

**AMENDMENT NO. 7
TO MENTAL HEALTH SERVICES AGREEMENT A-13221
BETWEEN COUNTY OF MONTEREY AND
INTERIM, INC.**

This AMENDMENT No. 7 to MENTAL HEALTH SERVICES AGREEMENT A-13221 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 entered into MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR in the amount of \$30,833,764 for the term of July 1, 2016 to June 30, 2019 for mental health services and supportive housing services;

WHEREAS, the COUNTY entered into AMENDMENT No. 1 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G, and H for Fiscal Year 2016-17 through Fiscal Year 2018-19; and

WHEREAS, the COUNTY entered into AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2017-18; and

WHEREAS, the COUNTY entered into AMENDMENT No. 3 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY entered into AMENDMENT No. 4 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY entered into AMENDMENT No. 5 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2019-20;

WHEREAS, the COUNTY entered into AMENDMENT No. 6 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2019-20;

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term though June 30, 2021, and to revise the EXHIBIT A: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS; the EXHIBIT B: PAYMENT AND BILLING PROVISIONS; the EXHIBIT G: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE; and the EXHIBIT H: BUDGET AND EXPENDITURE REPORT for Fiscal Year 2020-21 to reflect program and budget modifications as agreed to by both parties for a revised total Agreement in the amount of \$70,079,464;

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

1. Section IV, TERM AND TERMINATION, Subsection A, shall be amended by removing *“This Agreement shall be effective July 1, 2016 and shall remain in effect until June 30, 2020”* and replacing it with *“This Agreement shall be effective July 1, 2016 and shall remain in effect until June 30, 2021.”*
2. EXHIBIT A-7: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS replaces EXHIBITS A-6, A-5, A-4, A-3, A-2, A-1, and A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-7.
3. EXHIBIT B-7: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B-6, B-5, B-4, B-3, B-2, B-1 and B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-7.
4. EXHIBIT G-7: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBITS G-6, G-5, G-4, G-3, G-2, G-1 and G. All references in the AGREEMENT to EXHIBIT G shall be construed to refer to EXHIBIT G-7.
5. EXHIBIT H-7: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-6, H-5, H-4, H-3, H-2, H-1 and H. All references in the AGREEMENT to EXHIBIT H shall be construed to refer to EXHIBIT H-7.
6. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
7. This AMENDMENT No. 6 shall be effective July 1, 2020.
8. A copy of this AMENDMENT No. 7 shall be attached to the original AGREEMENT executed by the COUNTY on July 14, 2016.

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

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT No. 7 to Agreement A-13221 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head

Date: _____

Approved as to Form ¹
By: _____
DocuSigned by:
Marina Pantchenko
2E097773D680456...
County Counsel
Date: 6/1/2020 | 3:36 PM PDT

Approved as to Fiscal Provisions²
By: _____
DocuSigned by:
Burcu Mousa
811C333563B9474...
Auditor-Controller
Date: 6/5/2020 | 5:12 PM PDT

Approved as to Liability Provisions³
By: _____
Risk Management
Date: _____

CONTRACTOR

INTERIM, INC.
Contractor's Business Name*
By: _____
DocuSigned by:
Barbara Mitchell
(Signature of Chair, President, or Vice-President)*
Barbara L. Mitchell, Executive Director
Name and Title
Date: 5/29/2020 | 12:53 PM PDT

By: _____
DocuSigned by:
Pali Weerasekera
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*
Pali Weerasekera, Director of Finance
Name and Title

Date: 5/29/2020 | 1:11 PM 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.

¹ Approval by County Counsel is required.

² Approval by Auditor-Controller is required

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

EXHIBIT A-7**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 FIFTEEN, 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:	15 in Salinas & 12 in Monterey
Target # of Consumers:	200+ Annually in Salinas & 120+ Annually in Monterey

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. Psychiatry services are provided by MCBHB.

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, 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. 50% of consumers will improve their mental health recovery.	• Measured at entry, and at exit via the” Recovery Marker Inventory and Consumer Recovery Measure.

2. 75% 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 or jail.)
3. 75% of consumers will meet or partially meet their discharge goals.	• 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.)
4. 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?**

MCBHB Medical Director or designee provides medical consultation to nursing staff at the facility. MCBHB also provides psychiatry services for all residents of Manzanita.

7. **What is 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 age 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.**

Program capacity at Manzanita House Salinas is 15, and annual number to be served is approximately 200. Program capacity at Manzanita Monterey is 12, and annual number to be served is approximately 120.

PROGRAM TWO

1. **Program Name:** Bridge House Dual Diagnosis Program Residential

2. **Program Description:**

Type of Facility:	24-Hour Adult Transitional Residential Treatment
Address of Delivery Site:	601 & 617 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.

Bridge Residential

Goal	Measurement & Data Source
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 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.

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?

- 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.

Eligibility Criteria:

- Maximum length of residential stay is 6 months without additional MCBHB authorization to ensure successful completion of treatment plan.
- 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.

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:	<p>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, Salinas, CA Mariposa Apartments Salinas, CA MCHOPE scattered-site apartments other potential locations that may be developed</p>
Program Schedule:	<p>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.</p>
Limitation of Service:	<p>For some Community Housing locations, there are income limitations and individuals must meet the criteria of being homeless as defined by current HUD regulations.</p>
Target # of Consumers:	<p>100+ consumers</p>

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 with resident's consent, Interim will work on locating other sources of permanent housing.

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"> 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.
2. 85% of consumers will appropriately engage with a PCP.	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
3. 80% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

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 service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia,

schizoaffective disorder or bipolar disorders 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. 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 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?

- 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:	There are income limitations and individuals must meet the criteria of being homeless as defined by HUD regulations. Half the residents must have incomes under 20% AMI and half under 30% AMI.
Target # of Consumers:	28 consumers

Sandy Shores is a permanent supportive housing program, which provides affordable housing 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. All individuals receive case management, crisis intervention, mental health services, and housing services in an effort to assist individuals to live in the community.

3. **Program Purpose**

Sandy Shores provides mental health services and permanent supportive housing to individuals with a psychiatric disability who are homeless per HUD guidelines. 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 the particular services the facility offers.

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.

Goal	Measurement & Data Source
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)	<ul style="list-style-type: none"> Measured by number of clients remaining housed or exiting to other permanent housing. Data source: EMR/Avatar exit data; "Discharge Location" module.

2. 80% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> • 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.
3. 25% of consumers will attain employment, attend school or a vocational training program, or volunteer. (CoC)	<ul style="list-style-type: none"> • 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. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP.	<ul style="list-style-type: none"> • 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 the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

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 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 age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders 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 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 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 1-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 units. 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 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. 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 are incapable of living completely independently and who need transitional affordable housing with support services in order to live successfully in the community. The program 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.

Goal	Measurement & Data Source
1. 65% of the consumers discharging from the program will exit to permanent housing.	<ul style="list-style-type: none"> • Measured by the number of clients exiting into permanent housing upon discharge. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 75% of consumers will maintain or improve their mental health recovery.	<ul style="list-style-type: none"> • 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.
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer.	<ul style="list-style-type: none"> • 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. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP.	<ul style="list-style-type: none"> • 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 the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

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

MCBHB or Interim coordinators provide all referrals for this program. 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 service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder, major depression with psychotic features or bipolar disorders 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.— Clients referred are assessed by case coordinators 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 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.
- Admission eligibility determined by Interim Program Director or designee.
- 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. Anticipated length of service is one year.
- 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. The program addresses one of the goals of the Monterey County 10-year Homeless Plan, Lead Me Home, by providing affordable transitional supportive housing in order to prepare clients for permanent housing 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 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 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 of placement.

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.

Goal	Measurement & Data Source
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"> Measured by number of clients remaining housed or exiting to other permanent housing. Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> 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.
3. 30% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA)	<ul style="list-style-type: none"> 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. Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP. (MHSA)	<ul style="list-style-type: none"> 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 the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.

6. Who are the partners involved in program implementation?

Interim collaborates with MCBHB, and HUD. MCBHB provides psychiatry 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. Tenants must meet HUD restrictions on income and assets.

- Referral through Interim case coordinators or MCBHB service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders 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 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?

- 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 premises for night emergencies.

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.

Goal	Measurement & Data Source
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"> Measured by number of clients remaining housed or exiting to other permanent housing. Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> Measured at entry, annually, and at exit thereafter via the RecoveryNeeds Level instrument. Additionally, Recovery Markers Inventory and Consumer Recovery Measure will be completed quarterly or as indicated by the Reaching Recovery Steering Committee..
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA/FSP)	<ul style="list-style-type: none"> 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. Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
5. 85% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
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"> 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. Data source: EMR/Avatar
7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> 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. Data source: EMR/Avatar

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 service coordinators with admission approval by Interim. staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders 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 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?

- 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. A resident manager is available at night for emergencies.

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. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by number of clients remaining housed or exiting to other permanent housing. • Data source: EMR/Avatar exit data; "Discharge Location" module.
2. 90% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> • 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.
3. 20% of consumers will attain employment, attend school or a vocational training program, or volunteer. (MHSA/FSP)	<ul style="list-style-type: none"> • 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. • Data source: EMR/Avatar; "Ed/Empl/Vol" module.
4. 85% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> • Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. • Data source: EMR/Avatar "PCP Information" module.
5. 90% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
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"> • 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. • Data source: EMR/Avatar

7. 75% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> • 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. • Data source: EMR/Avatar
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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. MCBHB provides all 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 and MCBHB service coordinators with admission approval by Interim staff.
- The populations to be served are adults with major psychiatric disabilities (including and transition age youth age 18 and older) with serious mental illnesses, i.e. schizophrenia, schizoaffective disorder or bipolar disorders 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 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?

- 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

2. **Program Description:**

Address of Delivery Sites:	MCHOME, Marina, CA with countywide outreach Soledad House, Salinas, CA (through December 2020) 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:	# of clients varies each fiscal year with 7 residing at Soledad, 4 at Wesley Oaks, and 20 at Moon Gate; total clients served is 80 with 20 new clients enrolled each year.

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.

Soledad House serves as transitional housing for MCHOME clients to reside in for no more than one year. This housing operates on the harm reduction model. Soledad provides a central place and a program identity that fosters positive peer support and provides consumers with the tools to maintain housing. Due to planned construction, this housing will operate only until demolished in end of 2020. Due to budget constraints, it will not be replaced until the new housing – Sun Rose – is built. Other sites may be used for transitional housing if the budget

allows for this. As an alternative, some FSP residents may be served in Shelter Cove or other Interim transitional housing or motels.

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 to 20 low income individuals with a serious mental health diagnosis, all of the clients are homeless or at risk of homelessness.

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.

Goal	Measurement & Data Source
1. 80% of consumers will maintain or improve their mental health recovery. (MHSA)	<ul style="list-style-type: none"> 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.
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"> Measured by number of clients discharging to either transitional or permanent housing. Data Source: Clients self-report and staff observations of discharge locations. Staff will complete a KET and enter into EMR system. Data source: EMR/Avatar KET & exit data; "Discharge Location" module.
3. 75% of consumers will appropriately engaged with a PCP. (MHSA/FSP)	<ul style="list-style-type: none"> Measured by staff observations and clients' self-reports of engagement in primary care physician appointments. Data source: EMR/Avatar "PCP Information" module.
4. 80% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
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"> 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. Data source: EMR/Avatar
6. 50% of consumers served during the FY will not experience incarceration, while in the program. (MHSA/FSP)	<ul style="list-style-type: none"> 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. Data source: EMR/Avatar

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. MCBHB provides psychiatry and medication support services. 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 law enforcement, Hospital Emergency Departments as well as 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.

- 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 FY 2020-21.

PROGRAM TEN:

1. **Program Name:** Dual Recovery Services: Harm Reduction

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

Dual Recovery Services (DRS) 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.

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**

DRS aims to increase consumers' successful adjustment to community living after completion of dual recovery residential program by reducing the relapse rate.

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, and Wellness Recovery Action Plan (WRAP).

Goal	Measurement & Data Source
1. 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.

2. 80% of consumers served during the FY will eliminate all psychiatric hospitalization, while in the program. (MHSA)	<ul style="list-style-type: none"> • Measured by psychiatric hospitalization data records in EMR/Avatar.
3. 85% of consumers will not experience incarceration, while in the program. (MHSA)	<ul style="list-style-type: none"> • 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.
4. 90% of consumers surveyed will report satisfaction with the quality of services provided. (MHSA)	<ul style="list-style-type: none"> • 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 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 abuse 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.

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

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 DRS; 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 DRS; the third group of clients includes those clients needing “step down” type aftercare services upon discharge from DRS.

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 abuse 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 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 abuse disorder, or they are open to ASOC, but do not want to engage in the dual recovery services as offered by DRS.	• Outcome measured by the number of clients participating in services as indicated on tracking spreadsheet.

2. 75% of consumers surveyed will improve their mental health recovery. (MHSA)	• Measured by pre-and post-self-survey results using the Recovery Assessment Scale (RAS) standardized survey tool.
3. 85% of consumers will be referred to and obtain services from community resource providers.	• Outcome measured by number of clients referred or participating in community resources. Staff tracking and documentation of referrals made for each individual client.

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 DRS. The third group of clients includes those clients needing “step down” type aftercare services upon discharge from DRS. 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: 339 Pajaro 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"> • Measured by the number of unduplicated participants each year. • Data source: Data spreadsheet indicating consumers or family members participating in the services, i.e. job coaching, employment training, etc.
2. Provide two vocational support groups per month.	<ul style="list-style-type: none"> • Measured by staff providing at least two groups and clients attendance in groups. • Data Sources: Agenda for support groups and attendance records with attendees' signatures.
3. Provide 12 trainings per fiscal year on skill development.	<ul style="list-style-type: none"> • Measured by staff providing at least 12 trainings each year and clients' attendance in trainings. • Data Sources: Agenda for trainings and attendance records with attendees' signatures.
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"> • Measured by staff providing at least one annual training, and one individual consult for supervisors of peers. • Data Sources: Attendance records.

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 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, and outreach/education to 250 community members through presentations/webinars

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. Additionally, via the Success Over Stigma initiative, consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. Through this initiative, consumers learn how to better advocate for themselves by providing reciprocal peer support and advocacy in their community. 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"> • Outcomes measured by the number of consumers participating in events/services. . • Data source: Daily sign in sheets and tracking meeting attendance (including tracking virtual meetings/groups/events).
2. 85% of consumers participating in individual / group peer counseling will report maintained or improved mental health recovery.	<ul style="list-style-type: none"> • Measured by pre-and post-self-survey results using the Recovery Assessment Scale (RAS) standardized survey tool.
3. 85% of consumers surveyed will report satisfaction with the quality of services provided.	<ul style="list-style-type: none"> • Measured by client self-report via annual "Consumer Satisfaction" survey instrument.
4. Assist 20 consumers with pre-enrollment, enrollment, and obtaining educational supportive services.	<ul style="list-style-type: none"> • Measured by the number of consumers enrolled each semester during the FY. • Data Source: Data tracking spreadsheet, recording the number of consumers enrolled in school each semester and the institution they are attending.
5. Reduce mental health stigma in the community by providing 15 educational opportunities in the community (including webinars).	<ul style="list-style-type: none"> • Measured by survey results from presentation attendees and tracking spreadsheet of meetings. • Data sources: Roster of consumers being recruited and receiving training; record of presentations being conducted including locations.

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.
- Some SOS activities include peer outreach to the in-patient psychiatric units.. Individuals and groups are also served through peer presentations in the community to educate the public and

provide stigma reduction. Presentations may be done in person, or through webinars, video presentations, phone conferences, zoom meetings.

- 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.

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: Bienestar Wellness Navigators

2. Program Description:

Address of Delivery Sites:	339 Pajaro St. Salinas, CA 93901 and MCBHB's Primary Care Integrated Clinics located in Salinas, Marina, and King City
Limitation of Service:	Clients as assigned by MCBHB

Interim, Inc. collaborates with MCBHB in the implementation of the Health Navigation Partnership – “Bienestar” project, which places primary care services in community mental health clinics operated by MCBHB. Interim, Inc. hires peer Wellness Navigators who provide activities that engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services. The Wellness Navigators assist in care coordination, provide prevention assistance (such as peer-to-peer smoking cessation) and help clients build skills needed to access primary care services. As clients make enough progress to transition back into mainstream primary care services, Wellness Navigators accompany them and provide support to make sure they are successful in accessing all the services they need.

3. Program Purpose

Research has shown that mental health peer programs significantly improve access to medical and mental health care, and that outcomes are improved in both areas. Clients’ quality of life will be improved as their health and ability to navigate through the primary care system is expanded.

4. Desired Results

The public health benefits include improved access to medical and mental health care by consumers.

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?)

Interim solely provides the Wellness Navigators, who document their services in the EMR system to allow for continuity of care. Bienestar staff provide on the job supervision and Interim provides evaluative supervision and coaching off site.

Evidence based practices: Consumer-Operated Services (SAMHSA) - Evidenced based practices, goal setting, data collection and analysis will be the responsibility of MCBHB for all MCBHB related goals. Wellness Navigators will enter data on clients served into MCBHB’s Avatar System.

6. Who are the partners involved in program implementation?

Community mental health clinics operated by 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 who are accessing community mental health clinics operated by MCBHB.
- All clients are referred and monitored by MCBHB.

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.**

The Bienestar program is operated by MCBHB; Interim only provides the Wellness Navigators. Wellness Navigators are provided office space in Bienestar clinics.

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.

PROGRAM FIFTEEN:

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

18a. Peer Partners for Health (PPH); and,

18b. Transportation Coaching Project (TCP)

(PPH and TCP programs are suspended until January 2021 or until a mutually agreed upon start date with MCBH. This service is only budgeted for 6 months of operation in FY 20/21.)

2. **Program Description:**

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

Limitation of Service: Clients referred by MCBHB

Target # of Consumers: 70 in PPH & 80 in Transportation Coaching

Wellness Navigation - Peer Partners for Health (PPH) 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. This program is also the primary partner with MCBHB to implement the "Transportation Coaching by Wellness Navigators" MHSA Innovation Project.

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" Project ("Project") will be provided in collaboration with MCBHB:

- Identify or develop appropriate Transportation Coaching Lesson Plans and/or activities for Wellness Navigators to provide to Project 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 project 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 Project, or when participants voluntary discharge from the Project.

- 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 Project.
- 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 Project. At the close of the Project, provide these documents to the County MHSA Innovation Coordinator.

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.

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.

18a. Peer Partners for Health Goals:

Goal	Measurement & Data Source
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"> Measured by survey results from the Recovery Assessment Scale (RAS).
2. 80% of consumers surveyed will report satisfaction with the quality of services.	<ul style="list-style-type: none"> Measured by client self-report via "Consumer Satisfaction" survey instrument at exit.
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"> Tracking of resources provided, such as development of a WRAP, linkage to SEES, OMNI, NA/AA, etc.

18b. 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"> Data collected in each Transportation Needs Assessment.

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, Program Coordinator 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 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 during FY 2019-20 is estimated to be 80.

PROGRAM SIXTEEN:

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

2. **Program Description:**

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

	<ul style="list-style-type: none"> • Data source: EMR/Avatar
2. 75% of consumers served during the FY will not experience incarceration, while in the program.	<ul style="list-style-type: none"> • 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. • Data source: EMR/Avatar

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.

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.

For programs funded with MHSA Prevention & Early Intervention (PEI) and Innovation (INN) funds, MCBH 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, Prevention Manager, and Innovations Coordinator 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 and INN Programs Evaluation processes, these required program data and outcome reporting requirements may be revised to assure compliance with State PEI and INN regulations. COUNTY will inform CONTRACTOR of all revisions to reporting requirements in writing.

DESIGNATED CONTRACT MONITOR:

Michael Lisman, L.C.S.W.

Deputy Director, Adult Services

Behavioral Health Administration

1270 Natividad Road

Salinas, CA 93906

831-755-4708

LismanM@co.monterey.ca.us

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EXHIBIT B-7
PAYMENT AND BILLING PROVISIONS

I. PAYMENT TYPES

Provisional Rates and Cash Flow Advances (CFA).

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-7 is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

III. PAYMENT RATE

A. PROVISIONAL RATE: COUNTY MAXIMUM REIMBURSEMENT (CMA)

Case Management 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-7.

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The following program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$52,582,099** for **FY 2016-17 through FY 2020-21** as follows:

Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2016-17 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2016-17
1	Adult Crisis Residential	5	40-49	4,553	\$ 374.07	\$ 1,703,120
2	Bridge House: Residential	5	65-79	4,374	\$ 187.28	\$ 819,158
3	Bridge House: Day Rehab.	10	95-99	2,746	\$ 130.20	\$ 357,522
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	54,903	CM MHS \$ 3.45	\$ 189,308
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	94,514	CM MHS \$ 3.45	\$ 325,889
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	95,806	CM MHS \$ 3.45	\$ 330,344
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	207,413	CM MHS \$ 3.45	\$ 715,173
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,716	CM MHS \$ 3.45	\$ 464,508
Estimated Total FY 2016-17 for Programs # 7 - 11:						\$ 2,025,222
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	281,201	CM MHS \$ 3.45	\$ 969,596
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	112,662	CM MHS \$ 3.45	\$ 388,463
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	215,004	CM MHS \$ 3.45	\$ 741,344
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	42,120	CM MHS \$ 3.45	\$ 145,231
Estimated Total FY 2016-17 for Programs # 4, 5, 6 & 13						\$ 2,244,634
19	Intensive Day Treatment	10	85-89	2,100	\$ 245.86	\$ 516,308
Estimated Total FY 2016-17 for the above listed program:						\$ 516,308
Total FY 2016-17						\$ 7,665,964

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2017-18 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2017-18
1	Adult Crisis Residential	5	40-49	4,653	\$ 381.27	\$ 1,774,049
1	Adult Crisis Residential (Monterey)	5	40-49	390	\$ 381.27	\$ 148,695
2	Bridge House: Residential (Medi-Cal)	5	65-79	3,563	\$ 207.77	\$ 740,285
	Bridge House: Residential (Non-Medi-Cal)	5	65-79	1,095	\$ 207.77	\$ 227,508
	Subtotal Bridge House Residential			4,658	\$ 207.77	\$ 967,793
3	Bridge House: Day Rehab.	10	95-99	3,146	\$ 154.70	\$ 486,686
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	62,022	CM MHS \$ 3.56	\$ 220,798
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	99,704	CM MHS \$ 3.56	\$ 354,946
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	97,316	CM MHS \$ 3.56	\$ 346,445
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	210,296	CM MHS \$ 3.56	\$ 748,654
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,442	CM MHS \$ 3.56	\$ 478,614
	Estimated Total FY 2017-18 for Programs # 7 - 11:					\$ 2,149,457
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	233,123	CM MHS \$ 3.56	\$ 829,918
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	121,846	CM MHS \$ 3.56	\$ 433,772
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	231,854	CM MHS \$ 3.56	\$ 825,400
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	46,215	CM MHS \$ 3.56	\$ 164,525
	Estimated Total FY 2017-18 for Programs # 4, 5, 6 & 13					\$ 2,253,615
19	Intensive Day Treatment	10	85-89	2,500	\$ 215.31	\$ 538,275
	Estimated Total FY 2017-18 for the above listed program:					\$ 538,275
	Total FY 2017-18					\$ 8,318,570

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2018-19 Units Of Service (est)	CMA Rate per Unit of Service (\$)		Estimated Total FY 2018-19
1	Adult Crisis Residential	5	40-49	7,949	\$	426.06	\$ 3,386,717
2	Bridge House: Residential	5	65-79	4,599	\$	242.30	\$ 1,114,326
3	Bridge House: Day Rehab.	10	95-99	4,200	\$	161.94	\$ 680,162
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	52,726	CM MHS	\$ 3.82	\$ 201,414
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	91,608	CM MHS	\$ 3.82	\$ 349,944
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	92,948	CM MHS	\$ 3.82	\$ 355,062
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	300,537	CM MHS	\$ 3.82	\$ 1,148,050
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	125,874	CM MHS	\$ 3.82	\$ 480,838
21	ACT Welcoming and Engagement Team	15	01-09 10-19 & 30-59	38,974	CM MHS	\$ 3.82	\$ 148,882
21	ACT Psychiatrist/Nurse	15	60	16,091	MS	\$ 10.00	\$ 160,914
Estimated Total FY 2018-19 for Programs # 7 - 11 & 21:							\$ 2,845,104
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	250,940	CM MHS	\$ 3.82	\$ 958,591
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	120,778	CM MHS	\$ 3.82	\$ 461,373
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	206,616	CM MHS	\$ 3.82	\$ 789,274
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	44,674	CM MHS	\$ 3.82	\$ 170,654
22	Medication Support Services	15	60	61,233	MS	\$ 10.00	\$ 612,328
Estimated Total FY 2018-19 for Programs # 4, 5, 6, 13 & 22:							\$ 2,992,220
19	Intensive Day Treatment	10	85-89	2,640	\$	239.87	\$ 633,260
Estimated Total FY 2018-19 for the above listed program:							\$ 633,260
Total FY 2018-19							\$ 11,651,790

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2019-20 Units Of Service (est)	CMA Rate per Unit of Service (\$)		Estimated Total FY 2019-20
1	Adult Crisis Residential	5	40-49	7,884	\$	421.67	\$ 3,324,578
2	Bridge House: Residential	5	65-79	4,599	\$	241.69	\$ 1,111,464
3	Bridge House: Day Rehab.	10	95-99	3,491	\$	174.50	\$ 609,180
7	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	56,004	CM MHS	\$ 3.94	\$ 220,656
8	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	92,340	CM MHS	\$ 3.94	\$ 363,820
9	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	93,334	CM MHS	\$ 3.94	\$ 367,736
10	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	330,009	CM MHS	\$ 3.94	\$ 1,300,236
11	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	134,912	CM MHS	\$ 3.94	\$ 531,552
21	ACT Welcoming and Engagement Team	15	01-09 10-19 & 30-59	100,984	CM MHS	\$ 3.94	\$ 397,876
21	ACT Team Crisis Intervention	15	70	2,280	Crisis	\$ 10.00	\$ 22,800
21	ACT Psychiatrist/Nurse	15	60	35,655	MS	\$ 10.00	\$ 356,554
Estimated Total FY 2019-20 for Programs # 7 - 11 & 21:							\$ 3,561,229
4	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	272,130	CM MHS	\$ 3.94	\$ 1,072,194
5	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	106,552	CM MHS	\$ 3.94	\$ 419,814
6	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	204,496	CM MHS	\$ 3.94	\$ 805,714
13	SEES - CM & MHS	15	01-09 10-19 & 30-59	43,746	CM MHS	\$ 3.94	\$ 172,358
22	Medication Support Services	15	60	61,233	MS	\$ 10.00	\$ 612,328
Estimated Total FY 2019-20 for Programs # 4, 5, 6, 13 & 22							\$ 3,082,408
19	Intensive Day Treatment	10	85-89	1,967	\$	260.06	\$ 511,538
23	Community Response	15	01-09 10-19 & 30-59	75,805	CM MHS	\$ 3.94	\$ 298,672
Estimated Total FY 2019-20 for Programs # 19 & 23							\$ 810,210
Total FY 2019-20							\$ 12,499,070

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Program # in Exhibit A	Service Description	Mode of Service	Service Function Code	FY 2020-21 Units Of Service (est)	CMA Rate per Unit of Service (\$)	Estimated Total FY 2020-21
1	Adult Crisis Residential	5	40-49	7,884	\$ 427.64	\$ 3,371,390
2	Bridge House: Residential	5	65-79	4,701	\$ 283.75	\$ 1,333,920
Estimated Total FY 2020-21 for Programs # 1 & 2:						\$ 4,705,310
6	Rockrose Gardens - CM & MHS	15	01-09 10-19 & 30-59	65,676	CM MHS	\$ 3.94 \$ 258,764
7	Lupine Gardens - CM & MHS	15	01-09 10-19 & 30-59	91,917	CM MHS	\$ 3.94 \$ 362,154
8	Sunflower Gardens - CM & MHS	15	01-09 10-19 & 30-59	95,563	CM MHS	\$ 3.94 \$ 376,520
8	Sunflower Gardens - Medication Support	15	60	5,871	MS	\$ 8.00 \$ 46,968
9	MCHOME - CM & MHS	15	01-09 10-19 & 30-59	358,257	CM MHS	\$ 3.94 \$ 1,411,534
9	MCHOME - Medication Support	15	60	17,613	MS	\$ 8.00 \$ 140,903
10	Dual Recovery - CM & MHS	15	01-09 10-19 & 30-59	137,135	CM MHS	\$ 3.94 \$ 540,310
13	OMNI Resource Center: Wellness Recovery for Adults	15	01-09 10-19 & 30-59	39,122	CM MHS	\$ 3.94 \$ 154,140
15	Peer Support - Wellness Navigation	15	01-09 10-19 & 30-59	16,699	CM MHS	\$ 3.94 \$ 65,794
16	ACT Welcoming and Engagement Team	15	01-09 10-19 & 30-59	193,978	CM MHS	\$ 3.94 \$ 764,272
16	ACT Team Medication Support	15	60	38,428	Crisis	\$ 8.00 \$ 307,422
Estimated Total FY 2020-21 for Programs # 6-10, 13, 15-16:						\$ 4,428,780
1	Manzanitas - Medication Support	15	60	90,098	MS	\$ 8.00 \$ 720,786
3	Community Housing - CM & MHS	15	01-09 10-19 & 30-59	312,686	CM MHS	\$ 3.94 \$ 1,231,982
4	Sandy Shores - CM & MHS	15	01-09 10-19 & 30-59	109,114	CM MHS	\$ 3.94 \$ 429,910
5	Shelter Cove - CM & MHS	15	01-09 10-19 & 30-59	213,127	CM MHS	\$ 3.94 \$ 839,720
14	Beinestar	15	01-09 10-19 & 30-59	22,897	CM MHS	\$ 3.94 \$ 90,216
Estimated Total FY 2020-21 for Programs # 1,3-5 & 14						\$ 3,312,614
Total FY 2020-21						\$ 12,446,705

A. CASH FLOW ADVANCE

Board & Care and other housing supports, dual recovery, homeless outreach, and peer-led wellness and recovery programs that provide non-Medi-Cal billable services shall be paid as Cash Flow Advances for a total maximum of **\$17,497,364** for **FY 2016-17 through FY 2020-21** as follows:

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Program # in Exhibit A	Cash Flow Advance Services FY 2016-17	FY 2016-17 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 95,105
2	Bridge House: Board & Care	\$ 78,119
4	Community Housing: Housing	\$ 200,535
5	Sandy Shores: Housing	\$ 124,709
6	Shelter Cove: Housing	\$ 253,449
10	McHome: Non-Medi-Cal/MHSA	\$ 440,074
10	McHome: Non-Medi-Cal/PATH Grant	\$ 95,497
11	Dual Recovery Services	\$ 37,762
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,276
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 24,572
14	Supported Education Services/WET: Non-Medi-Cal	\$ 221,948
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 546,132
16	Peer Health Navigation & Advocacy: Success Over Stigma	\$ 75,355
17	Peer Health Navigation & Advocacy: Bienestar	\$ 73,702
18	Peer Support - Wellness Navigation & Peer Partners for Health	\$ 256,216
19	Day Treatment Intensive	\$ 20,000
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
	TOTAL FY 2016-17	\$ 2,782,768

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Program # in Exhibit A	Cash Flow Advance Services FY 2017-18	FY 2017-18 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 95,625
1	Manzanita Monterey Adult Crisis: Board & Care	\$ 265,995
2	Bridge House: Board & Care	\$ 77,039
4	Community Housing: Housing	\$ 299,052
5	Sandy Shores: Housing	\$ 47,112
6	Shelter Cove: Housing	\$ 278,073
10	McHome: Non-Medi-Cal/MHSA	\$ 442,250
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,032
11	Dual Recovery Services	\$ 55,716
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 30,335
14	Supported Education Services/WET: Non-Medi-Cal	\$ 241,522
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 590,789
16	Peer Health Navigation & Advocacy: Success Over Stigma	\$ 111,419
17	Peer Health Navigation & Advocacy: Bienestar	\$ 90,610
18	Peer Support - Wellness Navigation	\$ 147,853
19	Day Treatment Intensive	\$ 22,759
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
	TOTAL FY 2017-18	\$ 3,131,777

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Program # in Exhibit A	Cash Flow Advance Services FY 2018-19	FY 2018-19 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 204,280
2	Bridge House: Board & Care	\$ 77,039
3	Bridge - Day Rehabilitation	\$ 10,000
4	Community Housing: Housing	\$ 294,378
5	Sandy Shores: Housing	\$ 82,845
6	Shelter Cove: Housing	\$ 374,528
6	Shelter Cove: HMIOT Funds	\$ 300,000
10	McHome: Non-Medi-Cal/MHSA	\$ 440,890
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,278
10	McHOME: Non-Medi-Cal/HMIOT Funds	\$ 152,687
11	Dual Recovery Services	\$ 64,785
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 24,153
14	Supported Education Services/WET: Non-Medi-Cal	\$ 246,307
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 602,466
16	Success Over Stigma	\$ 122,910
17	Bienestar	\$ 83,091
18	Peer Partners for Health: MHSA/CSS	\$ 177,568
18	Peer Partners for Health: MHSA/Innovations	\$ 173,167
19	Day Treatment Intensive	\$ 22,759
20	Chinatown Community Learning Center with CSUMB	\$ 146,317
21	ACT Welcoming and Engagement Team	\$ 275,421
	TOTAL FY 2018-19	\$ 4,065,149

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Program # in Exhibit A	Cash Flow Advance Services FY 2019-20	FY 2019-20 Amount
	Service Description	
1	Manzanita Adult Crisis: Board & Care	\$ 237,010
2	Bridge House: Board & Care	\$ 90,802
3	Bridge - Day Rehabilitation	\$ 10,014
4	Community Housing: Housing	\$ 274,007
5	Sandy Shores: Housing	\$ 128,024
6	Shelter Cove: Housing	\$ 371,049
6	Shelter Cove: HMIOT Funds	\$ 100,000
10	McHome: Non-Medi-Cal/MHSA	\$ 462,243
10	McHome: Non-Medi-Cal/PATH Grant	\$ 96,295
10	McHOME: Non-Medi-Cal/HMIOT Funds	\$ 319,816
11	Dual Recovery Services	\$ 64,785
12	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
12	SAMHSA Support – Dual Diagnosis/MHSA	\$ 17,748
14	Supported Education Services/WET: Non-Medi-Cal	\$ 239,482
15	OMNI Resource Center: Wellness Recovery for Adults	\$ 668,782
16	Success Over Stigma	\$ 142,398
17	Bienestar	\$ 90,641
18	Peer Partners for Health: MHSA/CSS	\$ 151,669
18	Peer Partners for Health: MHSA/Innovations	\$ 303,806
19	Day Treatment Intensive	\$ 23,565
20	Chinatown Community Learning Center with CSUMB	\$ 151,365
21	ACT Welcoming and Engagement Team	\$ 336,557
	TOTAL FY 2019-20	\$ 4,373,337

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Program # in Exhibit A	Cash Flow Advance Services FY 2020-21	FY 2020-21 Amount
	Service Description	
1	Manzanitas Adult Crisis Residential: Board & Care	\$ 243,178
2	Bridge House Adult Residential: Board & Care	\$ 90,901
3	Community Housing: Housing	\$ 257,727
4	Sandy Shores: Housing	\$ 147,859
5	Shelter Cove: Housing	\$ 295,853
9	McHome: Outreach & Engagement/MHSA	\$ 546,943
9	McHome:Outreach & Engagement/PATH Grant	\$ 96,479
10	Dual Recovery Services	\$ 64,785
11	SAMHSA Support – Dual Diagnosis/SAMHSA Grant	\$ 93,279
11	SAMHSA Support – Dual Diagnosis/MHSA	\$ 36,651
12	Workforce Education & Training	\$ 163,668
13	OMNI Resource Center: Wellness Recovery for Adults	\$ 576,868
15	Wellness Navigation: Peer Partners for Health (MHSA/CSS)	\$ 58,386
15	Wellness Navigation: Transportation Coaching MHSA/INN)	\$ 254,630
16	ACT Welcoming and Engagement Team	\$ 217,126
	TOTAL FY 2020-21	\$ 3,144,333

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-7, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B-7, 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-7, 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-7, 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 **\$ 70,079,464** for services rendered under this Agreement.

B. Maximum Annual Liability:

Payment Rate	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	Total for 5-Year Term
Provisional	\$ 7,665,964	\$ 8,318,570	\$ 11,651,790	\$ 12,499,070	\$ 12,446,705	\$ 52,582,099
Cash Flow Advance	\$ 2,782,768	\$ 3,131,777	\$ 4,065,149	\$ 4,373,337	\$ 3,144,333	\$ 17,497,364
Annual Total	\$ 10,448,732	\$ 11,450,347	\$ 15,716,940	\$ 16,872,407	\$ 15,591,038	\$ 70,079,464
AGREEMENT TOTAL MAXIMUM COUNTY LIABILITY						

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-7. Only the costs listed in Exhibit H-7 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-7, 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-7, 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.”

(The remainder of this page is intentionally left blank)

INTERIM INC - FY 2020-21-Amendment No. 7											
# in EXHIBIT A-7	Program	Mode of Service	SFC	Rate	Realignment	SAMHSA	FFP/Medical	PATH	MHSA	Innovations	MAXIMUM TOTAL FUNDING FY 2020-21
1	Manzanitas - Adult Crisis Residential	05	40-49	Provisional	1,685,695	-	1,685,695	-	-	-	3,371,390
2	Bridge - Adult Residential	05	65-79	Provisional	666,960	-	666,960	-	-	-	1,333,920
	Sub-Total Residential Programs				2,352,655	-	2,352,655	-	-	-	4,705,310
6	Rockrose - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	129,382	-	129,382	-	258,764
7	Lupine - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	181,077	-	181,077	-	362,154
8	Sunflower - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	188,260	-	188,260	-	376,520
8	Sunflower Medication Support Services	15	60	Provisional	-	-	23,484	-	23,484	-	46,968
9	McHome - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	705,768	-	705,766	-	1,411,534
9	McHome Medication Support Services	15	60	Provisional	-	-	70,451	-	70,452	-	140,903
10	Dual Recovery - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	270,155	-	270,155	-	540,310
13	Adult Wellness Recovery Center - OMNI	15	01-09 / 10-19	Provisional	-	-	77,070	-	77,070	-	154,140
15	Peer Support - Wellness Navigators	15	01-09 / 10-19	Provisional	-	-	32,897	-	32,897	-	65,794
16	ACT Team - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	-	-	382,136	-	382,136	-	764,272
16	ACT Medication Support Services	15	60	Provisional	-	-	153,711	-	153,711	-	307,422
	Sub-Total MHSA Funded Programs				-	-	2,214,391	-	2,214,390	-	4,428,781
1	Manzanitas - Medication Support Services	15	60	Provisional	360,393	-	360,393	-	-	-	720,786
3	Community Housing - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	615,991	-	615,991	-	-	-	1,231,982
4	Sandy Shores - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	214,955	-	214,955	-	-	-	429,910
5	Sheller Cove - Case Mgmt/Mental Health Svcs	15	01-09 / 10-19	Provisional	419,860	-	419,860	-	-	-	839,720
14	Bienestar	15	01-09 / 10-19	Provisional	45,108	-	45,108	-	-	-	90,216
	Sub-Total Realignment Funded Programs				1,295,914	-	1,295,914	-	-	-	3,312,614
	Sub-Total ALL PROVISIONAL RATE Programs				3,648,569	-	5,862,960	-	2,214,390	-	12,446,705
1	Manzanitas - Adult Crisis Residential	60	40-49	Fixed Rate	243,178	-	-	-	-	-	243,178
2	Bridge - Adult Residential	60	40-49	Fixed Rate	90,901	-	-	-	-	-	90,901
3	Community Housing	60	70	Fixed Rate	257,727	-	-	-	-	-	257,727
4	Sandy Shores - Housing	60	70	Fixed Rate	147,859	-	-	-	-	-	147,859
5	Sheller Cove - Housing	60	70	Fixed Rate	295,853	-	-	-	-	-	295,853
9	McHome - Outreach	60	70	Fixed Rate	-	-	-	96,479	546,943	-	643,422
10	Dual Recovery Services	60	70	Fixed Rate	-	-	-	-	64,785	-	64,785
11	Outreach & Aftercare Services (SAMHSA Support)	60	78	Fixed Rate	-	93,279	-	-	36,651	-	129,930
12	Workforce Ed & Training (WET)	60	70	Fixed Rate	163,668	-	-	-	-	-	163,668
13	Adult Wellness Recovery Center - OMNI	60	70	Fixed Rate	-	-	-	-	576,868	-	576,868
15	Peer Support - Wellness Navigators	60	70	Fixed Rate	-	-	-	-	58,386	254,630	313,016
16	ACT Team	60	70	Fixed Rate	-	-	-	-	217,126	-	217,126
	Sub-Total CASH FLOW ADVANCE Programs				1,199,186	93,279	-	96,479	1,500,759	254,630	3,144,333
GRAND TOTAL FY 2020-21 BY FUNDING SOURCE					4,847,755	93,279	5,862,960	96,479	3,715,149	254,630	15,591,038
Percentage of Total By Funding Source					31%	1%	38%	1%	24%	2%	

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

*Mental Health Services Agreement #A-13221
Interim Inc.
Amendment No. 7 FY 2020-21*

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc.		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	(Check if Yes)
Fax No.:	(831) 647-9136	
Contract Term:	July 1, 2016 - June 30, 2021	
Final Invoice:		

BH Division:	Mental Health Services	BH Control Number
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Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Manzanita Adult Crisis Res. (Salinas and Monterey sites)	5	141/40-49	\$427.64	7,884				3,371,390	-	-	-	3,371,390	7,884
Bridge House Transitional Residential	5	161/65-79	\$283.75	4,701				1,333,920	-	-	-	1,333,920	4,701
TOTALS				12,585				4,705,310	-	-	-	4,705,310	12,585

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 214
Behavioral Health Authorization for Payment			
Authorized Signatory			
Date			

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

County PO No.:

Invoice Period:

Final Invoice: (Check if Yes)

Contractor: Interim, Inc. - Manzanitas - Medication Support 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, 2016 - June 30, 2021

BH Division: Mental Health Services

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY 2020-21 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	\$8.00	90,098	0	0	0	\$720,786			\$0.00	\$720,786	90,098
TOTALS				90,098	0	0	0			0.00	0.00	\$720,786	90,098

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 214

Send to: MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement 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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Community Housing - Case Management	15	301	\$3.94	312,686			0	\$1,231,982			\$0.00	\$1,231,982	312,686
Community Housing - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				312,686	0	0	0	\$1,231,982		0.00	0.00	\$1,231,982	312,686

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

Send to:

MCHDBHFinance@co.monterey.ca.gov

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Contractor:	Interim, Inc. - Sandy Shores	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	Final Invoice:	(Check if Yes)
Fax No.:	(831) 647-9136		
Contract Term:	July 1, 2016 - June 30, 2021		

BH Division:	Mental Health Services	BH Control Number	
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Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	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	\$3.94	109,114			0	\$429,910			\$0.00	\$429,910	109,114
Sandy Shores - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				109,114	0	0	0	\$429,910		0.00	0.00	\$429,910	109,114

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

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

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Shelter Cove

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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	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	\$3.94	213,127			0	\$839,720			\$0.00	\$839,720	213,127
Shelter Cove - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				213,127	0	0	0	\$839,720		0.00	0.00	\$839,720	213,127

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

Send to: MCHDBHFinance@co.monterey.

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

County PO No.:

Invoice Period:

Final Invoice: (Check if Yes)

Contractor:

Address Line 1

Address Line 2

Tel. No.:

Fax No.:

Contract Term:

BH Division:

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Rockrose - Case Management	15	301	\$3.94	65,676			0	\$258,764			\$0.00	\$258,764	65,676
Rockrose - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				65,676	0	0	0	\$258,764		0.00	0.00	\$258,764	65,676

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: 831.649.4522 ext 214

Telephone:

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

Behavioral Health Authorization for Payment

Authorized Signatory Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

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

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, 2016 - June 30, 2021

BH Division: Mental Health Services BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Lupine - Case Management	15	301	\$3.94	91,917			0	\$362,154			\$0.00	\$362,154	91,917
Lupine - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				91,917	0	0	0	\$362,154		0.00	0.00	\$362,154	91,917

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

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

Behavioral Health Authorization for Payment

Authorized Signatory Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Contractor: Interim, Inc. - Sunflower Gardens

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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total FY Annual Contract Amount FY 2020-21	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	\$3.94	95,563			0	\$376,520			\$0.00	\$376,520	95,563
Sunflower - Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
Medication Support		60	\$8.00	5,871	0	0	0	\$46,968				\$46,968	5,871
TOTALS				101,434	0	0	0	\$423,488		0.00	0.00	\$423,488	101,434

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 214

Send to: MCHDBHFinance@co.monterey.

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number: _____

County PO No.: _____

Invoice Period: _____

Final Invoice: _____ (Check if Yes)

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, 2016 - June 30, 2021

BH Division: Mental Health Services

BH Control Number _____

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
McHome - Case Management	15	301	\$3.94	358,257			0	\$1,411,534			\$0.00	\$1,411,534	358,257
McHome- Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
Medication Support		60	\$8.00	17,613				\$140,903				\$140,903	17,613
TOTALS				375,870	0	0	0	\$1,552,437		0.00	0.00	\$1,552,437	375,870

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

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

Behavioral Health Authorization for Payment

Authorized Signatory _____ Date _____

EXHIBIT G-7: Behavioral Health Cost Reimbursement 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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Dual Recovery - Case Management	15	301	\$3.94	137,135			0	\$540,310			\$0.00	\$540,310	137,135
Dual Recovery - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				137,135	0	0	0	\$540,310		0.00	0.00	\$540,310	137,135

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

Grants & Contracts Manager

Title:

Date:

Telephone: 831.649.4522 ext 214

Send to: MCHDBHFinance@co.monterey.

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7 Behavioral Health Cost Reimbursement Invoice

Invoice Number:

County PO No.:

Invoice Period:

Final Invoice: (Check if Yes)

Contractor: Interim, Inc. - Bienestar

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, 2016 - June 30, 2021

BH Division: Mental Health Services

BH Control Number

Service Description	Mode of Service	Service Function Code	Rate per Unit	Total Contracted UOS FY 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
Bienestar - Case Management	15	301	\$3.94	22,897			0	\$90,216			\$0.00	\$90,216	22,897
Bienestar- Mental Health Services	15												
Collateral		311	\$3.94										
Assessment		331	\$3.94										
Individual Therapy		341	\$3.94										
Group Counseling		351	\$3.94										
Mental Health Rehab.		384	\$3.94										
Plan Development		391	\$3.94										
TOTALS				22,897	0	0	0	\$90,216		0.00	0.00	\$90,216	22,897

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

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

Behavioral Health Authorization for Payment

Authorized Signatory Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

Contractor: Interim, Inc. - OMNI Adult Wellness Center

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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	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	\$3.94	39,122			0	\$154,140			\$0.00	\$154,140	39,122
OMNI- Mental Health Services Collateral	15												
Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				39,122	0	0	0	\$154,140		0.00	0.00	\$154,140	39,122

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

Send to:

MCHDBHFinance@co.monterey.ca.gov

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

Contractor: Interim, Inc. - Wellness Navigation (Peer Partners for Health & Transportation Coaching)

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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	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 Support - Case Management	15	301	\$3.94	16,699			0	\$65,794			\$0.00	\$65,794	16,699
Peer Support - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
		391	\$3.94										
TOTALS				16,699	0	0	0	\$65,794		0.00	0.00	\$65,794	16,699

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

Send to:

MCHDBHFinance@co.monterey

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

Invoice Number:

Contractor: Interim, Inc. - 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, 2016 - June 30, 2021

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 2020-21	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	Total Annual Contract Amount FY 2020-21	Dollar Amount Requested this Period	Total Dollars Delivered as of Last Period	Dollar Amount Requested to Date	Dollar Amount Remaining	Remaining UOS To Date
ACT Team - Case Management	15	301	\$3.94	193,978			0	\$764,272			\$0.00	\$764,272	193,978
ACT Team - Mental Health Services	15												
Collateral Assessment		311	\$3.94										
Individual Therapy		331	\$3.94										
Group Counseling		341	\$3.94										
Mental Health Rehab.		351	\$3.94										
Plan Development		384	\$3.94										
ACT - Medication Support		391	\$3.94										
TOTALS	15	60	\$8.00	38,428	0	0	0	\$307,422		0.00	0.00	\$307,422	38,428
				232,405				\$1,071,694				\$1,071,694	232,405

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

Send to:

MCHDBHFinance@co.monterey.ca.gov

Behavioral Health Authorization for Payment

Authorized Signatory

Date

EXHIBIT G-7: Behavioral Health Cost Reimbursement Invoice

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, 2016 to June 30, 2021

County PO No.:

Invoice Period:

Final Invoice: (Check if Yes)

BH Division: Mental Health Services

Service Description	Mode of Service	Service Function Code	Total Annual Contract Amount FY 2020-21	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	\$ 243,178			-	\$ 243,178
2. Bridge House-Adult Residential: Board & Care	60	40-49	\$ 90,901			-	\$ 90,901
3. Community Housing: Housing	60	70	\$ 257,727			-	\$ 257,727
4. Sandy Shores: Housing	60	70	\$ 147,859			-	\$ 147,859
5. Shelter Cove: Housing	60	70	\$ 295,853			-	\$ 295,853
9. McHome: Outreach/MHSA	60	70	\$ 546,943			-	\$ 546,943
9. McHome: Non-Medi-Cal/PATH Grant	60	70	\$ 96,479			-	\$ 96,479
10. Dual Recovery Services	60	70	\$ 64,785			-	\$ 64,785
11. Outreach & Aftercare – Dual Diagnosis /SAMHSA Grant	60	78	\$ 93,279			-	\$ 93,279
11. Outreach & Aftercare – Dual Diagnosis/MHSA	60	70	\$ 36,651			-	\$ 36,651
12. Workforce Education & Training	60	70	\$ 163,668			-	\$ 163,668
13. OMNI_Adult Wellness Center	60	70	\$ 576,868			-	\$ 576,868
15. Peer Partners: Wellness Navigators MHSA/CSS	60	70	\$ 58,386			-	\$ 58,386
15. Peer Partners: Transportation Coaching MHSA/Innovations	60	70	\$ 254,630			-	\$ 254,630
16. ACT Team	60	70	\$ 217,126	\$0.00	0.00	-	\$ 217,126
Total Cash Flow Advance			\$ 3,144,333	\$ -	\$ -	\$ -	\$ 3,144,333

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 214

Behavioral Health Authorization for Payment

Send to:

MCHDBHFinance@co.monterey.ca.us

Authorized Signatory

Date

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2020-2021

Program Name: Interim, Inc. Summary - All Programs

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 1,898,605	\$ 6,249,535	\$ 2,046,089	\$ (4,203,446)
Realignment	1,898,605	1,968,453	2,046,089	77,636
MHSA	-	1,690,089	-	(1,690,089)
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	204,280	237,010	243,176	6,166
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 4,001,489	\$ 10,145,087	\$ 4,335,354	\$ (5,809,733)
Other Program Revenues	206,450	161,928	176,928	15,000
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 4,207,939	\$ 10,307,015	\$ 4,512,282	\$ (5,794,733)

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

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

	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	2,254,658	9,331,435	2,582,349	(6,749,086)
2	Payroll taxes	170,750	724,325	189,323	(535,002)
3	Employee benefits	293,603	1,256,420	360,386	(896,034)
4	Workers Compensation	81,220	426,311	92,737	(333,574)
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	5,247	16,892	-	(16,892)
7	Flexible Client Spending (please provide supporting documents)	71,001	533,411	106,848	(426,563)
8	Travel (costs incurred to carry out the program)	22,338	117,525	12,699	(104,826)
9	Employee Travel and Conference	-	99,965	19,333	(80,632)
10	Communication Costs	20,911	139,828	34,300	(105,528)
11	Utilities	49,745	281,937	77,532	(204,405)
12	Cleaning and Janitorial	27,552	131,672	46,600	(85,072)
13	Maintenance and Repairs - Buildings	29,456	274,996	64,582	(210,414)
14	Maintenance and Repairs - Equipment	1,901	-	-	-
15	Printing and Publications	3,481	35,819	3,947	(31,872)
16	Memberships, Subscriptions and Dues	5,962	49,903	10,074	(39,829)
17	Office Supplies	56,133	216,709	39,947	(176,762)
18	Postage and Mailing	227	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	22,230	208,652	18,807	(189,845)
21	Rent and Leases - equipment	-	34,261	-	(34,261)
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	423,123	-	(423,123)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	667	3,924	984	(2,940)

EXHIBIT H-7

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	1,066	70,920	1,000	(69,920)
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	181,225	515,959	75,616	(440,343)
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,948	50,468	18,852	(31,616)
27 Miscellaneous (please provide details)	-	-	-	-
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	110,672	763,077	128,621	(634,456)
29 Total Mode Costs	\$ 3,416,993	\$ 15,707,532	\$ 3,884,537	\$ (11,822,995)
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	393,160	1,686,681	440,852	(1,245,829)
31 Supplies	120,287	403,709	108,864	(294,845)
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	279	-	(279)
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	13,840	44,979	12,018	(32,961)
34 Total Administrative Costs	\$ 527,287	\$ 2,135,648	\$ 561,734	\$ (1,573,914)
35 TOTAL DIRECT COSTS	\$ 3,944,280	\$ 17,843,180	\$ 4,446,271	\$ (13,396,909)

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.

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
INDIRECT COSTS				
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	22,735	194,631	53,347	(141,284)
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)	24,729	-	-	-
50 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51 Data Processing	-	-	-	-
52 Personnel Administration	-	-	-	-
53 Medical Records	-	-	-	-
54 Other Professional and Specialized Services	9,116	6,337	-	(6,337)
55 Transportation and Travel	-	-	-	-
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	5,165	35,008	12,664	(22,344)
57 Total Indirect costs	\$ 61,745	\$ 235,976	\$ 66,011	\$ (169,965)
63 Total Allowable Costs	\$ 4,006,025	\$ 18,079,156	\$ 4,512,282	\$ (13,566,874)
COST REPORT INFORMATION:				
	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Total Salaries and Wages				

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Manzanita House - Crisis Residential

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 1,640,807	\$ 1,662,289	\$ 1,685,696	\$ 23,407
Realignment	1,640,807	1,662,289	1,685,696	23,407
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances				
Realignment	204,280	237,010	243,176	6,166
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 3,485,894	\$ 3,561,588	\$ 3,614,568	\$ 52,980
Other Program Revenues	206,450	161,928	176,928	15,000
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 3,692,344	3,723,516	\$ 3,791,496	\$ 67,980

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 2,147,955	\$ 2,159,208	\$ 2,178,916	19,708
2 Payroll taxes	162,587	166,714	164,155	(2,559)
3 Employee benefits	288,270	321,426	333,458	12,032
4 Workers Compensation	77,187	107,917	82,181	(25,736)
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	5,247	-	-	-
7 Flexible Client Spending (please provide supporting documents)	71,001	98,082	106,848	8,766
8 Travel (costs incurred to carry out the program)	21,994	9,500	9,894	394
9 Employee Travel and Conference	-	18,621	19,333	712
10 Communication Costs	20,192	26,620	30,725	4,105
11 Utilities	49,745	53,000	68,955	15,955
12 Cleaning and Janitorial	27,482	35,000	46,600	11,600
13 Maintenance and Repairs - Buildings	29,456	49,000	44,932	(4,068)
14 Maintenance and Repairs - Equipment	1,901	-	-	-
15 Printing and Publications	3,481	5,700	3,945	(1,755)
16 Memberships, Subscriptions and Dues	5,473	9,900	10,074	174
17 Office Supplies	48,186	27,135	30,493	3,358
18 Postage and Mailing	227	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	22,230	26,477	18,587	(7,890)
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)	667	700	984	284
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	1,066	515	1,000	485

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	22,480	25,616	3,136
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	6,948	12,516	13,977	1,461
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	110,672	111,052	101,679	(9,373)
29	Total Mode Costs	\$ 3,101,967	3,261,563.00	3,292,352.00	\$ 30,789
	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	366,944	347,034	370,430	23,396
31	Supplies	112,266	82,682	91,474	8,792
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.)	12,917	9,349	10,098	749
34	Total Administrative Costs	\$ 492,128	\$ 439,065	\$ 472,002	\$ 32,937
35	TOTAL DIRECT COSTS	\$ 3,594,095	\$ 3,700,628	\$ 3,764,354	\$ 63,726
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	13,031	13,789	14,478	689
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)	18,191	-	-	-
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	-	-	-
51	Data Processing	-	-	-	-
52	Personnel Administration	-	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	9,116	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	5,165	9,100	12,664	3,564
57	Total Indirect costs	\$ 45,503	\$ 22,889	\$ 27,142	\$ 4,253
63	Total Allowable Costs	\$ 3,639,598	\$ 3,723,517	\$ 3,791,496	\$ 67,979

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 45,722	0.09	\$ 4,115
Administrative Assistant II-CI	58,440	1.00	58,440
Administrative Assistant II-CI	41,664	1.00	41,664
Behavioral Health Clinician II	70,805	1.00	70,805
Counselor I-B	39,307	1.00	39,307
Counselor I-B	38,242	0.50	19,121
Counselor I-B	38,220	0.50	19,110
Counselor I-B	46,076	0.50	23,038
Counselor I-B	40,402	0.50	20,201

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor I-C	51,291	0.83	42,315	
Counselor I-C	58,064	0.83	47,903	
Counselor I-C	44,648	0.83	36,835	
Counselor I-C	40,295	0.83	33,243	
Counselor I-C	44,362	0.83	36,599	
Counselor I-C	46,130	0.83	38,057	
Counselor I-C	43,356	0.83	35,769	
Counselor I-C	36,983	0.83	30,511	
Counselor II	51,320	1.00	51,320	
Counselor II	47,702	1.00	47,702	
Counselor II	47,233	1.00	47,233	
Counselor II	46,204	1.00	46,204	
Counselor II	46,911	1.00	46,911	
Counselor II	54,693	1.00	54,693	
Counselor II	49,319	1.00	49,319	
Counselor II	43,784	1.00	43,784	
Counselor II	52,340	1.00	52,340	
Counselor II	46,423	1.00	46,616	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Manzanitas - Medication Support

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 257,798	\$ 306,164	\$ 360,393	\$ 54,229
	Realignment	257,798	306,164	360,393	54,229
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 515,595	\$ 612,328	\$ 720,786	\$ 108,458
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 515,595	\$ 612,328	\$ 720,786	\$ 108,458
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	106,703	236,218	403,433	167,215
2	Payroll taxes	8,163	15,589	25,168	9,579
3	Employee benefits	5,333	16,247	26,928	10,681
4	Workers Compensation	4,033	11,835	10,556	(1,279)
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)	344	-	2,805	2,805
9	Employee Travel and Conference	-	-	-	-
10	Communication Costs	719	1,425	3,575	2,150
11	Utilities	-	3,100	8,577	5,477
12	Cleaning and Janitorial	70	-	-	-
13	Maintenance and Repairs - Buildings	-	-	19,650	19,650
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	-	-	2	2
16	Memberships, Subscriptions and Dues	489	-	-	-
17	Office Supplies	7,947	6,600	9,454	2,854
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	1,000	220	(780)
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)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	181,225	236,000	50,000	(186,000)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	2,109	4,875	2,766
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	26,942	26,942
29	Total Mode Costs	\$ 315,026	\$ 530,123	\$ 592,185	\$ 62,062
	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	26,216	57,070	70,422	13,352
31	Supplies	8,021	13,597	17,390	3,793
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.)	923	1,537	1,920	383
34	Total Administrative Costs	\$ 35,159	\$ 72,204	\$ 89,732	\$ 17,528
35	TOTAL DIRECT COSTS	\$ 350,185	\$ 602,327	\$ 681,917	\$ 79,590
<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>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	9,704	10,001	38,869	28,868
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)	6,538	-	-	-
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	Total Indirect costs	\$ 16,242	\$ 10,001	\$ 38,869	\$ 28,868
63	Total Allowable Costs	\$ 366,427	\$ 612,328	\$ 720,786	\$ 108,458

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	Total
Administrative Assistant II	\$ 45,620	0.75	\$ 34,215
Deputy Director	154,753	0.15	23,213
Landscape Assistant	14,600	0.02	292
Licensed Vocational Nurse	68,424	1.00	68,424
NP- Medication Management	400,810	0.20	80,162

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
NP- Medication Management	198,286	0.80	158,629	
NP- Medication Management	192,490	0.20	38,498	
Total Salaries and Wages	\$ 1,074,984		\$ 403,433	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Bridge Residential

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 558,956	\$ 555,732	\$ 666,960	\$ 111,228
	Realignment	558,956	555,732	666,960	111,228
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	77,039	90,801	90,900	99
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 1,194,951	\$ 1,202,265	\$ 1,424,820	\$ 222,555
Other Program Revenues		72,738	70,257	70,257	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 1,267,689	\$ 1,272,522	\$ 1,495,077	\$ 222,555
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	628,875	602,932	720,744	117,812
2	Payroll taxes	48,409	46,832	55,816	8,984
3	Employee benefits	74,121	89,621	107,399	17,778
4	Workers Compensation	21,619	29,653	27,169	(2,484)
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	2,062	-	-	-
7	Flexible Client Spending (please provide supporting documents)	63,423	63,500	68,330	4,830
8	Travel (costs incurred to carry out the program)	12,075	5,950	6,621	671
9	Employee Travel and Conference	-	5,770	5,920	150
10	Communication Costs	11,244	7,690	10,551	2,861
11	Utilities	11,820	20,700	28,057	7,357
12	Cleaning and Janitorial	8,907	18,650	18,650	-
13	Maintenance and Repairs - Buildings	9,351	9,700	11,378	1,678
14	Maintenance and Repairs - Equipment	576	-	-	-
15	Printing and Publications	2,535	2,900	2,933	33
16	Memberships, Subscriptions and Dues	2,119	6,300	6,300	-
17	Office Supplies	10,298	10,000	11,506	1,506
18	Postage and Mailing	39	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	9,859	12,588	18,910	6,322
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)	-	362	412	50

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	18,441	17,600	17,000	(600)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	19,980	14,277	(5,703)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	4,889	4,346	7,509	3,163
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	127,235	135,000	158,033	23,033
29	Total Mode Costs	\$ 1,067,897	\$ 1,110,074	\$ 1,297,515	\$ 187,441
	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	128,792	118,601	146,072	27,471
31	Supplies	39,404	28,257	36,071	7,814
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.)	4,534	3,195	3,982	787
34	Total Administrative Costs	\$ 172,729	\$ 150,053	\$ 186,125	\$ 36,072
35	TOTAL DIRECT COSTS	\$ 1,240,626	\$ 1,260,127	\$ 1,483,640	\$ 223,513
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	7,369	7,795	5,877	(1,918)
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)	3,956	-	-	-
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	12,277	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	3,461	4,600	5,560	960
57	Total Indirect costs	\$ 27,063	\$ 12,395	\$ 11,437	\$ (958)
63	Total Allowable Costs	\$ 1,267,689	\$ 1,272,522	\$ 1,495,077	\$ 222,555

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 46,765	0.0782	\$ 3,657
Administrative Assistant II-CI	36,560	0.7576	27,698
Behavioral Health Clinician II	66,324	1.0000	66,324
Counselor I-B	35,760	0.8250	29,502
Counselor I-B	37,375	1.0000	37,375
Counselor I-C	47,173	0.8250	38,918

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor I-C	51,356	0.8250	42,369	
Counselor II	45,180	1.0000	45,180	
Counselor II	49,849	1.0000	49,849	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Community Housing

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 529,556	\$ 536,097	\$ 615,991	\$ 79,894
	Realignment	529,556	536,097	615,991	79,894
	MHSA	-	-	-	-
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	294,378	274,007	257,726	(16,281)
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 1,353,491	\$ 1,346,201	\$ 1,489,708	\$ 143,507
Other Program Revenues		-	425,191	442,027	16,836
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 1,353,491	\$ 1,771,392	\$ 1,931,735	\$ 160,343
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	654,639	815,132	867,199	52,067
2	Payroll taxes	52,894	65,214	69,264	4,050
3	Employee benefits	126,516	104,051	113,061	9,010
4	Workers Compensation	23,114	38,187	31,329	(6,858)
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	5,810	-	-	-
7	Flexible Client Spending (please provide supporting documents)	28,588	18,500	18,900	400
8	Travel (costs incurred to carry out the program)	21,502	11,300	12,968	1,668
9	Employee Travel and Conference	-	6,196	7,892	1,696
10	Communication Costs	17,657	21,700	22,800	1,100
11	Utilities	56,706	47,762	57,773	10,011
12	Cleaning and Janitorial	10,494	7,702	13,631	5,929
13	Maintenance and Repairs - Buildings	61,165	49,852	108,451	58,599
14	Maintenance and Repairs - Equipment	574	-	-	-
15	Printing and Publications	2,788	4,800	4,841	41
16	Memberships, Subscriptions and Dues	1,711	4,750	7,550	2,800
17	Office Supplies	16,191	16,750	23,684	6,934
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	36,965	38,994	39,109	115
21	Rent and Leases - equipment	-	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	96,612	97,214	98,246	1,032
23	Taxes and assessments (Please identify the property address and method of cost allocation)	609	1,619	2,406	787

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	22,060	22,120	4,462	(17,658)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	15,480	27,759	12,279
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	8,913	5,408	6,038	630
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	109,234	135,593	117,684	(17,909)
29	Total Mode Costs	\$ 1,354,742	\$ 1,528,324	\$ 1,655,047	\$ 126,723
	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	164,947	165,096	188,737	23,641
31	Supplies	50,465	39,334	46,607	7,273
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.)	5,806	4,448	5,145	697
34	Total Administrative Costs	\$ 221,219	\$ 208,878	\$ 240,489	\$ 31,611
35	TOTAL DIRECT COSTS	\$ 1,575,961	\$ 1,737,202	\$ 1,895,536	\$ 158,334
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	26,098	30,590	32,122	1,532
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)	143,132	-	-	-
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	12,279	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,558	3,600	4,080	480
57	Total Indirect costs	\$ 183,067	\$ 34,190	\$ 36,202	\$ 2,012
63	Total Allowable Costs	\$ 1,759,028	\$ 1,771,392	\$ 1,931,738	\$ 160,346

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 60,178	0.78	\$ 46,939
Administrative Assistant I	45,656	0.14	6,401
Assistant Program Director	37,037	0.65	24,074
Assistant Program Director	125,603	0.40	50,241
Behavioral Health Clinician I	85,983	1.00	85,983

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Behavioral Health Clinician I	67,566	0.50	33,783	
Behavioral Health Clinician I	65,850	0.50	32,925	
Behavioral Health Clinician I	68,186	0.50	34,093	
Counselor II	50,967	1.00	50,967	
Counselor II	58,144	0.50	29,072	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Sandy Shores

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 256,322	\$ 209,907	\$ 214,955	\$ 5,048
Realignment	256,322	209,907	214,955	5,048
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	82,845	128,024	147,859	19,835
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 595,490	\$ 547,838	\$ 577,769	\$ 29,931
Other Program Revenues	189,151	218,349	210,597	(7,752)
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 784,641	\$ 766,187	\$ 788,366	\$ 22,179

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	302,506	315,717	326,624	10,907
2 Payroll taxes	23,370	25,004	25,586	582
3 Employee benefits	69,337	59,524	62,535	3,011
4 Workers Compensation	9,992	13,917	11,023	(2,894)
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	4,497	-	6,000	6,000
7 Flexible Client Spending (please provide supporting documents)	2,243	4,600	4,800	200
8 Travel (costs incurred to carry out the program)	9,815	6,150	6,841	691
9 Employee Travel and Conference	-	3,559	3,559	-
10 Communication Costs	6,852	7,100	7,100	-
11 Utilities	38,950	28,526	35,972	7,446
12 Cleaning and Janitorial	2,088	3,200	4,200	1,000
13 Maintenance and Repairs - Buildings	20,100	27,000	26,989	(11)
14 Maintenance and Repairs - Equipment	435	-	-	-
15 Printing and Publications	1,839	2,550	2,572	22
16 Memberships, Subscriptions and Dues	1,584	1,948	1,948	-
17 Office Supplies	29,817	15,600	17,799	2,199
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	11,403	13,048	12,133	(915)
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	1,017	-	-	-
23 Taxes and assessments (Please identify the property address and method of cost allocation)	253	71	289	218

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	24,034	25,124	5,523	(19,601)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	9,300	8,464	(836)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,582	2,555	2,849	294
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	87,337	90,251	96,558	6,307
29	Total Mode Costs	\$ 651,051	\$ 654,744	\$ 669,364	\$ 14,620
	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	77,465	71,410	76,997	5,587
31	Supplies	23,700	17,014	19,014	2,000
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.)	2,727	1,924	2,099	175
34	Total Administrative Costs	\$ 103,892	\$ 90,348	\$ 98,110	\$ 7,762
35	TOTAL DIRECT COSTS	\$ 754,943	\$ 745,092	\$ 767,474	\$ 22,382
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	18,516	19,545	20,522	977
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)	8,645	-	-	-
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	1,764	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	772	1,550	370	(1,180)
57	Total Indirect costs	\$ 29,697	\$ 21,095	\$ 20,892	\$ (203)
63	Total Allowable Costs	\$ 784,640	\$ 766,187	\$ 788,366	\$ 22,179

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 44,989	0.13	\$ 5,943
Administrative Assistant II-CI	36,559	0.24	8,862
Assistant Program Director	77,292	0.25	19,323
Behavioral Health Clinician I	68,186	0.50	34,093
Counselor II	55,705	1.00	55,705

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor II	51,516	0.80	41,213	
Deputy Director	154,750	0.02	3,095	
Division Director of Clinical Services	119,200	0.02	2,384	
Division Director of Program Services	114,927	0.17	18,963	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Shelter Cove

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 302,791	\$ 402,857	\$ 419,860	\$ 17,003
Realignment	302,791	402,857	419,860	17,003
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	374,528	371,049	295,853	(75,196)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	100,000	-	(100,000)
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 980,110	\$ 1,276,763	\$ 1,135,573	\$ (141,190)
Other Program Revenues	88,002	83,000	282,385	199,385
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,068,112	\$ 1,359,763	\$ 1,417,958	\$ 58,195

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	506,335	594,822	638,800	43,978
2 Payroll taxes	38,253	46,347	49,349	3,002
3 Employee benefits	88,283	74,678	85,377	10,699
4 Workers Compensation	16,758	26,679	22,214	(4,465)
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	6,672	-	-	-
7 Flexible Client Spending (please provide supporting documents)	24,043	44,700	48,700	4,000
8 Travel (costs incurred to carry out the program)	16,130	9,850	10,915	1,065
9 Employee Travel and Conference	-	8,813	8,813	-
10 Communication Costs	9,520	10,978	16,590	5,612
11 Utilities	33,537	41,454	53,130	11,676
12 Cleaning and Janitorial	5,849	27,000	27,000	-
13 Maintenance and Repairs - Buildings	24,466	37,050	38,728	1,678
14 Maintenance and Repairs - Equipment	3,356	-	-	-
15 Printing and Publications	3,598	3,900	3,968	68
16 Memberships, Subscriptions and Dues	1,934	6,800	6,800	-
17 Office Supplies	8,906	13,350	15,304	1,954
18 Postage and Mailing	105	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	12,009	14,348	11,182	(3,166)
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	6,398	7,214	-	(7,214)
23 Taxes and assessments (Please identify the property address and method of cost allocation)	228	783	833	50

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,295	2,220	2,220	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	21,980	16,000	(5,980)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	7,891	4,295	4,796	501
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	70,757	88,102	147,399	59,297
29	Total Mode Costs	\$ 887,323	\$ 1,085,363	\$ 1,208,118	\$ 122,755
	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	108,642	117,411	138,538	21,127
31	Supplies	33,239	27,974	34,211	6,237
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.)	3,824	3,163	3,776	613
34	Total Administrative Costs	\$ 145,706	\$ 148,548	\$ 176,525	\$ 27,977
35	TOTAL DIRECT COSTS	\$ 1,033,029	\$ 1,233,911	\$ 1,384,643	\$ 150,732

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

	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	21,952	23,752	30,830	7,078
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)	3,439	-	-	-
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	7,749	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	1,944	2,100	2,484	384
57	Total Indirect costs	\$ 35,084	\$ 25,852	\$ 33,314	\$ 7,462
63	Total Allowable Costs	\$ 1,068,113	\$ 1,259,763	\$ 1,417,957	\$ 158,194

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 45,720	0.10	\$ 4,572
Administrative Assistant II	41,072	1.00	41,072
Assistant Program Director	64,691	1.00	64,691
Behavioral Health Clinician I	76,644	0.48	36,789
Community Support Worker III	30,568	0.38	11,463
Counselor II	53,825	1.00	53,825

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor II	44,997	1.00	44,997	
Counselor II	54,123	0.95	51,417	
Counselor III	52,163	1.00	52,163	
Deputy Director	154,760	0.05	7,738	
Division Director of Clinical Services	119,200	0.02	2,384	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Rockrose Gardens

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 93,098	\$ 110,328	\$ 129,382	\$ 19,054
	Realignment	-	-	-	-
	MHSA	93,098	110,328	129,382	19,054
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 186,196	\$ 220,656	\$ 258,764	\$ 38,108
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 186,196	\$ 220,656	\$ 258,764	\$ 38,108
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	114,584	142,088	168,912	26,824
2	Payroll taxes	8,905	11,151	12,910	1,759
3	Employee benefits	20,547	13,123	14,435	1,312
4	Workers Compensation	4,235	7,134	6,313	(821)
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)	748	1,600	1,850	250
8	Travel (costs incurred to carry out the program)	2,777	5,400	6,208	808
9	Employee Travel and Conference	-	500	500	-
10	Communication Costs	1,313	1,800	3,100	1,300
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	795	1,450	1,260	(190)
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,179	1,200	1,210	10
16	Memberships, Subscriptions and Dues	-	-	-	-
17	Office Supplies	585	2,200	2,451	251
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	3,588	4,050	3,779	(271)
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)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	1,563	2,119	556
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	203	694	775	81
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	-	-	10	10
29	Total Mode Costs	\$ 159,459	\$ 193,953	\$ 225,832	\$ 31,879
	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	18,339	20,565	25,282	4,717
31	Supplies	5,611	4,900	6,243	1,343
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.)	646	554	689	135
34	Total Administrative Costs	\$ 24,596	\$ 26,019	\$ 32,214	\$ 6,195
35	TOTAL DIRECT COSTS	\$ 184,055	\$ 219,972	\$ 258,046	\$ 38,074

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

	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	684	718	34
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)	939	-	-	-
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	556	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 2,139	\$ 684	\$ 718	\$ 34
63	Total Allowable Costs	\$ 186,194	\$ 220,656	\$ 258,764	\$ 38,108

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Assistant Program Director	\$ 77,290	0.100	\$ 7,729
Behavioral Health Clinician I	76,644	0.320	24,526
Community Support Worker II	30,030	0.500	15,015
Counselor II	50,039	1.000	50,039
Deputy Director	154,750	0.020	3,095
Division Director of Clinical Services	119,200	0.020	2,384

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Division Director of Program Services	114,929	0.085	9,769	
Division Director of Quality Assurance	117,982	0.055	6,489	
Maintenance Assistant	30,368	0.375	11,388	
Program Director	109,800	0.250	27,450	
Quality Assurance & Performance Outcomes Specialist	119,095	0.021	2,501	
Quality Assurance & Performance Outcomes Specialist	88,764	0.055	4,882	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Lupine Gardens

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 188,335	\$ 181,910	\$ 181,077	\$ (833)
	Realignment	-	-	-	-
	MHSA	188,335	181,910	181,077	(833)
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 376,670	\$ 363,820	\$ 362,154	\$ (1,666)
Other Program Revenues		38,960	22,156	28,842	6,686
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 415,630	\$ 385,976	\$ 390,996	\$ 5,020
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	229,105	243,133	242,448	(685)
2	Payroll taxes	18,071	19,315	18,888	(427)
3	Employee benefits	31,490	24,065	26,464	2,399
4	Workers Compensation	8,215	12,203	9,209	(2,994)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	-	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	5,346	7,250	7,375	125
8	Travel (costs incurred to carry out the program)	5,188	4,150	4,617	467
9	Employee Travel and Conference	-	2,200	2,200	-
10	Communication Costs	2,153	1,700	1,700	-
11	Utilities	-	-	-	-
12	Cleaning and Janitorial	3,469	3,050	3,050	-
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,370	1,650	1,664	14
16	Memberships, Subscriptions and Dues	167	250	250	-
17	Office Supplies	8,806	5,600	6,286	686
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	9,337	10,588	8,560	(2,028)
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)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	700	4,715	4,015
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	778	1,286	1,435	149
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	11,173	-	14	14
29	Total Mode Costs	\$ 334,668	\$ 337,140	338,875	\$ 1,735
	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	39,990	35,974	38,202	2,228
31	Supplies	12,235	8,571	9,434	863
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.)	1,408	969	1,041	72
34	Total Administrative Costs	\$ 53,632	\$ 45,514	48,677	\$ 3,163
35	TOTAL DIRECT COSTS	\$ 388,300	\$ 382,654	387,552	\$ 4,898
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	1,853	1,972	2,071	99
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)	1,239	-	-	-
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	4,015	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	743	1,350	1,374	24
57	Total Indirect costs	\$ 7,850	\$ 3,322	3,445	\$ 123
63	Total Allowable Costs	\$ 396,150	\$ 385,976	390,997	\$ 5,021

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 60,177	0.220	\$ 13,239
Assistant Program Director	60,190	0.100	6,019
Behavioral Health Clinician I	65,850	0.500	32,925
Cleaner-Housekeeper	40,768	0.475	19,365
Community Support Worker II	31,981	0.475	15,191
Community Support Worker II	30,757	0.300	9,227

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor II	58,144	0.500	29,072	
Counselor II	55,138	1.000	55,138	
Deputy Director	154,750	0.020	3,095	
Division Director of Clinical Services	113,308	0.021	2,384	

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Sunflower Gardens

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 161,602	\$ 183,868	\$ 211,744	\$ 27,876
	Realignment	-	-	-	-
	MHSA	161,602	183,868	211,744	27,876
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 323,204	\$ 367,736	\$ 423,488	\$ 55,752
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 323,204	\$ 367,736	\$ 423,488	\$ 55,752
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	175,022	215,420	243,609	28,189
2	Payroll taxes	13,779	17,050	17,645	595
3	Employee benefits	31,189	23,868	37,241	13,373
4	Workers Compensation	6,334	10,782	8,897	(1,885)
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	265	-	-	-
7	Flexible Client Spending (please provide supporting documents)	7,291	11,000	13,200	2,200
8	Travel (costs incurred to carry out the program)	6,246	6,300	6,994	694
9	Employee Travel and Conference	-	2,000	2,000	-
10	Communication Costs	1,416	2,000	2,000	-
11	Utilities	806	466	563	97
12	Cleaning and Janitorial	1,570	4,000	6,000	2,000
13	Maintenance and Repairs - Buildings	-	-	-	-
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	1,508	1,550	1,563	13
16	Memberships, Subscriptions and Dues	443	1,350	1,350	-
17	Office Supplies	16,587	12,900	14,825	1,925
18	Postage and Mailing	-	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	7,667	10,599	7,139	(3,460)
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)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	1,500	3,879	2,379
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	874	1,223	1,366	143
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	3,536	-	13	13
29	Total Mode Costs	\$ 274,533	\$ 322,008	\$ 368,284	\$ 46,276
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30	Salaries and Benefits	31,905	34,273	41,376	7,103
31	Supplies	9,761	8,166	10,217	2,051
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.)	1,123	923	1,128	205
34	Total Administrative Costs	\$ 42,789	\$ 43,362	\$ 52,721	\$ 9,359
35	TOTAL DIRECT COSTS	\$ 317,322	\$ 365,370	\$ 421,005	\$ 55,635
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	2,266	2,365	2,483	118
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)	1,236	-	-	-
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	2,379	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 5,881	\$ 2,365	\$ 2,483	\$ 118
63	Total Allowable Costs	\$ 323,203	\$ 367,735	\$ 423,488	\$ 55,753

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	\$ 46,394	0.50	\$ 23,197
Assistant Program Director	60,186	0.50	30,093
Behavioral Health Clinician I	67,566	0.50	33,783
Community Support Worker II	29,972	0.25	7,493
Community Support Worker II	29,973	0.30	8,992
Counselor II	49,649	1.00	49,649

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Deputy Director	178,902	0.02	3,095	
Division Director of Clinical Services	111,663	0.02	2,384	

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2020-2021

Program Name: MCHOME

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ 348,722	\$ 650,118	\$ 776,219	\$ 126,101
Realignment	-	-	-	-
MHSA	272,305	410,256	776,218	365,962
HMIOT	127,313	239,862	-	(239,862)
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	-	-	-	-
MHSA - CSS	440,890	462,243	643,422	181,179
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	152,687	319,816	-	(319,816)
SAMHSA Block Grant	96,278	96,295	-	(96,295)
Total Requested Monterey County Funds	\$ 1,438,195	\$ 2,178,590	\$ 2,195,859	\$ 17,269
Other Program Revenues	418,210	325,294	487,532	162,238
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 1,856,405	\$ 2,503,884	\$ 2,683,391	\$ 179,507
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.				
A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	864,395	1,173,140	1,363,063	189,923
2 Payroll taxes	64,685	90,581	101,326	10,745
3 Employee benefits	126,789	177,240	197,906	20,666
4 Workers Compensation	31,610	57,852	50,231	(7,621)
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	680	-	-	-
7 Flexible Client Spending (please provide supporting documents)	79,044	151,656	156,515	4,859
8 Travel (costs incurred to carry out the program)	32,326	23,000	25,126	2,126
9 Employee Travel and Conference	-	14,306	12,198	(2,108)
10 Communication Costs	31,071	23,800	23,800	-
11 Utilities	8,018	25,750	7,429	(18,321)
12 Cleaning and Janitorial	8,617	5,950	3,100	(2,850)
13 Maintenance and Repairs - Buildings	24,302	18,101	18,101	-
14 Maintenance and Repairs - Equipment	13	-	-	-
15 Printing and Publications	2,086	4,100	3,735	(365)
16 Memberships, Subscriptions and Dues	5,508	9,900	9,900	-
17 Office Supplies	60,783	23,500	21,828	(1,672)
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	12,188	14,648	16,304	1,656
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	169,583	286,684	227,172	(59,512)
23 Taxes and assessments (Please identify the property address and method of cost allocation)	54	51	51	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	8,200	13,432	5,232
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	9,030	5,299	7,035	1,736
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	41,443	46,251	41,972	(4,279)
29	Total Mode Costs	\$ 1,572,225	\$ 2,160,009	\$ 2,300,224	\$ 140,215
	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	184,808	233,365	262,173	28,808
31	Supplies	56,542	55,600	64,741	9,141
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.)	6,506	6,287	7,147	860
34	Total Administrative Costs	\$ 247,856	\$ 295,252	\$ 334,061	\$ 38,809
35	TOTAL DIRECT COSTS	\$ 1,820,081	\$ 2,455,261	\$ 2,634,285	\$ 179,024
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	22,752	41,573	43,652	2,079
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)	4,787	-	-	-
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	6,732	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	2,243	7,050	5,454	(1,596)
57	Total Indirect costs	\$ 36,514	\$ 48,623	\$ 49,106	\$ 483
63	Total Allowable Costs	\$ 1,856,595	\$ 2,503,884	\$ 2,683,391	\$ 179,507

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Administrative Assistant I	\$ 45,720	0.050	\$ 2,286
Administrative Assistant II-CI	46,705	1.000	46,705
Administrative Assistant II-CI	43,542	1.000	43,542
Administrative Assistant II-CI	46,394	0.500	23,197
Behavioral Health Clinician I	79,631	1.000	79,631
Behavioral Health Clinician I	63,787	1.000	63,787

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Behavioral Health Clinician I	64,376	1,000	64,376	
Behavioral Health Clinician I	74,461	1,000	74,461	

INTERIM, INC
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2020-2021

Program Name: Dual Recovery Services

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 240,419	\$ 265,776	\$ 270,155	\$ 4,379
	Realignment	-	-	-	-
	MHSA	240,419	265,776	270,155	4,379
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	42,666	64,785	64,785	-
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 523,504	\$ 596,337	\$ 605,095	\$ 8,758
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 523,504	\$ 596,337	\$ 605,095	\$ 8,758
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	272,852	309,526	327,194	17,668
2	Payroll taxes	21,218	24,246	25,529	1,283
3	Employee benefits	36,248	31,512	45,946	14,434
4	Workers Compensation	8,375	15,464	12,655	(2,809)
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	121	-	-	-
7	Flexible Client Spending (please provide supporting documents)	4,067	6,150	6,150	-
8	Travel (costs incurred to carry out the program)	11,831	6,850	7,563	713
9	Employee Travel and Conference	-	2,550	2,550	-
10	Communication Costs	5,147	5,900	6,332	432
11	Utilities	4,554	8,805	11,636	2,831
12	Cleaning and Janitorial	1,612	1,950	1,697	(253)
13	Maintenance and Repairs - Buildings	1,361	9,796	-	(9,796)
14	Maintenance and Repairs - Equipment	13	-	-	-
15	Printing and Publications	1,045	750	756	6
16	Memberships, Subscriptions and Dues	227	1,700	1,700	-
17	Office Supplies	19,011	24,700	8,037	(16,663)
18	Postage and Mailing	13	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	7,675	9,699	7,491	(2,208)
21	Rent and Leases - equipment	-	34,261	-	(34,261)
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	34,231	-	36,158	36,158
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	17,480	13,099	(4,381)
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	1,512	1,880	2,099	219
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	12,953	7,200	7,206	6
29	Total Mode Costs	\$ 444,066	\$ 520,419	\$ 523,798	\$ 3,379
	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	52,461	55,580	59,120	3,540
31	Supplies	16,050	13,242	14,599	1,357
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.)	1,847	1,497	1,612	115
34	Total Administrative Costs	\$ 70,358	\$ 70,319	\$ 75,331	\$ 5,012
35	TOTAL DIRECT COSTS	\$ 514,424	\$ 590,738	\$ 599,129	\$ 8,391

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

	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	4,962	5,399	5,669	270
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)	2,518	-	-	-
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	1,599	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	200	296	96
57	Total Indirect costs	\$ 9,079	\$ 5,599	\$ 5,965	\$ 366
63	Total Allowable Costs	\$ 523,503	\$ 596,337	\$ 605,094	\$ 8,757

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	\$ 62,005	1.00	\$ 62,005
Behavioral Health Clinician I	69,877	1.00	69,877
Clinical Program Manager	83,981	0.75	62,986
Counselor II	52,570	1.00	52,570

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: DRS Outreach & Aftercare SAMHSA Grant

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	-	-	-	-
MHSA - CSS	24,153	17,748	36,651	18,903
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	89,603	93,279	93,279	-
Total Requested Monterey County Funds	\$ 113,756	\$ 111,027	\$ 129,930	\$ 18,903
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 113,756	\$ 111,027	\$ 129,930	\$ 18,903

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	63,117	62,167	75,643	13,476
2 Payroll taxes	5,062	5,041	6,062	1,021
3 Employee benefits	10,090	5,475	14,700	9,225
4 Workers Compensation	1,914	3,144	2,958	(186)
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)	893	1,050	1,050	-
8 Travel (costs incurred to carry out the program)	2,790	3,150	3,477	327
9 Employee Travel and Conference	-	500	500	-
10 Communication Costs	604	900	900	-
11 Utilities	1,147	1,097	1,325	228
12 Cleaning and Janitorial	148	-	-	-
13 Maintenance and Repairs - Buildings	196	-	-	-
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	71	250	250	-
16 Memberships, Subscriptions and Dues	-	200	200	-
17 Office Supplies	2,132	1,050	1,174	124
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	3,751	4,250	4,441	191
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	5,769	8,653	-	(8,653)
23 Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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))	92	404	452	48
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	131	-	-	-
29	Total Mode Costs	\$ 97,907	\$ 97,581	\$ 113,382	\$ 15,801
	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	11,325	10,348	12,695	2,347
31	Supplies	3,465	2,465	3,135	670
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	-	279	-	(279)
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	399	-	346	346
34	Total Administrative Costs	\$ 15,189	\$ 13,092	\$ 16,176	\$ 3,084
35	TOTAL DIRECT COSTS	\$ 113,096	\$ 110,673	\$ 129,558	\$ 18,885
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	317	354	372	18
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)	343	-	-	-
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	Total Indirect costs	\$ 660	\$ 354	\$ 372	\$ 18
63	Total Allowable Costs	\$ 113,756	\$ 111,027	\$ 129,930	\$ 18,903

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	\$ 54,648	1.00	\$ 54,648

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Workforce Education & Training

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ -	\$ -
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	251,368	239,482	163,668	(75,814)
MHSA - CSS	-	-	-	-
MHSA - PEI	-	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 251,368	\$ 239,482	\$ 163,668	\$ (75,814)
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 251,368	\$ 239,482	\$ 163,668	\$ (75,814)

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	138,525	137,467	78,922	(58,545)
2 Payroll taxes	11,290	11,085	6,037	(5,048)
3 Employee benefits	30,866	16,486	7,098	(9,388)
4 Workers Compensation	3,651	4,693	3,101	(1,592)
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)	1,911	3,600	3,700	100
8 Travel (costs incurred to carry out the program)	3,121	1,150	1,277	127
9 Employee Travel and Conference	-	2,000	2,000	-
10 Communication Costs	1,350	1,150	1,406	256
11 Utilities	1,675	1,400	2,284	884
12 Cleaning and Janitorial	273	550	478	(72)
13 Maintenance and Repairs - Buildings	374	10,796	1,000	(9,796)
14 Maintenance and Repairs - Equipment	-	-	-	-
15 Printing and Publications	54	150	151	1
16 Memberships, Subscriptions and Dues	37	300	300	-
17 Office Supplies	6,244	8,800	10,223	1,423
18 Postage and Mailing	7	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	7,290	9,299	992	(8,307)
21 Rent and Leases - equipment	-	-	-	-
22 Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	8,413	-	21,426	21,426
23 Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	353	233
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	356	679	759	80
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	216	500	501	1
29	Total Mode Costs	\$ 215,653	\$ 210,225	\$ 142,008	\$ (68,217)
	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	25,069	22,320	15,990	(6,330)
31	Supplies	7,670	5,318	3,949	(1,369)
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.)	882	601	436	(165)
34	Total Administrative Costs	\$ 33,621	\$ 28,239	\$ 20,375	\$ (7,864)
35	TOTAL DIRECT COSTS	\$ 249,274	\$ 238,464	\$ 162,383	\$ (76,081)

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

	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	462	518	544	26
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)	791	-	-	-
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	605	-	-	-
53	Medical Records	-	-	-	-
54	Other Professional and Specialized Services	233	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	500	740	240
57	Total Indirect costs	\$ 2,091	\$ 1,018	\$ 1,284	\$ 266
63	Total Allowable Costs	\$ 251,365	\$ 239,482	\$ 163,667	\$ (75,815)

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	\$ 48,156	0.50	\$ 24,078

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: OMNI Resource Center

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ 77,070	\$ 77,070
	Realignment	-	-	-	-
	MHSA	-	-	653,938	653,938
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	-	-	-	-
	MHSA - PEI	673,968	668,782	-	(668,782)
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 673,968	\$ 668,782	\$ 731,008	\$ 62,226
Other Program Revenues		2,879	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 676,847	\$ 668,782	\$ 731,008	\$ 62,226
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	302,931	348,613	338,744	(9,869)
2	Payroll taxes	23,893	27,524	27,151	(373)
3	Employee benefits	28,665	25,722	24,252	(1,470)
4	Workers Compensation	6,195	11,108	6,539	(4,569)
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	469	-	-	-
7	Flexible Client Spending (please provide supporting documents)	56,701	43,000	43,000	-
8	Travel (costs incurred to carry out the program)	9,280	3,450	3,831	381
9	Employee Travel and Conference	-	2,975	11,075	8,100
10	Communication Costs	6,296	6,900	6,900	-
11	Utilities	11,070	16,550	19,992	3,442
12	Cleaning and Janitorial	9,162	11,000	11,000	-
13	Maintenance and Repairs - Buildings	33,131	17,096	28,620	11,524
14	Maintenance and Repairs - Equipment	53	-	-	-
15	Printing and Publications	2,228	2,250	2,276	26
16	Memberships, Subscriptions and Dues	1,583	3,960	3,960	-
17	Office Supplies	7,618	11,650	13,324	1,674
18	Postage and Mailing	100	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	11,379	12,748	17,707	4,959
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)	96	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	2,015	2,453	-	(2,453)
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	800	1,330	530
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	3,971	2,075	3,449	1,374
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	29,888	29,500	63,292	33,792
29	Total Mode Costs	\$ 546,724	\$ 579,374	\$ 626,442	\$ 47,068
	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	65,676	62,331	71,422	9,091
31	Supplies	20,093	14,851	17,637	2,786
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.)	2,312	1,679	1,947	268
34	Total Administrative Costs	\$ 88,081	\$ 78,861	\$ 91,006	\$ 12,145
35	TOTAL DIRECT COSTS	\$ 634,805	\$ 658,235	\$ 717,448	\$ 59,213

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

	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	6,326	10,447	13,412	2,965
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)	1,552	-	-	-
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	530	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	100	148	48
57	Total Indirect costs	\$ 8,408	\$ 10,547	\$ 13,560	\$ 3,013
63	Total Allowable Costs	\$ 643,213	\$ 668,782	\$ 731,008	\$ 62,226

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Counselor II	55,000	1.00	\$ 55,000
Community Support Worker I	29,202	0.60	17,929
Community Support Worker II	30,933	0.50	15,467
Community Support Worker III	46,632	0.50	23,316
Deputy Director	154,750	0.02	3,095
Division Director of Program Services	118,711	0.05	5,342

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Bienestar (Peer Health & Navigation)

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ 45,108	\$ 45,108
Realignment	-	-	-	-
MHSA	-	-	-	-
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	-	90,641	45,108	(45,533)
MHSA - CSS	-	-	-	-
MHSA - PEI	83,091	-	-	-
MHSA - Innovations	-	-	-	-
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 83,091	\$ 90,641	\$ 90,216	\$ (425)
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 83,091	\$ 90,641	\$ 90,216	\$ (425)

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

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

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. Mode Costs (Direct Services)				
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	41,734	55,024	55,291	267
2 Payroll taxes	3,442	4,493	4,463	(30)
3 Employee benefits	4,944	7,786	7,827	41
4 Workers Compensation	1,417	2,791	2,183	(608)
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)	994	-	-	-
9 Employee Travel and Conference	-	3,000	3,000	-
10 Communication Costs	403	-	-	-
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	79	400	467	67
18 Postage and Mailing	-	-	-	-
19 Medical Records	-	-	-	-
20 Data Processing	3,571	3,950	3,095	(855)
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)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)	-	-	-	-
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	-	-	-	-
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	286	321	35
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	3,605	-	-	-
29	Total Mode Costs	\$ 60,189	\$ 77,730	\$ 76,647	\$ (1,083)
	B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30	Salaries and Benefits	6,698	8,448	8,815	367
31	Supplies	2,049	2,013	2,177	164
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.)	236	228	240	12
34	Total Administrative Costs	\$ 8,983	\$ 10,689	\$ 11,232	\$ 543
35	TOTAL DIRECT COSTS	\$ 69,172	\$ 88,419	\$ 87,879	\$ (540)
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	679	2,223	2,335	112
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)	276	-	-	-
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	Total Indirect costs	\$ 955	\$ 2,223	\$ 2,335	\$ 112
63	Total Allowable Costs	\$ 70,127	\$ 90,642	\$ 90,214	\$ (428)

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Division Director of Program Services	118,700	0.01	1,187

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: Peer Support & Wellness Navigation

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
Estimated Federal Financial Participation (FFP)	\$ -	\$ -	\$ 32,897	\$ 32,897
Realignment	-	-	-	-
MHSA	-	-	32,897	32,897
HMIOT	-	-	-	-
	-	-	-	-
Cash Flow Advances	-	-	-	-
Realignment	-	-	-	-
MHSA - CSS	103,832.00	151,669.00	58,386	(93,283)
MHSA - PEI	-	-	-	-
MHSA - Innovations	173,167.00	303,806.00	254,630	(49,176)
HMIOT	-	-	-	-
SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds	\$ 276,999	\$ 455,475	\$ 378,810	\$ (76,665)
Other Program Revenues	-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)	\$ 276,999	\$ 455,475	\$ 378,810	\$ (76,665)

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

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

	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	145,619	252,954	181,554	(71,400)
2	Payroll taxes	11,698	19,880	14,438	(5,442)
3	Employee benefits	43,101	56,083	41,836	(14,247)
4	Workers Compensation	5,240	8,376	6,615	(1,761)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	1	-	-	-
6	Temporary Staffing	-	-	-	-
7	Flexible Client Spending (please provide supporting documents)	202	586	500	(86)
8	Travel (costs incurred to carry out the program)	7,290	7,194	7,720	526
9	Employee Travel and Conference	1	3,031	6,000	2,969
10	Communication Costs	1,758	3,358	5,800	2,442
11	Utilities	2,569	887	2,209	1,322
12	Cleaning and Janitorial	212	356	-	(356)
13	Maintenance and Repairs - Buildings	419	2,515	3,540	1,025
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	80	156	-	(156)
16	Memberships, Subscriptions and Dues	538	49	50	1
17	Office Supplies	3,216	9,507	2,943	(6,564)
18	Postage and Mailing	-	-	-	-
19	Medical Records	1	-	-	-
20	Data Processing	7,242	7,843	7,712	(131)
21	Rent and Leases - equipment	1	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	9,618	3,358	-	(3,358)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	7	-	(7)

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	-	569	569
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	234	1,505	1,271
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	3,435	21,214	36,119	14,905
29	Total Mode Costs	\$ 242,241	\$ 397,588	\$ 319,110	\$ (78,478)
	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	26,720	42,973	37,011	(5,962)
31	Supplies	8,175	10,682	9,140	(1,542)
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.)	941	1,115	1,009	(106)
34	Total Administrative Costs	\$ 35,835	\$ 54,770	\$ 47,160	\$ (7,610)
35	TOTAL DIRECT COSTS	\$ 278,076	\$ 452,358	\$ 366,270	\$ (86,088)
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	1,794	12,539	10,745
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)	672	-	-	-
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	1	-	-	-
54	Other Professional and Specialized Services	-	1,323	-	(1,323)
55	Transportation and Travel	1	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	-	-	-	-
57	Total Indirect costs	\$ 2,373	\$ 3,117	\$ 12,539	\$ 9,422
63	Total Allowable Costs	\$ 280,449	\$ 455,475	\$ 378,809	\$ (76,666)

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

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Deputy Director	242,555	0.01	3,095
Division Director of Program Services	500,452	0.02	8,310

INTERIM, INC

BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-2021

Program Name: ACT

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
A. PROGRAM REVENUES					
Monterey County Funds (Monterey County's Use):					
	Provisional Rates				
	Estimated Federal Financial Participation (FFP)	\$ 5,807	\$ 388,615	\$ 535,847	\$ 147,232
	Realignment	-	-	-	-
	MHSA	5,807	388,615	535,848	147,233
	HMIOT	-	-	-	-
		-	-	-	-
	Cash Flow Advances	-	-	-	-
	Realignment	-	-	-	-
	MHSA - CSS	131,784	336,557	217,127	(119,430)
	MHSA - PEI	-	-	-	-
	MHSA - Innovations	-	-	-	-
	HMIOT	-	-	-	-
	SAMHSA Block Grant	-	-	-	-
Total Requested Monterey County Funds		\$ 143,398	\$ 1,113,787	\$ 1,288,822	\$ 175,035
Other Program Revenues		-	-	-	-
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 143,398	\$ 1,113,787	\$ 1,288,822	\$ 175,035
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.					
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.					
	A. Mode Costs (Direct Services)	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	136,178	682,529	797,425	114,896
2	Payroll taxes	10,368	52,208	55,624	3,416
3	Employee benefits	34,794	84,964	94,385	9,421
4	Workers Compensation	4,641	31,903	22,243	(9,660)
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)	1,417	33,350	43,500	10,150
8	Travel (costs incurred to carry out the program)	8,988	4,700	5,186	486
9	Employee Travel and Conference	-	8,000	8,000	-
10	Communication Costs	1,724	2,851	2,850	(1)
11	Utilities	-	12,400	14,979	2,579
12	Cleaning and Janitorial	987	2,850	2,850	-
13	Maintenance and Repairs - Buildings	730	4,500	16,460	11,960
14	Maintenance and Repairs - Equipment	-	-	-	-
15	Printing and Publications	4	400	400	-
16	Memberships, Subscriptions and Dues	726	800	800	-
17	Office Supplies	31,662	2,651	2,968	317
18	Postage and Mailing	11	-	-	-
19	Medical Records	-	-	-	-
20	Data Processing	-	1,600	7,757	6,157
21	Rent and Leases - equipment	15,778	-	-	-
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	-	20,000	-	(20,000)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	-	-	-	-

EXHIBIT H-7

		Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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)	-	1,500	1,791	291
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))	-	2,016	2,251	235
27	Miscellaneous (please provide details)	-	-	-	-
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	8,926	22,400	33,545	11,145
29	Total Mode Costs	\$ 256,934	\$ 971,622	\$ 1,113,014	\$ 141,392
	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	23,116	103,807	125,921	22,114
31	Supplies	7,072	24,732	31,096	6,364
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.)	814	2,796	3,433	637
34	Total Administrative Costs	\$ 31,002	\$ 131,335	\$ 160,450	\$ 29,115
35	TOTAL DIRECT COSTS	\$ 287,936	\$ 1,102,957	\$ 1,273,464	\$ 170,507
<p>II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>					
	INDIRECT COSTS	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
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	-	9,530	13,483	3,953
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)	795	-	-	-
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	581	-	-	-
55	Transportation and Travel	-	-	-	-
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	3,252	1,300	1,876	576
57	Total Indirect costs	\$ 4,628	\$ 10,830	\$ 15,359	\$ 4,529
63	Total Allowable Costs	\$ 292,564	\$ 1,113,787	\$ 1,288,823	\$ 175,036

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	\$ 45,620	0.25	\$ 11,405
Administrative Assistant II-CI	\$ 43,859	1.00	\$ 43,859
Behavioral Health Clinician I	70,137	1.00	70,137
Behavioral Health Clinician I	66,186	0.50	33,093
Behavioral Health Clinician I	69,674	0.50	34,837
Clinical Program Manager	76,304	1.00	76,304

	Actual FY 2018-19	Budget FY 2019-20	Request FY 2020-21	Change
Counselor II	61,443	1.00	61,443	
Deputy Director	154,757	0.07	10,833	
Division Director of Clinical Services	119,210	0.10	11,921	
Division Director of Program Services	118,709	0.23	27,303	
Division Director of Quality Assurance	117,979	0.05	5,604	
Landscape Assistant	14,543	0.05	669	
Licensed Vocational Nurse	64,992	1.00	64,992	
Licensed Vocational Nurse	66,751	1.00	66,751	
Psychiatrist	400,807	0.30	120,242	
Quality Assurance & Performance Outcomes Specialist	127,059	0.02	2,160	
Quality Assurance & Performance Outcomes Specialist	88,758	0.05	4,216	
Substance Use Disorders Specialist	73,213	1.00	73,213	
Wellness Navigator	40,170	1.00	40,170	
Wellness Navigator	\$ 38,273	1.00	38,273	
Total Salaries and Wages	\$ 1,858,444		797,425	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Suhr Risk Services 910 E. Hamilton Ave. Suite 410 Campbell, CA 95008 Jeff State, CRIS, CWCS	408-510-5440 CONTACT NAME: PHONE (A/C, No, Ext): 408-510-5440 FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Nonprofits Ins. Alliance of CA</td> <td>10023</td> </tr> <tr> <td>INSURER B: Fidelity & Deposit Company</td> <td>39306</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nonprofits Ins. Alliance of CA	10023	INSURER B: Fidelity & Deposit Company	39306	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER F:															
INSURED Interim, Inc. P.O. Box 3222 Monterey, CA 93942															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> See *Oth Cov* GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			201907351	06/01/2019	06/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ Included
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			201907351	06/01/2019	06/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			201907351UMB	06/01/2019	06/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Blkt Emp Dishonest			107102472	06/01/2019	06/01/2020	Limit 1,000,000
A	D&O Liability			201907351DONPO	06/01/2019	06/01/2020	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PW: County of Monterey, its officers, agents, and employees are named as additional insured with respects to liability arising out of the named insured's operations per endorsement. Coverage is primary and non-contributory.

CERTIFICATE HOLDER

CANCELLATION

COUNT70 County of Monterey Contracts/Purchasing Office 1488 Schilling Place Salinas, CA 93901	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
--	--

POLICY NUMBER: 2019-07351

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: 2019-07351

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



201907351

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY -
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "damages" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations.

The insurance extended by this endorsement is primary coverage when you have so agreed in a written contract or agreement and will be considered non-contributory with the additional insured(s) own insurance.



Policy Number: 2019- 07351

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

Such insurance as is afforded by this endorsement for the additional insured shall apply as primary insurance. Any other insurance maintained by the additional insured or its officers and employees shall be excess and non-contributing with the insurance afforded by this endorsement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA Inc. LIC #0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Annie Lee</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 818.539.8601</td> <td>FAX (A/C, No): 818.539.8701</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Annie_Lee@ajg.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Berkshire Hathaway Homestate Insurance Company</td> <td style="text-align: center;">20044</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Annie Lee		PHONE (A/C, No, Ext): 818.539.8601	FAX (A/C, No): 818.539.8701	E-MAIL ADDRESS: Annie_Lee@ajg.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Berkshire Hathaway Homestate Insurance Company	20044	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Interim Inc. P.O. Box 3222 Monterey, CA 93942	INTEINC-18																				

COVERAGES**CERTIFICATE NUMBER:** 1493511550**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	INWC007082	7/1/2019	7/1/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Coverage.

CERTIFICATE HOLDER**CANCELLATION**

Monterey County Department of Behavioral Health
 Alicia Hendricks & Gloria Rodriguez
 1270 Natividad Rd.
 Salinas CA 93906

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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