

**COUNTY LETTER OF INTENT TO APPLY FOR EXPANSION FUNDING: FALL 2021**  
**Pre-Trial Felony Mental Health Diversion Programs**

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Please complete this form and submit via email to [DSHDiversion@dsh.ca.gov](mailto:DSHDiversion@dsh.ca.gov) by the due date referenced below.

**Due Date – Current DSH-Funded Counties Only: Friday, September 24, 2021**

**1. Name of Person Submitting Letter of Intent:**

Name: ..... Timothy Stevenson

County Name: ..... Ventura County

Contact Number: ..... 805-981-7886

Email Address: ..... [timothy.stevenson@ventura.org](mailto:timothy.stevenson@ventura.org)

**2. Will your county apply for this funding opportunity?    ☒ YES    ☐ NO**

If yes, complete the additional information requested below.

If no, please state your county's reason for not participating:

**3. Expansion Requested:** Please check the appropriate box and complete any related questions:

☒ a. We plan to request the full 20% expansion

☐ b. We plan to request: \_\_\_\_%

1. Please briefly describe why your county is electing to expand by less than the full 20%:

N/A. Ventura County Behavioral Health (VCBH) will request the full 20% expansion.

**4. Expansion Timeline Selected:** Please select one of the options below:

☐ a. Round 1 – Updated Program Plan and Contract Language Review Due October 29, 2021

☒ b. Round 2 – Updated Program Plan and Contract Language Review Due February 25, 2022.

**5. Lead Entity (Organization) Information**

Name of Lead Entity: ..... Ventura County Behavioral Health

Lead Entity Address: ..... 1911 Williams Drive, Suite 200  
Oxnard, CA 93036

Name of primary contact person: .....Dr. Sevet Johnson, Director

Primary contact phone number: .....805-981-2214

Email Address: .....[sevet.johnson@ventura.org](mailto:sevet.johnson@ventura.org)



VENTURA COUNTY

**BEHAVIORAL HEALTH**

A Department of Ventura County Health Care Agency



## **Ventura County Intensive Diversion Program**

**California Department of State Hospitals  
Pre-Trial Felony Mental Health Diversion Programs  
Application**

**February 2022  
Program Plan Update**



# VENTURA COUNTY

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# BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency



## **Ventura County Mental Health Diversion Collaborative**

Ventura County Behavioral Health  
Ventura County Office of the Chief Executive  
Ventura County Superior Courts  
Ventura County Public Defender's Office  
Ventura County District Attorney's Office  
Ventura County Probation Agency  
Ventura County Sheriff's Office

## **California Department of State Hospitals Pre-Trial Felony Mental Health Diversion Programs Application**

### **February 2022 Program Plan Update to the January 2020 Program Plan**

#### **a) Cover Page – Updated February 2022**

- **County: Ventura County**
- **Lead Entity: Ventura County Behavioral Health**
- **Point of Contact: Timothy Stevenson**
- **Point of Contact Title: Contracts Administrator**
- **Point of Contact Phone: (805) 981-7886**
- **Point of Contact Office Address: 1911 Williams Dr. Suite 200, Oxnard, California 93036**
- **Point of Contact Email Address: [Timothy.Stevenson@Ventura.org](mailto:Timothy.Stevenson@Ventura.org)**

## **b) Executive Summary – Updated February 2022**

Ventura County Behavioral Health (VCBH) intends to utilize this DSH funding opportunity to focus on a segment of the existing mental health diversion program population, specifically, felony defendants at risk of being found incompetent to stand trial (IST) under DSH option: 1) expand or adapt current diversion programs to serve individuals who have significant mental health challenges and who are justice-involved and are found or at risk to be found IST on felony charges. The goal of Ventura County's proposed *Intensive Diversion Program* (IDP) is to use enhanced staffing and resources to more effectively treat individuals with serious mental illness who might otherwise require competency restoration at the level of DSH. The existing *Ventura County Mental Health Diversion Program* (MHD) casts a broad "net" across the justice-involved defendants, including both misdemeanor and felony defendants, without necessarily being constrained to those at risk of an IST finding. The current MHD program has included some IST felony defendants; however, there is not the existing staff to facilitate intensive mental health treatment/services to address the higher-level needs of this more severe subpopulation. The IDP funded by the DSH grant would address this deficiency in the existing program.

Ventura County has benefited from years of close collaboration between the VCBH Department, Superior Court, District Attorney's Office, Public Defender's Office, Probation Agency, Sheriff's Office, and Ventura County Office of the Chief Executive. The continuous operation of the county's *Mental Health Court* program is one of the best indications of the strength of the *Ventura County Mental Health Diversion Collaborative* (VCMHDC). *Mental Health Court* was begun with grant funding which has long since ceased and yet the program has continued for more than 17 years. *Mental Health Court* is emblematic of Ventura County's commitment to addressing the needs of justice-involved persons with mental health issues. In that same spirit and prompted by the recent changes to Penal Code 1001.36, the VCMHDC began meeting in January 2019 to consider the development of a possible mental health diversion program despite the lack of available funding opportunities at that time. Interagency concerns and considerations were discussed and addressed and the first participants in Ventura County's MHD program were promptly introduced to treatment in the community as an alternative to being in jail.

With the opportunity provided by this third round of DSH funding, the VCMHDC started reviewing the existing program, looking for ways to improve operations and more effectively address participants' needs. With an emphasis on wanting to utilize evidence-based programs and practices, the VCMHDC is proposing IDP that leverages county assets and resources around a model that has proven reliability in realizing positive outcomes. The funding will allow for the addition of two dedicated VCBH staff to increase the intensity of mental health treatment/services for those at risk of requiring competency restoration at the DSH level. The intended population who will be provided pre-trial felony diversion services will be individuals who meet DSH Program criteria. The breakdown of number of clients enrolled in the diversion program per year of funding is as follows: 18 unduplicated clients as part of the original funding in years 1-3 (with 1 year extension to account for Covid-19 related delays), and 4 additional unduplicated clients in the expansion awarded. Evidence-based decision making will be used to reduce recidivism and maintain clients in community settings using the principles of matching interventions to risk levels, addressing need by targeting factors that most significantly influence criminal behavior, and responsivity to individuals (risk-need-responsivity) with research-based intervention models.<sup>1</sup> Program components are centered around identified factors shown by studies to be statistically predictive for pretrial diversion success or failure, including collaboration, training, release and diversion options, informed decision making, quick connections to appropriate behavioral health care and support services, community supervision and treatment at the pretrial stage, and

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<sup>1</sup> Carter, Madeline M., and Richard J. Sankowvitz. *Dosage Probation: Rethinking the Structure of Probation Sentences*. Silver Spring, MD: Center for Effective Public Policy, 2014.

performance measurements and evaluation.<sup>2</sup> IDP plans to utilize *Assertive Community Treatment* (ACT) components as its evidence-based mental health treatment, a model that VCBH has experience implementing. Building upon this model are the evidence-based practices of *Cognitive Behavioral Therapy* (CBT), *Motivational Interviewing*, and *Forensic ACT* (FACT).<sup>3</sup> ACT model brings together a multidisciplinary behavioral health treatment team with collaborative agencies providing oversight, supervision, and monitoring. Community resources are used to develop individual diversion plans that uniquely meet each client's needs through ongoing court supervision, community intensive case management, mental health/substance abuse treatment services, and wraparound services delivered through a Full Service Partnership.

Evidence-based tools used for screening and assessment may include the *Ohio Risk Assessment System*, *Ontario Domestic Assault Risk Assessment*, *Static 99*, *Historical Clinical Risk Management-20 Version 3*, *Basis 24*, and *Milestones of Recovery Scales (MORS)*. The range of treatment/services provided to clients will include: psychiatric assessment, psychological evaluations/assessment, integrated outpatient community-based mental health and substance abuse treatment, medication services and monitoring, behavioral therapies, crisis intervention, and rehabilitation services. In partnership with VCBH clinics and specialty programs, wraparound services will be provided such as intensive case management, criminal justice coordination, crisis services, substance abuse treatment, vocational training, supportive housing, primary health care, and living supports (e.g., food, clothing, transportation, and benefits eligibility assistance). The level of care (placement or housing) provided for clients will be based on their assessed level of acuity and need. Levels of care may include: short-term psychiatric hospitalization, crisis residential treatment, and/or stays in mental health rehabilitation centers, adult residential facilities, as well as board and care, room and board, sober living facilities, and independent living. A Continuum of Care Committee will meet weekly to ensure that all clients will be served in appropriate placements.

**Target Population:** In the course of operating the more wide-ranging MHD program, the VCMHDC has developed a solid understanding proposed population based on the experience of working with actual diversion clients. During the 12 months of 2019, the existing MHD program admitted thirty-eight (38) participants, 66% charged with a felony offense and 63% of whom were diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder. Among them were six (6) participants with these diagnoses who had either been found incompetent while facing felony charges and were diverted from DSH or had returned from DSH having been restored to competence. With the latter group, the existing MHD program was used to connect the defendants to the appropriate level of local mental health treatment/services, ensure ongoing stability, and prevent their return to DSH as IST.

It is expected the Ventura County's IDP will serve 22 unduplicated clients over a 4-year period (historical reference to the extension and expansion outlined above) with a higher intensity of mental health treatment/services than is offered through the existing program. Similar to the six defendants outlined above, these participants will be selected from the broader array of defendants in the Ventura County's MHD program. These participants will be persons charged with at least one current felony offense and be willing to accept voluntary treatment as part of mental health diversion while being either: 1) at risk of being found IST (i.e., including those who were found IST while facing **prior** charges or those restored to competence and returned from the DSH on the **current** charges); or 2) incompetent to stand trial on current charges, deemed safe to treat outside of the state hospital, and appropriate in an unlocked psychiatric placement. The VCMHDC has had great success with serving this subpopulation. For example, after having had previous psychiatric holds and an arrest for felony battery, "Mark" has responded well to

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<sup>2</sup> Fader-Towe, Hallie and Fred C. Osher. *Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements*. New York: Council of State Governments Justice Center, 2015.

<sup>3</sup> Blandford, Alex, and Fred Osher. *A Checklist for Implementing Evidence-based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012.

medication for schizoaffective disorder, is engaged in programming, and has successfully reached treatment milestones such as group outings, volunteer opportunities, and social groups. Mark will be transitioned from a mental health rehabilitation center into a board and care with the support of VCBH outpatient staff.

- c) **Lead Entity – See January 2020 Program Plan Application**
- d) **Collaborative Partners – See January 2020 Program Plan Application**
- e) **Description of Proposed Diversion Plan – See January 2020 Program Plan Application**
- f) **Data and Outcomes Reporting – See January 2020 Program Plan Application**
- g) **Management Plan – See January 2020 Program Plan Application**
- h) **Program Implementation Timeline – See January 2020 Program Plan Application**
- i) **Key Personnel – See January 2020 Program Plan Application**
- j) **Proposed Budget Detail – See January 2020 Program Plan Application**
- k) **Letters of Support – See January 2020 Program Plan Application**



## **I) DSH Diversion County Expansion Program Plan Update – Updated February 2022**

### **1) Referral and Evaluation Process:**

VCBH has hired and trained a clinical social worker to streamline the referral and evaluation process. The social worker attends court during the Mental Health Courtroom Calendar for all felony clients petitioning for inclusion in the MHD program. PD's and private bar criminal attorneys present the social worker with names of potential grant clients during court. Once a prospective referral is received, the VCBH social worker:

- A) Reviews current and past criminal records of client.
- B) Reviews available medical records including jail medical, VCBH and other medical records provided by the attorneys.
- C) Interviews potential client in jail to conduct initial screening (i.e., risk, suitability, willingness).
- D) Reviews potential clients with Forensics Supervisor, determines suitability.
- E) Creates formal report which includes mental status examination, diagnoses, psycho-social history, treatment history and recommended treatment/placement.
- F) Presents recommendation in court and coordinates discharge planning and transition from jail to community-based treatment.

### **2) Program Expansion:**

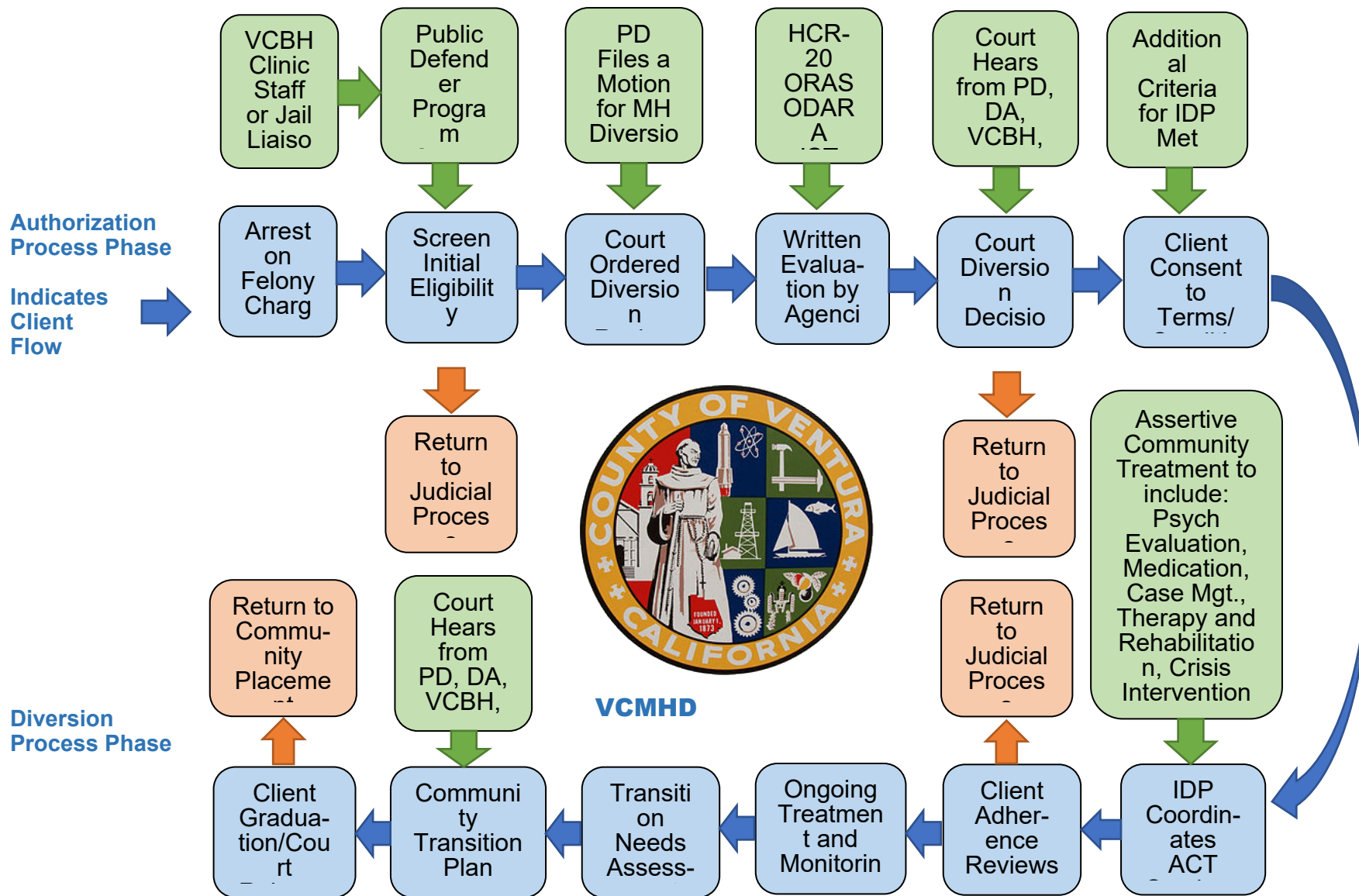
Consideration for the grant expansion will be exclusive to those on the DSH waiting list leading to a population consisting of acutely mentally ill offenders. These clients will meet the criteria to receive a higher level of care and "Whatever It Takes" support via wraparound services. VCBH will connect these (grant expansion) participants with community-based treatment and supportive housing. This includes placement at dual-diagnosis treatment facilities, locked or unlocked mental health rehabilitation centers, and structured board and care or room and board living environments. The clinical social worker and CSC will work together to provide a seamless transition from custody into community-based treatment.

### **3) Program Wraparound Services and Treatments:**

VCBH is currently recruiting for a CSC staff member to assist the forensics social worker regarding grant expansion. As the grant expansion targets a more specific and acute population, the CSC and social worker will focus efforts on the existing DSH waitlist. The wraparound services provided to the expansion participants spans from initiating treatment in jail, coordinating release and placement in community-based treatment facilities, and continuing weekly appointments throughout the duration of the program. These services can include intensive case management, therapy, psychoeducation, skills development and wellness checks.

### **4) Program Flowchart:** See following page.

## Updated Process Flow Chart



**m) DSH Diversion County Expansion Program Plan Updated Budget as of February 2022**

**1) Line Item Budget:** The following budget summary shows the annual line item budget for each of the four years of the program period. The budget summary uses standard state/federal budget categories. All major expenditure categories are included: 1) personal services: personnel + fringe = \$1,273,619; 2) treatment, wraparound and housing = \$3,866,190; 3) other: training = \$15,750; 4) overhead: indirect, travel, supplies = \$214,426.

**2) Funds Requested/Clients Served:** The total DSH Diversion funds that are being requested is \$34,438 in Year 1 (Startup Cost), \$810,972 in Year 2, \$1,070,656 in Year 3, and \$1,080,133 in Year 4, totaling \$2,996,200 over four-years. The total number of estimated clients to be served by the program over the four-year period is 22. The amount of DSH Diversion funds requested does not exceed the benchmark funding referenced on Attachment 3 for high end targets. DSH requested budget items include:

a) Startup cost \$34,438 in Year 1.

b) *Program Coordinator:* (1.0 FTE Yrs 2-4) Personnel + Fringe Benefits less other sources of income = \$131,841 in Yr 2, \$138,433 in Yr 3, and \$145,355 in Yr 4, totaling \$415,629.

c) *Community Services Coordinator:* (1.0 FTE Yrs 2-4) Personnel + Fringe Benefits less other sources of income = \$93,860 in Yr 2, \$98,671 in Yr 3, and \$103,481 in Yr 4, totaling \$296,012.

d) *Quality Improvement Coordinator:* (0.1 FTE Yrs 2-4) Personnel + Fringe Benefits = \$19,796 in Yr 2, \$20,786 in Yr 3, and \$121,825 in Yr 4, totaling \$62,406.

e) *Travel:* Mileage estimated to be 50 miles per week reimbursed at the current rate Included a CPI increase of 3.2% for years 3 & 4. Year 2: \$1,495. Year 3: \$1,543, Year 4: \$1,592. Cost for 2 staff to attend annual DSH conference total of \$6,333 = \$2,045 Yr 2, \$2,110 Yr 3 and \$2,178 Yr 4.

f) *Equipment/Supplies:* Equipment \$2,739 in Yrs 2. Communications/phone/internet, EHR, and facilities expenses Yr 2: \$9,197. Yr 3: \$11,994. Yr 4: \$12,676. Office supplies estimated at \$3,000 for Yr 2, and \$3,096 for Yr 3 & Yr 4.

g) *Housing/Treatment/Wraparound:* Crisis Residential Treatment (CRT) estimated length of stay is a total of 156 days annually at an estimated cost per day of \$240.74 (net of other revenue), Yrs 3 & 4 include a CPI of 3.2%. Mental Health Rehabilitation Center (MHRC) estimated length of stay per client is 12 months, MHRC costs are estimated using the contracted rate of \$228.82 (net of other revenue) per day for 2 clients for 360 days in Yr 2. Yrs 3 & 4 estimating 3 clients for 360 days for a total of 2,880 bed days. Yrs 3 & 4 include a CPI of 3%. Adult Residential Facility (ARF) costs are estimated using the contracted rate of \$109.21 (net of other revenue) for 3 clients in Yr 2 and 4 clients in Yrs 3 & 4. Yrs 3 & 4 include a CPI of 3%. Board & Care (B & C) costs are estimated for Yr 2-4 at the contracted rate of \$170.56 for a census of 1. SUS Treatment Center estimated length of stay per client is 4 months, costs are estimated using the contracted rate of \$144.01 (net of other revenue) per day for 4 clients for 120 days in Yr 2 & Yrs 3 & 4 for a total of 1,440 bed days. Yrs 3 & 4 include a CPI of 3%. Wraparound services calculated using the current SDMC rate times an estimated number of hours of Medi-Cal eligible treatment services net of other funding = \$69,671 Yr 2 for 8 clients, \$143,801 in Yr 3 for 16 clients and \$129,852 in Yr 4 for 14 clients. Housing \$10,800 in Yr 2, \$37,152 in Yr 3, and \$29,083 in Yr 4. Total housing and treatment services less other sources of income = \$520,450 in Yr 2, \$756,871 in Yr 3, and \$760,749 in Yr 4, totaling \$2,038,071.

h) *Training:* Training totals include the cost of training staff on Assertive Community Treatment practices and certification to use the HCR-20 assessment, totaling \$15,750 in Yr 2 only.

**3) Other Sources of Income:** Total program income totals \$470,866 in Yr 2, \$677,673 in Yr 3, and \$681,175 in Yr 4. This offsets the total budget amount by \$1,829,713. Medi-Cal is the greatest contributor to program income, totaling \$1,667,188. Other sources of program income include: SSI, totaling \$162,525.

a) *Program Coordinator:* (1.0 FTE Yrs 2-4) \$43,947 in Yr 2, \$46,144 in Yr 3, and \$48,452 in Yr 4, totaling \$138,543 in Yrs 2-4. *Funding Source:* Medi-Cal. It is estimated that 50% of Program Coordinator's time will be spent providing Medi-Cal eligible services.

b) *CSC:* (1.0 FTE Yrs 2-4) \$18,567 in Yr 2, \$19,356 in Yr 3, and \$20,448 in Yr 4, totaling \$58,352 in Yrs 2-4. *Funding Source:* Medi-Cal.

c) *Housing/Treatment/ Wraparound:* \$408,372 in Year 2, \$612,172 in Year 3, and \$612,275 in Year 4, totaling \$1,632,819. *Funding Source:* 82% Medi-Cal, 18% SSI/SSDI.

**4) Matching Funds:** The total matching funds is \$11,847 in Year 1, \$155,643 in Year 2, \$188,325 in Year 3, and \$188,257 in Year 4, totaling \$544,072 over four-years. Matching funds include:

a) *Program Administrator:* (0.25 FTE Yr 2, 0.2 FTE Yr 3 and 4) 100% Personnel + Fringe Benefits = \$49,490 Yr 2, \$41,571 Yr 3, \$43,650 Yr 4. *Type:* In-kind. *Funding Source:* MHSA-Prop 63 and Realignment.

b) *Data Manager:* (0.2 FTE Yrs 2-4) 100% Personnel + Fringe Benefits = \$41,605 Yr 2, \$43,685 Yr 3, \$45,870 Yr 4. *Type:* In-kind. *Funding Source:* MHSA-Prop 63 and Realignment. Total cost part of the 5% limit for reporting and evaluation.

c) *Indirect Costs (Overhead):* \$4,959 in Yr 1 +5% of Yr 2-4 Direct Costs \$2,961,762 = \$153,047: Indirect costs include costs of accounting and fiscal, payroll, legal, equipment depreciation, etc. *Type:* In-kind. *Funding Source:* MHSA-Prop 63 and Realignment.

d) *Other Matching Funds:* Wraparound services \$24,000 Yr 2, \$49,536 Yr 3, \$44,731 Yr 4, and 20% match of Startup cost \$6,888 in Yr 1 for a total of \$125,155. *Funding Source:* MHSA-Prop 63 and Realignment.

<b>SUMMARY</b>	<b>YEAR 1 (Actuals)</b>			
<b>Budget Category</b>	<b>DSH</b>	<b>MATCH</b>	<b>INCOME</b>	<b>TOTAL</b>
<b>PERSONNEL</b>				
Program Administrator	\$ 19,669	\$ 3,934	\$ -	\$ 23,603
Program Coordinator	\$ -	\$ -	\$ -	\$ -
CSC	\$ -	\$ -	\$ -	\$ -
Data Manager	\$ 2,138	\$ 428	\$ -	\$ 2,566
QI Coordinator	\$ -	\$ -	\$ -	\$ -
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Program Administrator	\$ 7,944	\$ 1,589	\$ -	\$ 9,533
Program Coordinator	\$ -	\$ -	\$ -	\$ -
CSC	\$ -	\$ -	\$ -	\$ -
Data Manager	\$ 922	\$ 184	\$ -	\$ 1,106
QI Coordinator	\$ -	\$ -	\$ -	\$ -
<b>TRAVEL</b>				
Mileage 50 miles /wk x 0.575	\$ -	\$ -	\$ -	\$ -
Annual DSH Conference	\$ -	\$ -	\$ -	\$ -
<b>EQUIPMENT</b>				\$ -
Computer / Phone / Office	\$ -	\$ -	\$ -	\$ -
<b>SUPPLIES</b>				
Communications, phone, internet, EHR, facilities	\$ 3,765	\$ 753	\$ -	\$ 4,518
Misc Office	\$ -	\$ -	\$ -	\$ -
<b>CONTRACTUAL</b>				\$ -
Crisis Residential	\$ -	\$ -	\$ -	\$ -
MHRC - Hillmont House	\$ -	\$ -	\$ -	\$ -
Adult Residential Facility	\$ -	\$ -	\$ -	\$ -
Board & Care	\$ -	\$ -	\$ -	\$ -
SUS Treatment Center	\$ -	\$ -	\$ -	\$ -
Housing	\$ -	\$ -	\$ -	\$ -
<b>OTHER</b>				
Wraparound Services	\$ -	\$ -	\$ -	\$ -
Training - ACT	\$ -	\$ -	\$ -	\$ -
<b>DIRECT TOTAL</b>	\$ 34,438	\$ 6,888	\$ -	\$ 41,326
<b>INDIRECT (OVERHEAD)</b>	\$ -	\$ 4,959	\$ -	\$ 4,959
<b>TOTAL</b>	\$ 34,438	\$ 11,847	\$ -	\$ 46,285

<b>SUMMARY</b>	<b>YEAR 2</b>			
<b>Budget Category</b>	<b>DSH</b>	<b>MATCH</b>	<b>INCOME</b>	<b>TOTAL</b>
<b>PERSONNEL</b>				
Program Administrator	\$ -	\$ 31,929	\$ -	\$ 31,929
Program Coordinator	\$ 85,059	\$ -	\$ 28,353	\$ 113,411

CSC	\$ 60,555	\$ -	\$ 11,966	\$ 72,521
Data Manager	\$ -	\$ 26,842	\$ -	\$ 26,842
QI Coordinator	\$ 12,771	\$ -	\$ -	\$ 12,771
<b>FRINGE BENEFITS</b>				
Program Administrator	\$ -	\$ 17,561	\$ -	\$ 17,561
Program Coordinator	\$ 46,782	\$ -	\$ 15,594	\$ 62,376
CSC	\$ 33,305	\$ -	\$ 6,581	\$ 39,886
Data Manager	\$ -	\$ 14,763	\$ -	\$ 14,763
QI Coordinator	\$ 7,024	\$ -	\$ -	\$ 7,024
<b>TRAVEL</b>				
Mileage 50 miles /wk x 0.575	\$ 1,495	\$ -	\$ -	\$ 1,495
Annual DSH Conference	\$ 2,045	\$ -	\$ -	\$ 2,045
<b>EQUIPMENT</b>				
Computer / Phone / Office	\$ 2,739	\$ -	\$ -	\$ 2,739
<b>SUPPLIES</b>				
Phone, internet, EHR, facilities	\$ 9,197	\$ -	\$ -	\$ 9,197
Misc Office	\$ 3,000	\$ -	\$ -	\$ 3,000
<b>CONTRACTUAL</b>				
Crisis Residential	\$ 37,556	\$ -	\$ 27,759	\$ 65,314
MHRC - Hillmont House	\$ 164,750	\$ -	\$ 137,160	\$ 301,911
Adult Residential Facility	\$ 117,947	\$ -	\$ 114,600	\$ 232,546
Board & Care	\$ 61,400	\$ -	\$ 11,466	\$ 72,866
SUS Treatment Center	\$ 69,127	\$ -	\$ 47,716	\$ 116,843
Housing	\$ 10,800	\$ -	\$ -	\$ 10,800
<b>OTHER</b>				
Wraparound Services	\$ 69,671	\$ 24,000	\$ 69,671	\$ 163,342
Training - ACT	\$ 15,750	\$ -	\$ -	\$ 15,750
<b>DIRECT TOTAL</b>	\$ 810,972	\$ 115,095	\$ 470,866	\$ 1,396,933
<b>INDIRECT (OVERHEAD)</b>	\$ -	\$ 40,549	\$ -	\$ 40,549
<b>TOTAL</b>	\$ 810,972	\$ 155,643	\$ 470,866	\$ 1,437,482

<b>SUMMARY</b>	<b>YEAR 3</b>			
<b>Budget Category</b>				
<b>PERSONNEL</b>	<b>DSH</b>	<b>MATCH</b>	<b>INCOME</b>	<b>TOTAL</b>
Program Administrator	\$ -	\$ 26,820	\$ -	\$ 26,820
Program Coordinator	\$ 89,312	\$ -	\$ 29,771	\$ 119,082
CSC	\$ 63,583	\$ -	\$ 12,564	\$ 76,147
Data Manager	\$ -	\$ 28,184	\$ -	\$ 28,184
QI Coordinator	\$ 13,410	\$ -	\$ -	\$ 13,410
<b>FRINGE BENEFITS</b>				
Program Administrator	\$ -	\$ 14,751	\$ -	\$ 14,751
Program Coordinator	\$ 49,121	\$ -	\$ 16,374	\$ 65,495
CSC	\$ 35,089	\$ -	\$ 6,792	\$ 41,881
Data Manager	\$ -	\$ 15,501	\$ -	\$ 15,501
QI Coordinator	\$ 7,376	\$ -	\$ -	\$ 7,376
<b>TRAVEL</b>				
Mileage 50 miles /wk x 0.575	\$ 1,543	\$ -	\$ -	\$ 1,543
Annual DSH Conference	\$ 2,110	\$ -	\$ -	\$ 2,110
<b>EQUIPMENT</b>				
Computer / Phone / Office	\$ -	\$ -	\$ -	\$ -
<b>SUPPLIES</b>				
Phone, internet, EHR, facilities	\$ 11,994	\$ -	\$ -	\$ 11,994
Misc Office	\$ 3,096	\$ -	\$ -	\$ 3,096
<b>CONTRACTUAL</b>				
Crisis Residential	\$ 51,677	\$ -	\$ 38,122	\$ 89,798
MHRC - Hillmont House	\$ 254,539	\$ -	\$ 211,913	\$ 466,452
Adult Residential Facility	\$ 161,986	\$ -	\$ 157,378	\$ 319,363

Board & Care	\$ 73,668	\$ -	\$ 11,812	\$ 85,480
SUS Treatment Center	\$ 71,200	\$ -	\$ 49,148	\$ 120,348
Housing	\$ 37,152	\$ -	\$ -	\$ 37,152
<b>OTHER</b>				
Wraparound Services	\$ 143,801	\$ 49,536	\$ 143,801	\$ 337,137
Training - ACT	\$ -	\$ -	\$ -	\$ -
<b>DIRECT TOTAL</b>	\$ 1,070,656	\$ 134,793	\$ 677,673	\$ 1,883,121
<b>INDIRECT (OVERHEAD)</b>		\$ 53,533		\$ 53,533
<b>TOTAL</b>	\$ 1,070,656	\$ 188,325	\$ 677,673	\$ 1,936,654

<b>SUMMARY</b>	<b>YEAR 4</b>			
<b>Budget Category</b>				
<b>PERSONNEL</b>	<b>DSH</b>	<b>MATCH</b>	<b>INCOME</b>	<b>TOTAL</b>
Program Administrator	\$ -	\$ 28,161	\$ -	\$ 28,161
Program Coordinator	\$ 93,777	\$ -	\$ 31,259	\$ 125,036
CSC	\$ 66,762	\$ -	\$ 13,192	\$ 79,954
Data Manager	\$ -	\$ 29,593	\$ -	\$ 29,593
QI Coordinator	\$ 14,081	\$ -	\$ -	\$ 14,081
<b>FRINGE BENEFITS</b>				
Program Administrator	\$ -	\$ 15,489	\$ -	\$ 15,489
Program Coordinator	\$ 51,577	\$ -	\$ 17,192	\$ 68,770
CSC	\$ 36,719	\$ -	\$ 7,256	\$ 43,975
Data Manager	\$ -	\$ 16,276	\$ -	\$ 16,276
QI Coordinator	\$ 7,744	\$ -	\$ -	\$ 7,744
<b>TRAVEL</b>				
Mileage 50 miles /wk x 0.575	\$ 1,592	\$ -	\$ -	\$ 1,592
Annual DSH Conference	\$ 2,178	\$ -	\$ -	\$ 2,178
<b>EQUIPMENT</b>	\$ -	\$ -	\$ -	\$ -
Computer / Phone / Office	\$ -	\$ -	\$ -	\$ -
<b>SUPPLIES</b>				
Phone, internet, EHR, facilities	\$ 12,676	\$ -	\$ -	\$ 12,676
Misc Office	\$ 3,195	\$ -	\$ -	\$ 3,195
<b>CONTRACTUAL</b>				
Crisis Residential	\$ 53,330	\$ -	\$ 39,265	\$ 92,596
MHRC - Hillmont House	\$ 262,176	\$ -	\$ 218,270	\$ 480,446
Adult Residential Facility	\$ 166,838	\$ -	\$ 162,101	\$ 328,939
Board & Care	\$ 75,878		\$ 12,164	\$ 88,042
SUS Treatment Center	\$ 72,675		\$ 50,622	\$ 123,297
Housing	\$ 29,083			\$ 29,083
<b>OTHER</b>				
Wraparound Services	\$ 129,852	\$ 44,731	\$ 129,852	\$ 304,435
Training - ACT	\$ -	\$ -	\$ -	\$ -
<b>DIRECT TOTAL</b>	\$ 1,080,133	\$ 134,250	\$ 681,175	\$ 1,895,558
<b>INDIRECT (OVERHEAD)</b>		\$ 54,007		\$ 54,007
<b>TOTAL</b>	\$ 1,080,133	\$ 188,257	\$ 681,175	\$ 1,949,565

<b>SUMMARY</b>	<b>Grand Total</b>			
<b>Budget Category</b>				
<b>PERSONNEL</b>	<b>DSH</b>	<b>MATCH</b>	<b>INCOME</b>	<b>TOTAL</b>
Program Administrator	\$ 19,669	\$ 90,844	\$ -	\$ 110,513
Program Coordinator	\$ 268,147	\$ -	\$ 89,382	\$ 357,530
CSC	\$ 190,899	\$ -	\$ 37,723	\$ 228,622
Data Manager	\$ 2,138	\$ 85,047	\$ -	\$ 87,185
QI Coordinator	\$ 40,262	\$ -	\$ -	\$ 40,262
<b>FRINGE BENEFITS</b>				
Program Administrator	\$ 7,944	\$ 49,389	\$ -	\$ 57,333



Program Coordinator	\$ 147,481	\$ -	\$ 49,160	\$ 196,641
CSC	\$ 105,113	\$ -	\$ 20,629	\$ 125,742
Data Manager	\$ 922	\$ 46,725	\$ -	\$ 47,647
QI Coordinator	\$ 22,144	\$ -	\$ -	\$ 22,144
<b>TRAVEL</b>				
Mileage 50 miles /wk x 0.575	\$ 4,630	\$ -	\$ -	\$ 4,630
Annual DSH Conference	\$ 6,333	\$ -	\$ -	\$ 6,333
<b>EQUIPMENT</b>				
Computer / Phone / Office	\$ 2,739	\$ -	\$ -	\$ 2,739
<b>SUPPLIES</b>				
Phone, internet, EHR, facilities	\$ 37,633	\$ 753	\$ -	\$ 38,386
Misc Office	\$ 9,291	\$ -	\$ -	\$ 9,291
<b>CONTRACTUAL</b>				
Crisis Residential	\$ 142,562	\$ -	\$ 105,146	\$ 247,708
MHRC - Hillmont House	\$ 681,465	\$ -	\$ 567,344	\$ 1,248,809
Adult Residential Facility	\$ 446,771	\$ -	\$ 434,078	\$ 880,849
Board & Care	\$ 210,946	\$ -	\$ 35,442	\$ 246,388
SUS Treatment Center	\$ 213,002	\$ -	\$ 147,486	\$ 360,489
Housing	\$ 77,035	\$ -	\$ -	\$ 77,035
<b>OTHER</b>				
Wraparound Services	\$ 343,323	\$ 118,267	\$ 343,323	\$ 804,913
Training - ACT	\$ 15,750	\$ -	\$ -	\$ 15,750
<b>DIRECT TOTAL</b>	\$ 2,996,200	\$ 391,025	\$ 1,829,713	\$ 5,216,938
<b>INDIRECT (OVERHEAD)</b>	\$ -	\$ 153,047	\$ -	\$ 153,047
<b>TOTAL</b>	\$ 2,996,200	\$ 544,072	\$ 1,829,713	\$ 5,369,986