

AMENDMENT NO. 1 TO AGREEMENT NO. A-11449

This Amendment No. 1 to Agreement No. A-11449 is made and entered into by and between the County of Monterey, hereinafter referred to as COUNTY, and Door to Hope, hereinafter referred to as CONTRACTOR.

Whereas COUNTY and CONTRACTOR have heretofore entered into Agreement No. A-11449 dated July 21, 2009 (Agreement), and

Whereas the parties desire to amend the Agreement as specified below;

1. Add the Nueva Esperanza program beginning November 1, 2011.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein and in the Agreement, the parties agree as follows:

1. Exhibit A of Agreement No. A-11449 is replaced with Amendment No. 1 to Exhibit A of Agreement No. A-11449. All references in the Agreement to Exhibit A shall be construed to refer to Amendment No. 1 to Exhibit A Program Description.
2. Exhibit B of Agreement No. A-11449 is replaced with Amendment No. 1 to Exhibit B of Agreement No. A-11449. All references in the Agreement to Exhibit B shall be construed to refer to Amendment No. 1 to Exhibit B Payment Provisions.
3. PAYMENTS BY COUNTY, COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in Amendment No. 1 to EXHIBIT B, subject to the limitations set forth in this Agreement. The total amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed the sum of **\$ 5,337,978**.
4. The effective date of this amendment is November 1, 2011.
5. All other terms and conditions of Agreement No. A-11449 shall remain in full force and effect.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Amendment No. 1 to Agreement No. A-11449 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Mike Derr, Purchasing Manager

Date: _____

By: _____
Ray Bullick, Director of Health

Date: _____

Approved as to Form

By: _____
Stacy L. Saetta, Assistant County Counsel²

Date: _____

Approved as to Fiscal Provisions

By: _____
Gary Giboney, Auditor/Controller

Date: _____

Approved as to Liability Provisions

By: _____
Steve Mauck, Risk Management¹

Date: _____

Approved as to Content

By: _____
Wayne Clark, Behavioral Health Director

Date: _____

DOOR TO HOPE

DOOR TO HOPE
Contractor*

By: _____
Chris Shannon, Executive Director

Date: _____

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

Name and Title

Date: _____

County Board of Supervisors' Agreement Number: _____.

*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.

¹ Approval by Risk Management is necessary only if changes are made in paragraph 8 or 9.

² Approval by County Counsel is necessary only if changes are made to the standard provisions of the MHSA.

**DOOR TO HOPE
AMENDMENT NO. 1 to EXHIBIT A**

**EXHIBIT A:
PROGRAM 1 DESCRIPTION**

I. IDENTIFICATION OF PROVIDER

Door to Hope
130 W. Gabilan St.
Salinas, CA 93901
831-758-0181

II. SERVICE DESCRIPTION: INTEGRATED CO-OCCURRING TREATMENT (ICT) PROGRAM

A. PROGRAM NARRATIVE

Door to Hope will provide Mental Health Services to eligible youth ages 12 - 17 who require outpatient services. The primary focus of the program will be to identify, assess, and treat youth who have both substance abuse and mental health disorders and who are involved or at risk for involvement in the juvenile justice system. Such interventions will stabilize crises, reduce mental health symptomology and substance abuse, improve youth and family functioning, and reduce the possibility of future residential care, hospitalization, and/or incarceration.

Door to Hope will provide outpatient mental health services to eligible youth and their families. Mental health services refer to those individual, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and family functioning. Service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy.

B. PROGRAM GOALS

The Integrated Co-occurring Treatment (“ICT”) Program goals of services are:

1. Provide mental health services to eligible youth and their families
2. Improve the youth’s overall functioning
3. Reduce acute mental health and substance abuse symptoms;
4. Improve family functioning; and,
5. Reduce need for residential care.

C. SCOPE OF SERVICES

1. Establish mental health interventions integrated with alcohol and drug treatment programs using evidence-based practices for 48 children and their families annually;
2. Provide services for that incorporate the “full services partnership model” as defined in the requirements for implementation of the MHSA for 6 children and their families annually. This model provides “whatever it takes” to insure progress to goals (i.e. intensive treatment/case management available 24/7);
3. Assure services are provided in culturally and linguistically competent manner and setting;
4. Treat adolescents with serious substance abuse problems in addition to their mental health issues;
5. Implement an evidence-based practice, i.e. ”Integrated Co-Occurring Treatment Model”;
6. Form a cooperative agreement with the local school system to insure youth continue to attain education credits while involved in treatment;
7. Provide and/or arrange for transportation;
8. Include clients that do not have Medi-Cal;
9. Provide services at locations county wide, and at times convenient for families;
10. Function as sole provider or in collaboration with Behavioral Health and/or other partners;
11. Employ a youth mentor who has been a youth served by the Behavioral Health system and incorporate a youth development model within the program; and,
12. Demonstrate capacity to bill Medi-Cal and leverage funds.

D. EXPECTED OUTCOMES

1. 75% of referred youth will be engaged in the treatment program.
2. 80% of client/families served are satisfied with the cultural congruency of services provided.
3. 60% of youth served will demonstrate reduction of substance abuse.
4. 60% of youth served will demonstrate improvement in functioning.
5. 60% of families served will demonstrate improvement in functioning.
6. 75% of youth served will not commit crimes and/or re-offend.

E. TREATMENT SERVICES

A. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service

SERVICE	MODE	SFC	FY 2009-10 EST. UNITS	FY 2010-11 EST. UNITS	FY 2011-12 EST. UNITS
Case Management	15	01	58,360	58,360	58,360
Mental Health Services	15	45	110,387	110,387	110,387

B. Service Delivery Sites:

Door to Hope, 150 Cayuga Street, Suite 3, Salinas, CA 93901

Services will be provided at Door to Hope’s offices in Salinas, but will also be available in the youth’s natural environment, including the home, the youth’s school, and other community sites.

C. Hours of Operation:

The Integrated Co-occurring Treatment Program will be available to clients 24/7. Scheduled services will be made available, whenever possible, at the convenience of the adolescent and his/her family.

F. POPULATION/CATCHMENT AREA TO BE SERVED

All eligible youth age 12 -17 residing in Monterey County.

G. FINANCIAL ELIGIBILITY

Monterey County youth, regardless of ability to pay or Medi-Cal eligibility. It is anticipated that thirty-five per cent (35%) of clients will have Medi-Cal eligibility.

H. LIMITATION OF SERVICE / PRIOR AUTHORIZATION

All services will require prior authorization by Monterey County Behavioral Health.

I. CLIENT DESCRIPTION / CHARACTERISTICS

Populations served are adolescents, ages 12 to 17 years of age with:

A. Severe emotional and/or behavioral disturbances; or

B. Axis I diagnosis indicating mental impairment or behavioral disturbance and co-occurring substance abuse.

J. LEGAL STATUS

Voluntary or juvenile dependents and wards.

K. REPORTING REQUIREMENTS

Contractor will meet regularly with the designated Children's Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to MCBHD according to the requirements as set forth by the State Department of Mental Health. MCBHD will provide to the Contractor the reporting requirements, forms and instructions as required by DMH and the MCBHD.

L. DESIGNATED CONTRACT MONITOR

Theresa Innis-Scimone
Behavioral Health Services Manager
Monterey County Behavioral Health
951 Blanco Circle, Suite B
Salinas, CA 93901
(831) 784-2156

PROGRAM 2 DESCRIPTION

I. IDENTIFICATION OF PROVIDER

Door to Hope
130 Church St.
Salinas, CA 93901
831-758-0181

II. SERVICE DESCRIPTION: MONTEREY COUNTY SCREENING TEAM FOR ASSESSMENT, REFERRAL, AND TREATMENT (“MCSTART”) PROGRAM

A. PROGRAM NARRATIVE

Door to Hope will provide Mental Health Services and Medication Support to eligible infants and children who require early intervention services. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral disorders caused by perinatal alcohol and drug exposure. Such interventions will improve the child’s development, improve the child’s health, improve family functioning, and reduce the possibility of future residential care, out-of-the-home placement, and/or hospitalization.

MCSTART will provide outpatient mental health services to eligible children and their families. Mental health services refer to those individual, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of development, learning, and enhanced self-regulation and family functioning. Service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy.

B. PROGRAM GOALS

The goals of MCSTART’s services are:

1. Increase early intervention and case management to prenatally substance-exposed children and their families;
2. Increase the number of high-risk children prepared to enter school ready and able to learn and emotionally well-developed with particular emphasis; and
3. Build community capacity to respond to the needs of substance-exposed children and their families through linkage and service integration.

C. PROGRAM OBJECTIVES

1. 80% of substance-abusing pregnant women served will receive prenatal care and have toxicology-negative deliveries.

2. 90% of parents and caregivers will increase the skills of parenting high-risk children who demonstrate challenging behaviors that contribute to a stable, growth-enhancing home life
3. 90% of children served will receive the screening and early intervention services necessary to improve their level of motor, cognitive, language, and social/emotional development.
4. 90% of children served will receive the early intervention services necessary to improve age-appropriate self-regulation and reduce challenging behavior.
5. 80% of families, either biological, foster, adoptive, or relative caregivers, will be able to access and utilize the services necessary to promote the healthy development of their child(ren).

D. TREATMENT SERVICES

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible clients.

SERVICE	MODE	SFC	FY 2009-10 EST. UNITS	FY 2010-11 EST. UNITS	FY 2011-12 EST. UNITS
Case Management	15	01	270,742	270,742	270,742
Mental Health Services	15	45	95,824	95,824	95,824
Medication Support	15	60-69	87,000	87,000	87,000

2. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Non Medi-Cal eligible clients.

SERVICE	MODE	SFC	FY 2009-10 EST. UNITS	FY 2010-11 EST. UNITS	FY 2011-12 EST. UNITS
Case Management	15	01	9,504	9,504	9,504
Mental Health Services	15	45	3,371	3,371	3,371
Medication Support	15	60-69	2,489	2,489	2,489

3. Service Delivery Sites:

Door to Hope, MCSTART Clinic, 130 Church St., Salinas, CA 93901

Services will be provided at the MCSTART Clinic in Salinas, but will also be available in the child's natural environment, including the home and/or the child's school or daycare.

4. Hours of Operation:

The MCSTART Clinic will operate five (5) days per week, Monday – Friday from 8:00 AM – 6:00 PM. Services will be made available, whenever possible, at the convenience of the child and his/her family.

E. POPULATION/CATCHMENT AREA TO BE SERVED

All eligible residents of Monterey County who have full scope Medi-Cal will be served. Clients without Medi-Cal eligibility will be served under the Non Medi-Cal eligible program component.

F. FINANCIAL ELIGIBILITY

Monterey County children that are full scope Medi-Cal or Monterey County children who qualify under the Non Medi-Cal eligibility component of the program.

G. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

All services will require prior authorization by Monterey County Behavioral Health.

H. CLIENT DESCRIPTION/CHARACTERISTICS

Populations served are infants or children, ages 0 to 5 years of age with:

1. Severe social and emotional developmental delays or disturbances; or
2. DC 0-3 disorder of infancy; or
3. Axis I diagnosis indicating mental impairment or behavioral disturbance and substantial impairment.

And their older siblings.

I. LEGAL STATUS

Voluntary or juvenile dependents and wards.

J. REPORTING REQUIREMENTS

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to MCBHD according to the requirements as set forth by the State Department of Mental Health. MCBHD will provide to the Contractor the reporting requirements, forms and instructions as required by DMH and the MCBHD.

K. DESIGNATED CONTRACT MONITOR

Dana Edgull
Behavioral Health Services Manager
Monterey County Behavioral Health
1000 So. Main Street, Suite 105
Salinas, CA 93901
(831) 784-2114

PROGRAM 3 DESCRIPTION

I. IDENTIFICATION OF PROVIDER

Door to Hope
130 W. Gabilan St.
Salinas, CA 93901
831-758-0181

II. SERVICE DESCRIPTION: ALCOHOL AND DRUG EARLY INTERVENTION WITH PTSD/ADULT CRIMINAL JUSTICE SYSTEM PROGRAM

A. PROGRAM NARRATIVE

Door to Hope will provide eligible individuals with brief *Alcohol and Drug Early Intervention* program services in collaboration with Monterey County Behavioral Health staff and community based organizations with expertise in working with individuals with substance abuse disorders and addictions. Mental health assessment, referral, and brief, low-intensity therapy services will focus on trauma-exposed parents in substance abuse treatment, and their children who are experiencing trauma-related mental health needs due to parents with an addictive disorder. The program is intended to mitigate the development of serious mental health illness in children, youth, and adults due to untreated, early onset mental illness. By assessing and administering brief treatment to individuals experiencing PTSD or other conditions related to violence or other trauma, the incidence of serious mental health illness or disorders within the community will be decreased.

B. PROGRAM GOALS

The goals of the Alcohol and Drug Early Intervention services are:

- Assess clients referred by the Adult Criminal Justice System including the Proposition 36 and Drug Treatment Court Programs and Children's Protective Services for mental health needs.
- Provide brief therapy sessions (maximum of 6) to eligible individuals experiencing symptoms of early manifestations of mental illness as a result of alcohol and/or other drug abuse and trauma exposure.
- Increase collaboration between Monterey County Behavioral Health, the criminal justice system and community based organizations to enhance services provided.
- Services will focus on trauma-exposed parents in substance abuse treatment, and their children who are experiencing trauma-related mental health needs due to parents with an addictive disorder.

C. PROGRAM OBJECTIVES

- Assessing and administering brief treatment to individuals and their families' experiencing symptoms of early manifestations of mental illness as a result of alcohol and/or other drug abuse and trauma exposure will reduce the incidence of serious mental health illness or disorders within the community.
- Mitigate the development of serious mental health illness in adults, children and youth due to untreated, early onset mental illness.
- Collaboration of various agencies will increase the resources and services provided to individuals and their families' and assist with keeping them engaged in treatment.
- Early intervention services provided to children of trauma exposed parents with an addictive disorder may reduce risk factors or stressors and create supports to prevent the initial onset of mental illness and promote a positive well-being for this at-risk population so that they may function well when faced with challenging and stressful events.

D. TREATMENT SERVICES

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for eligible clients.

Mental Health Services may include a combination of the following with a maximum of 6 service sessions per client:

SERVICE	MODE	SFC	FY 2009-10 EST. UNITS	FY 2010-11 EST. UNITS	FY 2011-12 EST. UNITS
Case Management	15	01	960	960	960
Mental Health Services: Individual Therapy	15	40	7,577	7,577	7,577
Mental Health Services: Group Therapy	15	50	4,457	4,457	4,457
Assessment	15	30	2,688	2,688	2,688

2. Service Delivery Sites:

Door to Hope, 130 W. Gabilan St., Salinas, CA 93901
165 Clay St., Salinas, CA 93901

3. Hours of Operation: Monday – Thursday from 8:00 AM – 8:00 PM, Friday from 8:00 AM – 5:00 PM, Saturday from 9:00 AM – 1:00 PM.

E. POPULATION/CATCHMENT AREA TO BE SERVED

Clients who are Non-Medi-Cal eligible and who are identified as having both a substance abuse and mental health disorder.

F. FINANCIAL ELIGIBILITY

Monterey County individuals who qualify for this program and who have been determined to be Non Medi-Cal eligible.

G. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

All services will require prior authorization by the Monterey County Behavioral Health Program Monitor and their staff.

H. CLIENT DESCRIPTION/CHARACTERISTICS

1. Populations served are adults who are non-Medi-Cal eligible and who are identified as having both a substance abuse and mental health disorder.

2. Immediate family members who are in need of accessing services to this program may also be referred by Behavioral Health Division staff.

I. LEGAL STATUS

Voluntary

J. REPORTING REQUIREMENTS

Contractor will meet on a quarterly basis with the designated Service Manager to monitor progress on client and project outcomes based on a logic model to be provided by Monterey County Behavioral Division (MCBHD). Contractor will be required to report outcomes data on a quarterly basis to the designated Service Manager and the Prevention and Early Intervention Coordinator according to the requirements as set forth by the State Department of Mental Health. MCBHD will provide to the Contractor the reporting requirements, forms and instructions as required by Department of Mental Health, Mental Health Services Act and the MCBHD.

K. DESIGNATED CONTRACT MONITOR

Sid Smith, Deputy Director, BH Children's Services

751-B Blanco Circle
Salinas, CA 93901
(831) 784-2170

PROGRAM 4 DESCRIPTION

I. IDENTIFICATION OF PROVIDER

Door to Hope
130 Church St.
Salinas, CA 93901
831-758-0181

II. SERVICE DESCRIPTION: NUEVA ESPERANZA PROGRAM

A. PROGRAM NARRATIVE

Door to Hope opened Nueva Esperanza, a recovery program for women with young children in February of 2002. Nueva Esperanza serves pregnant or parenting women, many of whom are of Hispanic origin, over the age of 18 who are experiencing problems with alcohol and/or other drugs of sufficient severity to need residential care for themselves and their young children.

In July of 2011, Nueva Esperanza modified its primary mission and service delivery system to provide an expanded constellation of mental health services to better meet the needs of the women and the children it serves. Historically all of the women admitted to Nueva Esperanza have co-occurring mental health disorders, i.e. bi-polar, mood, and trauma disorders. Door to Hope and Nueva Esperanza meet the needs of this population through the provision of integrated mental health and substance abuse disorder treatment. Program services now provide strong interventions and practices to treat both substance abuse and mental health disorders during the treatment program.

These services are provided in a warm and comfortable drug-free, non-smoking environment which provides private rooms for each individual family to promote cohesion and autonomy of each family served. Each resident is viewed as a unique individual and each family is seen from a strength-based approach. Due to the comprehensive nature of behavioral health disorders, Nueva Esperanza makes available a complete range of medical, psychological, recovery, dyadic, parenting, and other social services on either a programmatic, consultative, or referral basis.

B. PROGRAM GOALS

The goals of Nueva Esperanza Program services are:

1. To provide counseling interventions designed to increase the woman's readiness and ability to change to treat chronic mental health and substance abuse disorders
2. To provide education for pregnant women and mothers of young children on the effects of alcohol, drug, and/or trauma exposure on the unborn or young child.
3. To utilize evidence-based practices, including the Matrix Model, Motivational Enhancement, Seeking Safety, CBT, Theraplay, Circle of Security, in treatment

of trauma, substance abuse, and mental health disorders to guide/direct the provision of treatment services.

4. To provide a warm, family-like therapeutic environment for women and their young children that is safe, alcohol and drug-free, comfortable, and supportive
5. To provide priority admission and services to pregnant and IV-drug using woman

C. PROGRAM OBJECTIVES

1. To promote successful program completion and graduation with at least 60% of admissions.
2. To successfully re-unify and resolve child welfare issued with at least 60% of admissions.
3. To assist at-risk children to be physically healthy and emotionally and developmentally prepared to enter kindergarten
4. To assist 50% of women graduating from the program to be successfully transitioned back to the community in order to be employed and/or enrolled in vocational training
5. To provide 1,442 residential family bed nights to pregnant or parenting women and their young children.

D. TREATMENT SERVICES

Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible clients:[Error! Not a valid link.](#)

Nueva Esperanza (Children Units of Service November 1, 2011-June 30, 2012)			
SERVICE	MODE	SFC	FY 2011-12 EST. UNITS
Case Management (Mins)	15	1	2,773
Mental Health Services: Group Therapy (Mins)	15	50	51,600
Assessment (Mins)	15	30	3,274

2. Service Delivery Sites:

Nueva Esperanza
325 California Street
Salinas, Ca. 93901

3. Hours of Operation:

The Nueva Esperanza Program operates 24 hours, seven days a week.

E. POPULATION/CATCHMENT AREA TO BE SERVED

All eligible residents of Monterey County who have full scope Medi-Cal will be served.

Door to Hope

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F. FINANCIAL ELIGIBILITY

Monterey County children and their mothers that are full scope Medi-Cal

G. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

All services will require prior authorization by Monterey County Behavioral Health. Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

H. CLIENT DESCRIPTION/CHARACTERISTICS

1. Be over the age of 18
2. Be pregnant; OR
3. Be in custody of or, will have custody within 60 days of a child age five or under; and, if applicable, be a sibling, aged 5-11 years, of that young child and e determined to be behaviorally stable and appropriate for admission
4. Have a significant substance abuse disorder, or either abuse or dependence that necessitates intervention (meets DSM IV-TR criteria)
5. Have a co-occurring mental health Axis I disorder,(excluding a sole diagnosis of Conduct Disorder or disruptive behavior disorder NOS)
6. Be medically and psychiatrically stable and able to participate in an active program of counseling, education and their recovery activities
7. Be able to parent the young child/children in their custody
8. Demonstrate the motivation and willingness to follow all program principles, guidelines, and structure.

I. LEGAL STATUS

Voluntary or juvenile dependents and wards.

J. REPORTING REQUIREMENTS

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to MCBHD according to the requirements as set forth

by the State Department of Mental Health. MCBHD will provide to the Contractor the reporting requirements, forms and instructions as required by DMH and the MCBHD.

K. DESIGNATED CONTRACT MONITOR

Dana Edgull
Behavioral Health Services Manager
Monterey County Behavioral Health
1000 So. Main Street, Suite 105
Salinas, CA 93901
(831) 784-2114

**DOOR TO HOPE
AMENDMENT NO. 1 to EXHIBIT B
PAYMENT PROVISIONS**

**EXHIBIT B:
PAYMENT PROVISIONS**

I. PAYMENT TYPE

Cost Reimbursement up to a maximum of the annual contract amount.

II. PAYMENT CONDITIONS

Provisional Rate

The following program services will be reimbursed at the established Provisional Rate:

1. Case Management
2. Mental Health Services
3. Medication Support (MCSTART Program only)

- A. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as may be required by the County of Monterey, Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Behavioral Health Bureau no later than the 30th day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services.
- B. If CONTRACTOR fails to submit claims for services provided under the term of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- C. 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) days of receiving the certified invoice.
- D. 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) 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.
- E. Cost Control: CONTRACTOR shall not exceed by more than twenty (20) percent any contract expense line item amount in the budget without the approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget with its request for such approval. Such approval shall not permit CONTRACTOR to

receive more than the maximum total amount payable under this contract. Therefore, an increase in one line item will require corresponding decreases in other line items.

- F. COUNTY shall have the right to inspect and evaluate the quality, appropriateness and timelines of services performed under this Agreement. In addition, the Contract Monitor shall request and review at regular intervals all statistical reports, financial records, clinical records, and other documents concerning services provided under this Agreement. CONTRACTOR shall produce any of the above requested documents within 72 hours of the initiated request.
- G. All services provided under this contract must meet medical necessity and be in accordance with a current treatment plan.

III. PAYMENT RATES

- A. Services shall be paid at the SMA Rate which shall be provisional, and subject to all the cost report provisions set forth in Section XIII of this original agreement.

Additionally:

1. Door to Hope assumes responsibility for verifying health insurance coverage for all individuals approved for services during the term of this Agreement and forwarding this information to County Behavioral Health Billing Section
2. Door to Hope assumes fiscal responsibility for services provided to all individuals who have been found to have health insurance coverage during the term of this Agreement and whose information was not forwarded to Monterey County Behavioral Health Billing staff.
3. Door to Hope assumes responsibility for verifying full-scope Medi-Cal eligibility for all individuals approved for services during the term of this agreement and assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.

The following program services shall be paid at the Short-Doyle/Medi-Cal Maximum Reimbursement Rates, which shall be provisional and settled to the actual cost rate or the SMA, whichever is less.

Integrated Co-Occurring Treatment (ICT) Program FY 2009-12							
SERVICE	MODE	SFC	ANNUAL TOTAL UNITS (EST.)	RATE	FY 2009-10 TOTAL AMOUNT	FY 2010-11 TOTAL AMOUNT	FY 2011-12 TOTAL AMOUNT
Case Management	15	01	58,360	SMA	\$ 117,889	\$ 117,889	\$ 117,889
Mental Health Services	15	45	110,387	SMA	\$ 288,112	\$ 288,112	\$ 288,112
TOTAL MAXIMUM ANNUAL AMOUNT Per FY					\$ 406,001	\$ 406,001	\$ 406,001

**Monterey County Screening Team for Assessment, Referral, and Treatment ("MCSTART") Program
(Medi-Cal Eligible Clients)**

FY 2009-12

SERVICE	MODE	SFC	RATE	Annual TOTAL UNITS (EST.)	FY 2009-10 TOTAL AMOUNT	FY 2010-11 TOTAL AMOUNT	FY 2011-12 TOTAL AMOUNT
Case Management	15	01	SMA	270,792	\$ 547,000	\$ 547,000	\$ 547,000
Mental Health Services	15	45	SMA	95,824	\$ 250,101	\$ 250,101	\$ 250,101
Medication Support	15	60-69	SMA	87,000	\$ 417,922	\$ 417,922	\$ 417,922
SUBTOTAL PER FY					\$1,215,023	\$1,215,023	\$1,215,023
LESS MATCH AMT. PER FY					(\$121,502)	(\$121,502)	(\$121,502)
TOTAL MAXIMUM ANNUAL AMOUNT PER FY					\$1,093,521	\$1,093,521	\$1,093,521

**Monterey County Screening Team for Assessment, Referral, and Treatment
("MCSTART") Program (Non Medi-Cal Eligible Clients)**

FY 2009-12

SERVICE	MODE	SFC	RATE	Est. UNITS Per FY	FY 2009-10 TOTAL AMOUNT	FY 2010-11 TOTAL AMOUNT	FY 2011-12 TOTAL AMOUNT
Case Management	15	01	SMA	9,504	\$ 19,200	\$ 19,200	\$ 19,200
Mental Health Services	15	45	SMA	3,371	\$8,800	\$8,800	\$8,800
Medication Support	15	60-69	SMA	2,489	\$ 12,000	\$ 12,000	\$ 12,000
TOTAL MAXIMUM ANNUAL AMOUNT PER FY					\$40,000	\$40,000	\$40,000

ALCOHOL AND DRUG EARLY INTERVENTION WITH PTSD/ADULT CRIMINAL JUSTICE SYSTEM PROGRAM

FY 2009-12

SERVICE	MODE	SFC	EST. UNITS Per FY	RATE	FY 2009-10 Total Amount	FY 2010-11 Total Amount	FY 2011-12 Total Amount
Case Management (Mins)	15	01	960	X SMA	\$ 1,939	\$ 1,939	\$ 1,939
Mental Health Services: Individual Therapy (Mins)	15	40	7,577	X SMA	\$ 19,776	\$ 19,776	\$ 19,776

Mental Health Services: Group Therapy (Mins)	15	50	4,457	X SMA	\$ 11,633	\$ 11,633	\$ 11,633
Assessment (Mins)	15	30	2,688	X SMA	\$ 5,430	\$ 5,430	\$ 5,430
TOTAL MAXIMUM ANNUAL AMOUNT PER FY					\$ 38,778	\$ 38,778	\$ 38,778

<i>Nueva Esperanza Program Adult and Children Services</i>					
FY 2011-12 (November 1, 2011-June 30, 2012)					
SERVICE	MODE	SFC	EST. UNITS Per FY	RATE	FY 2011-12 Total Amount
Adult Services					
Case Management (Mins)	15	1	5,200	X SMA	\$10,504
Mental Health Services: Group Therapy (Mins)	15	50	28,726	X SMA	\$74,975
Assessment (Mins)	15	30	1,637	X SMA	\$4,272
Total Adult Services FY 2011-12					\$89,749
Children Services					
Case Management (Mins)	15	1	2,773	X SMA	\$5,602
Mental Health Services: Group Therapy (Mins)	15	50	51,600	X SMA	\$134,676
Assessment (Mins)	15	30	3,274	X SMA	\$8,544
Total Youth Services FY 2011-12					\$148,823
TOTAL MAXIMUM AMOUNT FY 2011-12					\$238,572

B. MATCH REQUIREMENT – MCSTART PROGRAM

The match requirement for the MCSTART program services will be calculated on a trimester basis, using the total amount of services provided during the previous 4 months, and then multiplied by ten percent (10%). The match requirement amount due from the Contractor is estimated not to exceed no more than 10% of the contract amount of **\$121,502** per each year in FYs 2009-12.

NUEVA ESPERANZA PROGRAM

The match requirement for the Nueva Esperanza program will be funded with Mental Health Service Act funding. A match of fifty percent (50%) for adults and ten percent (10%) for children will be provided.

IV. 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 \$ 5,337,978 for services rendered under this Agreement.
- B. Maximum Annual Liability:
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- C. 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.

IV. PAYMENT METHOD

- A. County will pay CONTRACTOR for the services provided by CONTRACTOR that have been authorized pursuant to this agreement, as hereinafter set forth.
- B. CONTRACTOR will submit a monthly claim for services rendered to:
Monterey County Health Department
Behavioral Health Division
1270 Natividad Road, Room 200
Salinas, CA 93906
ATTN: Accounts Payable