,574	0.78	\$ 5,908
Deputy Director	46,532	0.02	805
Deputy, Clinical & Division Directors	52,700	0.02	1,054
Deputy, Clinical & Division Directors	50,550	0.02	1,011
Division Director of Clinical Services	48,806	0.02	1,042
Resident Manager	-		
<b>Total Salaries and Wages</b>	<b>\$ 206,162</b>		<b>\$ 9,820</b>
			<b>\$ 9,820.00</b>

**EXHIBIT H-2**

<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>MCHOME</b>				
		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 846,563	\$ 661,374	\$ 740,849	\$ 79,475
	Realignment	-	-	-	-
	MHSA	846,562	661,375	740,850	79,475
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	546,943	563,477	746,534	183,057
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	96,474	96,474	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	69,000	41,786	(27,214)
	ARPA	-	43,356	105,214	61,858
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		<b>\$ 2,240,068</b>	<b>\$ 2,095,055</b>	<b>\$ 2,471,706</b>	<b>\$ 376,651</b>
<b>Other Program Revenues</b>		<b>462,104</b>	<b>446,532</b>	<b>273,516</b>	<b>(173,016)</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 2,702,172</b>	<b>\$ 2,541,587</b>	<b>\$ 2,745,222</b>	<b>\$ 203,635</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
<b>A. Mode Costs (Direct Services)</b>		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	1,299,529	1,332,953	1,390,837	57,884
2	Payroll taxes	94,815	91,761	107,157	15,396
3	Employee benefits	164,525	167,583	190,037	22,454
4	Workers Compensation	42,532	40,584	47,121	6,537
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	468	-	-	-
7	Flexible Client Spending (please provide supporting documents)	141,114	155,769	133,080	(22,689)
8	Travel (costs incurred to carry out the program)	34,585	41,376	29,965	(11,411)
9	Employee Travel and Conference	-	-	15,198	15,198
10	Communication Costs	33,674	25,900	37,914	12,014
11	Utilities	10,235	186	2,070	1,884
12	Cleaning and Janitorial	4,898	3,100	3,100	-
13	Maintenance and Repairs - Buildings	14,016	300	5,000	4,700
14	Maintenance and Repairs - Equipment	125	-	-	-
15	Printing and Publications	4,494	4,221	4,221	-
16	Memberships, Subscriptions and Dues	2,034	11,353	11,075	(278)
17	Office Supplies	26,299	27,135	27,919	784
18	Postage and Mailing	138	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	17,977	716	20,324	19,608

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	203,727	234,312	252,954	18,642
23	Taxes and assessments (Please identify the property address and method of cost allocation)	78	51	51	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	2,233	8,800	15,820	7,020
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	5,383	8,437	9,084	647
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	42,745	26,128	31,128	5,000
29	<b>Total Mode Costs</b>	\$ 2,145,624	\$ 2,180,665	\$ 2,334,055	\$ 153,390
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	247,411	276,633	29,222
31	Supplies	-	53,621	61,753	8,133
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	10,067	12,821	2,753
34	<b>Total Administrative Costs</b>	\$ -	\$ 311,099	\$ 351,207	\$ 40,108
35	<b>TOTAL DIRECT COSTS</b>	\$ 2,145,624	\$ 2,491,764	\$ 2,685,262	\$ 193,498
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	36,787	44,318	48,023	3,705
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	7,358	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	7,310	50	6,481	6,431
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,233	5,455	5,456	1
57	<b>Total Indirect costs</b>	\$ 52,688	\$ 49,823	\$ 59,960	\$ 10,137
63	<b>Total Allowable Costs</b>	\$ 2,198,312	\$ 2,541,587	\$ 2,745,222	\$ 203,635



## EXHIBIT H-2

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name: MCHOME MED SUPPORT					
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)		\$ 209,162	\$ 211,508	\$ 2,347
	Realignment		-	-	-
	MHSA		\$ 209,162	211,508	2,347
<b>Cash Flow Advances</b>					
	Realignment		-	-	-
	MHSA - CSS		-	-	-
	MHSA - WET		-	-	-
	MHSA - Innovations		-	-	-
	PATH		-	-	-
	SAMHSA Block Grant		-	-	-
	CRRSAA		-	-	-
	ARPA		-	-	-
	PEI		-	-	-
<b>Total Requested Monterey County Funds</b>		\$ -	\$ 418,323	\$ 423,016	\$ 4,693
<b>Other Program Revenues</b>			-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ 418,323	\$ 423,016	\$ 4,693
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	1,299,529	230,204	225,933	(4,271)
2	Payroll taxes	94,815	15,275	15,290	15
3	Employee benefits	164,525	15,541	23,618	8,077
4	Workers Compensation	42,532	7,857	7,894	37
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	468	-	-	-
7	Flexible Client Spending (please provide supporting documents)	141,114	-	-	-
8	Travel (costs incurred to carry out the program)	34,585	40	40	-
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	33,674	1,430	8,330	6,900
11	Utilities	10,235	4,779	3,566	(1,213)
12	Cleaning and Janitorial	4,898	604	604	-
13	Maintenance and Repairs - Buildings	14,016	-	-	-
14	Maintenance and Repairs - Equipment	125	-	-	-
15	Printing and Publications	4,494	342	342	-
16	Memberships, Subscriptions and Dues	2,034	-	-	-
17	Office Supplies	26,299	3,782	3,782	-
18	Postage and Mailing	138	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	17,977	88	400	312

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	203,727	7,459	-	(7,459)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	78	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	2,233	59,578	66,789	7,211
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	5,383	1,392	1,432	40
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	42,745	-	-	-
29	<b>Total Mode Costs</b>	\$ 2,145,624	\$ 348,371	\$ 358,020	\$ 9,649
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	41,886	42,627	741
31	Supplies	-	9,078	9,516	438
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	1,704	1,976	271
34	<b>Total Administrative Costs</b>	\$ -	\$ 52,668	\$ 54,118	\$ 1,450
35	<b>TOTAL DIRECT COSTS</b>	\$ 2,145,624	\$ 401,039	\$ 412,138	\$ 11,099
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	36,787	16,484	9,600	(6,884)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	7,358	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	7,310	-	478	478
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,233	800	800	-
57	<b>Total Indirect costs</b>	\$ 52,688	\$ 17,284	\$ 10,878	\$ (6,406)
63	<b>Total Allowable Costs</b>	\$ 2,198,312	\$ 418,323	\$ 423,016	\$ 4,693



**INTERIM, INC**  
**BUDGET AND EXPENDITURE REPORT**  
 For Monterey County - Behavioral Health  
 Fiscal Year **2022 - 2023**

<b>Program Name: Keep it Real Dual Recovery Services</b>					
		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 270,155	\$ 294,773	\$ 333,204	\$ 38,431
	Realignment	-	-	-	-
	MHSA	270,155	294,773	333,204	38,431
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	64,785	10,827	11,868	1,041
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	236,476	236,476
<b>Total Requested Monterey County Funds</b>		\$ 605,095	\$ 600,373	\$ 914,752	\$ 314,379
<b>Other Program Revenues</b>		1,410	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 606,505	\$ 600,373	\$ 914,752	\$ 314,379

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

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

<b>A. Mode Costs (Direct Services)</b>		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	315,932	356,078	513,827	157,749
2	Payroll taxes	24,636	27,217	40,241	13,024
3	Employee benefits	57,708	39,337	59,163	19,826
4	Workers Compensation	10,124	12,195	18,135	5,940
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	701	6,150	7,200	1,050
8	Travel (costs incurred to carry out the program)	9,396	10,113	11,740	1,627
9	Employee Travel and Conference	-	-	2,550	2,550
10	Communication Costs	11,963	6,332	20,546	14,214
11	Utilities	10,627	9,466	15,999	6,533
12	Cleaning and Janitorial	6,195	1,697	1,697	-
13	Maintenance and Repairs - Buildings	4,788	-	7,434	7,434
14	Maintenance and Repairs - Equipment	7	-	-	-
15	Printing and Publications	2,032	855	855	-
16	Memberships, Subscriptions and Dues	851	2,050	2,155	105
17	Office Supplies	14,539	7,100	9,219	2,119
18	Postage and Mailing	348	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	8,893	970	10,691	9,721

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	22,044	23,442	27,438	3,996
23	Taxes and assessments (Please identify the property address and method of cost allocation)	216	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	12,250	15,175	2,925
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,696	2,398	3,320	922
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	998	998	17,123	16,125
29	<b>Total Mode Costs</b>	\$ 503,694	\$ 518,648	\$ 784,508	\$ 265,860
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	60,115	92,645	32,530
31	Supplies	-	13,029	20,681	7,652
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	2,446	4,294	1,848
34	<b>Total Administrative Costs</b>	\$ -	\$ 75,590	\$ 117,620	\$ 42,030
35	<b>TOTAL DIRECT COSTS</b>	\$ 503,694	\$ 594,238	\$ 902,128	\$ 307,890
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	4,562	5,840	10,653	4,813
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	1,495	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	4,180	-	1,675	1,675
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	295	296	1
57	<b>Total Indirect costs</b>	\$ 10,237	\$ 6,135	\$ 12,624	\$ 6,489
63	<b>Total Allowable Costs</b>	\$ 513,931	\$ 600,373	\$ 914,752	\$ 314,379



## INTERIM, INC

## BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2022 - 2023

Program Name: DRS Outreach &amp; Aftercare SAMHSA Grant

		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	Realignment	-	-	-	-
	MHSA	-	-	-	-
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	36,651	43,159	54,229	11,070
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	93,279	93,279	93,279	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	147,508	-
<b>Total Requested Monterey County Funds</b>		\$ 129,930	\$ 136,438	\$ 147,508	\$ 11,070
<b>Other Program Revenues</b>		2,232	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 132,162	\$ 136,438	\$ 147,508	\$ 11,070

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	73,501	86,311	90,991	4,680
2	Payroll taxes	5,425	6,603	7,303	700
3	Employee benefits	16,964	14,505	14,021	(484)
4	Workers Compensation	2,446	2,919	3,222	303
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	407	1,050	1,050	-
8	Travel (costs incurred to carry out the program)	981	3,977	3,477	(500)
9	Employee Travel and Conference	-	-	500	500
10	Communication Costs	27	900	200	(700)
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	-	-	-	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	130	283	283	-
16	Memberships, Subscriptions and Dues	-	300	300	-
17	Office Supplies	17	1,174	1,174	-
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	4,433	88	4,568	4,480

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	250	250	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	366	516	530	14
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	-	-
29	<b>Total Mode Costs</b>	\$ 104,697	\$ 118,876	\$ 127,869	\$ 8,993
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	13,662	14,864	1,202
31	Supplies	-	2,961	3,318	357
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	556	689	133
34	<b>Total Administrative Costs</b>	\$ -	\$ 17,179	\$ 18,871	\$ 1,692
35	<b>TOTAL DIRECT COSTS</b>	\$ 104,697	\$ 136,055	\$ 146,740	\$ 10,685
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	383	383	449	66
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	246	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	319	319
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ 629	\$ 383	\$ 768	\$ 385
63	<b>Total Allowable Costs</b>	\$ 105,326	\$ 136,438	\$ 147,508	\$ 11,070

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

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Executive Director's Signature	Date	Finance Director's Signature	Date
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**Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)**

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	\$ 67,172	1.00	\$ 67,172
Program Manager	95,277	0.25	23,819
<b>Total Salaries and Wages</b>	<b>\$ 162,449</b>		<b>\$ 90,991</b>
			<b>\$ 90,991.00</b>

**INTERIM, INC**  
**BUDGET AND EXPENDITURE REPORT**  
**For Monterey County - Behavioral Health**  
**Fiscal Year 2022 - 2023**

Program Name: Workforce Ed & Training WE&T

		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
	Realignment	-	-	-	-
	MHSA	-	-	-	-
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	163,668	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	141,356	207,739	66,383
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ 163,668	\$ 141,356	\$ 207,739	\$ 66,383
<b>Other Program Revenues</b>		-	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 163,668	\$ 141,356	\$ 207,739	\$ 66,383

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	86,284	67,367	120,266	52,899
2	Payroll taxes	6,426	5,154	9,201	4,047
3	Employee benefits	5,688	2,257	4,254	1,997
4	Workers Compensation	2,391	2,376	4,206	1,830
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	354	3,700	3,700	-
8	Travel (costs incurred to carry out the program)	2,040	3,277	1,277	(2,000)
9	Employee Travel and Conference	-	-	2,000	2,000
10	Communication Costs	1,854	1,406	1,966	560
11	Utilities	1,794	4,767	3,657	(1,110)
12	Cleaning and Janitorial	1,334	478	478	-
13	Maintenance and Repairs - Buildings	608	1,000	1,000	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	304	171	171	-
16	Memberships, Subscriptions and Dues	126	425	425	-
17	Office Supplies	1,490	8,800	8,800	-
18	Postage and Mailing	29	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	1,289	1,289	-

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	15,507	18,114	14,268	(3,846)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	120	720	600
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	652	867	894	27
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	682	691	881	190
29	<b>Total Mode Costs</b>	\$ 127,563	\$ 122,259	\$ 179,453	\$ 57,194
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	14,154	20,934	6,780
31	Supplies	-	3,067	4,673	1,606
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	576	970	394
34	<b>Total Administrative Costs</b>	\$ -	\$ 17,797	\$ 26,577	\$ 8,780
35	<b>TOTAL DIRECT COSTS</b>	\$ 127,563	\$ 140,056	\$ 206,030	\$ 65,974
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	558	560	649	89
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	246	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	319	319
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	46	740	741	1
57	<b>Total Indirect costs</b>	\$ 850	\$ 1,300	\$ 1,709	\$ 409
63	<b>Total Allowable Costs</b>	\$ 128,413	\$ 141,356	\$ 207,739	\$ 66,383

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_ Finance Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Assistant Program Director	\$ 84,633	0.33	\$ 27,928
Deputy Director	\$ 114,954	0.01	1,150
Deputy Director	\$ 150,567	0.01	1,506
Division Director of Program Services	\$ 144,516	0.01	1,445
Division Director of Clinical Services	\$ 148,837	0.01	1,488
Maintenance Assistant	\$ 12,191	0.45	5,485
Program Director	\$ 102,340	0.08	7,676
Workforce Development Specialist	\$ 70,895	1.00	70,893
Relief	\$ 35,406	0.08	2,695
<b>Total Salaries and Wages</b>	<b>\$ 114,954</b>		<b>\$ 120,266</b>
			<b>\$ 120,266.00</b>

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	OMNI Resource Center				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 77,070	\$ 72,371	\$ 86,102	\$ 13,731
	Realignment	-	-	-	-
	MHSA	77,070	72,371	86,102	13,731
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	576,868	567,737	664,819	97,082
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		<b>\$ 731,008</b>	<b>\$ 712,479</b>	<b>\$ 837,023</b>	<b>\$ 124,544</b>
<b>Other Program Revenues</b>		<b>34,527</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 765,535</b>	<b>\$ 712,479</b>	<b>\$ 837,023</b>	<b>\$ 124,544</b>
<p>B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.</p>					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	378,821	383,495	426,985	43,490
2	Payroll taxes	30,171	29,314	34,331	5,017
3	Employee benefits	22,155	25,112	48,695	23,583
4	Workers Compensation	12,673	5,585	11,413	5,828
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	15,987	30,000	30,000	-
8	Travel (costs incurred to carry out the program)	10,075	14,906	3,831	(11,075)
9	Employee Travel and Conference	-	-	11,075	11,075
10	Communication Costs	11,101	6,900	11,611	4,711
11	Utilities	10,560	20,592	20,592	-
12	Cleaning and Janitorial	14,148	11,000	11,000	-
13	Maintenance and Repairs - Buildings	13,678	29,140	29,140	-
14	Maintenance and Repairs - Equipment	32	-	-	-
15	Printing and Publications	3,294	2,573	2,573	-
16	Memberships, Subscriptions and Dues	981	4,410	4,410	-
17	Office Supplies	10,608	11,650	12,778	1,128
18	Postage and Mailing	284	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	20,447	242	22,062	21,820

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	1,720	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	99	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	800	2,780	1,980
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	2,885	3,940	4,057	117
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	29,154	29,153	29,153	-
29	<b>Total Mode Costs</b>	\$ 588,873	\$ 608,812	\$ 716,486	\$ 107,674
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	71,341	84,346	13,005
31	Supplies	-	15,462	18,829	3,367
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	2,903	3,909	1,006
34	<b>Total Administrative Costs</b>	\$ -	\$ 89,706	\$ 107,084	\$ 17,378
35	<b>TOTAL DIRECT COSTS</b>	\$ 588,873	\$ 698,518	\$ 823,570	\$ 125,052
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	10,096	13,815	9,638	(4,177)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,971	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	340	-	3,668	3,668
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,266	146	147	1
57	<b>Total Indirect costs</b>	\$ 14,673	\$ 13,961	\$ 13,453	\$ (508)
63	<b>Total Allowable Costs</b>	\$ 603,546	\$ 712,479	\$ 837,023	\$ 124,544



**EXHIBIT H-2**

<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>Peer Support &amp; Wellness Navigation</b>				
		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 78,005	\$ 64,111	\$ 75,065	\$ 10,954
	Realignment	45,108.00	-	-	-
	MHSA	32,896.50	64,111	\$ 75,065	10,954
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	58,386.00	70,519	775,902	705,383
	MHSA - WET	-	-	-	-
	MHSA - Innovations	254,630.00	376,122	-	(376,122)
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	69,000	69,000	(0)
	ARPA	-	-	198,000	198,000
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ 469,026	\$ 643,863	\$ 1,193,032	\$ 549,169
<b>Other Program Revenues</b>		1,249.00	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 470,275	\$ 643,863	\$ 1,193,032	\$ 549,169
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
<b>A. Mode Costs (Direct Services)</b>		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	275,101	345,563	687,789	342,226
2	Payroll taxes	21,690	26,124	53,243	27,119
3	Employee benefits	49,439	78,608	120,637	42,029
4	Workers Compensation	8,664	11,996	24,484	12,488
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	293	1,500	3,000	1,500
8	Travel (costs incurred to carry out the program)	16,700	20,976	23,237	2,261
9	Employee Travel and Conference	-	-	13,000	13,000
10	Communication Costs	3,875	11,200	12,219	1,019
11	Utilities	303	-	-	-
12	Cleaning and Janitorial	301	-	-	-
13	Maintenance and Repairs - Buildings	177	7,080	7,080	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	12	-	-	-
16	Memberships, Subscriptions and Dues	897	100	100	-
17	Office Supplies	1,778	4,093	6,446	2,353
18	Postage and Mailing	22	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	11,221	440	558	118

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	913	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	1,469	3,378	1,909
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,370	2,029	3,261	1,232
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	20,841	39,569	64,119	24,550
29	<b>Total Mode Costs</b>	\$ 413,597	\$ 550,746	\$ 1,022,550	\$ 471,804
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>		-		
30	Salaries and Benefits	-	64,470	119,608	55,138
31	Supplies	-	13,972	26,700	12,728
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	2,623	5,543	2,920
34	<b>Total Administrative Costs</b>	\$ -	\$ 81,065	\$ 151,851	\$ 70,786
35	<b>TOTAL DIRECT COSTS</b>	\$ 413,597	\$ 631,811	\$ 1,174,401	\$ 542,590
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	4,941	12,052	16,856	4,804
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	2,213	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	1,775	1,775
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ 7,154	\$ 12,052	\$ 18,631	\$ 6,579
63	<b>Total Allowable Costs</b>	\$ 420,751	\$ 643,863	\$ 1,193,032	\$ 549,169



INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name:	ACT				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ 604,365	\$ 446,262	\$ 483,170	\$ 36,908
	Realignment	-	-	-	-
	MHSA	604,365	446,262	\$ 483,169	36,907
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	217,126	223,783	221,241	(2,542)
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
	<b>Total Requested Monterey County Funds</b>	<b>\$ 1,425,856</b>	<b>\$ 1,116,307</b>	<b>\$ 1,187,580</b>	<b>\$ 71,273</b>
	<b>Other Program Revenues</b>	<b>7,609</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ 1,433,465</b>	<b>\$ 1,116,307</b>	<b>\$ 1,187,580</b>	<b>\$ 71,273</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	762,422	648,511	680,907	32,396
2	Payroll taxes	56,724	49,533	52,872	3,339
3	Employee benefits	106,732	82,126	83,057	931
4	Workers Compensation	23,923	20,462	21,815	1,353
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	17,696	43,500	43,500	-
8	Travel (costs incurred to carry out the program)	21,391	13,186	5,186	(8,000)
9	Employee Travel and Conference	-	-	8,000	8,000
10	Communication Costs	13,176	12,000	11,974	(26)
11	Utilities	6,399	15,429	15,429	-
12	Cleaning and Janitorial	13,599	2,850	2,850	-
13	Maintenance and Repairs - Buildings	9,426	19,060	19,060	-
14	Maintenance and Repairs - Equipment	15	-	-	-
15	Printing and Publications	1,356	452	452	-
16	Memberships, Subscriptions and Dues	715	950	950	-
17	Office Supplies	6,306	2,650	2,978	328
18	Postage and Mailing	4	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	9,556	353	10,596	10,243

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	2,138	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	60	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	2,250	5,790	3,540
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	2,571	2,650	79
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	45,168	47,693	59,419	11,726
29	<b>Total Mode Costs</b>	\$ 1,096,806	\$ 963,576	\$ 1,027,485	\$ 63,909
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	111,775	119,671	7,896
31	Supplies	-	24,225	26,715	2,490
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	4,548	5,546	998
34	<b>Total Administrative Costs</b>	\$ -	\$ 140,548	\$ 151,932	\$ 11,384
35	<b>TOTAL DIRECT COSTS</b>	\$ 1,096,806	\$ 1,104,124	\$ 1,179,417	\$ 75,293
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	-	10,307	3,895	(6,412)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	4,505	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	6,263	-	2,392	2,392
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	86	1,876	1,876	-
57	<b>Total Indirect costs</b>	\$ 10,854	\$ 12,183	\$ 8,163	\$ (4,020)
63	<b>Total Allowable Costs</b>	\$ 1,107,660	\$ 1,116,307	\$ 1,187,580	\$ 71,273

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			
<p>We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.</p>					
Executive Director's Signature		Date	Finance Director's Signature	Date	
Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)					
TITLE OF POSITION		Annual Salary/Wage	TE (Full Time Employee	TOTAL	
Administrative Assistant II-CI		\$ 52,745	1.00	\$ 52,745	
Behavioral Health Clinician I		73,343	1.00	73,343	
Behavioral Health Clinician I		80,481	1.00	80,481	
Counselor II		65,105	1.00	65,105	
Deputy Director		114,954	0.06	6,782	
Deputy Director		150,567	0.06	8,883	
Division Director of Clinical Services		148,837	0.06	8,781	
Division Director of Program Services		144,516	0.06	8,526	
Division Director of Quality Assurance		138,790	0.05	6,940	
Landscape Assistant		40,000	0.05	1,840	
Licensed Vocational Nurse		83,283	0.55	45,806	
Program Director		98,663	1.00	98,663	
Quality Assurance & Performance Outcomes Specialist		34,954	0.05	1,748	
Quality Assurance & Performance Outcomes Specialist		104,969	0.05	5,248	
Quality Assurance Technician		76,270	0.05	3,814	
Substance Use Disorders Specialist		89,931	1.00	89,931	
Wellness Navigator		45,174	1.00	45,174	
Wellness Navigator		50,422	0.50	25,211	
Wellness Navigator		51,886	1.00	51,886	
<b>Total Salaries and Wages</b>		\$ 1,644,890		<b>680,907</b>	
				<b>\$</b>	<b>680,907.00</b>

INTERIM, INC					
BUDGET AND EXPENDITURE REPORT					
For Monterey County - Behavioral Health					
Fiscal Year 2022 - 2023					
Program Name: ACT MED SUPPORT					
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
Monterey County Funds (Monterey County's Use):					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)		\$ 231,247	\$ 283,437	\$ 52,190
	Realignment		\$ -	-	-
	MHSA		\$ 231,247	\$ 283,436	52,190
					-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ -	\$ 462,493	\$ 566,873	\$ 104,380
<b>Other Program Revenues</b>			-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ 462,493	\$ 566,873	\$ 104,380
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		223,781	205,251	(18,530)
2	Payroll taxes		15,553	15,701	148
3	Employee benefits		21,706	19,400	(2,306)
4	Workers Compensation		7,682	7,144	(538)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)		-	-	-
6	Temporary Staffing		-	-	-
7	Flexible Client Spending (please provide supporting documents)		-	-	-
8	Travel (costs incurred to carry out the program)		60	60	-
9	Employee Travel and Conference		-	-	-
10	Communication Costs		2,145	2,113	(32)
11	Utilities		7,079	5,300	(1,779)
12	Cleaning and Janitorial		906	906	-
13	Maintenance and Repairs - Buildings		-	-	-
14	Maintenance and Repairs - Equipment		-	-	-
15	Printing and Publications		514	514	-
16	Memberships, Subscriptions and Dues		-	-	-
17	Office Supplies		5,672	5,672	-
18	Postage and Mailing		-	-	-
19	Medical Records		-	-	-
20	Data Processing		132	600	468

21	Rent and Leases - equipment			-	-	-				
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		10,655	-		(10,655)				
23	Taxes and assessments (Please identify the property address and method of cost allocation)		-	-	-	-				
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)		-	-	-	-				
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		96,017	221,620		125,603				
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		1,392	1,432		40				
27	Miscellaneous (please provide details)		-	-	-	-				
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)		-	-	-	-				
29	<b>Total Mode Costs</b>	\$	-	\$	393,294	\$	485,713	\$	92,419	
<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>										
30	Salaries and Benefits		-	46,309	57,123	10,814				
31	Supplies		-	10,036	12,752	2,715				
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.		-	-	-	-				
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)		-	1,884	2,647	763				
34	<b>Total Administrative Costs</b>	\$	-	\$	58,230	\$	72,522	\$	14,292	
35	<b>TOTAL DIRECT COSTS</b>	\$	-	\$	451,524	\$	558,235	\$	106,711	
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.										
<b>INDIRECT COSTS</b>			<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>				
36	Equipment (purchase price of less than \$5000)			-	-	-				
37	Rent and Leases - equipment			-	-	-				
38	Rent and Leases - building and improvements			-	-	-				
39	Taxes and assessments			-	-	-				
40	Insurance and Indemnity			9,769	6,720	(3,049)				
41	Maintenance - equipment			-	-	-				
42	Maintenance - building and improvements			-	-	-				
43	Utilities			-	-	-				
44	Household Expenses			-	-	-				
45	Interest in Bonds			-	-	-				
46	Interest in Other Long-term debts			-	-	-				
47	Other interest and finance charges			-	-	-				
48	Contracts Administration			-	-	-				
49	Legal and Accounting (when required for the administration of the County Programs)			-	-	-				
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			-	-	-				
51	Data Processing			-	-	-				
52	Personnel Administration			-	-	-				
53	Medical Records			-	-	-				
54	Other Professional and Specialized Services			-	718	718				
55	Transportation and Travel			-	-	-				
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			1,200	1,200	-				
57	<b>Total Indirect costs</b>	\$	-	\$	10,969	\$	8,638	\$	(2,331)	
63	<b>Total Allowable Costs</b>	\$	-	\$	462,493	\$	566,873	\$	104,380	

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	0			

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

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

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

TITLE OF POSITION	Annual Salary/Wage	TE (Full Time Employee	TOTAL
Deputy Director	114,954	0.03	3,104
Deputy Director	150,557	0.03	4,065
Division Director of Clinical Services	148,837	0.03	4,019
Division Director of Program Services	144,516	0.03	3,902
Licensed Vocational Nurse	71,588	1.00	71,588
Licensed Vocational Nurse	81,095	1.00	81,095
Licensed Vocational Nurse	83,283	0.45	37,478
<b>Total Salaries and Wages</b>	<b>\$ 794,829</b>		<b>205,251</b>
			<b>\$ 205,251.00</b>

**EXHIBIT H-2**

<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>CHOICES Day Treatment Intensive</b>				
		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ 178,939	\$ 400,481	\$ 221,542
	Realignment	-	\$ 178,939	\$ 400,481	221,542
	MHSA	-	\$ -	-	-
		-	-	-	-
<b>Cash Flow Advances</b>					
	Realignment	-	212,245	111,668	(100,577)
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ -	\$ 570,122	\$ 912,629	\$ 342,507
<b>Other Program Revenues</b>		-	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ 570,122	\$ 912,629	\$ 342,507
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	306,538	524,986	218,448
2	Payroll taxes	-	23,120	41,224	18,104
3	Employee benefits	-	49,671	84,034	34,363
4	Workers Compensation	-	10,130	18,422	8,292
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	-	27,400	27,400	-
8	Travel (costs incurred to carry out the program)	-	5,700	3,700	(2,000)
9	Employee Travel and Conference	-	-	2,000	2,000
10	Communication Costs	-	2,150	2,150	-
11	Utilities	-	4,120	4,120	-
12	Cleaning and Janitorial	-	2,000	2,000	-
13	Maintenance and Repairs - Buildings	-	13,420	13,420	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	68	68	-
16	Memberships, Subscriptions and Dues	-	700	700	-
17	Office Supplies	-	5,500	5,500	-
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	1,500	15,425	13,925

**EXHIBIT H-2**

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	-	2,400	2,400
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	2,778	2,865	87
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	36,275	36,175	(100)
29	<b>Total Mode Costs</b>	\$ -	\$ 491,070	\$ 786,589	\$ 295,519
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	57,085	91,964	34,879
31	Supplies	-	12,372	20,529	8,157
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	2,323	4,262	1,939
34	<b>Total Administrative Costs</b>	\$ -	\$ 71,780	\$ 116,756	\$ 44,976
35	<b>TOTAL DIRECT COSTS</b>	\$ -	\$ 562,850	\$ 903,345	\$ 340,495
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	-	7,272	6,692	(580)
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	-	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	2,592	2,592
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ -	\$ 7,272	\$ 9,284	\$ 2,012
63	<b>Total Allowable Costs</b>	\$ -	\$ 570,122	\$ 912,629	\$ 342,507

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land	7			
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total	7			
<p>We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.</p>					
Executive Director's Signature		Date	Finance Director's Signature		Date
<p><b>Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)</b></p>					
TITLE OF POSITION		Annual Salary/Wage	FTE (Full Time Employee)	TOTAL	
Administrative Assistant		\$ 51,094	1.00	\$	51,094
Behavioral Health Clinician I		80,502	1.00		80,502
Behavioral Health Clinician I		80,502	1.00		80,502
Behavioral Health Clinician I		80,502	1.00		80,502
Clinical Program Manager		98,165	1.00		98,165
Deputy Director		114,954	0.04		4,598
Deputy Director		150,567	0.04		6,023
Division Director of Clinical Services		148,837	0.04		5,953
Division Director of Program Services		144,516	0.04		5,781
Division Director of Quality Assurance		138,790	0.05		6,940
Landscape Assistant		32,093	0.04		1,380
Quality Assurance & Performance Outcomes Specialist		34,954	0.05		1,748
Quality Assurance & Performance Outcomes Specialist		104,969	0.05		5,248
Quality Assurance Technician		76,270	0.05		3,814
Wellness Navigator		46,614	1.00		46,614
Wellness Navigator		46,122	1.00		46,122
					-
					-
<b>Total Salaries and Wages</b>		\$ 1,429,451		\$	524,986
				\$	<b>524,986.00</b>

## INTERIM, INC

## BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2022 - 2023

Program Name: CHOICES Day Treatment Intensive MED SUPPORT

		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
<b>A. PROGRAM REVENUES</b>					
Monterey County Funds (Monterey County's Use):					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -	\$ 29,646	\$ 73,966	\$ 44,320
	Realignment	-	\$ 29,646	\$ 73,966	44,320
	MHSA	-	\$ -	\$ -	-
					-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
<b>Total Requested Monterey County Funds</b>		\$ -	\$ 59,292	\$ 147,931	\$ 88,639
<b>Other Program Revenues</b>					
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ -	\$ 59,292	\$ 147,931	\$ 88,639

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

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

<b>A. Mode Costs (Direct Services)</b>		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	-	44,745	44,745
2	Payroll taxes	-	-	2,758	2,758
3	Employee benefits	-	-	4,273	4,273
4	Workers Compensation	-	-	1,567	1,567
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	-	-	-	-
8	Travel (costs incurred to carry out the program)	-	-	-	-
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	-	-	-	-
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	-	-	-	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	-	-	-
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	-	-	-	-
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	-	-	-

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	51,827	75,663	23,836
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	-	-
29	<b>Total Mode Costs</b>	\$ -	\$ 51,827	\$ 129,006	\$ 77,179
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	5,937	14,907	8,970
31	Supplies	-	1,287	3,328	2,041
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	242	691	449
34	<b>Total Administrative Costs</b>	\$ -	\$ 7,465	\$ 18,925	\$ 11,460
35	<b>TOTAL DIRECT COSTS</b>	\$ -	\$ 59,292	\$ 147,931	\$ 88,639
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitting without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	-	-	-	-
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	-	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	<b>Total Indirect costs</b>	\$ -	\$ -	\$ -	\$ -
63	<b>Total Allowable Costs</b>	\$ -	\$ 59,292	\$ 147,931	\$ 88,639

**EXHIBIT H-2**

COST REPORT INFORMATION:		Actual FY 2020-21	Budget FY 2021-22	Request FY 2022-23	Change
64	Land				
65	Buildings and Improvements				
66	Equipment (purchase price of \$5000 or more)				
67	Total				

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

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Executive Director's Signature	Date	Finance Director's Signature	Date		
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**Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)**

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Deputy Director	114,954	0.003	345
Deputy Director	150,657	0.003	452
Division Director of Clinical Services	148,837	0.003	447
Division Director of Program Services	144,516	0.003	434
Nurse Practitioner	215,335	0.20	43,067
			-
			-
<b>Total Salaries and Wages</b>	<b>\$ 774,298</b>		<b>\$ 44,745</b>
			<b>\$ 44,745.00</b>

**EXHIBIT H-2**

<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>The Academy - Day Rehabilitation Program</b>				
		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -		\$ 324,204	\$ 324,204
	Realignment	-		-	-
	MHSA	-		\$ 324,204	324,204
					-
<b>Cash Flow Advances</b>					
	Realignment	-	-	-	-
	MHSA - CSS	-	-	80,318	80,318
	MHSA - WET	-	-	-	-
	MHSA - Innovations	-	-	-	-
	PATH	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
	CRRSAA	-	-	-	-
	ARPA	-	-	-	-
	PEI	-	-	-	-
	<b>Total Requested Monterey County Funds</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 728,726</b>	<b>\$ 728,726</b>
	<b>Other Program Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 728,726</b>	<b>\$ 728,726</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
<b>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</b>					
	<b>A. Mode Costs (Direct Services)</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-	-	463,990	463,990
2	Payroll taxes	-	-	35,495	35,495
3	Employee benefits	-	-	64,064	64,064
4	Workers Compensation	-	-	16,366	16,366
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	-	-	11,000	11,000
8	Travel (costs incurred to carry out the program)	-	-	1,760	1,760
9	Employee Travel and Conference	-	-	1,208	1,208
10	Communication Costs	-	-	8,703	8,703
11	Utilities	-	-	5,557	5,557
12	Cleaning and Janitorial	-	-	5,060	5,060
13	Maintenance and Repairs - Buildings	-	-	4,400	4,400
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	-	353	353
16	Memberships, Subscriptions and Dues	-	-	1,265	1,265
17	Office Supplies	-	-	4,785	4,785
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	-	660	660

21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	-	-	-
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	110	110
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	-	1,100	1,100
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	2,616	2,616
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	-	-
29	<b>Total Mode Costs</b>	\$ -	\$ -	\$ 628,493	\$ 628,493
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-	-	74,868	74,868
31	Supplies	-	-	16,713	16,713
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	-	-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	3,470	3,470
34	<b>Total Administrative Costs</b>	\$ -	\$ -	\$ 95,051	\$ 95,051
35	<b>TOTAL DIRECT COSTS</b>	\$ -	\$ -	\$ 723,544	\$ 723,544
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-	-	-	-
37	Rent and Leases - equipment	-	-	-	-
38	Rent and Leases - building and improvements	-	-	-	-
39	Taxes and assessments	-	-	-	-
40	Insurance and Indemnity	-	-	3,752	3,752
41	Maintenance - equipment	-	-	-	-
42	Maintenance - building and improvements	-	-	-	-
43	Utilities	-	-	-	-
44	Household Expenses	-	-	-	-
45	Interest in Bonds	-	-	-	-
46	Interest in Other Long-term debts	-	-	-	-
47	Other interest and finance charges	-	-	-	-
48	Contracts Administration	-	-	-	-
49	Legal and Accounting (when required for the administration of the County Programs)	-	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	-	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	1,430	1,430
57	<b>Total Indirect costs</b>	\$ -	\$ -	\$ 5,182	\$ 5,182
63	<b>Total Allowable Costs</b>	\$ -	\$ -	\$ 728,726	\$ 728,726



<b>INTERIM, INC</b>					
<b>BUDGET AND EXPENDITURE REPORT</b>					
<b>For Monterey County - Behavioral Health</b>					
<b>Fiscal Year 2022 - 2023</b>					
<b>Program Name:</b>	<b>Success Over Stigma</b>				
		<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
<b>A. PROGRAM REVENUES</b>					
<b>Monterey County Funds (Monterey County's Use):</b>					
<b>Provisional Rates</b>					
	Estimated Federal Financial Participation (FFP)	\$ -		\$ -	\$ -
	Realignment	-		-	-
	MHSA	-	\$ -	\$ -	-
					-
<b>Cash Flow Advances</b>					
	Realignment	-		-	-
	MHSA - CSS	-		-	-
	MHSA - WET	-		-	-
	MHSA - Innovations	-		-	-
	PATH			-	-
	SAMHSA Block Grant	-		-	-
	CRRSAA			-	-
	ARPA			-	-
	PEI			234,275	234,275
<b>Total Requested Monterey County Funds</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 234,275</b>	<b>\$ 234,275</b>
<b>Other Program Revenues</b>		-	-	-	-
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 234,275</b>	<b>\$ 234,275</b>
<p>B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.</p>					
<p>I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.</p>					
	<b>A. Mode Costs (Direct Services)</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	-		143,558	143,558
2	Payroll taxes	-		11,342	11,342
3	Employee benefits	-		12,764	12,764
4	Workers Compensation	-		3,490	3,490
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-		-	-
6	Temporary Staffing	-		-	-
7	Flexible Client Spending (please provide supporting documents)	-		1,430	1,430
8	Travel (costs incurred to carry out the program)	-		605	605
9	Employee Travel and Conference	-		-	-
10	Communication Costs	-		1,815	1,815
11	Utilities	-		880	880
12	Cleaning and Janitorial	-		660	660
13	Maintenance and Repairs - Buildings	-		11,229	11,229
14	Maintenance and Repairs - Equipment	-		-	-
15	Printing and Publications	-		-	-
16	Memberships, Subscriptions and Dues	-		-	-
17	Office Supplies	-		3,730	3,730
18	Postage and Mailing	-		-	-
19	Medical Records	-		-	-
20	Data Processing	-		1,430	1,430

21	Rent and Leases - equipment	-		-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-		7,138	7,138
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-		-	-
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-		512	512
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-		-	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-		465	465
27	Miscellaneous (please provide details)	-		-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-		-	-
29	<b>Total Mode Costs</b>	\$ -	\$ -	\$ 201,048	\$ 201,048
	<b>B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service</b>				
30	Salaries and Benefits	-		24,069	24,069
31	Supplies	-		5,373	5,373
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-		-	-
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-		1,115	1,115
34	<b>Total Administrative Costs</b>	\$ -	\$ -	\$ 30,558	\$ 30,558
35	<b>TOTAL DIRECT COSTS</b>	\$ -	\$ -	\$ 231,606	\$ 231,606
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	<b>INDIRECT COSTS</b>	<b>Actual FY 2020-21</b>	<b>Budget FY 2021-22</b>	<b>Request FY 2022-23</b>	<b>Change</b>
36	Equipment (purchase price of less than \$5000)	-		-	-
37	Rent and Leases - equipment	-		-	-
38	Rent and Leases - building and improvements	-		-	-
39	Taxes and assessments	-		-	-
40	Insurance and Indemnity	-		1,240	1,240
41	Maintenance - equipment	-		-	-
42	Maintenance - building and improvements	-		-	-
43	Utilities	-		-	-
44	Household Expenses	-		-	-
45	Interest in Bonds	-		-	-
46	Interest in Other Long-term debts	-		-	-
47	Other interest and finance charges	-		-	-
48	Contracts Administration	-		-	-
49	Legal and Accounting (when required for the administration of the County Programs)	-		-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-		-	-
51	Data Processing	-		-	-
52	Personnel Administration	-		-	-
53	Medical Records	-		-	-
54	Other Professional and Specialized Services	-		-	-
55	Transportation and Travel	-		-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-		1,430	1,430
57	<b>Total Indirect costs</b>	\$ -	\$ -	\$ 2,670	\$ 2,670
63	<b>Total Allowable Costs</b>	\$ -	\$ -	\$ 234,275	\$ 234,275



**ATTACHMENT 1**

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

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

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program (“an eligible beneficiary”), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR will obtain pre- authorization from COUNTY, i.e. Behavioral Health Director, Deputy Director, Medical Director, Behavioral Health Services Manager or designee for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement. The CONTRACTOR assumes fiscal responsibility for services provided any client without the requisite pre-authorization from the COUNTY.

