



Monterey County Board of Supervisors

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

Board Order

Agreement No.: A-12775, Amendment No. 1

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

Approved and authorize the Director of Health or Assistant Director of Health to execute Amendment No. 1 to Mental Health Services Agreement A-12775 with Family Service Agency of San Francisco dba Felton Institute to extend the term for one (1) additional Fiscal Year (FY) for a new term of July 1, 2015 to June 30, 2019, increase FY 2017-18 amount from \$500,000 to \$510,000 (an increase of \$10,000), add \$600,000 for FY 2018-19, and revise the total Agreement of amount from \$1,500,000 to \$2,110,000 (a total Agreement amount increase of \$610,000).

PASSED AND ADOPTED on this 19th day of June 2018, by the following vote, to wit:

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

NOES: None

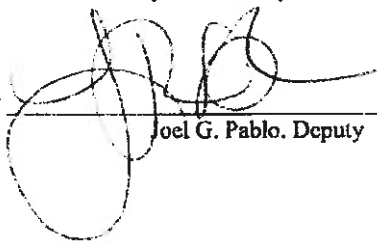
ABSENT: None

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 81 for the meeting June 19, 2018.

Dated: June 26, 2018
File ID: A 18-195

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

By


Joel G. Pablo, Deputy

**AMENDMENT NO. 1
TO MENTAL HEALTH SERVICES AGREEMENT NO. A-12775
BY AND BETWEEN COUNTY OF MONTEREY AND
FAMILY SERVICES AGENCY OF SAN FRANCISCO DBA FELTON INSTITUTE**

THIS AMENDMENT NO. 1 is made to the Agreement A-12775 for mental health services by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **FAMILY SERVICES AGENCY OF SAN FRANCISCO DBA FELTON INSTITUTE**, hereinafter referred to as **CONTRACTOR**.

WHEREAS, on June 23, 2015, the COUNTY and CONTRACTOR entered into Agreement A-12775 for the provision of mental health services in the amount of \$1,500,000 for the term July 1, 2015 to June 30, 2018.

WHEREAS, the COUNTY and CONTRACTOR request to amend the Agreement to extend the term for one (1) additional Fiscal Year (FY) for a new term of July 1, 2015 to June 30, 2019, add a service delivery site, increase FY 2017-18 mental health units and funding, and add units and funding for FY 2018-19 for a revised total Agreement of amount of \$2,110,000.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT A-12775 in the following manner:

1. Section IV. TERM AND TERMINATION, A. Term. shall be amended by removing *"This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2018"* and replacing it with *"This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2019."*
2. EXHIBIT A: PROGRAM DESCRIPTION is replaced by EXHIBIT A-1: PROGRAM DESCRIPTION. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-1.
3. EXHIBIT B: PAYMENT AND BILLING PROVISIONS is replaced by EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-1.
4. EXHIBIT H: BUDGET AND EXPENDITURE REPORT is replaced by EXHIBIT H-1: BUDGET AND EXPENDITURE REPORT. All references in the Agreement to EXHIBIT H shall be construed to refer to EXHIBIT H-1.
5. Except as provided herein, all remaining terms, conditions and provisions of this Agreement are unchanged and unaffected by this AMENDMENT NO. 1, and shall continue in full force and effect as set forth in the Agreement.
6. This AMENDMENT NO. 1 shall be effective June 1, 2018.
7. A copy of the AMENDMENT NO. 1 shall be attached to the original Agreement executed by the COUNTY on June 23, 2015.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 1 to Agreement A-12775 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: *EMJ*
Elsa M. Jimenez, Director of Health

Date: 06/28/2018

Approved as to Form ¹

By: *Stacy Delle*
County Counsel

Date: 5/17/18

Approved as to Fiscal Provisions²

By: *[Signature]*
Auditor/Controller

Date: 5/17/18

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

FAMILY SERVICE AGENCY SAN FRANCISCO DBA FELTON INSTITUTE

Contractor's Business Name*

By: *AL Gilbert*
(Signature of Chair, President, or Vice-President) *

AL Gilbert, President + CEO
Name and Title

Date: 5/8/2018

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

MARVIN DAVIS, CFO + COO
Name and Title

Date: 5/7/18

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

¹Approval by County Counsel is required; if Agreement is \$100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

²Approval by Auditor-Controller is required

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

EXHIBIT A-1: PROGRAM DESCRIPTION

I. IDENTIFICATION

Prevention and Recovery in Early Psychosis (PREP)
11 Quail Run Circle, Suite 202
Salinas, CA 93907
Phone: 831-424-5033
Fax: 831-424-5044

II. PROGRAM DESCRIPTION

The PREP program specializes in the provision of mental health services for individuals ages 14-35, within five years of their first psychotic break who are diagnosed with Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, or Psychosis NOS. The PREP program integrates evidence-based treatments designed for remission of early psychosis. There is a strong evidence base for this array of treatments in promoting positive outcomes for people struggling with early psychosis, and collectively they address the impact of psychosis in multiple areas of functioning. The PREP program supports symptom remission, active recovery, and full engagement in their community and with co-workers, peers, and family members. The core PREP services include:

- **Cognitive Behavioral Therapy for Psychosis (CBTp):** Widely available in England and Australia but not in the US, this formulation based approach helps clients understand and manage their symptoms, avoid triggers that worsen symptoms, and collaboratively develop a relapse prevention plan.
- **Algorithm-Based Medication Management:** Algorithm developed by Dr. Demian Rose (UCSF), adapted from the Texas Medication Algorithm, to focus specifically on medication for young adults in the early stages of psychosis. The primary goal of the PREP medication algorithm is to guide the prescriber, client, and family toward finding a medication regimen the client is more likely to adhere to long-term. PREP also works with individuals who do not wish to take medications and will offer regular appointments with the prescriber for review of symptoms and treatment options.
- **Early, Rigorous Diagnosis:** The PREP diagnosis and assessment is both rigorous and comprehensive, utilizing the SCID (Structured Clinical Interview for DSM Diagnoses), which addresses not only the psychotic disorder but also co-occurring mental health or substance abuse issues.
- **Strength-Based Care Management:** Intensive care management will ensure the broad spectrum of clients and family needs are addressed. PREP approaches services with a "whatever it takes" attitude. Services are provided wherever the client and/or family are most comfortable geographically, whether in PREP office, client's home, schools, or other community locations throughout Monterey County.
- **Educational and Vocational Support:** PREP adopts the *Individual Placement and Support* (IPS) model of supported employment. This model was developed at

Dartmouth specifically for individuals with severe mental health problems to find and retain competitive employment, and has documented effectiveness for young adults with psychosis.

- **Motivational Interviewing:** Designed for increased engagement around substance use and change behaviors within a harm reduction model.
- **Family Psychoeducation:** Designed to increase social support, teach families and supporters a problem-solving format to cope effectively with illness related behaviors, and provide ongoing education about symptoms, medication, enhancing involvement in school, work, and community life.
- **Cognitive Rehabilitation Training:** Computer-based cognitive rehabilitation program developed by nationally renowned UCSF brain plasticity researcher, Dr. Michael Merzenich, where clients are rehabilitating brain function that has been lost to the illness.

Clients are offered all modalities of individual and family services based on their individual needs and willingness to participate.

III. PROGRAM GOALS

- Identify psychosis at the earliest possible point, provide rigorous structured diagnostic and functional assessment, and deliver comprehensive, conscientious, and evidence-based services.
- Increase clients' ability to function independently and maintain quality of life goals.
- Reduce placement and/or days in acute inpatient settings.

IV. TREATMENT SERVICES

A. Types of Service:

Mode of Service: Outpatient Mental Health Services

MEDI-CAL:

Contracted Units of Service (UOS) per Fiscal Year (FY) by Service Function Code.

Avatar Code/Name: DTCSOCPRI / FSA of San Francisco MoCo PREP

Family Service Agency of San Francisco dba Felton Institute (Medi-Cal)						
Type of Service	Mode of Service	Service Function Code	Est. UOS (minute) FY 15-16	Est. UOS (minute) FY 16-17	Est. UOS (minute) FY 17-18	Est. UOS (minute) FY 18-19
Case Management	15	01	20,001	20,001	20,001	16,952
Medication Support	15	60	23,400	23,400	23,400	19,844
Crisis Intervention	15	70	1,200	1,200	1,200	1,015
Mental Health Services	15	10, 30, 40, 45, 50	117,486	117,486	117,486	99,440

NON MEDI-CAL:

Contracted Units of Service (UOS) per Fiscal Year (FY) by Service Function Code.
Avatar Program Name/Code: TBD

Family Service Agency of San Francisco dba Felton Institute (Non Medi-Cal)				
Type of Service	Mode of Service	Service Function Code	Est. UOS (minute) FY 17-18	Est. UOS (minute) FY 18-19
Case Management	15	01	402	3,389
Medication Support	15	60	467	3,969
Crisis Intervention	15	70	25	202
Mental Health Services	15	10, 30, 40, 45, 50	2,348	19,890

B. Delivery Site:

PREP Office

11 Quail Run Circle Suite 202
Salinas, CA 93907

* County of Monterey, Behavioral Health Bureau
200 Broadway Street, Suite 70
King City, CA 93930

Services will be delivered primarily at the PREP office location, but may be provided in other community locations (client's home, school, work, etc.) of clients' choosing as means to foster engagement in services.

*CONTRACTOR'S office hours in COUNTY office space will be scheduled as mutually agreed upon between the Behavioral Health Services Manager and CONTRACTOR'S Executive Director. Approval of County office space will be based on availability and need. Services shall be less than 19 hours per week at this delivery site.

C. Hours of Operation:

Hours of operation are Monday through Friday, 9:00am – 5:00pm. Services may be provided at alternate hours (psychoeducational groups on evenings or weekends) as determined by needs of program participants.

V. POPULATION/CATCHMENT AREA TO BE SERVED

Monterey County residents ages 14-35 who have had their first psychotic episode within the previous five years and require specialty mental health services. PREP will serve individuals reflecting the ethnical, cultural, and socio-economic diversity of Monterey County

VI. FINANCIAL ELIGIBILITY

All Medi-Cal eligible Monterey County residents identified by the CONTRACTOR in need of mental health services will be served under the Medi-Cal component of the program. Non Medi-Cal eligible clients will be served under the Non Medi-Cal component during FY 2017-18 and FY 2018-19 only. County shall be the payor of last resort.

VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

Admission to the PREP program will be initiated exclusively by the PREP program staff for all Medi-Cal and Non Medi-Cal eligible clients. Services are offered intensively, often weekly with client centered treatment plans which are reviewed during the course of treatment and measured against an array of baseline measures taken during the assessment. Engagement and treatment progress will be reviewed weekly at clinical case conference. Frequency of services is determined by individual needs and phase of treatment. The length of treatment is up to two years, based on outcome data that is shared continuously with the client and family. PREP exit criteria differ based on the service modalities employed in the treatment. Discharge planning is a collaborative process between PREP staff and client, and, when possible, the family or natural supports. Process is determined by intervention outcomes identified throughout the clients' treatment and measured against an array of baseline measures taken during the assessment. At discharge, each client and family have a thorough contingency plan and are able to transition from the program to other levels of care.

VIII. LEGAL STATUS

Voluntary

IX. REPORTING REQUIREMENTS

A. CONTRACTOR will meet regularly with the designated Behavioral Health Service Manager to monitor progress of program outcomes.

Monterey County Behavioral Health shall provide to CONTRACTOR the reporting requirements and instructions as required by the State Mental Health Services Oversight and Accountability Commission, DHCS and County. CONTRACTOR shall report to MCBH's designated Contract Monitor and Prevention Services Manager, on a quarterly and annual basis, demographic data for each service provided, as well as the program goals and outcomes included in each Program Description. As part of the County's ongoing PEI Program Evaluation process, these required program data and outcome reporting requirements may be revised to assure compliance with State PEI regulations.

B. CONTRACTOR, in collaboration with Monterey County Behavioral Health (MCBH) will convene a steering committee consisting of PREP staff, MCBH representatives and other stake holders to help guide the implementation of PREP services in Monterey County and report on program outcomes. The Steering Committee will meet monthly during the initial program implementation period, and then less frequently, as mutually agreed upon by CONTRACTOR and MCBH.

X. COVERAGE

Mental Health Services as designated on the case plan.

XI. DESIGNATED CONTRACT MONITOR

Dana Edgull

Monterey County Behavioral Health Service Manager II

1270 Natividad Road

Salinas, CA 93901

(831) 796-6110

EXHIBIT B-1:
PAYMENT AND BILLING PROVISIONS

I. PAYMENT TYPES

Cost Reimbursed (CR) up to maximum contract amount

II. PAYMENT AUTHORIZATION FOR SERVICES

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

III. PAYMENT RATE

PROVISIONAL RATE: NEGOTIATED RATE

CONTRACTOR shall be paid at the negotiated rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$2,110,000 for FY 2015-2019:**

FY 2015-16

FY 2015-16 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2015-16 Medi-Cal					\$500,000

FY 2016-17

FY 2016-2017 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2016-17 Medi-Cal					\$500,000

FY 2017-18

FY 2017-18 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	20,001	\$2.17	\$43,402
Medication Support	15	60	23,400	\$5.19	\$121,446
Crisis Intervention	15	70	1,200	\$4.18	\$5,016
Mental Health Services					
Assessment	15	30	117,486	\$2.81	\$330,136
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2017-18 Medi-Cal					\$500,000

FY 2017-18 NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Payment rate per UOS	Total Maximum FY Amount
Case Management	15	01	402	\$2.17	\$873
Medication Support	15	60	467	\$5.19	\$2,424
Crisis Intervention	15	70	25	\$4.18	\$105
Mental Health Services					
Assessment	15	30	2,348	\$2.81	\$6,598
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2017-18 Non Medi-Cal					\$10,000

FY 2018-19

FY 2018-19 MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	16,952	\$2.56	\$43,398
Medication Support	15	60	19,844	\$6.12	\$121,446
Crisis Intervention	15	70	1,015	\$4.94	\$5,015
Mental Health Services					
Assessment	15	30	99,440	\$3.32	\$330,141
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2018-19 Medi-Cal					\$500,000

FY 2018-19 NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Est. UOS per FY	Rate per UOS	Total Maximum FY Amount
Case Management	15	01	3,389	\$2.56	\$8,676
Medication Support	15	60	3,969	\$6.12	\$24,291
Crisis Intervention	15	70	202	\$4.94	\$998
Mental Health Services					
Assessment	15	30	19,890	\$3.32	\$66,035
Plan Development		45			
Mental Health Rehabilitation		45			
Individual Therapy		40			
Group Therapy		50			
Collateral		10			
Total Maximum Amount FY 2018-19 Non Medi-Cal					\$100,000

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 negotiated rate, 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 COUNTY negotiated rate shall be used until COUNTY establishes the COUNTY'S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable negotiated rates. In no case shall payments to CONTRACTOR exceed the negotiated rate. In addition to the negotiated rate 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 (30th) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

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

MCHDBHFinance@co.monterey.ca.us

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations

incurred” included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.

- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR’S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.
- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR’S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

V. MAXIMUM OBLIGATION OF COUNTY

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$2,110,000** for services rendered under this Agreement.

B. Funding Source and Estimated Amounts per Fiscal Year:

FISCAL YEAR	MHSA PEI	MH FFP	SAMHSA	Total FY Amount
FY 2015-16	\$250,000	\$250,000	\$0	\$500,000
FY 2016-17	\$250,000	\$250,000	\$0	\$500,000
FY 2017-18	\$250,000	\$250,000	\$10,000	\$510,000
FY 2018-19	\$250,000	\$250,000	\$100,000	\$600,000
Total Funding	\$1,000,000	\$1,000,000	\$110,000	\$2,110,000

B. Maximum Annual Liability:

FISCL YEAR LIABILITY	AMOUNT
FY 2015-16	\$500,000
FY 2016-17	\$500,000
FY 2017-18	\$510,000
FY 2018-19	\$600,000
TOTAL MAXIMUM LIABILITY	\$2,110,000

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

VI. BILLING AND PAYMENT LIMITATIONS

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract

Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.

- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS

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

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

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

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.

- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.
- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

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

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
 - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
 - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving

services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.

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

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

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.

- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, 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."

Felton Institute
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2017-18

Program Name: Prevention & Recovery in Early Psychosis (PREP) / Medi-Cal

AVATAR Program(s): FSA of San Francisco MoCo PREP / DTC SOC PRI

Unduplicated Number of Clients Served: 30

Address: 11 Quail Run Circle, Suite 202 Salinas, CA 93907

	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
A. PROGRAM REVENUES			
Monterey County Funds (Monterey County's Use):			
Provisional Rates			
Estimated Federal Financial Participation (FFP)	-	-	-
Cash Flow Advances			
Total Requested Monterey County Funds	\$ -	\$ -	\$ -
Other Program Revenues	\$ -	\$ -	
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ -	
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.			
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.			
A. Mode Costs (Direct Services)	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 254,921.00	\$ 268,630.00
2 Payroll taxes		\$ 22,050.00	\$ 23,237.00
3 Employee benefits		\$ 43,030.00	\$ 45,345.00
4 Workers Compensation		\$ 5,863.00	\$ 6,178.00
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			
6 Temporary Staffing		\$ 12,684.00	\$ -
7 Flexible Client Spending (please provide supporting documents)			
8 Travel (costs incurred to carry out the program)		\$ 7,960.00	\$ 8,130.00
9 Employee Travel and Conference + Training		\$ 2,389.00	\$ 2,323.00
10 Communication Costs		\$ 10,012.00	\$ 10,221.00
11 Utilities		\$ 1,181.00	\$ 1,208.00
12 Cleaning and Janitorial			
13 Maintenance and Repairs - Buildings		\$ 6,225.00	\$ 10,070.00
14 Maintenance and Repairs - Equipment		\$ 9,989.00	\$ 3,253.00
15 Printing and Publications		\$ 1,348.00	\$ 1,239.00
16 Memberships, Subscriptions and Dues		\$ 1,515.00	\$ 1,548.00
17 Office Supplies		\$ 6,665.00	\$ 4,491.00
18 Postage and Mailing		\$ 284.00	\$ 287.00
19 Medical Records		\$ 927.00	\$ 948.00
20 Data Processing		\$ 95.00	\$ 97.00
21 Rent and Leases - equipment		\$ 3,635.00	\$ 3,717.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 30,931.00	\$ 32,850.00
23 Taxes and assessments (Please identify the property address and method of cost allocation)			
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)			
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 2,893.00	\$ 2,958.00
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133)			

EXHIBIT H-I:

		Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
27	Miscellaneous (please provide details)		\$ 10,186.00	\$ 8,053.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			
29	Total Mode Costs		\$ 434,783.00	\$ 434,783.00
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.			
30	Salaries and Benefits		\$ 42,054.00	\$ 42,054.00
31	Supplies		\$ 340.00	\$ 340.00
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			
34	Total Administrative Costs	\$ -	\$ 42,394.00	\$ 42,394.00
35	TOTAL DIRECT COSTS	\$ -	\$ 477,177.00	\$ 477,177.00
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.				
INDIRECT COSTS		Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
36	Equipment (purchase price of less than \$5000)			
37	Rent and Leases - equipment		\$ 365.00	\$ 365.00
38	Rent and Leases - building and improvements		\$ 6,084.00	\$ 6,084.00
39	Taxes and assessments			
40	Insurance and Indemnity		\$ 213.00	\$ 213.00
41	Maintenance - equipment		\$ 289.00	\$ 289.00
42	Maintenance - building and improvements			
43	Utilities		\$ 1,130.00	\$ 1,130.00
44	Household Expenses			
45	Interest in Bonds			
46	Interest in Other Long-term debts			
47	Other interest and finance charges			
48	Contracts Administration		\$ 1,142.00	\$ 1,142.00
49	Legal and Accounting (when required for the administration of the County Programs)		\$ 2,670.00	\$ 2,670.00
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		\$ 841.00	\$ 841.00
51	Data Processing		\$ 169.00	\$ 169.00
52	Personnel Administration		\$ 3,038.00	\$ 3,038.00
53	Medical Records			
54	Other Professional and Specialized Services		\$ 6,537.00	\$ 6,537.00
55	Transportation and Travel		\$ 345.00	\$ 345.00
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			
57	Total Indirect costs	\$ -	\$ 22,823.00	\$ 22,823.00
63	Total Allowable Costs	\$ -	\$ 500,000.00	\$ 500,000.00
COST REPORT INFORMATION:		Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
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.

EXHIBIT H-I:

	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
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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
Program Manager	\$ 90,000	0.60	\$ 54,200
Lead CBTp Therapist	\$ 55,000	0.77	\$ 42,588
Bilingual CBTp Therapist	\$ 60,000	0.77	\$ 46,459
Case Manager / Family Partner	\$ 48,000	0.77	\$ 37,168
Psychiatrist - (Expense previously reflected in Professional Services)	\$ 243,750	0.17	\$ 41,523
Office Manager	\$ 48,000	0.77	\$ 37,168
Division Director	\$ 123,000	0.08	\$ 9,524
Total Salaries and Wages			\$ 268,630

Felton Institute
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2017-18

Program Name: Prevention & Recovery in Early Psychosis (PREP)
/ Non Medi-Cal

AVATAR Program(s): FSA of San Francisco MoCo PREP / DTCOCPR

Unduplicated Number of Clients Served: 10

Address: 11 Quail Run Circle, Suite 202 Salinas, CA 93907

	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
A. PROGRAM REVENUES			
Monterey County Funds (Monterey County's Use):			
Provisional Rates			
Estimated Federal Financial Participation (FFP)	-	-	-
Cash Flow Advances			
Total Requested Monterey County Funds	\$ -	\$ -	\$ -
Other Program Revenues	\$ -	\$ -	
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ -	\$ -	
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.			
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.			
A. Mode Costs (Direct Services)	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 5,095.00	\$ 53,727.00
2 Payroll taxes		\$ 441.00	\$ 4,647.00
3 Employee benefits		\$ 861.00	\$ 9,069.00
4 Workers Compensation		\$ 117.00	\$ 1,236.00
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			
6 Temporary Staffing		\$ 254.00	
7 Flexible Client Spending (please provide supporting documents)			
8 Travel (costs incurred to carry out the program)		\$ 159.00	\$ 1,626.00
9 Employee Travel and Conference + Training		\$ 48.00	\$ 465.00
10 Communication Costs		\$ 200.00	\$ 2,044.00
11 Utilities		\$ 24.00	\$ 242.00
12 Cleaning and Janitorial			
13 Maintenance and Repairs - Buildings		\$ 125.00	\$ 2,014.00
14 Maintenance and Repairs - Equipment		\$ 200.00	\$ 650.00
15 Printing and Publications		\$ 27.00	\$ 248.00
16 Memberships, Subscriptions and Dues		\$ 30.00	\$ 310.00
17 Office Supplies		\$ 133.00	\$ 898.00
18 Postage and Mailing		\$ 6.00	\$ 57.00
19 Medical Records		\$ 19.00	\$ 190.00
20 Data Processing		\$ 2.00	\$ 19.00
21 Rent and Leases - equipment		\$ 73.00	\$ 743.00
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)		\$ 619.00	\$ 6,570.00
23 Taxes and assessments (Please identify the property address and method of cost allocation)			
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)			
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)		\$ 58.00	\$ 591.00
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			

EXHIBIT H-1

		Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
27	Miscellaneous (please provide details)		\$ 204.00	\$ 1,610.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			
29	Total Mode Costs		\$ 8,695.00	\$ 86,956.00
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.			
30	Salaries and Benefits		\$ 841.00	\$ 8,411.00
31	Supplies		\$ 7.00	\$ 68.00
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			
34	Total Administrative Costs	\$ -	\$ 848.00	\$ 8,479.00
35	TOTAL DIRECT COSTS	\$ -	\$ 9,543.00	\$ 95,435.00

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

	INDIRECT COSTS	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
36	Equipment (purchase price of less than \$5000)			
37	Rent and Leases - equipment		\$ 7.00	\$ 73.00
38	Rent and Leases - building and improvements		\$ 122.00	\$ 1,217.00
39	Taxes and assessments			
40	Insurance and Indemnity		\$ 4.00	\$ 43.00
41	Maintenance - equipment		\$ 6.00	\$ 58.00
42	Maintenance - building and improvements			
43	Utilities		\$ 23.00	\$ 226.00
44	Household Expenses			
45	Interest in Bonds			
46	Interest in Other Long-term debts			
47	Other interest and finance charges			
48	Contracts Administration		\$ 23.00	\$ 228.00
49	Legal and Accounting (when required for the administration of the County Programs)		\$ 53.00	\$ 534.00
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))		\$ 17.00	\$ 168.00
51	Data Processing		\$ 3.00	\$ 34.00
52	Personnel Administration		\$ 61.00	\$ 608.00
53	Medical Records			
54	Other Professional and Specialized Services		\$ 131.00	\$ 1,307.00
55	Transportation and Travel		\$ 7.00	\$ 69.00
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			
57	Total Indirect costs	\$ -	\$ 457.00	\$ 4,565.00
63	Total Allowable Costs	\$ -	\$ 10,000.00	\$ 100,000.00
	COST REPORT INFORMATION:	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
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.

EXHIBIT H-I

	Estimated FY 16-17	Requested FY 17-18	Requested FY 18-19
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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
Program Manager	\$ 90,000	0.12	\$ 10,843
Lead CBTp Therapist	\$ 55,000	0.15	\$ 8,517
Bilingual CBTp Therapist	\$ 60,000	0.15	\$ 9,292
Case Manager / Family Partner	\$ 48,000	0.15	\$ 7,433
Psychiatrist - (Expense previously reflected in Professional Services)	\$ 243,750	0.03	\$ 8,304
Office Manager	\$ 48,000	0.15	\$ 7,433
Division Director	\$ 123,000	0.02	\$ 1,905
Total Salaries and Wages			\$ 53,727