

AGREEMENT

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THIS AGREEMENT is made and entered into this 4th day of August, 2020, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and Turning Point of Central California, Inc , a private non-profit, 501 (c)(3) corporation, whose address is 615 S. Atwood Street, Visalia, CA 93277, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, COUNTY Probation Department is in need of in custody and community re-entry evidence-based case management services for female and male participants of the Edward Byrne Memorial Justice Assistance Grant (JAG), Adult Re-Entry Planning Program (ARPP).

WHEREAS, COUNTY issued Request for Proposal (RFP) Number 20-033 and Addendum Number One (collectively, the "RFP"), which solicited proposals from qualified vendors to provide the aforementioned services: and

WHEREAS, CONTRACTOR responded to such RFP and represents it is willing and able to provide such evidence-based case management services to COUNTY as provided herein.

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

1. OBLIGATIONS OF THE CONTRACTOR

A. Provide COUNTY with evidence-based re-entry case management services in accordance with the Scope of Work, attached as Exhibit A and incorporated by reference, located with in the Fresno County Jail at 1225 M Street, Fresno, CA. 93721, any additional Fresno County correctional facilities housing participants prior to releases, and at its facility located at 1638 L. Street, Fresno, CA 93721.

B. Apply Motivational Interviewing (MI) and Effective Practices in Community Supervision (EPICS) methods to complete assessments designated by County, and Risk Needs Responsivity (RNR) techniques to develop individualized plans and provide services to produce required measurable outcomes.

1 C. Utilize and maintain an electronic data base system to create and maintain a
2 comprehensive record, track, and report participants case management plans, services and outcomes
3 to COUNTY upon request.

4 2. OBLIGATIONS OF THE COUNTY

5 A. Will provide training for JAG ARRP case managers in Motivational Interviewing
6 (MI) and Effective Practices in Community Supervision (EPICS).

7 B. Will assign one Deputy Probation Officer to recruit and screen participants and
8 provide oversight for the JAG ARPP.

9 3. TERM

10 The term of this Agreement shall be for a period of three (3) years, commencing on August 4, 2020
11 through and including August 3, 2023. This Agreement may be extended for one (1) additional consecutive
12 twelve (12) month period or until such time as the grant and associated funding ends upon written approval
13 of both parties no later than thirty (30) days prior to the first day of the twelve (12) month extension period.
14 The Chief Probation Officer or his or her designee is authorized to execute such written approval on behalf
15 of COUNTY based on CONTRACTOR'S satisfactory performance.

16 4. TERMINATION

17 A. Non-Allocation of Funds - The terms of this Agreement, and the services to
18 be provided hereunder, are contingent on the approval of funds by the appropriating government
19 agency. Should sufficient funds not be allocated, the services provided may be modified, or this
20 Agreement terminated, at any time by giving the CONTRACTOR thirty (30) days advance written
21 notice.

22 B. Breach of Contract - The COUNTY may immediately suspend or terminate this
23 Agreement in whole or in part, where in the determination of the COUNTY there is:

- 24 1) An illegal or improper use of funds;
- 25 2) A failure to comply with any term of this Agreement;
- 26 3) A substantially incorrect or incomplete report submitted to the COUNTY;
- 27 4) Improperly performed service.

28 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any breach

1 of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such
2 payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default.
3 The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the COUNTY of any
4 funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of the COUNTY were
5 not expended in accordance with the terms of this Agreement. The CONTRACTOR shall promptly refund
6 any such funds upon demand.

7 C. Without Cause - Under circumstances other than those set forth above, this
8 Agreement may be terminated by COUNTY upon the giving of thirty (30) days advance written notice of an
9 intention to terminate to CONTRACTOR.

10 5. COMPENSATION/INVOICING: COUNTY agrees to pay CONTRACTOR and
11 CONTRACTOR agrees to receive compensation as follows: in accordance with the Cost Summary,
12 attached as Exhibit B. CONTRACTOR shall submit monthly invoices in triplicate to the County of Fresno
13 Probation Department, 3333 E. American Avenue, Suite B, Fresno, CA 93725 or
14 ProbationInvoices@fresnocountyca.gov.

15 In phase one, with the staffing of one case manager, compensation paid for services shall not
16 exceed One Hundred Fifty-Eight Thousand, Six Hundred Fifty-Two Dollars (\$158,652); phase two, with the
17 staffing of two case managers, compensation shall not exceed Two Hundred Thirty-Two Thousand, Ninety-
18 Six Dollars (\$232,096); phase three, with the staffing of three case managers, compensation shall not
19 exceed Three Hundred One Thousand, Four Hundred Ninety Dollars (\$301,490); and phase four, with the
20 staffing of four case managers, compensation shall not exceed Three Hundred Sixty-Eight Thousand, Five
21 Hundred Twenty-Three Dollars (\$368,523). In no event shall services performed under this Agreement be
22 in excess of Three Hundred Sixty-Eight Thousand and Five Hundred Twenty-Three Dollars (\$368,523)
23 annually from August 4th to August 3rd of each contract year during the term of this Agreement. In no event
24 shall compensation paid for services for the initial three-year term of this Agreement exceed One Million
25 One Hundred Five Thousand, Five Hundred Sixty-Nine Dollars (\$1,105,569). If the Agreement extends into
26 a fourth year, in no event shall compensation be paid for the total four-year term exceed One Million Four
27 Hundred Seventy-Four Thousand, Ninety- Two- Dollars (\$1,474,092). It is understood that all expenses
28 incidental to CONTRACTOR'S performance of services under this contract shall be borne by

1 CONTRACTOR.

2 CONTRACTOR will submit monthly invoices for actual program expenses referencing the County
3 Contract Number, as noted on page one (1) of this agreement.. CONTRACTOR shall submit invoices to the
4 County of Fresno, Probation Department Business Office, 3333 E. American Avenue, Suite B, Fresno, CA
5 93725 or to ProbationInvoices@fresnocounty.gov. Payments by County shall be made within forty-five
6 (45) days after receipt of CONTRACTOR'S properly completed invoices. Such payments shall be mailed to
7 the CONTRACTOR'S address as noted on page one (1) of this agreement.

8 6. INDEPENDENT CONTRACTOR: In performance of the work, duties and obligations
9 assumed by CONTRACTOR under this Agreement, it is mutually understood and agreed that
10 CONTRACTOR, including any and all of the CONTRACTOR'S officers, agents, and employees will at all
11 times be acting and performing as an independent contractor, and shall act in an independent capacity and
12 not as an officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY.
13 Furthermore, COUNTY shall have no right to control or supervise or direct the manner or method by which
14 CONTRACTOR shall perform its work and function. However, COUNTY shall retain the right to administer
15 this Agreement so as to verify that CONTRACTOR is performing its obligations in accordance with the
16 terms and conditions thereof.

17 CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and
18 regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

19 Because of its status as an independent contractor, CONTRACTOR shall have absolutely no right
20 to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be solely liable
21 and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In
22 addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all matters relating
23 to payment of CONTRACTOR'S employees, including compliance with Social Security withholding and all
24 other regulations governing such matters. It is acknowledged that during the term of this Agreement,
25 CONTRACTOR may be providing services to others unrelated to the COUNTY or to this Agreement.

26 7. MODIFICATION: Any matters of this Agreement may be modified from time to time by the
27 written consent of all the parties without, in any way, affecting the remainder.

28 8. NON-ASSIGNMENT: Neither party shall assign, transfer or sub-contract this Agreement

1 nor their rights or duties under this Agreement without the prior written consent of the other party.

2 9. HOLD HARMLESS: CONTRACTOR agrees to indemnify, save, hold harmless, and at
3 COUNTY'S request, defend the COUNTY, its officers, agents, and employees from any and all costs and
4 expenses (including attorney's fees and costs), damages, liabilities, claims, and losses occurring or
5 resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its
6 officers, agents, or employees under this Agreement, and from any and all costs and expenses (including
7 attorney's fees and costs), damages, liabilities, claims, and losses occurring or resulting to any person, firm,
8 or corporation who may be injured or damaged by the performance, or failure to perform, of
9 CONTRACTOR, its officers, agents, or employees under this Agreement.

10 10. INSURANCE:

11 Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third
12 parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance
13 policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or
14 Joint Powers Agreement (JPA) throughout the term of the Agreement:

15 A. Commercial General Liability

16 Commercial General Liability Insurance with limits of not less than Two Million Dollars
17 (\$2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000.00). This
18 policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including
19 completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal
20 liability or any other liability insurance deemed necessary because of the nature of this contract.

21 B. Automobile Liability

22 Comprehensive Automobile Liability Insurance with limits of not less than One Million Dollars
23 (\$1,000,000.00) per accident for bodily injury and for property damages. Coverage should include any auto
24 used in connection with this Agreement.

25 C. Professional Liability

26 If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in
27 providing services, Professional Liability Insurance with limits of not less than One Million Dollars
28 (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

1 D. Worker's Compensation

2 A policy of Worker's Compensation insurance as may be required by the California Labor
3 Code.

4 E. Molestation

5 Sexual abuse / molestation liability insurance with limits of not less than One Million Dollars
6 (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) annual aggregate. This policy shall be
7 issued on a per occurrence basis.

8 Additional Requirements Relating to Insurance

9 CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming
10 the County of Fresno, its officers, agents, and employees, individually and collectively, as additional
11 insured, but only insofar as the operations under this Agreement are concerned. Such coverage for
12 additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained
13 by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance
14 provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without
15 a minimum of thirty (30) days advance written notice given to COUNTY.

16 CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and
17 employees any amounts paid by the policy of worker's compensation insurance required by this
18 Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be
19 necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under
20 this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

21 Within Thirty (30) days from the date CONTRACTOR signs and executes this Agreement,
22 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the
23 foregoing policies, as required herein, to the County of Fresno, (Name and Address of the official who will
24 administer this contract), stating that such insurance coverage have been obtained and are in full force; that
25 the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the
26 policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents
27 and employees, individually and collectively, as additional insured, but only insofar as the operations under
28 this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance

1 and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees,
2 shall be excess only and not contributing with insurance provided under CONTRACTOR's policies herein;
3 and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance,
4 written notice given to COUNTY.

5 In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein
6 provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this
7 Agreement upon the occurrence of such event.

8 All policies shall be issued by admitted insurers licensed to do business in the State of California,
9 and such insurance shall be purchased from companies possessing a current A.M. Best, Inc. rating of A
10 FSC VII or better.

11 11. AUDITS AND INSPECTIONS: The CONTRACTOR shall at any time during business
12 hours, and as often as the COUNTY may deem necessary, make available to the COUNTY for examination
13 all of its records and data with respect to the matters covered by this Agreement. The CONTRACTOR
14 shall, upon request by the COUNTY, permit the COUNTY to audit and inspect all of such records and data
15 necessary to ensure CONTRACTOR'S compliance with the terms of this Agreement.

16 If this Agreement exceeds ten thousand dollars (\$10,000.00), CONTRACTOR shall be subject to
17 the examination and audit of the Auditor General for a period of three (3) years after final payment under
18 contract (Government Code Section 8546.7).

19 12. NOTICES: The persons and their addresses having authority to give and receive notices
20 under this Agreement include the following:

<u>COUNTY</u>	<u>CONTRACTOR</u>
COUNTY OF FRESNO	Turning Point of Central California, Inc.
Chief Probation Officer	Raymond R Banks, Chief Executive Officer
3333 E. American Ave, Suite B	P.O. Box 7447
Fresno, CA 93725	Visalia, CA 93290-7447

24 All notices between the COUNTY and CONTRACTOR provided for or permitted under this
25 Agreement must be in writing and delivered either by personal service, by first-class United States mail, by
26 an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by
27 personal service is effective upon service to the recipient. A notice delivered by first-class United States
28 mail is effective three COUNTY business days after deposit in the United States mail, postage prepaid,

1 addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one
2 COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid,
3 with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by
4 telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is
5 completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the
6 next beginning of a COUNTY business day), provided that the sender maintains a machine record of the
7 completed transmission. For all claims arising out of or related to this Agreement, nothing in this section
8 establishes, waives, or modifies any claims presentation requirements or procedures provided by law,
9 including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code,
10 beginning with section 810).

11 13. GOVERNING LAW: Venue for any action arising out of or related to this Agreement shall
12 only be in Fresno County, California.

13 The rights and obligations of the parties and all interpretation and performance of this Agreement
14 shall be governed in all respects by the laws of the State of California.

15 14. DISCLOSURE OF SELF-DEALING TRANSACTIONS

16 This provision is only applicable if the CONTRACTOR is operating as a corporation (a for-profit
17 or non-profit corporation) or if during the term of the agreement, the CONTRACTOR changes its status
18 to operate as a corporation.

19 Members of the CONTRACTOR's Board of Directors shall disclose any self-dealing transactions
20 that they are a party to while CONTRACTOR is providing goods or performing services under this
21 agreement. A self-dealing transaction shall mean a transaction to which the CONTRACTOR is a party
22 and in which one or more of its directors has a material financial interest. Members of the Board of
23 Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a
24 Self-Dealing Transaction Disclosure Form, attached hereto as Exhibit A and incorporated herein by
25 reference, and submitting it to the COUNTY prior to commencing with the self-dealing transaction or
26 immediately thereafter.

27 15. ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the
28 CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous

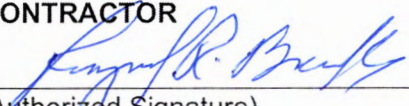
1 Agreement negotiations, proposals, commitments, writings, advertisements, publications, and
2 understanding of any nature whatsoever unless expressly included in this Agreement. *In the event of any*
3 *inconsistency in interpreting the documents which constitute this Agreement, the inconsistency shall be*
4 *resolved by giving precedence in the following order of priority: (1) the text of this Agreement (excluding*
5 *Attachment "A", the COUNTY'S Request for Quotation/Proposal No. RFP No.20-033 and the*
6 *CONTRACTOR'S Quote/Proposal in response thereto); (2) Attachment "A"; (3) the COUNTY'S Request for*
7 *Quotation/Proposal No. RFP No. 20-033; and (4) the CONTRACTOR'S quotation/proposal made in*
8 *response to COUNTY'S Request for Quotation/Proposal No. RFP No. 20-033.*

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first hereinabove written.

CONTRACTOR



(Authorized Signature)

Raymond R. Banks, Chief Executive Officer

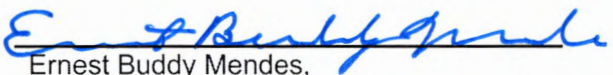
Print Name & Title

Turning Point of Central California, Inc.

P.O. Box 7447, Visalia, CA 93290-7447

Mailing Address

COUNTY OF FRESNO



Ernest Buddy Mendes,
Chairman of the Board of Supervisors of
the County of Fresno

ATTEST:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By: 

Deputy

FOR ACCOUNTING USE ONLY:

Fund: 0001

Subclass: 10000

ORG: 34321975

Account: 7295

Agreement No.

Exhibit A Scope of Work

SCOPE OF WORK

Turning Point of Central California, Inc. (Turning Point) in response to an RFP #20-033 set forth by The County of Fresno, on behalf of the Probation Department to design and operate Adult Re-Entry Planning Program (ARPP). Turning Point has a proven track record of providing both in-jail and re-entry services to adults in Fresno County for several decades. In particular, Turning Point has proven their effectiveness in significantly reducing criminogenic needs and therefore recidivism rates in similar programs, across multiple counties, as well as in State and Federal programs.

This document addresses the structure of the ARPP program, including the target population, staffing pattern, staff training program, range of linkages to additional community resources and evidence-based practices that will be utilized to deliver services in jail and following release for participating clients. It also describes the data collection strategies used by Turning Point and the projected outcomes of this program.

The ARPP program will provide case management services to participants who meet the following eligibility criteria:

- Has been committed to the Fresno County Jail (male and female).
- 18 – 30 years of age.
- Affiliated or previously affiliated with a gang.
- At a high-risk to reoffend.

The goal of the services provided by the ARPP program is to utilize case managers to prepare the participants for life after incarceration, so that they can lead productive lives and not re-enter the criminal justice system. Case management services will be provided at a 1:40 case manager to participant ratio. Turning Point is proposing to provide case management services using the evidence-based, Risk, Need, Responsivity (RNR) principles. Interventions will:

- Correspond to the risk to re-offend;
- Target the individual's criminogenic needs;
- Reduce recidivism, and
- Address the participant's abilities and motivation.

The case managers assigned to ARPP program will participate in Fresno County Probation Department sponsored trainings in Effective Practices in Community Supervision (EPICS) and Motivational Interviewing (MI). EPICS and MI have been proven methods in providing Risk-Need-Responsivity (RNR) principles to the targeted population. Case managers will provide services 60 days prior to release and up to 6 months post release.

Implementation Plan

The annual budget for this program will serve 160 participants at any given time but will gradually ramp up as referrals increase.

The program implementation plan, includes the schedule of events and actions to start up the program begin at contract effective date through when the first group will be served;

IMPLEMENTATION TIMELINE: 30-14 days before start date

- Vehicle lease agreements are secured
- Referral process is established/reviewed
- Jobs are posted
- IT is configured (network/computers/phones etc.)
- County site visits are conducted (if required)
- Security camera contract is updated
- Hiring begins

14-7 days before start date

- Purchases are made for program equipment
- Staff orientation training/county certification begins
- Administrative staff begins orientation on data collection requirements 7-0 days prior to start date
- Hiring is completed
- Staff orientation/county certification is completed
- Client referrals begin

Program services will begin a minimum of 60 days prior to release and be offered in Jail, in collaboration with Fresno County Jail staff.

Initially, an orientation to services including basic information gathering, assessment of need and care plan will be established in those early contacts. Case managers will conduct an evidence-based needs assessment and develop a case plan for each participant in the program. The assessments and case plan will be completed a minimum of sixty days prior to participant being released from jail. The assessment and case plan will result in the identification of such critical factors as:

Job Training/Employment	Mental Health Services	Housing
Education	Antisocial Cognitions	Food
Substance Abuse Treatment	Family/Marital Relations	Security
Life/Coping Skills	Leisure/Recreational Activities	

When immediate needs are identified, case managers will work with participants to collaboratively develop strategies to meet those needs as quickly and efficiently as possible. The first treatment goal is to stabilize each of these domains and clearly identify not only the participant's criminogenic needs, but also utilize Motivational Interviewing to assist them in progressing to the next stage of readiness to

change. The highest priority will be to arrange for housing and other stability issues for the participants prior to release from custody. Pre-release services will be offered to participants of the program including:

Mentoring	Family Reunification	Pro-social Behavior Programs
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Once the stabilization and criminogenic needs have been identified and the case plan has been completed, the case manager will address those needs through linkages to programs within the community and public agencies for services that were not completed prior to release. Turning Point has developed excellent working relationships with multiple partners within the Adult System of Care. Together, these providers offer comprehensive services for those struggling with mental illness and include both mainstream and specialty community resources. The program will remain open to and continually seek out new liaisons with outpatient behavioral health services, public and private health care providers, payee services, hospital emergency rooms, housing and care providers, substance abuse treatment providers, emergency food and shelter programs, and any other community partners where such collaboration will benefit participants.

A cooperative team approach is sought with all relevant agencies involved. Set forth below is a list of some of the community partners with whom Turning Point may link participants:

Marjaree Mason Center	Fresno Rescue Mission	Clovis Adult School	Drinking Driver Programs
Rape Crisis Center	Poverello House	WestCare	. Mental Health Systems Residential Program
Fresno Behavioral Health Court	MAP Point	Quest House	. STASIS Supportive Housing
Fresno County Conservatorship Team	Community Food Bank	Fresno New Connections	Falcon Court Supportive Housing
National Alliance for Mental Illness (NAMI)	Mental Health Field Clinicians	Crisis Intervention Team (CIT)	Dreamcatcher Employment Program
Department of Behavioral Health	Community Behavioral Health Center	Central California Recovery	Senior Resource Center
State Department of Rehabilitation	Exodus	Fresno County Hispanic Commission	Valley Health Team
Urgent Care Wellness Center	SOS (Safe Overnight Stay)	Patient's Rights Advocate	Fresno County Public Defender's office
Fresno County Probation	Blue Sky Wellness Center	Celebrate Recovery and AA/NA	United Healthcare Centers
Fresno PD - Homeless Taskforce	Fresno City College	Adult Methadone Outpatient Services	Adventist Healthcare

A multi-disciplinary team including, but not limited to the Case Manager, Probation Officer, family member, and mentors will meet every two weeks prior to release to review the transition plan and make any necessary changes. The Case Manager will work with each participant to obtain any essential documents (i.e. valid identification, driver's license); as well as work with the individuals to address any

other issues such as record expungement. For up to six months, the case manager will monitor the progress of the participant and address any issues that are hindering the participant from completing their goals. This will include working with the agencies that are providing services to the participant. The case manager will have regular meetings with the Probation Officer assigned to the project to address any issues that are hindering progress of the participants.

DOCUMENTATION

Turning Point will utilize AVATAR to document all services provided to each participant and all activities conducted. Turning Point collaborated with Fresno County as the pilot partner for its implementation of the AVATAR Electronic Health Record (EHR). Turning Point currently has over 150 staff who utilize the AVATAR health record. Turning Point is committed to ensuring that medical necessity for services is adequately documented, and that documentation of the need for services addresses the degree to which a mental illness disrupts or interferes with community living. All services are provided within each staff member's scope of practice. All JAG staff will attend the Fresno County documentation training provided by the Probation Department when first hired and current staff continue to complete this training annually per Fresno County guidelines. A new employee is required to attend three consecutive months of internal documentation training by our Turning Point Quality Assurance/Utilization Review and HIPAA Compliance Department specific to the population we serve. This department provides ongoing, monthly, technical training and assistance for all staff, focused on legal, ethical, service delivery and interventions. Clinical oversight and supervision of all services is provided by a licensed clinician.

We have had exceptional Fresno County DBH audits, with only minimal findings that were corrected immediately. We often have audits with no disallowances. Multiple Turning Point programs have received compliments from the DBH Audit team members in relation to abiding by county, state, and federal laws and having such low audit disallowances. Collaborative ideas, suggestions, and corrective action plans will continue to help Turning Point to extend that standard of excellence to the ARPP.

Turning Point agrees to abide by the following standards in creating and maintaining the comprehensive ARPP participant records:

A. Assessments

- Relevant physical health conditions reported by the participant will be prominently identified and updated as appropriate.
- Presenting problems and relevant conditions affecting the participant's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
- Documentation will describe participant's strengths in achieving client plan goals.
- Special status situations that present a risk to participants or others will be prominently documented and updated as appropriate.
- Documentations will include medications that have been prescribed by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
- Participant self-report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.

- A mental health history will be documented, including previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and results of relevant lab tests and consultation reports.
- Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
- A relevant mental status examination will be documented.
- A diagnosis from the most current Diagnostic and Statistical Manual of Mental Disorders (DSM), or a diagnosis from the most current International Classification of Diseases (ICD), will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the participant's condition.
- Participant conditions will be continually assessed.

B. Client Plans

Client plans will:

- Have specific observable and/or specific quantifiable goals
- Identify the proposed type(s) of intervention
- Have a proposed duration of intervention(s)
- Be signed (or electronic equivalent) by the person providing the service(s), or a person representing a team or program providing services,
- Be consistent with the client plan goals, and will indicate the individual's participation in and agreement with the plan (with participant signature)
- Participant signature on the plan will be used as the means by which Turning Point documents the participation of the participant (when the participant's signature is required on the client plan and the participant refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability)
- Turning Point will give a copy of the client plan to the participant on request.

Timeliness/Frequency of Client Plan will be updated every 2 weeks.

C. Progress Notes

Items that will be contained in the participant record related to the participant's progress in treatment include:

- The timely documentation of relevant aspects of participant care.
- Documentation participant encounters, including relevant clinical decisions and interventions.
- All entries will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable.

- All entries will include the date services were provided.
- Will be written legibly. *A computer with internet access will be provided for office and field-based staff.*
- Documentation of follow-up care, or as appropriate, a discharge summary.

Timeliness/Frequency of Progress Notes:

Progress notes shall be documented at the frequency by type of service indicated below:

- Every Service Contact
- Case Management
- Crisis Intervention

To measure satisfaction of participants and collect data for service planning and quality improvement, surveys will be conducted at regular intervals. Program beneficiaries are encouraged to participate in completing the survey. The goal is for the majority of participants to be satisfied for each domain. The data utilized for outcome reporting is produced from our Electronic Health Record (EHR), AVATAR, and from data entered into the state managed database. Outcome data collection begins at the time of referral. Upon request, Turning Point will complete any County-required access and referral forms and are completed in AVATAR for all referred participants. These forms can be utilized by the program to track engagement attempts, dates of contacts, and scheduled appointments. Reports can then be generated from AVATAR that measure length of time from date of referral to first contact, to first assessment.

ADDRESSING CRIMINOGENIC THINKING:

The primary evidence-based intervention that addresses this aspect of recovery will be the Changing Offender Behavior (COB) curriculum. COB is a cognitive-based treatment curriculum that addresses criminogenic risks and needs. COB is designed to target antisocial thoughts and skill deficits through an interactive and cognitive-behavioral approach and helps clients recognize and practice responsible behavior. The curriculum is based on the research demonstrating antisocial thoughts and cognitive skill deficits are causally related to criminal behavior and recidivism. The foundational theories are based on cognitive behavioral approaches, motivational interviewing, and stages of change. The curriculum can be incorporated into programs for people with or without mental illness. The goal of the curriculum is to teach clients strategies for identifying and managing risk factors. Placing heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skills development. Clients receive 1,800 minutes or 30 hours of Cognitive-behavioral based curriculum if they complete all 20 session. Through the group process we hope to provide our clients with the skills to manage their emotions, maintain self-control and respond in a productive, prosocial manner to negative situations. Ultimately, the goal of treatment is to help our clients make the adjustments necessary to manage their mental health symptoms and prevent recidivism.

Additionally, the ARPP program will provide participants with the Courage to Change Series: Interactive Journaling system, which is an evidence-based supervision/case management model developed in collaboration with several United States Probation Offices. Through the use of this cognitive-behavioral Interactive Journaling® System and interaction with their support team, participants address their individual problem areas based on a criminogenic risk and needs assessment. Implementation is flexible

and can be customized based on risk, responsivity and programming needs. By personalizing the information presented in the Journals to their own circumstances, participants will develop a record of their commitments and progress throughout probation and a roadmap to success in their efforts to make positive behavior change.

Turning Point will follow the best practices to ensure culturally diverse clients receive appropriate, culturally sensitive care. Such best practices will include using open ended questions to identify each persons' unique cultural needs; employing bilingual staff; partnering with various interpreting agencies to ensure all language needs are met; providing training to staff to recognize cultural biases and differences; assisting with benefits (SSI, GR, Medi-Cal) applications; and identifying and linking clients to culturally appropriate resources, such as Fresno Holistic and Cultural Education Wellness Center. Turning Point accepts that clients may prefer to use traditional or folk healing methods. Turning Point will not limit the services provided to the client, should the client incorporate cultural healing methods. Turning Point is cognizant that multiple cultures have strong family values and the extended family is very important to the client. Turning Point encourages family involvement in the healing and treatment process. This inclusion is based upon client preference and permission.

In addition, Turning Point will:

- Provide necessary behavioral health and substance abuse services in a culturally competent manner which is fundamental in any effort to ensure success of high quality and cost-effective services by adhering to cultural competency standards and requirements.
- Provide culturally appropriate and individualized-based service plans relevant to the client's culture and that clearly include client's participation.
- Secure services of trained translators/interpreters as necessary. Translators/interpreters shall be appropriately trained in providing services in a culturally sensitive manner.
- Whenever possible, hire racially and ethnically diverse community members and client/family members to provide or assist with culturally competent, client and family-driven behavioral health supportive services. Turning Point will collaborate with members of the various ethnic communities to share cultural perspectives. Each ethnic community's perspective on mental illness, co-occurring disorders, and wellness and recovery may contain different concepts and practices. By working together to explore these concepts appropriate approaches will be developed for each ethnic/cultural group.
- Conduct a comprehensive bio-psychosocial intake process that includes, as appropriate, the assessment of client's racial, spiritual, ethnic and gender needs.
- Utilize existing community supports to support cultural differences/needs, as clinically appropriate and with engagement by the client/family. Community-based support referrals may include, but are not limited to peer, cultural, ethnic, spiritual and gender support.

Turning Point strives to better understand and serve racial/ethnic minority groups to ensure they receive culturally sensitive and appropriate treatment, including those who identify as Asian American/Pacific Islander, African American, Latino/Hispanic, Hmong, Native American, those who are

Deaf/Hard of Hearing, Physical Disabilities, persons with particular religious/spiritual affiliations as well as Lesbian, gay, bisexual or transgender individuals. The following summaries outline culturally specific resources/intervention strategies for each of the aforementioned populations:

ASIAN AMERICAN/PACIFIC ISLANDER

Asian Americans often suffer from depression, low self-esteem, and anxiety. They often remain silent about their symptoms and do not seek treatment. They must overcome barriers such as language difficulties, transportation, insurance coverage, and family beliefs about mental illness (Mental Health: Culture, Race, and Ethnicity, 1999). Turning Point assists individuals in overcoming these barriers by having bilingual staff or using professional interpreters, providing transportation to and from behavioral health treatment appointments, assisting with Medi-Cal, SSI, and GR applications, and offering to meet with the family and educating them on mental illness, symptoms, and treatment; as well as inviting the family to participate in their family member's treatment (if the client agrees).

AFRICAN AMERICAN

African Americans often suffer from depression and bipolar disorder because they face racism, which has a negative impact on their mental health. Further, many African American's believe that mental illness is a personal weakness. They must overcome barriers such as denial, embarrassment/shame, lack of insurance coverage, and housing/poverty issues (Mental Health: Culture, Race, and Ethnicity, 1999). Turning Point recognizes these barriers and will assist participants to overcome them by creating a safe environment for the client, providing transportation to and from behavioral health treatment appointments, assisting with Medi-Cal, SSI, and GR applications, providing housing for the client, providing food for the client, and offering to educate the family to reduce stigma within the family and involve the family in the client's treatment (if the client agrees).

LATINO/HISPANIC

Latinos and Hispanics often suffer from depression, anxiety, substance use and post-traumatic stress disorder related to the trauma from their homeland. They must overcome barriers such as language, transportation, insurance coverage, lack of knowledge about where to receive treatment and fear of immigration status (Mental Health: Culture, Race, and Ethnicity, 1999). Turning Point addresses these barriers by creating a safe environment for the client, providing transportation to and from behavioral health treatment appointments, assisting with Medi-Cal, SSI, and GR applications, having bilingual staff or using professional interpreters, and linking them to resources within the community, such as Fresno Holistic and Cultural Education Wellness Center And Arte Americas.

HMONG

Mental health issues are difficult to identify in the Hmong community because symptoms are often underdiagnosed as they manifest somatically and stress and emotions are often internalized (Wilder research, 2010). Given the traumatic migration history of the Hmong, pre-and post-migration factors include war trauma, violence, poverty, loss, culture shock, acculturation, race and discrimination, lack of English proficiency, lack of education, unemployment, family role reversals and intergenerational conflicts (Wilder Research, 2010). There are a variety of stressors and social issues within the community related to the family and adapting to life in the United States, including socio-economic issues, intergenerational conflict, family instability and infidelity, and changing gender roles and expectations.

Youth, in particular, reported experiencing stress related to conflicts with their parents, acculturation, and cultural identity issues (Wilder Research, 2010). Again, Turning Point addresses these barriers by creating a safe environment for the client, providing transportation to and from behavioral health treatment appointments, assisting with Medi-Cal, SSI, and GR applications, having bilingual staff or using professional interpreters, and linking them to resources within the community, such as the Fresno Center (for New Americans).

NATIVE AMERICAN

Native Americans often suffer from depression, alcoholism and a high rate of suicide. They must overcome barriers such as holistic treatment and a lack of insurance (Mental Health: Culture, Race, and Ethnicity, 1999). Turning Point assists the client with insurance (Medi-Cal) applications and does not discourage holistic treatment. To the contrary, Turning Point encourages holistic treatment in combination with therapy and psychotropic medications. Further, Turning Point invites family participation in the treatment process (if the client agrees).

DEAF/HARD OF HEARING

Turning Point recognizes that the majority of deaf or hard of hearing persons communicate with hearing persons/professionals through a combination of sign language, writing, speech and lip reading. Further, the individual may rely on family to explain information to them. Therefore, Turning Point has developed relationships with various interpreting agencies who are available to translate in American Sign Language. Turning Point has developed relationships with Deaf and Hard of Hearing Services Center, Orchid Interpreting Services, ABC Interpreting Inc., and Interpreting Services of Central California. Additionally, Turning Point welcomes family involvement in the treatment process and encourages clients to sign releases of information for family members (of their choosing) and for families to communicate with Turning Point regarding their concerns or questions.

Turning Point is cognizant of the hard of hearing individual's use of body language and facial expressions to express emotions such as urgency, fear and frustration. This awareness ensures that the treatment team will monitor the participant's changing body language and facial expressions to ensure the participant's behavioral health symptoms are not being exacerbated by the treatment or situation. Should the participant display distress, the treatment team will redirect the participant and minimize their symptoms.

Turning Point recognizes the importance of utilizing person-first language and respectful disability language. Therefore, Turning Point uses respectful and acceptable terms such as deaf and hard of hearing.

PHYSICAL DISABILITIES

Turning Point conforms to the World Health Organization's definition of an individual who is disabled, impaired, functionally limited or handicapped, as defined below:

- An individual who is disabled has an inability or limitation in performing socially defined activities and roles expected of them within a social and physical environment.
- An individual who is impaired has suffered the loss of a body part, system or function.

- An individual who is functionally limited is restricted or has a lack of an ability to perform an activity in the manner within the range considered normal.
- An individual who is handicapped has a disadvantage resulting from an impairment or disability that limits or prevents the fulfillment of a role that is “normal.”

Turning Point acknowledges and embraces the participant’s disability. Turning Point strives to create an environment that is barrier-free by linking the participant to a primary care physician, reminding the participant about upcoming doctor and specialist’s appointments, provide transportation to and from the appointments, and asking questions about their treatments. Additionally, Turning Point will obtain a release of information for every primary care doctor and specialist that the participant is receiving treatment from, so we can share necessary treatment information to ensure a continuum of care.

Additionally, Turning Point will link participants to appropriate levels of housing, such as board and care facilities and skilled nursing facilities. The participant continues to receive the same level of care, while residing in a higher level of housing. The Turning Point housing coordinator will meet with the participant and conduct a housing evaluation. The evaluation consists of reviewing the participant’s past medical and psychiatric history and assessing the following: (1) the participant’s medical needs; (2) the participant’s personal preferences; (3) whether or not the participant is actively using drugs or alcohol; (4) the participant’s prior housing arrangements; and (4) other relevant factors. Upon completion of the assessment, the participant is linked to appropriate housing.

PERSONS WITH RELIGIOUS/SPIRITUAL AFFILIATIONS

Turning Point recognizes that religion and spirituality provide a sense of meaning and purpose in life, provide a source of love and relatedness, and help keep believers in relationships to the unknown and unknowable.

Turning Point will address participant’s spirituality and religion by conducting a spiritual history. This process includes the clinician or case manager gathering relevant information (over a period of time) from the participant about their spiritual values, religious beliefs, spiritual needs or concerns, and any other information relevant to the participant’s life meaning. Further, Turning Point case managers address the participant’s basic spiritual resources such as “what are their sources of hope,” the importance and influence of religion or spirituality in the participant’s life, and whether or not the participant’s spiritual or religious views affect their treatment choice. Upon receipt of the information, Turning Point will provide culturally sensitive and appropriate support and linkages to the participant, such as Fresno Holistic and Cultural Education Wellness Center, Islamic Cultural Center of Fresno, Arte Americas, and Fresno Center for New Americans.

LESBIAN, GAY, BISEXUAL OR TRANSGENDER INDIVIDUALS

Turning Point recognizes that the LGBTQ community may have a fear of discrimination and stigma that may result in the postponement of seeking services. Turning Point will create a safe, non-judgmental environment for the participant. To ensure the participant is aware that they are safe, Turning Point posts a pink triangle safe zone sign in every lobby. The triangle sign was used during the development of the gay rights movement. Its purpose was to symbolize the oppression but also symbolize hope for liberation of the LGBTQ individual and community. We proudly display the pink triangle, so our participants know that they are in a safe, accepting environment. We also utilize the colors of the

rainbow to symbolize that we are LGBTQ friendly. It is well known that the symbols of the rainbow also depict LGBTQ awareness and acceptance.

Turning Point clinicians and staff will use appropriate barrier free communication with LGBTQ individuals. The participant will be asked what gender he/she identifies with, how he/she would like to be addressed, and what name he/she would like to be called. Additionally, gender neutral language such as partner or significant other, will be used instead of wife or husband. Gender neutral language allows the participant to answer honestly without feeling judged or discriminated against.

Turning Point will follow best practices and document the participant’s gender identity and sexual orientation in their medical chart as appropriate; however, the participant is assured that the information is only accessible by health care professionals and only on a “need to know” basis. This provides an opportunity for the participant to be open and honest because it alleviates the fear that their personal information will be disseminated. Further, it ensures that the participant is addressed appropriately by staff as either male/female regardless of their biology.

Through specific training Turning Point will strive to promote understanding of the specific issues of stigmatization and barriers to services that are confronted by the LGBTQ community. Staff members competent in these areas will be employed. A screening tool will be utilized to identify needs of participants in this area. Resources appropriate for the specific needs will be developed.

Additionally, Turning Point provides culturally sensitive and appropriate support and linkages to the participant, such as Blue Sky Wellness Center, Fresno LGBT Community Center, and Gay Central Valley.

EVIDENCE-BASED PRACTICES

Turning Point is well-versed in the following evidence-based practices that it will implement in the ARPP program:

Risk-Needs-Responsivity (RNR) Model	Motivational Interviewing
Changing Offender Behavior (COB)	Seeking Safety (Trauma-Informed Care)
Prochaska’s Stages of Change	Effective Practices in Community Supervision

For the comprehensive training plan for the ARPP program, please see Appendix K of the RFP and herein will be incorporated by reference. The following is a brief explanation of each Evidence Based Practice (EBP) to exhibit Turning Point’s familiarity with implementation in similar populations:

RISK-NEEDS-RESPONSIVITY (RNR) MODEL

Turning Point appreciates the value of assessing, treating and ultimately reducing a defendant’s risk of recidivism through the use of evidence-based, dynamic, systemic and comprehensive tools. The Risk-Needs-Responsivity (RNR) model (Appendix G) is an evidence-based set of principles that Turning Point will use as a guide to provide integrated, effective intervention to the individuals referred to the ARPP program. In the AB109 Programs, the principles have been woven into each of the interventions provided by the treatment team. Turning Point’s experience with the RNR model the model is exhibited in the description below:

Risk principle: Match the level of service to the offender's risk to re-offend. The risk principle states that offender recidivism can be reduced if the level of treatment services provided to the offender is proportional to the offender's risk to re-offend. The principle has two parts to it: 1) level of treatment and, 2) offender's risk to re-offend.

Need principle: Assess criminogenic needs and target them in treatment. The need principle calls for the focus of correctional treatment to be on criminogenic needs. Criminogenic needs are dynamic risk factors that are directly linked to criminal behavior. Criminogenic needs can come and go unlike static risk factors that can only change in one direction (increase risk) and are immutable to treatment intervention. Offenders have many needs deserving of treatment but not all of these needs are associated with their criminal behavior. These criminogenic needs are subsumed under the major predictors of criminal behavior referred to as "central eight" risk/needs factors (Andrews & Bonta, 2006; Andrews et al., 2006).

Responsivity principle: Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender. There are two parts to the responsivity principle: general and specific responsivity. General responsivity calls for the use of cognitive social learning methods to influence behavior. Cognitive social learning strategies are the most effective regardless of the type of offender. Core correctional practices such as prosocial modeling, the appropriate use of reinforcement and disapproval, and problem solving (Dowden & Andrews, 2004) spell out the specific skills represented in a cognitive social learning approach. Specific responsivity is a "fine tuning" of the cognitive behavioral intervention. It takes into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual. General responsivity refers to the fact that cognitive social learning interventions are the most effective way to teach people new behaviors regardless of the type of behavior. Effective cognitive social learning strategies operate according to the following two principles: 1) the relationship principle (establishing a warm, respectful and collaborative working alliance with the participant) and, 2) the structuring principle (influence the direction of change towards the prosocial through appropriate modeling, reinforcement, problem-solving, etc.)

The primary evidence-based intervention that addresses this aspect of recovery will be the Changing Offender Behavior (COB) curriculum. COB is a cognitive-based treatment curriculum that addresses criminogenic risks and needs. COB is designed to target antisocial thoughts and skill deficits through an interactive and cognitive-behavioral approach and helps participants recognize and practice responsible behavior. The curriculum is based on the research demonstrating antisocial thoughts and cognitive skill deficits are causally related to criminal behavior and recidivism. The foundational theories are based on cognitive behavioral approaches, motivational interviewing, and stages of change. The curriculum can be incorporated into programs for people with or without mental illness. The goal of the curriculum is to teach participants strategies for identifying and managing risk factors. Placing heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skills development. Participants receive 1,800 minutes or 30 hours of Cognitive-behavioral based curriculum if they complete all 20 sessions. Through the group process our participants will be provide with the skills to manage their emotions, maintain self-control and respond in a productive, prosocial manner to negative situations. Ultimately, the goal of treatment is to help our participants make the adjustments necessary to manage their mental health symptoms and prevent recidivism.

MOTIVATIONAL INTERVIEWING

Stages of Change, use of Motivational Interviewing (MI) as well as engaging family involvement and group/peer encouragement to keep participation progressing has been essential in engendering intrinsic motivation. At ARPP, all direct service staff will be trained in, and expected to provide Motivation Interviewing so it can be delivered in an organic way that matches each resident's readiness for change. The National Institute of Corrections (2012) cites MI as an evidence-based practice (EBP) that is effective with enhancing intrinsic motivation within the target population because MI takes a person-centered communication approach to fostering change by helping a person explore and resolve ambivalence. Rather than using external pressure, MI looks for ways to access internal motivation for change. It borrows from client-centered counseling in its emphasis on empathy, optimism, and respect for participant choice. MI also draws from self-perception theory, which says that a person becomes more or less committed to an action based on the verbal stance he or she takes. Thus, a resident who talks about the benefits of change is more likely to make that change, whereas an offender who argues and defends the status quo is more likely to continue his or her present behavior.

Treatment goals that are co-created along-side the participant and address individualized needs in the areas of health, family relationship and support, compliance with legal requirements, housing needs, domestic violence, parenting skills, educational pursuit, employment, anger management etc. are seen as valuable to participants, and worth striving for. Goals are pragmatic and written in the participant's own words to reflect their voice; a technique that has shown to increase their sense of ownership over the treatment plan.

Treatment activities will focus on changing thinking patterns using Motivational Interviewing tools and practice applying the changed thinking through the use of role play and clinical and peer feedback. Family involvement in treatment (at the resident's discretion) is often beneficial. The relationship with the provider cannot be overstated; it is often that rapport that encourages a participant to do their best and to believe in themselves. Program recognition, incentive, reward, and feedback should positively build participant attitudes and skills. As participants progress in recovery they often benefit from a reduced level (intensity) of in-program services which increases their sense of autonomy and accomplishment. The program will assist with this process by helping the participant develop supports in the community, develop a relapse prevention plan and an aftercare plan to address ongoing needs.

PROGRAM EFFECTIVENESS

This section of the proposal provides a more detailed overview of the reports generated by the program, in accordance with the four (4) domains set forth by the Commission on Accreditation of Rehabilitation Facilities (CARF) and which address the program's effectiveness, efficiency, access, satisfaction and feedback of persons served and stakeholders. Additional details are provided for each of the outcomes in the area of program effectiveness including a targeted reduction in incarcerations, and targeted improvement in participation in educational settings and employment or volunteerism.

Reduction of Incarcerations

Incarceration refers to individuals confined in a jail or prison setting. The goal is to reduce the number of days spent confined in a jail or prison setting 6 months following release, when compared to the number of days spent incarcerated 12 months prior to program enrollment.

- Objective: To prevent and reduce the total number of participants and days spent incarcerated in the 6 months following release, when compared to the total number of days spent incarcerated 12 months prior to program enrollment.
- Indicator: Percentage of participants that experienced no incarcerations within 6 months following release and the total number of participants and days spent incarcerated compared to pre-enrollment.
- Eligible Participants: ARPP participants served by the program a minimum of one year.
- Time of Measure: FY 20-21; FY 21-22; FY 22-23.
- Data Source: DCR/ITWS State database.
- Target Goal Expectancy: A minimum of 70% of participants enrolled in ARPP services will experience no episodes of incarceration. The total number of participants and days incarcerated will be reduced when compared to 12 months prior to enrollment.
- Outcome: Will be measured annually.

Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, and universities. The goal is to increase the annual percentage of participants enrolled in educational settings.

- Objective: To increase the annual percentage of ARPP participants enrolled in educational settings.
- Indicator: Annual percentage of ARPP participants enrolled in educational settings.
- Eligible Participants: ARPP participants served by the program enrolled in educational settings.
- Time of Measure: FY 20-21; FY 21-22; FY 22-23.
- Data Source: DCR/ITWS State database.
- Target Goal Expectancy: 15% of ARPP participants will be enrolled in educational settings.
- Outcome: To be measured annually.

Participation in Employment or Volunteerism

Employment refers to work environments where participants are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where participants willingly provide services or complete tasks without any expectation of financial compensation but may gain work experience and job-related skills. The goal is to increase the annual percentage of participants engaged in employment or volunteer activities.

- Objective: To increase the annual percentage of JAG participants engaged in employment or volunteer activities.
- Indicator: Annual percentage of JAG participants engaged in employment or volunteer activities.
- Eligible Participants: JAG participants served by the program engaged in employment or volunteer activities.

- Time of Measure: FY 20-21; FY 21-22; FY 22-23.
- Data Source: DCR/ITWS State database.
- Target Goal Expectancy: To have a minimum of 15% of JAG participants engaged in employment or volunteer activities annually.
- Outcome: To be measured annually.

Turning Point will utilize an existing Program Director, expanding their responsibilities to include the oversight of the ARPP program. This provides relatively quick start up as the hiring of the administrative assistant and direct services staff would be completed in 30-60 days following contract award and be trained immediately. Turning Point will house the off-site Case Management offices at an existing Turning Point facility located at 1638 L. Street, Fresno CA, 93721. This office is on L Street, between Calaveras and San Joaquin St. conveniently located with easy access to Hwy 41, Hwy 99 and Hwy 180. The facility is 2.2 mi from Fresno Community Hospital, 0.8 mi from Community Regional Medical Center, and 9.9 mi to Community Behavioral Health Center.

Turning Point has discovered that in addition to assessment of outcomes, ongoing organizational self-assessment process can reveal factors that could interfere with the organization's effective delivery of Culturally and Linguistically Appropriate Services (CLAS). Turning Point participates in regular cultural audits to identify problems and develop relevant strategies to address them. As a first step, Turning Point conducts a cultural audit to review policies, procedures, and practices. Such a self-assessment has empowered Turning Point to develop strategic plans for providing CLAS. Ongoing self-assessment tracks progress in implementing the standards and refine strategic plans as needed. Existing cultural competence assessment tools provide general guidance to determine whether the core infrastructure for providing CLAS—management, governance, delivery systems, customer relations—is effectively designed. The cultural audit has identified:

- Assets, such as bilingual staff members who can serve as interpreters and current relationships with community-based organizations
- Weaknesses, such as lack of translated signage or cultural competence training
- Opportunities for improvement, such as revising the mission statement or recruiting people from diverse cultures into policy and management positions

Turning Point acknowledges that racial/ethnic minorities may mistrust and fear behavioral health treatment; they may have alternative ideas about what constitutes illness and health; there may be language barriers and ineffective communication; and there may be access barriers such as inadequate insurance. Services are always client driven and based on individualized client preference.

Turning Point has been providing services to the diverse ethnic, linguistic, and cultural population who will be served under the proposed program. Turning Point will continue the ongoing process of developing capacity for providing culturally competent services. Significant achievement has been attained in this effort through the employment of multicultural and bilingual staff members, particularly from Latino and Asian communities and cultures. Turning Point recognizes the many cultural elements, languages, and dialects within these groups and is endeavoring to attain competencies with as many elements as possible. In addition to hiring staff, subcontracting for language interpretation and written translation has augmented our ability to effectively communicate with diverse groups and communities. All staff members are provided sensitivity training in the area of cultural competence particularly as a

client's culture is relevant to the provision of behavioral health services because it affects the assessment, etiology and symptom expression, and because it affects the client's treatment preferences.

Turning Point is committed to hiring bicultural, bilingual, and culturally competent staff. Turning Point believes that professional and volunteer staff members from within a cultural community often provide the most effective way to increase cultural competency and gain acceptance within the community. To that end Turning Point has helped sponsor the professional education and development of many staff members and potential staff members from within cultural groups. Today, these actions have increased our capabilities tremendously. These staff members also help train other staff members on their culture of origin. Turning Point offers an increased differential in pay for bilingual staff members, where this ability is needed, as a recruiting tool and incentive for language ability development. Turning Point intends to pursue these and similar efforts to promote a high level of cultural competence within the staff of the proposed program. Turning Point will continue to hire staff who are bilingual in Spanish and Hmong and representative of Latino and Southeast Asian communities. The program will follow a detailed plan to enhance cultural competency and will avail staff of all beneficial trainings offered in the County.

Adult Re-Entry Planning Program Case Management Annual Funding Request Summary

Phase 1 (0-40 participants)	Year One	Year Two	Year Three	Year Four	Year Five
Salaries & Benefits:	\$ 97,945	\$ 102,931	\$ 104,031	\$ 104,031	\$ 104,031
Services & Supplies:	\$ 36,063	\$ 34,572	\$ 34,535	\$ 34,535	\$ 34,535
Fixed Assets:	\$ 4,547	\$ 1,193	\$ -	\$ -	\$ -
Other:	\$ 4,232	\$ 4,091	\$ 4,032	\$ 4,032	\$ 4,032
Overhead Administrative Costs:	\$ 15,865	\$ 15,865	\$ 15,865	\$ 15,865	\$ 15,865
Subtotal:	\$ 158,652	\$ 158,652	\$ 158,463	\$ 158,463	\$ 158,463
Phase 2 (41-80 participants)					
Salaries & Benefits:	\$ 154,903	\$ 161,032	\$ 163,500	\$ 163,500	\$ 163,500
Services & Supplies:	\$ 41,386	\$ 41,025	\$ 40,439	\$ 40,439	\$ 40,439
Fixed Assets:	\$ 6,970	\$ 1,332	\$ -	\$ -	\$ -
Other:	\$ 5,628	\$ 5,498	\$ 4,948	\$ 4,948	\$ 4,948
Overhead Administrative Costs:	\$ 23,209	\$ 23,209	\$ 23,209	\$ 23,209	\$ 23,209
Subtotal:	\$ 232,096	\$ 232,096	\$ 232,096	\$ 232,096	\$ 232,096
Phase 3 (81-120 participants)					
Salaries & Benefits:	\$ 211,861	\$ 219,997	\$ 222,375	\$ 222,375	\$ 222,375
Services & Supplies:	\$ 42,837	\$ 42,806	\$ 42,272	\$ 42,272	\$ 42,272
Fixed Assets;	\$ 9,669	\$ 1,699	\$ -	\$ -	\$ -
Other:	\$ 6,074	\$ 5,939	\$ 5,794	\$ 5,794	\$ 5,794
Overhead Administrative Costs:	\$ 31,049	\$ 31,049	\$ 31,049	\$ 31,049	\$ 31,049
Subtotal:	\$ 301,490	\$ 301,490	\$ 301,490	\$ 301,490	\$ 301,490
Phase 4 (121-160 participants)					
Salaries & Benefits:	\$ 268,819	\$ 278,962	\$ 282,401	\$ 282,401	\$ 282,401
Services & Supplies:	\$ 44,399	\$ 44,349	\$ 43,320	\$ 43,320	\$ 43,320
Fixed Assets:	\$ 11,973	\$ 1,950	\$ -	\$ -	\$ -
Other:	\$ 6,480	\$ 6,410	\$ 5,950	\$ 5,950	\$ 5,950
Overhead Administrative Costs:	\$ 36,852	\$ 36,852	\$ 36,852	\$ 36,852	\$ 36,852
Subtotal:	\$ 368,523	\$ 368,523	\$ 368,523	\$ 368,523	\$ 368,523
TOTAL BUDGET	\$ 1,060,760.52				