

INNOVATION PLAN COUNTY OF FRESNO

THE LODGE: RESEARCHING TARGETED ENGAGEMENT APPROACH



THE COUNTY OF FRESNO
Department of
Behavioral Health

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DAWAN UTECHT
DIRECTOR

Fresno County Innovation Plan- The LODGE: Researching Targeted Engagement Approach

Total Amount Requested: \$4,200,000

Duration of Project: Three Years

Introduction

Fresno County, as many other counties in California, has seen a dramatic increase in its population of individuals experiencing or at-risk of homelessness. Section 330(h)(5)(A) of the Public Health Services Act defines a homeless individual as *“an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.”* A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. We have seen an increased number of individuals who have severe mental health challenges also experiencing homelessness or at risk of homelessness. A number of these individuals are not engaged in care outside of emergency rooms or our detention centers.

In the 2017 Street and Shelter Point In Time (released in 2018), 1,572 people were living without permanent homes in the city of Fresno – an increase of about 20 percent from the 2016 numbers. The number of individuals experiencing homelessness across the county has also increased.

The city of Fresno has lacked temporary housing for people who seek out services and are motivated to find housing. This barrier is greater when targeting individuals living with a serious mental health condition who have not become engaged in services and do not present with motivation to change, also known as individuals in a “pre-contemplation” stage.



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In Fresno County, there are programs to provide access and linkages to services for persons experiencing homelessness or at risk of becoming homeless, who have behavioral health needs and needs in other life domains. Also, while inventory is not yet robust, there are supportive housing programs and other housing resources. However, one of the challenges we experience is in effectively engaging those who are homeless or at risk of homelessness, who have either an early onset of a severe mental illness or a chronic mental illness and who have limited motivation or willingness to accept treatment, supportive services, or housing services.

In our efforts to create effective homelessness prevention and supportive housing programs, we need to identify effective and sustainable strategies for engagement of those who are homeless/at risk of homelessness, have an early on-set of or a severe mental illness or a chronic severe mental illness, and who are in a pre-contemplation stage of change and thus not engaged in care.

Initiating such a research pilot using innovation funding will allow Fresno County (and others in the long run) to determine if engagement efforts are more effective when driven by a “dignity first” (Dignity first is taking a person-centered approach to care and a zero tolerance of abuse and treating each person with respect) approach rather than a housing or treatment first approach. Will individual engagement facilitated in a welcoming, peer-driven, harm reduction-focused, low to no-barrier, temporary lodging environment, be effective in moving individuals through the stages of change toward participation in behavioral health services and permanent housing solutions?

Understanding this critical question is imperative in assisting Fresno County to meaningfully support and engage those individuals who are not engaged in other strategies, such as housing first models of intervention. Learning from this innovation funded project would also contribute to our planning for future peer respite programs, housing first programs, shelter services, outreach, and engagement strategies that are based on a dignity first approach for our difficult-to-engage homeless populations.

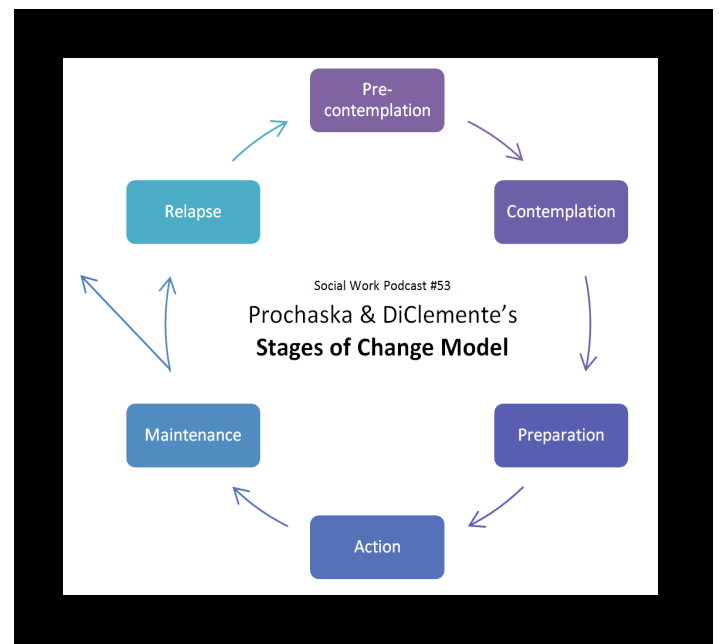


Figure 1 Prochaska & Di Clemente's Stages of Change



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It is the desire of Fresno County to test the above hypothesis and determine the cost effectiveness of such efforts before initiating a long-term program or other housing efforts. As a new concept in our community, the effectiveness and sustainability cannot be established without the data from this research project.

Currently, the limited shelter programs in Fresno have been described as having a “high threshold” for accessibility by some individuals; these programs often have strict eligibility criteria or funding requirements. Thus, existing models exclude individuals that would be targeted in this research. This project seeks to focus on individuals who are 1) homeless or at risk for homelessness, 2) are experiencing either an early onset of a severe mental illness or have a chronic mental illness, and 3) have limited motivation or willingness to access treatment, supportive services, or housing services. Individuals considered for the project are those who have declined traditional outreach efforts, treatment, support services and housing services. Individuals may have utilized crisis or hospital services, but not accepted follow-up services. Individuals may have a co-occurring disorder (including active substance use). Individuals targeted for this program would be those who are in the pre-contemplation stage and thus not eligible for many of the current shelter programs which require residents to engage in treatment at the shelter, or to be sober prior to accessing shelter.

Presently, there has been no program or research conducted in California that provides evidence of a program that has examined the effectiveness of homeless behavioral health consumer engagement for those who are in a pre-contemplation stage, nor has there been an effort to utilize temporary housing in conjunction with peer-facilitated interventions (i.e. motivational interviewing) to measure effectiveness of such an approach to engagement.

Through this research project, Fresno County is attempting to better understand a new approach for increasing access for unserved populations and homeless populations. We seek approval to test a model for engagement that has not been tested in California utilizing Innovation funding. If successful, we hope that this project provides a new opportunity for addressing future designs for individuals who are otherwise going unserved and remain homeless or at risk of homelessness with unaddressed behavioral health needs.

Innovation Regulation Categories

The proposed innovation project will support two of the five innovation regulations categories:

- ❖ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite
- ❖ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population



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Primary Purpose

The primary purpose of this innovation research project is to evaluate the following innovation objectives:

- ❖ Increase access to mental health services, including but not limited to, services provided through permanent and supportive housing
- ❖ Increase access to mental health services for underserved groups

Primary Problem

- **Homelessness.** Fresno County, specifically the City of Fresno, is experiencing an increasing number of individuals who are homeless and/or at risk of homelessness. While Fresno County is the tenth largest county in California, the City of Fresno is the fifth largest city in the state. Like many of California's large cities, Fresno is facing a growing challenge with homelessness (20% increase each of the past two years). According to the Point in Time count conducted January 29-31 of 2019, Fresno County identified 1,448 homeless persons with 1,152 being unsheltered. The latest data shows that homeless individuals without shelter in Fresno has increased by 23% from 2018 to 2019 (Murray, 2019). Year to year, Fresno has seen a 16% increase in the overall population of individuals experiencing homelessness (sheltered and unsheltered), compared to only a 12% increase in Los Angeles. The 2018 Annual Homeless Assessment Report by the United States Department of Housing and Urban Development stated that Fresno has the highest percentage of unsheltered people experiencing homelessness (78.4%) of any nationwide city with a Continuum of Care.

It is critical to understand that the data on homelessness is limited, and some national experts, such as Rosanne Haggerty, estimate the data underrepresents the true homeless population by 240%. The reported number of individuals experiencing homelessness could be affected by the Point in Time Count standards (who is contacted during the survey, geographic boundaries, etc.). Furthermore, the Point in Time Count does not account for individuals who may be in hospitals, jails, or in a transitory status during the survey (Haggerty, 2019).

- **Limited Shelters.** Fresno has a limited number of "homeless" shelters, of which many are population specific (domestic violence victims, veterans, youth, etc.). Additionally, most of the limited shelters are not low barrier shelters; for individuals to access the shelter they must participate in specified programs, adhere to eligibility criteria or conditions, and may only be allowed to stay for a night at a time, which nearly always exclude those who we have identified as our "target population" for this research project.
- **Accessibility.** Many of the services, homeless shelters, and resources are not geared toward individuals who have a serious mental illness or co-occurring disorders and who are in the pre-contemplation stage of change, and are thus not eligible for many services



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and programs in the community. The existing shelters have a high threshold for accessibility. This underserved, and for most part unserved (outside of jails, hospitals and emergency departments), population are not able to or not yet ready to participate in treatment, and are often labeled as “resistant to treatment,” rather than being understood to be in the pre-contemplation stage. This excludes the project’s “target population” for these services.

- **Safe Place/Basic Needs.** Most traditional outreach has the engagement occurring in the field (in the streets). Field outreach, where a person may be immediately linked to care, does not address the needs of individuals in a pre-contemplation stage. When an individual’s basic needs (as detailed in Maslow’s’ Hierarchy of Needs) are not met, a person may find it challenging to reach the point of problem solving, or engage in their own care and wellness.

Oftentimes, many services and programs require an individual to go to the resources to engage in services. This inadvertently excludes those who are in the pre-contemplation stage, and creates additional barriers for individuals that are experiencing both a mental illness (including co-occurring disorders) and homelessness. These individuals’ needs to seek shelter, food, and warmth may outweigh their ability to prioritize wellness and recovery opportunities.

- **Data/Research.** There is very limited data and research that yields best practices solutions to engage this specific target population. There is very limited data to show if utilization of peers using an evidence-based approach like Motivational interviewing is effective for engaging this target population.

There is almost no research to show if the basic needs (via Maslow’s Hierarchy) of homeless individuals, who have a mental health diagnosis and are in the pre-contemplation stage, would be more likely to engage in care after their basic needs are met. The lack of data creates barriers on how to best increase access to care for the “target population” which is a growing underserved or unserved population.

What Has Been Done Elsewhere To Address Your Primary Problem?

- **Locally.** There are on-going discussions of how to increase the number of shelters, supportive housing units, and affordable housing units, but none of these options address the challenges faced by this target population. Additionally, many of those such programs are not low barrier programs, meaning that the target population for this research are the ones often unable to access those shelters to address their basic needs and/or stabilize to engage in other care services. Others are population specific which limits access to certain members of the target population.



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- **Street To Home** - Street to home was a local initiative by the Fresno County Department of Social Services (DSS) as a result of the Home Safe program established by AB 1811 that focuses on homeless prevention for vulnerable seniors and dependent adults. This program is primarily focused on individuals involved with Adult Protective Services (APS), and focuses on an older demographic (75% of APS clients are older adults). Individuals in APS programs are already receiving services and are therefore easier to engage. Fresno County DSS recently initiated request for proposals for this new program.

Fresno County DSS also launched a series of RFPs through the Fresno Madera Continuum of Care for homeless services for youth ages 18-21 including bridge housing. These programs are for specific target populations and do not address adults (21yrs and up) who have a SMI are homeless or at risk of homeless and in a pre-contemplation stage.

The City of Fresno has received state funding to tackle homelessness. In 2019, the City of Fresno opened five homeless triage centers/welcome centers which are aimed at providing shelter (for maximum of 50 beds per site). These sites seek to provide basic services on site and linkage to other services to assist persons with transitioning from the streets to housing. These programs do not focus on the target population of this innovation program, are not peer driven, nor are they seeking to engage at the level necessary for the target population.
- **Narrow Population Scope** - Many of the local housing, shelter and other programs are population specific, such as veterans, transitional age youth (TAY), and individuals participating in other services and programs, which limit access to those limited housing resources for the individuals this project is targeting.
- **Programmatic Efforts.** Fresno County Department of Behavioral Health (DBH) has been working to establish two Assertive Community Treatment (ACT) teams and increase support services provided by Full-Service Partnerships (FSPs). However, these are limited in that those who experiencing homelessness and in a pre-contemplative stage of addressing their mental health challenges are not likely to access these services. Available services have not been successful in engaging the target population.

Under Fresno County's Mental Health Service Act (MHSA) plan, there are housing vouchers, crisis stabilization, crisis intervention, supportive housing and other efforts, but those programs were not established in a manner that can effectively engage this underserved or unserved population, who may be in need of a different approach and engagement strategy to allow them to participate in an array of other housing or shelter-related programs.



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- **San Joaquin County's Innovation Plan-** San Joaquin has taken a great step in better understanding the challenges faced by an underserved homeless population. The San Joaquin County plan will, in time, yield significant data to better understand how to develop models of housing first programs which can increase access to services and also improve recovery outcomes. While this is an outstanding effort to address an issue, the focus of the program and the research is still different than that being purposed by Fresno County. The target population, the venue for service delivery, and the research focus are all different from those proposed in this project.
- **Nevada County's Innovation Plan-** The plan, which was approved last year by the MHSOAC, is another great step in efforts to address the need for care for homeless populations. The Nevada plan is more program specific than Fresno County's in that it establishes a new program to provide services and care to underserved or unserved populations, but it's focus is not on understanding or developing the engagement model or strategy that Fresno County's proposed research project is exploring. Furthermore, the target populations of each plan are different. The Nevada program is delivered in a rural community and seeks to provide the linkage and care, while the Fresno County proposal is a research project to examine a possible approach to engage a specific unserved and underserved population in services in a metropolitan area.
- **San Bernardino (SB) County's Innovation Plan-** This plan, also approved last year by the MHSOAC, is another excellent effort addressing access to care for individuals experiencing homelessness. The SB plan is significantly different than what is being proposed by Fresno County. The SB plan involves bringing outreach and services to those homeless/at-risk of homeless individuals who are in rural or difficult-to-access geographic areas. As with Nevada's plan, SB is a service-delivery program. The proposal we are putting forth is a research project, to examine whether several specific interventions combined into a single delivery model will increase engagement. Fresno is researching and using the data to understand how to address those not in care which can then apply such strategies to programs such as the ones being implement by Nevada and SB.
- **No Place Like Home (NPLH)-**Fresno County DBH has had three applications for NPLH funding recently approved. However, those NPLH grants are for permanent and supportive housing, which will address some of the needs of our homeless populations, but does not ensure that those target populations of this project will be eligible or engage in those services and care when in the "pre-contemplation" stage of change.

What has not been working to address the issue?

- **Housing First** (in terms of full housing) has some limitations when applied to the target population of this project. Several research projects, as well as the efforts of San Joaquin



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County, has shown that the Housing First model alone does not always yield the desired outcomes. Fresno's effort is seeking to use some concepts from a housing first model, such as addressing an individual's basic needs (as outlined in Maslow's Hierarchy of Needs). Similar to a housing first approach, this program will provide a space where an individual is safe, warm, satiated, and allowed to be treated as an individual before being required to participate in services; however, this is not a housing program. This project is focused on incorporating peer support into a model where motivational interviewing is rendered as a form of engagement once a person's basics needs are met.

- **Traditional Outreach.** Outreach programs may use peers to reach a similar target population, but we do not have a program which has used motivational interviewing and peers in homeless outreach (and has data to use for analysis). We do not have data on a program that has used peers and motivational interviewing with this target population in a safe setting.

Many outreach and engagement services, as well as new homeless programs going out to engage individuals, are not always able to address an individual's basic needs, or measure how addressing those basic needs can open the door for engagement in care.

- **Research and Data.** We do not have evidence or data to know if these various strategies (peers, motivational interviewing, safe place/temp lodging) are effective in engaging this specific population (individuals who are homeless or at risk of homelessness, with a diagnosed mental illness, and in the pre-contemplating stage). While there have been efforts to engage this population, those efforts have all prioritized services or programs, rather than moving individuals through the stages of change. Evaluation of these programs focuses on service elements rather than determining the key elements of a successful engagement strategy.

Proposed Project

The intent of The Lodge is to gain insight through a pilot research project on what can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, when an individual's basic needs are met in a safe setting, can trained peers utilize interventions such as motivational interviewing to engage individuals who have previously declined services?

The choice to use the word "lodge" in the naming of *The Lodge* is strategic. In part, it is intended to distinguish it from peer respite, shelters, and emergency housing programs. The name also implies that the program is a resource and option for individuals in a less stigmatizing manner than a term like "shelter" may imply.



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This project would provide research data to answer the question of whether providing peer driven motivational interviewing in a safe/stable setting can increase engagement in care for individuals with an emerging or chronic serious mental illness who are homeless/at-risk of homelessness and have previously declined to participate in care. While motivational interviewing is a key intervention in this project, Peer Support Specialists will also provide other services to residents of The Lodge, such as basic skills groups, employment support services, family engagement, and psycho-education about such topics as self-care and harm reduction. Peer support and clinical services, when accepted by participants, would serve as the bridge to a plan for services in the future, based on individual needs and strengths.

This pilot research project would assist counties around the State to understand whether attempting engagement of individuals who are experiencing/at risk of experiencing homelessness with early onset or chronic severe mental illness, who are not engaged in care through a stable lodging setting (i.e. the Lodge model) can improve the success rate of engagement efforts. Does using peers to provide motivational interviewing and engagement-focused services in a safe lodge setting increase individual participation in care by individuals who have previously opted not to participate in care? Finally, does this approach demonstrate universal efficacy, or will it be more effective with specific populations (adults, TAY, co-occurring disorders, LGBTQ+, Veterans, or Older Adults)? At this time, the answers to these questions are unknown.

This innovation project may assist Fresno County, as well as other similar counties, in planning and designing programs for future shelter, peer respite, supportive housing programs, and outreach and engagement programs. With opportunities such as the *No Place Like Home* initiative, and the Governor's new efforts to increase homelessness prevention and supportive housing, understanding how effective engagement of individuals with a mental illness who are homeless or at risk of homelessness and not motivated to receive care is vital. This understanding must be leveraged in designing and developing programs and projects that can be effective in engaging a broad range of individuals to access care and housing programs with supportive services.

For the intent of the research pilot, the Lodge will not be an "open" or drop-in program; rather, the participants will be referred from specific sources that possess the ability to identify the factors the program is working to address and understand. Such referrals would come from DBH Crisis Services, the Fresno County Crisis Intervention Teams, Rural Crisis Triage, hospitals, Fresno County jail, and specific outreach and engagement programs. The program will not engage in street outreach for participants, but rather rely on referrals from approved sources which allow for some pre-screening. This is to ensure the individuals are homeless or at risk of homelessness,



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have an identified mental illness, and are not engaged in services beyond crisis and emergency department services. Upon arrival at The Lodge, Lodge staff will guide the participant through an intake process. The intake process may be conducted over time to allow for greater participant involvement in the process and time to adjust to the new environment. The intake process will include screening, stages of change screener, assessment, health screening, etc. Participants would have up to 45-days to stay at The Lodge, with no requirement to participate in any treatment services during that time. Individuals who have moved into the contemplation stage and are transitioning into services may receive an extension to stay in The Lodge for up to 30 days while a new housing placement is secured. It is anticipated that the safe place/meeting of basic needs and a milieu using motivational interviewing by peers would have an impact on participants choosing to seek some services.

Participation in this project will not be limited to Medi-Cal beneficiaries; all residents of Fresno County who meet eligibility criteria will be accepted.

Research on Innovation Component

Fresno County is seeking to conduct a research project to test a hypothesis, and not necessarily seeking to establish a new program. The Lodge program was developed to accurately test the premise and evaluate the effectiveness of the proposed engagement strategy for a specific target population. Should the program and/or the strategy prove to be effective, the department will evaluate options and make future program decisions based on data and information yielded from the project.

What distinguishes this from other programs is that there has not been a specific research project that has examined an engagement strategy for this target population, particularly one that seeks to identify whether deploying trained peers rendering motivational interviewing in safe environment is effective for engagement.

The fact that no entity to date has invested in acquiring this data is also a clear way in which The Lodge can be distinguished from other programs.

In other counties, projects similar to The Lodge have been created programs that provide care and services for homeless individuals. The primary focus of these programs is on service delivery, while the evaluation of these projects investigates the effectiveness of the programs in providing services to their target populations. Two of the three similar programs also focus on rural and isolated communities and populations. We are seeking to test a model for engagement in California's 5th largest city (and the 34th largest city in the nation). We are not seeking to create a program for provision of direct services, but rather to test a hypothesis for strategic engagement



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which can then connect individuals to an array of existing services based on their individual needs.

The Lodge is the only program and recent innovation plan which is truly researched-based in its focus, and is investing in testing a strategy and acquiring data that can be used in other initiatives to support housing and homelessness prevention.

Below, Fresno County has created a table to compare the plan proposed by Fresno County and those three similar Innovation programs operated by other counties. When preparing this comparison table, Fresno County shared its concept paper with several counties for review to ensure the plan is not mirroring those others and to ensure its focus/learning objectives are different. The responses were that while the plans seek to engage similar populations (homeless individuals with a mental illness) and provide some similar services, the Fresno County proposal is very specific in its intent to understand engagement strategies, which differs from most of the other plans.

The comparison table shows similarities in the area of the services provided, but they differ when one examines the goals and focus on the proposed research.

Cont'd



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Innovations Project Comparison				
Comparison Topic	County			
	Fresno	Nevada	San Bernardino	San Joaquin
Population Served				
• Homeless	x	x	x	x
• Severely Mentally Ill	x	x	x	x
• Pre-Contemplation (opting not to engage in care)	x	x		x
Location Served				
• Rural		x	x	x
• Metro	x			x
Housing				
• Focal Point of Program?		x		x
Engagement Setting				
• Provided in the Community		x		
• Going to individuals served		x	x	
• Set Location	x			x
Staffing				
• Paid Peers	x	x	x	x
Services				
• Housing		x	x	x
• Temporary Housing/Shelter	x	x		
• Medical Care				
• Care		x	x	x
• Screening		x	x	x
• Mental Health Screening	x	x	x	x
• SUD Services				
• Detox	x		x	
• Screening	x	x	x	
• Case Management	x	x	x	x
• Treatment Planning		x	x	x
• Counseling/Therapy		x	x	x
Goals				
• Research	x			x
• Effective Model for Engagement	x			
• INN Evaluation	x	x	x	x
• Engagement	x	x	x	x
• Reduce Homelessness		x	x	x
• Increase Participation in Care	x	x	x	x
• Understanding Engagement Model	x			
Interventions Used				
• Motivational Interviewing	x			
• Other		x	x	x
Evaluate a model for engagement of specific homeless populations with SMI not in care?	x			x

Figure 2 Comparison Table of Similar INN Plans



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Population

The target population for this project is very specific for the purpose of assessing a possible strategy for effectually engaging an under/unserved population (those who are in the “pre-contemplation stage”).

The population for this research will be those who:

- Are 18yrs of age and older and,
- Who are either at risk of homelessness or have been chronically homeless, and
- Individuals who may meet criteria for a serious mental illness (including co-occurring disorders) or,
- Individuals who may have an emerging serious mental illness, and
- Have not previously engaged in care services outside emergency departments, crisis stabilization, or jails, and
- Who would be identified as in the pre-contemplation stage of change.

The target population for The Lodge will include adult individuals (18+ years) of any cultural background. The program will accept individuals of any gender identity who meet the above criteria. Program services will be delivered in an individual’s preferred language. Individuals with medical needs may be accepted into The Lodge, provided they are able to independently address their medical needs, and are independently mobile. In order to preserve the safety of all Lodge participants, individuals who have a history of arson or sexual offenders may not be accepted into The Lodge if the safety of others cannot be assured. Sobriety is not a requirement for admission/participation in the project.

As the target population is not currently in care, it is challenging to estimate the number of potential participants, the gender identity of these potential participants, or what number may have co-occurring disorders. Fresno County issued a Request for Proposals (RFP) for operation of The Lodge. In their proposals, potential bidders addressed their plans to provide sufficient space for separate living spaces, and a proper level of program oversight to preserve safety. Two bidders applied to The Lodge RFP process and described the physical site of The Lodge; total number of individuals to be served at any given time (daily capacity of The Lodge) and annually; and a detailed budget for the program, based on the number of individuals to be served.

The Lodge seeks to serve a total of **243** unduplicated individuals a year for roughly two-and-a-half years. Based on the estimated population of individuals who are homeless in Fresno County and the number of individuals that can be served in The Lodge, this research project may not provide a statistically significant sample size. However, not all the 1,400+ individuals experiencing homelessness will be members of this project’s target population. If the true size of our target



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population was known, it is possible that the number of individuals served by The Lodge would comprise a statistically significant sample. This program could assist in obtaining a more accurate measure of the number of individuals experiencing/at risk of homelessness, who have a serious mental illness, and are in the pre-contemplative stage of change.

Facility/ Certification

The County issued a Request For Proposal (RFP) for this project on January 21, 2020. A bidder's conference was conducted February 4, 2020, and the bidding closed on February 24, 2020. The review committee recommended RH Community Builders as the vendor for this project at the end of March. A conditional intent to award will be issued in April, but no agreements will be developed until the plan is approved by the MHSOAC. The recommended vendor has a location identified and ready for occupation. The facility is currently zoned as a group care facility and has a conditional use permit (CUP) in place eliminating potential delays with a new site or CUP. The facility is located within city limits and directly on a public bus line. The facility has several buildings on-site which will allow administrative offices to be separate from the living areas. The site has flexible accommodations, including dorm-style living areas and several separate bedrooms. This flexibility will allow The Lodge to serve individuals who require private rooms due to gender identity or other personal needs. The facility also has ample green space for recreation and pet kennels to ensure participants with pets can reside on the campus.

RH Community Builders submitted a proposal to serve thirty (30) individuals at any given time. The recommended bidder also has a timeline for operationalization which includes any additional site certification requirements. The facility size and number of occupants will determine certification or licensing requirements.

For this program, the recommended vendor will be able to provide individuals with access to direct services such as clinical assessment, case management, psychiatric care, linkage and referral, and didactic or psychoeducational services. This may be achieved through the use of a location directly adjacent to The Lodge, on-site or by providing transportation to existing services. The recommended vendor has the ability to provide many of these services on-site at the same location.

As the services are to be co-located, Community Care and Licensing limitations may require the project site to obtain licensing as needed. The only manner for an exemption would be for a facility that supplies room and board only with no element of care and supervision (according to 80007a.(7) under General Licensing Requirements manual). As this program will offer screenings, assessments, case management, linkages, and some general psycho-educational and other volunteer groups, it may not meet the exemption criteria if these are provided on site; in order



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to assure timely implementation of the program, these services may need to be provided at a separate location from The Lodge initially.

Based on Adult Residential Facilities regulations 85065.5 individuals served rely on others to perform all activities of daily living must be served at a ratio of one staff for every three individuals. This regulation would not apply in this setting because individuals in this program will not require this type of assistance.

Innovation regulations prohibit the purchasing of properties under Innovation plans. The Lodge program will be provided in leased or existing housing space for the entire term of the program. Should the program not yield the desired effects, or if evaluation demonstrates a need for modification of the service delivery model, the county/provider will not be burdened with capital facilities they cannot use. The recommended vendor will lease the location for the project.

Innovation General Requirement

This proposed Innovation Project meets CCR, Title 9, Sect. 3910(a) requirements through support of the following two criteria:

- ❖ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.
- ❖ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

The Lodge program, while not a housing program, does seek to utilize facets of housing and shelter, as well as meeting an individual's basic needs to allow for stabilization so that effective engagement can occur.

The Lodge research project also makes a change to the existing field of practice by using trained peers and motivational interviewing specifically to engage a specific target population (in this case, adults who are homeless or at-risk of homelessness, who have a serious mental illness, and are not engaged in care as a result of being in the pre-contemplation stage of change). Peers have been used in the past for outreach and engagement, and as support in housing programs, peer respite, and residential settings. They have not been used in the manner proposed by this project. Project bidders were required to describe the training protocol for Peer Support Specialists to be employed by The Lodge. As use of motivational interviewing is one of the key interventions rendered in this program, it is critical that all personnel are trained in motivational interviewing, and for the provider to ensure training before personnel render services. The provider will have to have the ability to provide such training, and will be required to explore train-the-trainer models so to be able ensure all personnel are trained and address changes in workforce that may



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occur as a result of turnover. California Institute for Behavioral Health Solutions (CiBHS) and OnTrak are just a few examples of organizations that provide training on Motivational Interviewing.

Motivational Interviewing has been used in behavioral health and substance use treatment in both outpatient and inpatient settings. To date, motivational interviewing rendered by trained peers in our proposed lodge setting has not been utilized to engage those in pre-contemplation stage into care.

The project identified the number of individuals served through the completion of the RFP process. This project will serve up to **30** unduplicated individual per month (or 45-days), for a total of 243 unduplicated individuals in a year. The program will provide temporary lodging and engagement services to persons for up to 45 days. If an individual has expressed interest in engaging in services, they may receive a 30-day extension of stay in The Lodge to facilitate the transition to another housing placement detailed in their treatment plan. The number served is derived from the number of individuals a Lodge can house without additional requirements for facility licensing.

The Lodge project seeks to remain small enough to ensure that some of the services provided off-site/adjacent could be eligible for Medi-Cal reimbursement , including possible work by peers under SB 803 (Beall) in the future. The lower staff-to-participant ratio is intended to provide more individualized, ongoing, intensive interactions for potentially increased engagement. A smaller setting may provide a more home-like environment than that of a large shelter facility.

The project will be able to serve up to **546** total unduplicated individuals over the term of this plan.

Learning Component

The project will expand a shared understanding of strategies and insight to the following learning question/outcome:

Can the use of peer-applied motivational interviewing in a low-barrier, temporary lodging setting increase engagement of individuals who are homeless/at-risk of homelessness, have a serious mental illness and are in the pre-contemplation stage of change.

Evaluation/Learning Goals

This research project has three primary learning goals.



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One - Does addressing an individuals' basic needs (as per the Maslow Hierarchy of Needs) through the uses of a Lodge setting increase engagement of those who are homeless or at risk of homelessness, who have a mental health illness, or an emerging mental illness and is in a pre-contemplation stage of Prochaska's Stages of Change?

Outcome 1- An increase in the number of program participants who voluntarily seek various types and levels of care after staying in the Lodge.

- Basic individual data shall be collected, including information to ensure the participant meets the project's research criteria. These shall be Innovation program demographics, as well as a screening prior to referral to ensure individual meets the research projects targeted population, assessment/diagnosis, stages of change screener, etc.
 - Identify the number of participants who have a co-occurring diagnosis to assist in understanding the need for co-occurring service delivery.
- An individual history shall be collected on each research participant during an intake process to assess their history. Part of the intake is seeking to identify if the individual had received services through the local Jail, Emergency Department, or hospital setting, when, and which services. This will establish a base line and individual history.
- Efforts shall be made (through conducting interviews with the individual, their family, and review of electronic health record, etc.) to determine what referrals have been made and/or services offered in the past in order to collaboratively identify with the individual participant what have been previous barriers or challenges with services.
- General clinical assessment will be conducted, if the individual has not had a recent assessment, to establish and determine if the individual still has the same service needs and/or ensure that linkages, if accepted, will support a wellness plan to match their service need.
- The duration of an individual's stay in The Lodge shall be recorded. This can be achieved through use of the existing electronic health record.
- The project will document the number and types of services and resources offered to an individual during their stay, and follow up to verify their engagement in care and for the length of care.
- The project will record how many participants willingly engage in care/services. For each participant that engages in services, the program will document how many days an individual resided in The Lodge prior to expressing a willingness to



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engage in care/services, as well as the first offered service that was accepted by the resident.

Outcome 2: Assess what role of having a low barrier to access basic services to meet their basic needs played in their decision to engage in services.

- What role did having a low barrier access to the Lodge where they could access basic needs, such as clean beds, showers, clean cloths, meals, safety and interactions with other people, bringing their pet, play in their decision to engage the staff and peers?
- What role did not requiring the individual to be clean and sober, or using a harm reduction approach in the setting influence their decision to engage in the services?

Two - What role do trained peers applying Motivational interviewing in such a setting play in increasing engagement of individuals in care?

Outcome 1: Increase the number of individuals who voluntarily engage in care services.

- Increase the number of individuals who access care as a result of participation in the Lodge.
- Through exit interviews and/or follow up interviews, assess the role peers played in an individual's decision to participate in care services.
- Reduce the number of individuals with an early on set or an SMI who are homeless/at-risk of homelessness and in pre-contemplation stage existing outside of care services?

Outcome 2: Based on participant perception surveys determine how integral the role the peer partners played in their own decision to engage in care/services.

- Utilizing a survey and informant interviews obtain participant perception of how having peer support increased their willingness to engage in care?
- Did the ability to interact and related to peers in a non-judgmental way have an influence on their decision to engaging care.
- For those participants to opt to engage in care what specifically motivated that decision (the peer interaction, the motivational interviewing, both, or none)
- Test for fidelity of the use of motivational interviewing and its application by staff.

Outcome 3: Increasing positive perceptions of peers as key components in the system of care.



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- Peers' perception of their own role in delivering care, using motivational interviewing as a catalyst in individual engagement
- Community agencies, and other service partners, increase in perception of the value peer employment add to the system of care.
 - Conduct a base line perception survey at the on-set of the program of participating providers of the view of peers in the system of care.
 - Conduct post program survey at the end of the three years of those who are familiar or involved in collaboration with the program, to determine if there is positive increase in perceptions in the role/involvement of peers in the system of care.

Three - Develop a model/or approach to be replicated, expanded, or incorporated into other outreach and engagement and/or supportive housing or housing first models.

Outcome 1: Through the research, testing and evaluation, develop a viable model for effectively engaging unserved homeless/at risk-of homelessness populations in pre-contemplation stage.

Outcome 2: Identify facets of the model which prove to be effective and can be applied to other outreach and housing models for underserved or inappropriately served populations, specifically meeting basic needs through low barrier, harm reduction model, use of peers and use of motivational interviewing.

Outcomes

Fresno County postulates that by providing peer driven motivational interviewing in a safe/stable setting (where an individual's most basic needs can be met), counties can increase engagement for care by individuals with an emerging or chronic serious mental illness who are homeless/at-risk of homelessness and have not previously participated in care.

Fresno County further anticipates that this project will increase opportunities for gainful employment for peers and persons with lived experience who can use their experience in a professional setting to assist others. The effectiveness of peers in the system of care is proven, and this not only affords an opportunity for their involvement but allows them to play a key focal role in this model of care, versus an ancillary role that sometimes is the case for peers in programs.

Finally, Fresno County projects that this project will increase the enrollment and engagement in wellness and recovery services by those who participate and/or resided at the Lodge as a direct result of their stay in the Lodge. The overall intent of this project is to support those underserved,



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unserved, or inappropriately served individuals into care, while also identifying effective ways to serve those individuals. Fresno County and other California Counties will gain a better understanding of what engagement strategies and services are most effective. We will also track how long the participants must receive these services before engaging in care, as well as the total number of Lodge participants that engage in care.

Understanding if and how having some basic needs met relates to an individual's ability to make decisions to participate in wellness and recovery care services can provide a strategy for counties to address this barrier to reducing homelessness and ensure those needing care are able to access such care. Ensuring that program participants understand the importance of having their individual basic needs met can assist individuals to be partners in their own care. This increased understanding on the part of provider agencies and individuals served can drive efforts to address the basic of persons served, and guide strategies for future engagement.

This project will increase our understanding of the importance of a person's basic needs based on data and illustrate that programs which bypass this need may not effectively engage those in the pre-contemplation stage. The project will yield first hand perspectives of how unmet basic needs may or may not affect an individual's decision to participate in care, and allow that information to guide future efforts.

The program will allow providers to better understand how training and interventions, such as Motivational Interviewing, may be effective or more effective if employed by trained peers who have lived experiences, than those without the lived experience. The project's outcome will also allow Fresno County to better understand if motivational interviewing was an effective tool in developing a bridge to care for the target population.

Lastly, the project aims to acquire more data on an under-represented population which will allow us to better identify the target population in the future. A deeper understanding of the target population will allow Fresno County to determine which populations benefit the most from this approach, and yield valuable insights into how to better address the needs of this target population.

Contracting

Fresno County DBH will contract with the vendor selected through the County's procurement process to implement the Lodge, including securing a location, obtaining any necessary and required certifications and licensure, hire and train staff, including peers. The Department will work with the selected vendor, and partnering agencies in developing a scope of work that will ensure the services reflect the intent and efforts of this plan. A Request for Proposal (RFP) was opened on January 21, 2020. The Bidding process-closed on February 24, 2020. There were two



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bidders for the project. A vendor was selected by the RFP Evaluation Panel on March 27, 2020. Fresno County DBH submitted a formal recommendation of RH Community Builders based on the evaluation panel's recommendation to the Fresno County Purchasing Department on April 6, 2020.

Fresno County DBH is working with the County's Purchasing Department to secure an independent third-party evaluator through approved purchasing protocols. Utilizing a third-party evaluator ensures that the program is objectively evaluated by those with evaluation expertise.

The Lodge program will allocate a total of \$150,000 for project evaluation. This is to support the efforts for both quantitative and qualitative evaluation, creation of rubrics, surveys, data collection and evaluating the raw data for the research and evaluation. The allocated rate is competitive for the Fresno area, and will address the evaluation need for this project. Fresno County DBH staff will provide contract support and monitoring to the vendor and evaluator. These staff will provide technical assistance for data collection and review outcomes reports submitted to the Department. Department staff, including the MHSa Coordinator, will provide additional evaluation support. All Fresno County DBH staff are compensated through other budgets, and are not included in the budget for this program.

Vendor and evaluator will regularly review the evaluation tools and criteria. Outcomes presentations and reports will be provided to stakeholders on a regular basis.

The contracted evaluator will provide annual updates to stakeholders as part of the Fresno County DBH annual updates and community planning. Additionally, the evaluator will assist in the collection of data used to assess the program and explore challenges. Lastly, the Department will present intermittent evaluation reports and a final evaluation report to stakeholders.

Community Planning

There were four stakeholder planning meetings held in the last year for this project. There were an additional 40 focus groups (15 MHSa community planning groups and stakeholder input through 25 existing meetings that were leveraged for input) from which the Lodge idea emerged as an Innovation Plan in the MHSa 2017-2020 Plan. The Lodge Innovation plan was not developed at that time, and it remained in the 2017-2018 and the 2018-2019 MHSa Annual Updates.

As this project has begun to move forward, the Department continued to engage stakeholders throughout the development of the final plan.

- A discussion was facilitated with NAMI-Fresno regarding the perspective of those who may be able to identify interested peers for career opportunities. The discussion centered on using this research to yield a strategy to improve engaging those who have not



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previously engaged in care. The discussion also explored the feasibility for employment of peers and methods of accessing a pool of peers who could drive this program.

- Board of Supervisors- Approved the Fresno County Annual Update on June 18, 2019. The annual update included the Lodge as one of the primary Innovation Projects the County was focusing on bringing to fruition in Fiscal Year 2019/2020.
- Key informant interviews were conducted on July 9, 2019 with providers who administer, work in, or coordinate Department of Behavioral Health-funded housing and supportive housing efforts, for assistance with program design, challenges, and needs for such a program. The discussion included case managers, clinicians, peer support staff and administrators.
- A focus group was held on July 17, 2019 at the Blue Sky Wellness Center. This focus group engaged individuals that are currently receiving care, but who have at some point experienced homelessness, to understand how receptive some may be to such a program. What are efforts that would need to be included in the design for it to be effective with the target population? The secondary focus was to gauge interest in potential peer employment opportunities, as well as the considerations peers would need for such work, etc. The focus group participants provided key insights and were in support of such a project.
- Multi-Agency Access Program (MAP)- On July 25, 2019, a survey and focus group were conducted at the Poverello House (one of the MAP Point locations). The Poverello House is one of the largest providers of homeless services in Fresno, offering shelter, meals, and social model programs, as well as other services. The Poverello House location in downtown Fresno has contact with approximately 70 individuals daily within its MAP program alone. Thus, a team of DBH staff conducted a focus group of individuals accessing the MAP programs and/or who are residing in shelters for input and insight, as well as recommendations on how to engage the targeted population. The feedback was positive, and many supported such an initiative.
- On July 29th a focus group was held to engage local LGBTQ+ providers and advocates. The discussions focused on barriers to access this project for LGBTQ+ persons who had experienced homelessness and who have an SMI. Part of the discussion was to understand some factors that would allow the project and peers to effectively engage LGBTQ+ individuals who may be experiencing an SMI and homelessness, and are not engaged in care. Participants also discussed program design and facility considerations that would be necessary to ensure inclusion and safety for those possible community members who would be in the target population.



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The plan was posted for 30-day Public Comment on March 2, 2020. The Public Comment closed on April 1, 2020. A virtual Public Hearing was held on April 3, 2020 via YouTube Live.

Public Comments were gathered and are recorded in Appendix C. The plan was approved by the Fresno County Behavioral Health Board (BHB) on April 9, 2020 through a special session conducted as a virtually/teleconference meeting.

Cultural Competency/Humility

Fresno County, which is a large and diverse county, seeks to be culturally responsive to all individuals who will be served by its behavioral health system of care. Cultural Humility is a critical component of the Fresno County system of care, and is incorporated into all facets of the Department. The Public Behavioral Health Division, which is tasked with MHSa administration and oversight, also houses the Ethnic Services Manager (a Division Manager) and a full-time Diversity Services Coordinator. Their work is driven by the County's Cultural Competency Plan Delivered with Humility, which includes work by Staff Development and Human Resources in the Administration Division. These teams develop policies, coordinate training and work to ensure adherence to Culturally and Linguistically Appropriate Services (CLAS) Standards. The Contracts Division focuses on CLAS standards and cultural humility in their contracting, bidding and oversight process to ensure culturally responsive programs and services to support the diverse community. The Clinical Operations teams (both Children's and Adult) actively work to ensure a bicultural and bilingual workforce that can represent the communities we serve. The Managed Care and Quality Improvement Divisions work extensively with the County's Cultural Competency Plan and community providers to assess and ensure the rendering of services in accordance to our community needs and CLAS standards.

The County has demonstrated its commitment to Cultural Humility through the array of trainings offered to the workforce in the overall system of care, as well as development of services that are culturally specific.

Fresno County's commitment to addressing behavioral health inequity and reducing disparities can be seen through its involvement in statewide cultural humility efforts. Fresno has participated in statewide efforts like California Pan Ethnic Health Network's report, *Accessing Mental Health In The Shadows: How Immigrants In California Struggle To Get Needed Care* (Valle, 2019). Fresno County's Ethnic Services Manager (ESM) possesses 10 years of experience as an ESM, is one of the more senior ESMs in the State, is part of the County Behavioral Health Director's Association's Cultural Competency Equity and Social Justice Committee's executive committee, and serves as the co-chair of the Central Region's EMS workgroup. As mentioned, Fresno County has full-time staff dedicated to its cultural humility efforts (Diversity Services



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Coordinator), and works extensively with consultants, community partners, other experts, and community stakeholders. Fresno's current MHSa Coordinator also has experience as an ESM in their previous employment.

This project will seek to address a target population based on symptoms and risk factors. While this project will not be targeting a specific cultural, linguistic or demographic group, that does not exclude the need nor the commitment to ensuring this project adheres to both CLAS standards, as well as Fresno's own Cultural Competency Plan. As such, this project will work to ensure it is effective and capable in addressing language barriers based on the county's threshold languages (Spanish and Hmong). This will be addressed by ensuring members of the direct service team have the threshold language capacity. For other languages which may arise in the course of the care, the program will access and utilize certified and trained interpreters to ensure no eligible participant is turned away due to a language barrier.

The project will also work to have a diverse team composition, as Fresno's diverse population participating may range from Latino, African American, Native American, South East Asian (Hmong, Lao, Cambodia, etc.), as well as difference in age, gender identity, sexual orientation, disability, veteran status, etc. While it may be a challenge to ensure the service team represents all the needs of our diverse population, the Department can and shall ensure that all the program staff receive training on working with diverse communities via the Health Equity Multicultural Diversity Training (HEMDT) and working with veterans (using Another Kind of Valor training). Understanding the risk factors, challenges and safety needs of LGBTQ+ individuals experiencing homelessness, especially TAY LGBTQ+, will require that the workforce be LGBTQ+ affirming and receive proper ongoing training as bias and lack of LGBTQ+ staff members in such settings can force individuals out of services (O'Brien, Walker, et al, 2019). The development of LGBTQ+ responsiveness can begin with usage of #Out4MentalHealth trainings. Additional training will also be provided and on-going with focus on cultures to ensure the most responsive and appropriate care is provided and effective engagement.

Due to the low likelihood of having a space that is large enough to have separate living spaces for LGBTQ+ men, LGBTQ+ Women, and individuals who identify as transgender or gender non-binary, it will be important to ensure the Lodge, its setting, and staff are welcoming and affirming to better engage possible LGBTQ+ participants.

This research project will be focused on utilizing trained peers in providing the critical aspect of this program, which is engagement with the target population. Fresno County DBH has been working with Resilience Inc. and CAMPRO for training and development of a peer workforce in Fresno County. These trainings have been used to train peers for daily work and develop master trainers to assist others who supervise peers. Peers with lived experience will be critical to



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establishing rapport with the target population as these individuals understand the challenges, barriers, risks, and opportunities for the target population.

Training will be provided for the non-peer team members who will be leading peers employees, as DBH understands the need for peers to receive appropriate and ongoing support, as do those who lead peer workforces.

MHSA Standards/Values

This project truly embraces the five MHSA Values as described below. This project is based in a “dignity first” approach and seeks to restore individual dignity by valuing participants as human beings above all else.

Community Collaboration:

This program was the result of the County’s community stakeholder process and MHSA Three Year Plan Development. This project came about in the MHSA Three Year Plan for 2017-2020 and its annual update in a section called Emerging Concepts. The 2017-18 MHSA Annual Update identified nine challenge areas. The most pressing challenge area was access to services, including the need to address barriers to services. The fifth identified need to be addressed through MHSA was housing and homelessness. Since the preparation of the 2017-18 MHSA Annual Update, the number of individuals experiencing homelessness in Fresno County has grown.

The initial concept of The Lodge was initiated to provide services while also learning how to increase access for those not in care. After additional exploration of the needs of this target population, and elicitation of more stakeholder input, this plan was developed.

The program design was developed with input from individuals experiencing homelessness, individuals in care with a past experience of homelessness, peers and family members, potential peer workforce members, and providers of housing programs/services. This collaboration, which is addressed in the community planning section, enabled the department to address program design concerns during the program development phase.

As the clinical services to be provided at the Lodge are minimal and engagement-focused, most direct treatment (mental health, substance use, psychiatry, etc.) will be provided through linkage to one or more of the existing service providers in the community. Linkage to services will be based on an individual’s needs (language, culture, demographics, etc.), and their own interest. Program participants will be referred to services across the continuum of care, including but not limited to: Assertive Community Team (ACT)/Full-Service Partnerships; in-patient substance use services; narcotic replacement services; co-occurring services; housing and medication services.



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To support an individual's holistic health, linkages will be made to medical care, assistance programs, wellness centers, faith communities, and other services sought out by the individual to support their own wellness and recovery goals. The linkages will be conducted through warm handoffs rather than a standard referral process.

Integrated Service Experience

A Lodge setting will allow an individual to have their basic needs met, while providing the opportunity to consider their wellness and care goals. This setting allows for the integration of shelter, care coordination/linkage and referral, and some direct service in a setting for individuals who may not yet be ready to engage in services.



Figure 3 Maslow's Hierarchy of Needs Model

This project seeks to address the basic needs of an individual based on Maslow's Hierarchy of Needs model. According to the model, an individual cannot begin to address higher level needs such as self-esteem, confidence, achievement, or self-actualization (including problem solving), until their basic physiological and safety needs are met. The Lodge will provide a means to address the first two levels of this model, so that efforts for further engagement using interventions, like motivational interviewing, may increase participation in care, due to having basic needs met. This allows the individual's needs to be the driver of provided services, versus a model where treatment goals are contingent on which services an individual "qualifies" for based on existing symptoms.

As noted in the previous MHS value, the majority of behavioral health care (beyond screenings, assessment, linkages, and voluntary psycho-educational session) will be provided by community providers, and the program will work to link the individuals to the appropriate program as soon as an individual is ready to engage in services. Program staff will match individuals to the services that provide for the best integration, such as a co-occurring or a criminal justice FSP, or a more



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intensive ACT Team, which can then provide primary services. Individuals will also be able to access other MHSA programs including medication management, housing and hotel vouchers, etc.

The project does not exclude those who have a substance use disorder, health conditions (which do not require acute medical care), or other life challenges; rather, staff at The Lodge will work to address those various needs of the whole person through coordination with a wide network of providers, organizations, and resources. The passage of Senate Bill 389 makes individuals involved in the criminal justice system who meet the specific criteria for this project eligible to participate in The Lodge program.

After program participants in The Lodge have their basic needs addressed, peers and professional staff can begin providing wraparound services, mitigate instances of crisis, and respond to individual needs in a less stressful setting than on the streets, hospital, jails, etc.

For individuals experiencing an emerging or chronic mental illness while homeless and/or at risk of homelessness, the Lodge offers an alternative method by which to initiate engagement in care. The Lodge model promises to minimize barriers and increase service engagement by bringing individually tailored services to participants.

Client and Family Service Driven

This project seeks to establish an effective strategy for rapport-building and engagement that is individual-driven. Allowing individuals to participate in the program without requiring sobriety, psychotropic medication regimens, individual therapy, or group sessions during their stay is a “client-centered” approach to engagement. The Lodge will also offer individuals the opportunity to include family members in their wellness efforts. Involvement options may include family visitation, groups, sessions, and other care coordination, but only if and when the individual requests such family involvement. The clinical and peer support teams exist to provide support and assistance when the individual is interested or ready to seek such support. While research shows that families play a large role in the wellness of individuals in structured community housing, the decision to include one’s family must be made by the participant (Cittion, 2011). As such, efforts will be made to utilize the power of familial connections and support when the individual requests such support.

The co-application of motivational interviewing throughout the project and Lodge setting is sought to be the manner in which individual, of their own volition, decide to participate in the services of their choice. Giving individuals the latitude to determine when, where, and how they opt to engage in care is as individual-centered as a program can be. Giving this freedom of choice,



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while also addressing basic needs, and providing positive support through motivational interviewing, gives the individual full control of their care coordination.

Lastly, this program is designed around the rendering of engagement efforts by paid peers. This approach enhances the care approach by being peer-centric and individual-needs driven, with simultaneous support from providers who provide insight on addressing challenges or needs of individuals served.

Focus on Recovery and Wellness

This program is one of the truest forms of recovery and wellness services. At its core, The Lodge is a “come as you are,” individual-focused attempt to meet basic needs, so an individual may engage in their own wellness process. The “dignity first” approach of this project is vital for engagement of its target population. The Lodge program design treats participants as individuals with unique needs, and eschews stigmatizing labels such as “homeless,” “mentally ill,” and “addict”. The Lodge does not have high barriers to participation, as many housing and shelter programs often do. Not requiring sobriety is one of the key differences for this effort compared to many others. Participation in care is not forced, but the use of motivational interviewing seeks to assist the individual in expressing their own desire for wellness and recovery. This model of change is driven by an individual’s ownership of their experience, and an understanding that engagement in care is a process with different variables and considerations at each stage. The Lodge will seek to move an individual from the Pre-Contemplation stage to the Contemplative and Preparation stages by meeting their basic needs and providing motivational interviewing. If The Lodge program is able to move an individual into the contemplation or preparation stage, then program staff will begin on working on a wellness and recovery plan to connect the individual to appropriate services, including housing.

Fresno County has adopted and implemented a wellness and resilience approach in its system of care, which ensures that individuals who seek services are assisted in finding appropriate services to meet their needs. Across the system of care, an individual’s definition of wellness and recovery must be the basis of their treatment plan. This model is the driving force behind The Lodge, where the individual determines how active they wish to be in their own recovery by choosing their services, activities, and referrals.

Cultural Competence/Humility

Use of trained peers with a common lived experience is one aspect of this research project that truly speaks to cultural competency. Having staff that share an experience with program participants will be a priceless asset in building rapport with the target population.



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This “come as you are” approach will embrace the individual for who they are, does not require them to conform to an article of faith, to be gender conforming, language proficient, etc., and is critical for such a program and services in Fresno County. The only exclusion criteria for this program are used to preserve safety and maintain research parameters.

This research project, as with other Fresno County DBH efforts, seeks to acknowledge and include each individual’s culture into the services provided. The Department understands the diversity of its community in Fresno, and developing this project in such a manner that will be inclusive of those served within the system of care, including the lived experience, language needs, cultural considerations, and generational differences.

For the 930,450 residents who live in Fresno County, 16.8% are Transitional Age Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. Nearly half of our total community members are persons who identify as Hispanic/Latino (50.3%). Persons who are White represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, African American/Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and other/unknown represent 2.2% of the population. There are an equal proportion of females (50.0%) and males (50.0%) in the county (available data did not provide information on those who identify as gender non-binary, etc.).

We acknowledge that the above demographic snapshot of our community is limited by data collection methods, and that within the broadly identified populations there are those that are significantly underrepresented in the system of care (such as Hmong and other Southeast Asians, as well as African Americans). Data informs us that our community has a higher rate of disparities than other communities, as reflected by the data on the *Race Counts* website (www.racecounts.org).

Fresno ranks the highest in Housing disparities among all Central Valley counties. Fresno also ranks near the top of similar lists for disparities in health access and criminal justice involvement. The target population for The Lodge is likely to be highly impacted by all of the disparities listed above.

The Economic Opportunities graphs below illustrate the effects these disparities have on Fresno County residents. The first graph below shows that Native Americans, African American and Pacific Islanders have lower employment rates. The second graph on economic opportunity shows also higher poverty rates in Fresno County for African Americans, Pacific Islanders, Latinos and other groups that has bearing on homelessness rates and access to services.



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EMPLOYMENT TO POPULATION RATE (%) BY RACE

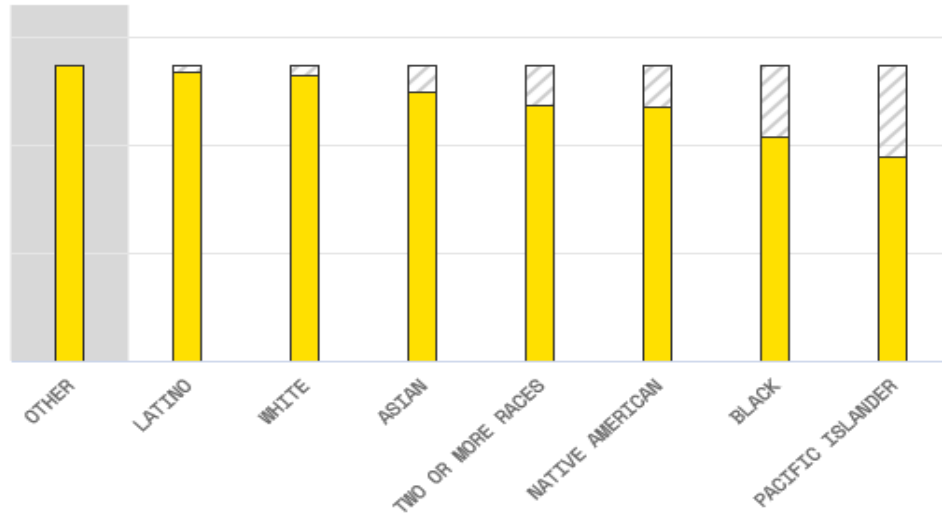


Figure 4 Race Counts Graph for Employment by Population in Fresno

INDIVIDUALS BELOW POVERTY (%) BY RACE

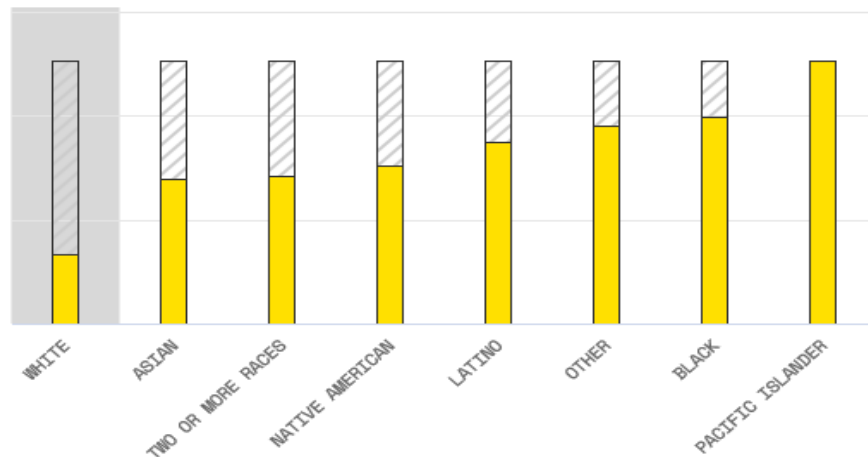


Figure 5 Race Counts Graph for Poverty Levels by Race in Fresno



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The Healthcare Access graph below shows the health disparities on preventable hospitalizations in Fresno County. White and African Americans have poorer rates of preventable hospitalization.

PREVENTABLE HOSPITALIZATIONS PER 100K PERSONS BY RACE

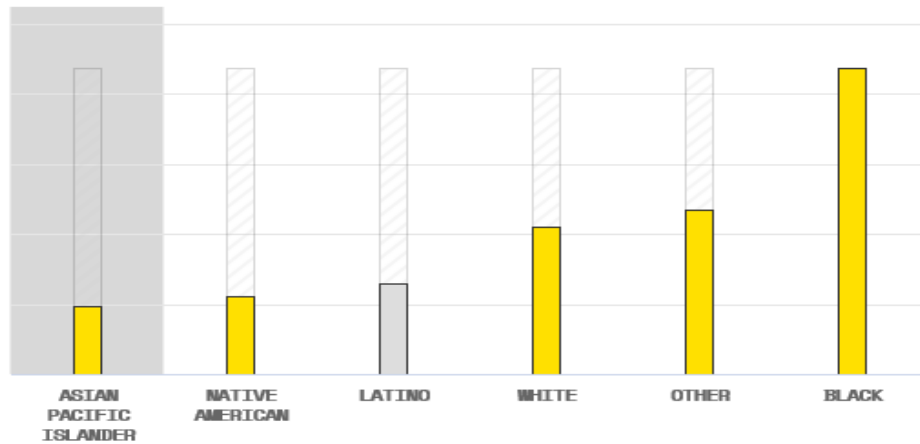


Figure 6 Race Counts Graph for Preventable Hospitalizations by Race in Fresno

Housing Disparities exist across different populations in the city of Fresno when examining the remaining income of residents after a renter's housing cost. This graph focuses on the income remaining after housing cost for renters in the City of Fresno and demonstrates the disparities across the different populations (below).

INCOME LEFT AFTER HOUSING COSTS (RENTER) (\$) BY RACE

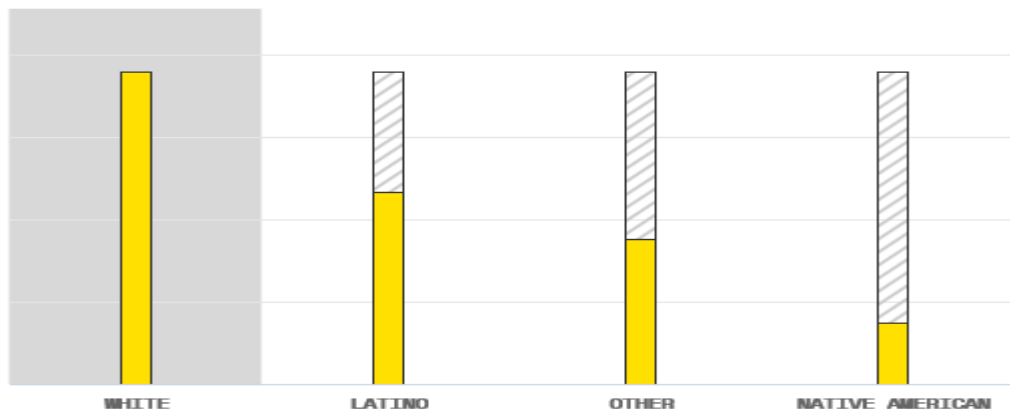


Figure 7 Race Counts Graph of Income Left After Living Costs by Race in Fresno



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Fresno County DBH understands that the unemployment rate in the Fresno County was 6.6% in August 2018; the state unemployment rate was 4.2% in the same period (2018 California Employment Development Department). Fresno has a higher unemployment rate which leads to more homelessness and/or housing insecurity.

The median household income in Fresno County was \$45,963 in 2016, which is significantly lower than the statewide data of \$63,783 in the same year. The county has a high percentage of its population living under the poverty level (26.9%), compared to statewide (15.8%) (2016 American Community Survey).

We understand that each of these numbers/statistics represent individuals in our community. Our heightened awareness of the challenges faced by our diverse community, the disparities present in our county, and the number of variables to cultural competency/humility allows Fresno County DBH to better render culturally congruent mental health services.

[Cultural Competency and Meaningful Stakeholder Involvement in Project Evaluation](#)

The RFP process for both provider and evaluator will require bidders to disclose their level of cultural competency (plan, policies, training, past projects). This will include their ability to recruit and hire bilingual and culturally responsive personnel for portions of the evaluation. The Department now requires all contracted providers to establish and share with the Department their cultural competency plans; in lieu of a plan, providers may submit a completed CLAS Assessment Tool as per departmental policy.

The need for cultural competency extends to program evaluators as well. The plan requires that the program evaluation process be inclusive of all participants, and as such, survey and evaluation materials must be developed and provided to participants in the county's threshold languages, or interpreted into preferred language. Interviews conducted for evaluation purposes must be performed by certified interpreters or evaluation personnel who are bilingual. These measures will ensure each participant is able to fully participate in the evaluation process.

DBH shall seek to have individuals with experience of homelessness and wellness challenges—who will not be participants in the program, nor be working peers—serve as an advisory committee in the evaluation launch. Their insight and perspective will assist the evaluators in designing an evaluation process that is: responsive to participant needs; able to adapt to challenges; and has built-in contingency plans for follow-ups and incentives.

DBH shall assist the evaluators with coordination of any necessary community groups and other program/service providers to ensure the evaluation is inclusive. Additionally, DBH will coordinate efforts with the evaluator for updates of the program and progress to the community through



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community town halls/community forums, on-line information dissemination (including social media), housing workgroups, and BHB meetings.

It is DBH's intent to have the evaluators participate in trainings that will assist them in better understanding the program, including participating in trainings around subjects like peer workforce development, resilience, wellness and recovery, to understand that the outcomes of wellness and recovery are individual-driven.

Once the program is underway, it is the intent of DBH to establish an advisory committee, which will include peer workforce members. These members are not from the program but share experience and symptoms of the program participants (participants from wellness centers). These advisory committee members will participate in an annual review of the project assessment to provide some insights, should the program need adjustments.

Innovation Project Sustainability

If the research project shows that A) meeting an individual's basic needs is a key to engagement, B) if use of peers in such a setting is beneficial, C) if use of peers applying motivational interviewing is beneficial, or a combination of all efforts is an effective strategy in engaging those who are homeless/at-risk of homelessness, with an emerging SMI or chronic SMI and not participating in care due to being in the pre-contemplation stage, then the Department will pursue continuation of the project under Community Support and Services (CSS), Outreach and Engagement or Systems Development project with stakeholder input and approval.

If only portions of the project are deemed, based on evaluation, to be effective—such as use of trained peers doing motivational interviewing or use of safe space, like a Lodge, to meet basic needs—then the project can be adapted and continue as a CSS program after modifications to make it an effective program using the successful components. A second option may include taking the successful portions of the project and incorporating them into other existing programs and services. Effective strategies or components can be applied to the supportive housing programs, shelter programs, to outreach or other programs where the successful identified strategies can enhance the programs and/or produce effective outcomes related to reduction of homelessness, increase access to care, improving care engagement, and furthering systems focused on wellness and recovery.

If the program proves to be ineffective, it can be discontinued. However, the learning that emerges from this process will be valuable and provide a return on investment. Any successful strategies can be used in other efforts, even if the overall program is not effective. The development of trained peers will provide a qualified workforce for programs such as supportive housing, peers respite, outreach, or in other roles within the system of care. Finally, it allows an



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opportunity to test a new approach for engagement of those in a pre-contemplation stage of change.

Communication and Dissemination

Fresno County sits in the main media market for Central California, and as such, has access to a number of local television, radio and other press outlets where efforts such as these can be highlighted as news and feature stories.

Fresno County DBH also has working relationships with the likes of the County Behavioral Health Directors Association (CBHDA), CalMHSa and the Steinberg Institute, which can assist in sharing the knowledge gained from this project with interested parties statewide. These entities have covered, featured and promoted successful MHSa and Innovation projects in California.

A current member of the Fresno City Council is a member of the Governor's Taskforce on Homelessness, which may also access this project's research to help inform its statewide efforts.

Fresno has funded the creation of the Independent Living Association (ILA). The Department also partners with the Fresno Housing Authority, works with the Fresno-Madera Continuum of Care, and participates on City and County of Fresno workgroups on addressing housing and homelessness. These housing advocates can present the project's research findings with these groups which drive some of the related efforts and can shape future approaches to engaging the homeless/at-risk of homeless populations with an SMI. Some of the findings can be applied to other shelter services, veteran housing programs, and faith communities who may be exploring ways to address the needs of local homeless populations.

Such work can also be highlighted with community partners, such as California Association of Mental Health Peer-Run Organizations (CAMHPRO) and National Alliance on Mental Illness

Five Phrases Summarizing The Lodge

1. Strategy for engagement of homeless individuals with a serious mental illness (SMI)
2. Model for meeting basic needs of homeless individuals to foster engagement
3. Safe space model for outreach to individuals with an SMI experiencing homelessness
4. Peer Support for effectively homeless outreach and engagement
5. Motivational Interviewing for engagement with homeless individuals with an SMI or co-occurring

Table 1: Five Phrases Summarizing The Lodge



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(NAMI), at their various convenings, as well as with their members through print and electronic communication, demonstrating opportunities for peers in meaningful roles.

The Annual INN report and MHSA Annual Update, as well as the three-year reports, all provide additional opportunities to share the success and/or knowledge of the program with stakeholders. This knowledge and information can then support ideas for other programs and services in the future. Lastly, outcomes can be shared with the members of MHSOAC at Commission meetings, and other counties through the MHSOAC website.

At the end of the three years, Fresno County DBH can present the findings and tested strategies in Study Session with local city councils and the Fresno County Board of Supervisors.

Depending on the outcomes of the program, the knowledge and learning that has been achieved through this Innovation Plan can also be shared as submissions for conferences and summits. These forums would be an avenue to share the research and learning on better serving homeless populations, as well as a key opportunity to promote the impact peers can have in the service delivery.

Timeline

The Lodge research project will be conducted over three years (or 36 months). Fresno County anticipates a ramp-up period during the first year, to allow for development and implementation of program elements. The project seeks to provide at least two full years of services and measurable outcomes. If the selected vendor is able to initiate direct services for longer than two years, the timeline for each phase will be adjusted accordingly. Operations will end no sooner than June 30, 2023.

This program will be implemented in four phases (three which will expend INN funds) for a total of 36 months/3 years. The Pre-Planning stage will be county administration and will not use funding from this specific plan.

Phase two will last approximately six months, and will include the initiation of the project, including contracting, hiring and training of staff. Phase three will be a short three months of final preparations to fully operationalize the program. Finally, phase four shall be the direct service delivery over a period of roughly 27 months (which will cover two full years). Each phase and deliverables for the project and timeline are detailed below. The timeline below utilizes the maximum time necessary for each phase; the activities in each phase may be complete before the deadlines listed below. In these cases, the project will move immediately into the next phase.



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Year One

Phase I (Pre-Implementation Stage) from approval to July 1, 2020

- Approval from the MHSOAC. Prior to July 1, 2020 the county will plan to execute a service agreement with the vendor identified during the RFP process.
- Launch the RFP for an independent project evaluator upon MHSOAC approval.
- Identify the Evaluator and execute a contract to render services starting July 1, 2020.
- Coordinate trainings for providers, peers, and staff on Wellness and Recovery, Cultural Competency, Resilience, etc.
- Develop program scope of work, protocols for referrals, and participation, etc.

Phase II (Initiation)

Six Months

July 2020 December 31, 2020.

- Prepare identified properties for the services.
- Complete licensing and zoning, if necessary, for The Lodge
- Provider to begin hiring of staff.
 - Hiring and training of staff should occur at this time.
 - Staff must be trained in motivational interviewing, cultural humility, wellness and recovery, non-violent crisis intervention, mode of care and the scope of this Innovation Plan before rendering any services.
- Coordination with care providers (any necessary Business Associate Agreements, Memorandum of Understanding, Data Sharing Agreements, etc.)

PHASE III (Implementation)

January 2021-March 2021

Three Months

- Fully staff program
 - Complete all necessary staff training
 - Verification of training and certification specific to this program.
- Fully operational facility
 - Purchase and set up of furniture, kennels, lockers, living spaces, etc.
 - Any logistics, such as transportation, etc.
 - Electronic Health Records established for any direct services, and care coordination.
- All evaluation matrix in place for data collection, measures, etc.



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- Establish an evaluation advisory committee (consisting of DBH, consumers, and homeless advocates) who will review with development of measures/tools, translation, and general input.
- Planning meeting with approved referral sources. Care coordination meeting with system of care providers.
- Begin accepting up to three referrals per day

PHASE IV (Operation)

March 2021- June 30, 2023

27 Months

- Accept referrals for The Lodge from designated referral sources.
- Provide services identified in the plan and scope of work.
- Collect and report all pertinent data for the project to DBH and the evaluators
- The Lodge provider shall provide Annual Updates on the program to the BHB.
- Continue to provide and receive on-going training for staff (to continue to develop staff and also address any staff turnover).
- The evaluator shall collect all necessary data for evaluation, including follow-ups, etc.
- The evaluator shall work annually to present a formal report on the evaluation to date.
 - Have quarterly meetings with evaluation advisory committee.
- In final three months, begin formal transition to any next steps (including continuation of program as a CSS program, completion of program, adaption of program merge with other services, or elimination of program on June 30, 2023).
- Final evaluation to be completed at the conclusion of the program.

Budget Narrative

The Lodge project is being allocated a total of \$4,200,000 for three years. This project is part of the county's AB 114 plan, and the allocated Innovation funds are subject to reversion on June 30, 2020.

- **Direct Operations**-The project will have \$4,000,000 total dedicated to the direct operations of the Lodge program, including recruitment, staffing, and training of staff. The \$4,000,000 will include the cost for leasing of space, licensing costs, transportation, communications, and daily operation of the project. It is anticipated that the yearly budget will vary between the ramp-up and operations periods. As part of the RFP, all bidders will be required to provide a detailed line item budget. The selected vendor's project budget will be included as an appendix (Appendix C) to this plan, and the budget



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shall not exceed \$4,000,000 for the total project.

The Lodge will seek to balance clinical professional expertise necessary to provide the clinical components in the forms of assessments, crisis support, intervention and proper level of care, while limiting their role in direct treatment, and having the focus be on the engagement of individuals by paid peers, and thus developing a project with a 24/7 peers staffing pattern for on-going support, access, and engagement opportunities. These are projected positions, the specific have been identified by the recommended vendor in their RFP proposal based on number to be served, ratios, and program needs. The RFP required bidders to include at minimum following positions as part of their operations (identified with the *). Social Work and SUD interns are not funded through this plan.

Position	Allocation
Program Manager	1 FTE
Licensed Clinician*	1 FTE
Peer Support Supervisor	1 FTE
Office Manager	1 FTE
Case Manager*	2 FTE
Clinicians*	2 FTE
Licensed Vocation Nurse*	1 FTE
Social Work & SUD Interns	
Peer Support Specialist II	4 FTE
Peer Support Specialist I*	3 FTE
Overnight Security Monitor*	1.5 FTE
Kitchen Monitor	.75 FTE
Driver	.75 FTE
Janitor	.50 FTE

Table 2: Position Allocations for The Lodge

- **Evaluation-** \$150,000 of this total project will be allocated for the evaluation. The Evaluator will be identified through a procurement/request for proposal process (RFP). The project will afford the evaluator with \$150,000 over the three years for the evaluation. The selected evaluator will be required to provide a detailed budget for the three years. The budget may use less funding for the initial year with development and then increase over the three years. This will be determined by the evaluator’s implementation plan. The selected Evaluator’s line item budget will be included in this



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plan as an Appendix item if identified prior to Commission Hearing. The project's evaluation will be supported by the Department, through use of staff assigned to the evaluation, Quality Assurance staff who can assist with data extractions from the electronic health record (EHR), support with the EHR, and other provider engagement.

- **Contingencies-** The Project will reserve \$50,000 for contingencies for this project, which may include additional or enhanced training, administrative support, Electronic Health Records licensing, or project promotion or travel related presentations at conferences, etc. Funds will be used for peer participation incentives for evaluation advisory committee.

Budget

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*				
EXPENDITURES				
PERSONNEL COSTS (salaries, wages, benefits)	FY 20/21	FY 21/22	FY 22/23	TOTAL
1 Salaries				
2 Direct Costs				
3 Indirect Costs				
4 Total Personnel Costs				
OPERATING COSTS	FY 20/21	FY 21/22	FY 22/23	TOTAL
5 Direct Costs				
6 Indirect Costs				
7 Total Operating Costs				
NON-RECURRING COSTS (equipment, technology)	FY 20/21	FY 21/22	FY 22/23	TOTAL
8				
9				
10 Total Non-recurring costs				



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CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 20/21	FY 21/22	FY 22/23	TOTAL
11	Direct Costs	\$50,000	\$50,000	\$50,000	\$ 150,000
12	Indirect Costs				
13	Total Consultant Costs	\$50,000	\$50,000	\$50,000	\$ 150,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 20/21	FY 21/22	FY 22/23	TOTAL
14	Vendor	\$1,333,333	\$1,333,333	\$1,333,334	\$ 4,000,000
15	Contingencies	\$16,000	\$17,000	\$17,000	50,000
16	Total Other Expenditures	\$1,349,333	\$1,350,333	\$1,350,334	\$ 4,050,000
BUDGET TOTALS					
Personnel (line 1)		-	-	-	\$ -
Direct Costs (add lines 2, 5 and 11 from above)		50,000	50,000	50,000	150,000
Indirect Costs (add lines 3, 6 and 12 from above)					
Non-recurring costs (line 10)					
Other Expenditures (line 16)		1,349,333	1,350,333	1,350,334	4,050,000
TOTAL INNOVATION BUDGET		\$1,399,333	\$1,400,333	\$1,400,334	\$4,200,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:



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A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MSHA Funds	\$1,349,333	\$1,350,333	\$1,350,334	\$4,050,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Administration	\$1,349,333	\$1,350,333	\$1,350,334	\$4,050,000
EVALUATION:					
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MSHA Funds	\$50,000	\$50,000	\$50,000	\$150,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Evaluation	\$50,000	\$50,000	\$50,000	\$150,000
TOTAL:					
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MSHA Funds	\$1,399,333	\$1,400,333	\$1,400,334	\$4,200,000
2	Federal Financial Participation				
3	1991 Realignment				



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4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Expenditures	\$1,399,333	\$1,400,333	\$1,400,334	\$4,200,000

*If "Other funding" is included, please explain.



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Appendices

[Appendix A- Citations](#)

[Appendix B- Letters of Support](#)

[Appendix C- Public Engagement](#)

[Appendix D- Fresno County Peer Support Specialist I/II Position Description](#)

[Appendix E- Recommended Vendor RFP Submission](#)



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Appendix A: Citations

Cittion, M.P. (2010, January 11). Family network support and mental health recovery. *Journal of Marital and Family Therapy* 36(1), 13-27. <https://doi.org/10.1111/j.1752-0606.2009.00182.x>

Haggerty, R. (2019, June 9). Homelessness is solvable: *Malcolm Gladwell interviews Roseanne Haggerty* [Audio podcast episode]. In *Solvable*. The Rockefeller Foundation.
<https://www.rockefellerfoundation.org/solvable/solvable-podcast-series/homelessness-is-solvable/>

Murray, J. (2019, June 10). Homelessness rose in Fresno this year: Here's what's being done. GV Wire.

Valle, C. (2019). Accessing mental health in the shadows: How immigrants in California struggle to get needed care. California Pan-Ethnic Health Network.
https://cpehn.org/sites/default/files/cpehn_immigrant_mental_health_final3.pdf



County of Fresno

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DIRECTOR

Appendix B: Letters of Support



Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

April 8, 2020

Dear Commissioners,

RH Community Builders is pleased to provide this formal letter of support for The Lodge program. RH Community Builders will be in a partnership with Fresno County Department of Behavioral Health for this project. As the identified provider for this project, we are in full support of the commission's approval of The Lodge.

We are excited to participate in this research project, and to truly explore the impact that peers can have in homeless and co-occurring engagement, and thus we dedicated seven fulltime peers to this program.

As operators of shelter programs, affordable housing and supportive house services, we believe this project can truly provide vital learning on how to better engage homeless individuals with a serious mental illness, as well as a model that can be applied to other housing, shelter or lodging programs supporting those with a serious mental illness.

There is a tremendous need for resources to support our homeless populations, the model for the Lodge if effective could provide additional options for our community in effectively engaging a difficult to engage population.

Should we be of additional help, or if we may answer any questions, please do not hesitate to contact us at (585) 314-3914. Thank you for your consideration.

Sincerely Yours,

Katie Wilbur, LCSW
Executive Director
RH Community Builders

2550 W Clinton Ave #142 Fresno, CA 93705



County of Fresno

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DIRECTOR



April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is pleased to provide this letter of support for Fresno County Department of Behavioral Health's Innovation Plan, The Lodge. This program will go beyond just providing shelter type care and services, which are needed; it will explore the effectiveness of true human engagement through their "come as you are" lodging. The concept of not having barriers to access basic human needs (food, warmth, safety, etc.), and allowing individuals to make their own decision about participating in care and what time they access it is truly transformative which has been one of the goals of the Mental Health Services Act.

The County has committed itself to inclusion of stakeholders in not just the development of the idea, but in their actual design of the program.

While there is no guarantee that this project will be successful like we hope, we understand that over the next three years it will provide learning and insights which will support some other local and statewide efforts.

For these reasons, we are providing our support to this plan. Should you have additional questions, please do not hesitate to reach out to me at chris@namifresno.com.

Sincerely,

Christina Valdez-Roup
Executive Director, NAMI Fresno

7545 N Del Mar Avenue, Suite 105 * Fresno CA 93711
(559) 224-2469 * info@namifresno.org
<http://www.namifresno.org>



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Appendix C: Public Engagement

PLEASE JOIN THE DEPARTMENT OF BEHAVIORAL HEALTH FOR

INNOVATION PLAN PUBLIC HEARING

Handle with Care Plus+
The Lodge
RideWell

VIRTUAL HEARING
FRIDAY, APRIL 3, 2020
12:00 - 1:30PM

To stream on DBH Facebook and YouTube page
Links to follow shortly.

For more information and to review the plans, go to
www.FresnoMHSa.com

Department of Behavioral Health

The Three INN Plans

The plans were part of the 2017-2020 MHSa Three Year Plan. These plans are part of the County's AB 114 plan and subject to Reversion. These plans have been developed with community and stakeholder input. Public Comment Started- March 2, 2020. Public Comment End- April 1, 2020. Public Hearing-Today (virtual) Public Comment Cards available on www.FresnoMHSa.com Send them to mhsa@fresnocountyca.gov

Department of Behavioral Health

5:03 / 39:59

Innovation Public Plan Hearing
100 views • Streamed live on Apr 3, 2020

Fresno County Department of Behavioral Health
125 subscribers

The County of Fresno Department of Behavioral Health

Liked Following Share

you sleep a lot better

Like Reply 2d Edited

DEPARTMENT of BEHAVIORAL HEALTH

The County of Fresno Department of Behavioral Health
@Fresnocountybehavioralhealth

Home Posts Videos Photos About Community

Yesterday, we hosted a LiveStream for our Public Hearing for the Innovation Public Plan. You can view the hearing on our YouTube channel now.
<https://youtu.be/kMZe833AIDk>

YOUTUBE.COM
Innovation Public Plan Hearing



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DIRECTOR



LGBTQ+ COMMUNITY Roundtable

Join Us...

Fresno County Behavioral Health is hosting a community roundtable to discuss ways to engage the LGBTQ+ homeless population and we need to hear from you.

- Please consider attending if you are a community organization who serve our local LGBTQ+ population.
- Lunch will be provided
- Please RSVP with Lisa Crossley at lcrossley@fresnocountyca.gov or call (559) 600-0686 by Wednesday July 24, 2019

JULY 29TH, 2019
11:45AM TO 1:30PM

HEALTH & WELLNESS CENTER
TRAINING ROOM D
1925 E. DAKOTA AVE.
FRESNO, CA 93726



Department of Behavioral Health
The Lodge Innovation: Focus Group
Thursday, July 25, 2019 at 11:00am
Covococo House



- Welcome and Introductions
- Overview of The Lodge Innovation Project
- Discussion Questions:

1. What are some barriers to care?
2. What are some barriers to accessing shelter?
3. What is one thing that would make you NOT go into lodging such as this one?
4. How were you engaged or what kind of outreach was done? What do you think could have worked better?
5. On a scale of 1 to 5, how much more open would you be to consider your choice of services after having eaten, showered, slept in a safe place, been in warmth or cool, with clean clothes, etc.?
6. How much more open would you be to services if you got to choose which ones you wanted/needed?
7. If some of the services could be close by the lodge (such as labs, tele-psych, etc.) would you be more open to using them?
8. Do you think someone with past similar experience could play a role in helping you consider support or services?
9. If you were a drug user, would something, such as methadone, make you stop using during the time in a lodge?
10. What size lodging would be more effective for a plan like The Lodge? Small (about 8 people), Large (about 30 people) or size does not matter?
11. Would doing a pocket check of everyone in the house and being able to lock up your belongings help you feel more comfortable?
12. Would having a security guard close by make you feel safer/welcome?

Department of Behavioral Health
The Lodge Innovation: LGBTQ+ Roundtable
Monday, July 29, 2019 at 11:45am
Health & Wellness Center – Training Rm D



- Welcome and Introductions
- Overview of The Lodge Innovation Project
- Discussion Questions:

1. What are/were your barriers to care?
2. What are/were barriers to accessing shelter?
3. What is one thing that would make you NOT go into lodging such as this one?
4. How were you engaged or what kind of outreach was done? What do you think would have worked better?
5. On a scale of 1 to 5, how much more open would you be to consider your choice of services after having eaten, showered, slept in a safe place, been in warmth or cool, with clean clothes, etc.?
6. How much more open would you have been to services if you got to choose which ones you wanted/needed?
7. If some of the services could be close by the lodge (such as labs, tele-psych, etc.) would you be more open to using them?
8. What role do you think someone with similar experience would have played in helping you consider support or services?
9. If you were a drug user, would something, such as methadone, make you stop using during the time in a lodge?
10. Would you want to work in a lodge setting with a peer role?
11. What kind of training do you think our peer supporters would need?
12. What size lodging would be more effective? Small (about 8 people), Large (about 30 people) or size does not matter?
13. Would doing a pocket check of everyone in the house and being able to lock up your belongings help you feel more comfortable?
14. Would you feel more welcome if you had your own room?
15. Would having a security guard close by make you feel safer/welcome?

Department of Behavioral Health
The Lodge Innovation: Focus Group
Wednesday, July 17, 2019 at 10:00am
Blue Sky Wellness Center



- Welcome and Introductions
- Overview of The Lodge Innovation Project
- Discussion Questions:

- 1) In the past, what were your barriers to care?
- 2) What were barriers to accessing shelter?
- 3) How were you engaged or what kind of outreach was done? What do you think would have worked better?
- 4) On a scale of 1 to 5, how much more open would you be to consider your choice of services after having eaten, showered, slept in a safe place, been in warmth or cool, with clean clothes, etc.?
- 5) What role do you think someone with similar experience would have played in helping you consider support or services?
- 6) If you were a drug user, would something, such as methadone, make you stop using during the time in a lodge?
- 7) What is one thing that would make you NOT go into lodging such as this one?
- 8) Would you want to work in a lodge setting with a peer role?
- 9) How much more open would you have been to services if you got to choose which ones you wanted/needed?
- 10) Would doing a pocket check of everyone in the house and being able to lock up your belongings help you feel more comfortable?
- 11) If some of the services could be close by/near the lodge (such as labs, tele-psych, etc.) would you be more open to using them?
- 12) Would having a security guard close by make you feel safer/welcome?



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR



Fresno County Department of Behavioral Health

Mental Health Services Act (MHSA)

Innovations Plan: The Lodge

30 Day Public Comment: March 2, 2020 to April 1, 2020

Public Hearing: Friday, April 3, 2020 12:00pm to 1:30pm

Hearing Conducted by Public Behavioral Health

My Role in the Behavioral Health System

- Individual Receiving Service
 Family Member/Caregiver
 BH Provider
 Education
 Healthcare
 Community-based Org.
 Community Member
 Policy Maker
 Law Enforcement
 Other Consultant

What do you see as the strengths of this plan?

An attempt to reach those at pre-contemplation stage is a big need and there is potential here to learn a great deal.

If you have any concerns about the plan, please explain:

There is no mention of how substance use will be handled. Will the Lodge allow it? They likely will not come if not. However, 30 people together could lead to a group mentality that reinforces use. Those with mental health issues on the street almost all use. If not allowed, what happens if someone relapses? If asked to leave, that has the potential to reinforce precontemplation. The lack of addressing this in the proposal is concerning. If it is addressed, I fully support the plan. As written, with no attention to it, this results in my lack of support, until resolved.

- I support this Innovation plan
 I do not support this Innovation plan

Comments may be emailed to: MHSA@fresnocountyca.gov

or

Mailed to: MHSA Coordinator – Department of Behavioral Health 1925 E. Dakota Ave.
Fresno CA 93726

The Lodge received one public comment card (shown on left) and one email with comments (shown below).

The concern stated on the comment card—that individuals will be asked to leave The Lodge if they relapse into substance use—was addressed in the paper and the RFP. Sobriety is NOT required of program participants.

INN Plans Questions and Comments



To ○ MHSA

Tue 3/10/2020 11:51 AM

You forwarded this message on 3/11/2020 8:30 AM.

Previous email sent too soon.

The Lodge: Great concept; great plan!

Thanks for all your work!



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Appendix D: Peer Support Specialist I/II Job Description

The information provided for Peer Support Specialist I/II positions is derived from the Fresno County Peer Support Specialist job specifications. Peer Support Specialists for The Lodge will be employees of the contracted provider; as such, the Department and the contracted provider will develop a scope of work for Peer Support Specialists during the project ramp-up period.

Peer Support Specialist I:

Peer Support Specialist I is the entry level classification in this series and is responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

The information listed below is meant to serve as samples of the job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.
- Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services.
- Assists the Department in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development.
- Assists in the development and coordination of activities, programs, and resources which support clients and family members/caregivers in achieving wellness and recovery goals such as self-help and peer-led groups.
- Provides skill training to clients and family members/caregivers on tasks related to recovery-focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, etc. Serves as a role model for recovery.
- Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate.



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- Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staff meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities.
- Documents activities in accordance with Department and program requirements.
- Supports client's vocational choices and assists them in stress management and other symptoms related to all facets of employment.
- Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers.
- Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

Knowledge of:

- Basic recovery and wellness concepts and behavioral health services;
- Public and private agency services and resources available for clients and family members/caregivers, such as schools, social services, and community resources;
- Barriers to wellness and recovery, obstacles related to accessing services and strategies to navigate and overcome barriers and obstacles;
- Basic office procedures and practices to include computer usage;
- Correct grammar, spelling and punctuation;
- Basic record keeping practices.

Skills/Abilities to:

- Operate a computer in the completion of assignments;
- Understand and follow oral and written instructions;
- Effectively educate and assist clients and family members/caregivers in understanding and navigating the behavioral health system and accessing community resources;
- Write basic reports and maintain records;
- Effectively represent and advocate for clients and family members/caregivers within the behavioral health system and community;
- Communicate effectively orally and in writing with people of various educational, socio-economic and cultural backgrounds;
- Work effectively in stressful, emotional and confrontational situations and as part of a multidisciplinary team;
- Establish and maintain effective working relationships at all organizational levels as well as other agencies and the public;
- Maintain confidentiality of all information;
- Display and maintain a high degree of maturity, integrity and good judgment.

Peer Support Specialist II



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The Peer Support Specialist II is the experienced level classification in this series and is responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

The information listed below is meant to serve as samples of the job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.
- Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services.
- Assists the Department in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development.
- Assists in the development and coordination of activities, programs, and resources which support clients and family members/caregivers in achieving wellness and recovery goals.
- Provides skill training to clients and family members/caregivers on tasks related to recovery focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, employment, etc. Serves as a role model for recovery.
- Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate.
- Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staffing meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities.
- Documents activities in accordance with Department and program requirements.
- Supports client's vocational choices and assists them in stress management and other symptoms related to all facets of employment.
- Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers.
- Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

Knowledge of:



County of Fresno

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DAWAN UTECHT
DIRECTOR

- Recovery and wellness concepts and behavioral health services;
- Public and private agency services and resources available for clients and family members/caregivers, such as schools, social services, and community resources;
- Barriers to wellness and recovery, obstacles related to accessing services and strategies to navigate and overcome barriers and obstacles;
- Office procedures and practices to include computer usage;
- Correct grammar, spelling and punctuation;
- Record keeping practices.

Skills/Abilities to:

- Operate a computer in the completion of assignments;
- Understand and follow oral and written instructions;
- Effectively educate and assist clients and family members/caregivers in understanding and navigating the behavioral health system and accessing community resources;
- Write reports and maintain records;
- Effectively represent and advocate for clients and family members/caregivers within the behavioral health system and community;
- Communicate effectively orally and in writing with people of various educational, socio-economic and cultural backgrounds;
- Work effectively in stressful, emotional and confrontational situations and as part of a multidisciplinary team;
- Establish and maintain effective working relationships at all organizational levels as well as other agencies and the public;
- Maintain confidentiality of all information;
- Display and maintain a high degree of maturity, integrity and good judgment.



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Appendix E: Recommended Vendor RFP Submission

I. RFP PAGE 1 AND ADDENDUM(S) PAGE 1 (IF APPLICABLE)

COUNTY OF FRESNO



REQUEST FOR PROPOSAL

NUMBER: 20-034

SHORT-TERM LODGING DRIVEN BY PEER SUPPORT SERVICES

Issue Date: January 21, 2020

Closing Date: FEBRUARY 18, 2020 AT 2:00 PM

All Questions and Responses must be electronically submitted on the Bid Page on Public Purchase.

For assistance, contact **Bryan Hernandez** at Phone (559) 600-7117.

BIDDER TO COMPLETE

Undersigned agrees to furnish the commodity or service stipulated in the attached at the prices and terms stated in this RFP. Bid must be signed and dated by an authorized officer or employee.

RH Community Builders

COMPANY

Katie Wilbur

CONTACT PERSON

352 W Bedford Ave Ste. 110

ADDRESS

Fresno

CITY

CA

STATE

93711

ZIP CODE

(585) 314-3914

TELEPHONE NUMBER

Katie@RHCBfresno.com

E-MAIL ADDRESS

Brad Hardie

AUTHORIZED SIGNATURE

Brad Hardie

PRINT NAME

President

TITLE

COUNTY OF FRESNO



ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 20-034

SHORT-TERM LODGING DRIVEN BY PEER SUPPORT SERVICES

Issue Date: January 24, 2020

Closing Date: February 24, 2020 at 2:00 PM

All Questions and Proposals must be electronically submitted to the Bid Page on Public Purchase.

For assistance, contact Bryan Hernandez at (559) 600-7110.

NOTE THE FOLLOWING ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 20-034 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

- Closing Date extended to February 24, 2020 at 2:00 PM

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 20-034

COMPANY NAME: RH Community Builders

SIGNATURE: *Brad Hardie* (PRINT)

NAME & TITLE: Brad Hardie, President (PRINT)

Purchasing Use: BH:hs

ORG/Requisition: 56304780 / 5632010052

COUNTY OF FRESNO



ADDENDUM NUMBER: TWO (2)

RFP NUMBER: 20-034

SHORT-TERM LODGING DRIVEN BY PEER SUPPORT SERVICES

Issue Date: February 14, 2020

Closing Date: February 24, 2020 at 2:00 PM

All Questions and Proposals must be electronically submitted to the Bid Page on Public Purchase.

For assistance, contact Bryan Hernandez at (559) 600-7110.

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 20-034 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

- Delete original Exhibit E Cost Proposal and replace with attached Revised Exhibit E Cost Proposal.
- Attached Exhibit F – Fresno County Department of Behavioral Health Guiding Principles of Care Delivery
- Amend sentence on Page 15, Section VI, Paragraph 3 to read:
Peer support staff, should be scheduled in such a manner as to ensure weekend, evening and overnight coverage.
- Questions and Answers

ACKNOWLEDGMENT OF ADDENDUM NUMBER TWO (2) TO RFP 20-034

COMPANY NAME: RH Community Builders
 SIGNATURE: *Brad Hardie* (PRINT)
 NAME & TITLE: Brad Hardie, President
 (PRINT)

Purchasing Use: BH:st

ORG/Requisition: 56304780 / 5632010052

II. COVER LETTER



February 24, 2020

County of Fresno - Purchasing
 333 W. Pontiac Way
 Clovis, CA 93612

RE: Request for Proposal #20-034

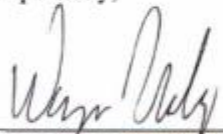
Dear Review Committee,

RH Community Builders is pleased to submit this proposal for **Short-Term Lodging Driven by Peer Support Services** in response to the County of Fresno's Request for Proposal #20-034. RH Community Builders is committed to providing high quality, innovative services that are designed to meet the needs of individuals who may be addressing homelessness and or mental health issues. RH Community Builders is uniquely qualified to provide management and oversight support in the form of Short-Term Lodging Driven by Peer Support Services, or The Lodge. As an industry leader providing low-barrier, client centered services, our team of housing, mental health and social service experts are committed to providing these services to the Fresno Community.


RH Community Builders mission is to focus on building a multi-faceted approach to ending homelessness in the Central Valley. We seek to provide needed social services and increase access to affordable housing. We are fully prepared and capable of adjusting our programmatic operations to deliver Innovative Program and The Lodge services to meet the needs of this highly vulnerable population. Our Chief Executive Officer (CEO) Wayne Rutledge and President Brad Hardie are authorized to negotiate with the County of Fresno on behalf of RH Community Builders.

RH Community Builders is confident that we will provide an exceptional service at The Lodge, be able to engage previously unengaged clients, and be a high-quality partner to the County of Fresno. Should you require any additional information please feel free to contact Wayne Rutledge, CEO at (559)213-7373 or Brad Hardie at (559)433-7613, both are authorized to represent RH Community Builders. Thank you for your consideration of our proposal.

Respectfully,



 Wayne Rutledge, CEO
 RH Community Builders



 Brad Hardie, President
 RH Community Builders

III. TABLE OF CONTENTS

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IV. CONFLICT OF INTEREST STATEMENT

RH Community Builders has no existing or potential conflict of interests related to the performance of this contact should we be the successful bidder. RH Community Builders will comply with all local, state, and federal conflict of interest laws and regulations should a conflict arise.

RH Community Builders has a formal Conflict of Interest Policy to ensure that all decisions are made in the best interest of our clients and business. The policy is as follows:

No personal, family, or other considerations that are not in the best interest of our clients or the organization shall be allowed to influence business decisions of RHCBC. All staff, including employees and/or subcontractors must not use their position within RHCBC to create personal advantage, financial or otherwise, for themselves or family members. A conflict may also arise if an employee becomes involved in activities outside RHCBC that can cause influence on decisions at work. RHCBC expects staff to avoid activities that might conflict with their loyalty to RHCBC. Any potential conflict of interest will be addressed immediately by RHCBC Executive Leadership team. We will further adhere to all federal, state and local conflict of interest laws, statutes and regulations.

V. TRADE SECRET

Proposal No. 20-034

Page 28

TRADE SECRET ACKNOWLEDGEMENT

Each proposal submitted is public record under the California Public Records Act (Cal. Gov. Code, secs. 6250 and following) and is therefore open to inspection by the public as required by Section 6253 of the California Government Code. This section generally states that "every person has a right to inspect any public record". The County will not exclude any proposal or portion of a proposal from treatment as a public record except information that is properly submitted as a "trade secret" (defined below), and determined by the County to be a "trade secret" (if not otherwise subject to disclosure, as stated below). Information submitted as "proprietary", "confidential" or under any other terms that might state or suggest restricted public access will not be excluded from treatment as public record.

"Trade secrets" as defined by Section 6254.7 of the California Government Code are not treated as a public record under that section. This section defines trade secrets as:

"... Trade secrets," as used in this section, may include, but are not limited to, any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data or compilation of information that is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce, or compound an article of trade or a service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it."

Such information must be submitted in a separate PDF file named "Trade Secret" and marked as "Confidential" in the Public Purchase system. Bidders must include a clear and concise statement that sets out the reasons for confidentiality in accordance with the foregoing definition of "trade secret." Examples of information not considered trade secrets are pricing, cover letter, promotional materials, references, and the like.

Information submitted by a bidder as "trade secret" will be reviewed by County of Fresno's Purchasing Division, with the assistance of the County's legal counsel, to determine conformance or non-conformance to the foregoing definition.

Information that is properly identified as "trade secret" and which the County determines to conform to the definition will not become public record (if not otherwise subject to disclosure, as stated below). The County will safeguard this information in an appropriate manner, provided however, in the event of a request, demand, or legal action by any person or entity seeking access to the "trade secret" information, the County will inform the bidder of such request, demand, or legal action, and the bidder shall defend, indemnify, and hold harmless the County, including its officers and employees, against any and all claims, liabilities, damages, or costs or expenses, including attorney's fees and costs, relating to such request, demand or legal action, seeking access to the "trade secret" information.

Information submitted by bidder as trade secret and determined by the County not to be in conformance with the foregoing California Government Code definition shall be excluded from the proposal and deleted by the County.

The County shall not in any way be liable or responsible for the disclosure of any proposals or portions thereof, if (1) they are not electronically submitted in a separate PDF that is marked "Trade Secret" and marked as Confidential in the Public Purchase system; or (2) disclosure thereof is required or allowed under the law or by order of court.

Bidders are advised that the County does not wish to receive trade secrets and that bidders are not to supply trade secrets unless they are absolutely necessary.

I have read and understand, and agree to the above "Trade Secret Acknowledgement."

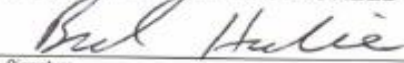
BIDDER MUST CHECK ONE OF THE FOLLOWING:

Has bidder submitted certain bid information that is a "trade secret," as defined by Section 6254.7 of the California Government Code, and in compliance with the requirements of this Trade Secrets Acknowledgement?

By marking "NO", bidder does not claim any confidentiality of any bid information submitted to the County.

YES NO

ACKNOWLEDGED AND AGREED BY BIDDER:



Signature

February 17, 2020

Date

Brad Hardie

Print Name

President, RH Community Builders

Title

VI. CERTIFICATION – DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS

Proposal No. 20-034

Page 31

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: Brad Hardie

Date: February 17, 2020

Brad Hardie, President
(Printed Name & Title)

RH Community Builders
(Name of Agency or Company)

VII. REFERENCES

Reference Name	County of Fresno – Department of Social Services
Contact	Laura Moreno
Address	205 W. Pontiac Way Clovis, CA 93612
Phone	(559) 600-2335
Project Date	2019 – Present
Service Provided	Landlord Engagement & Mitigation services for Fresno County, engaging new landlords to be willing to rent to clients with current barriers to renting.

Reference Name	City of Fresno – Mayor’s Office
Contact	Mayor Lee Brand
Address	2600 Fresno Street Fresno, CA 93721
Phone	(559) 905-5080
Project Date	2016 – Present
Service Provided	Collaborative community partner supporting the City of Fresno’s efforts to reduce homelessness in a variety of services.

Reference Name	WestCare California Inc.
Contact	Shawn Jenkins, Deputy COO
Address	1900 Gateway Blvd Ste. 100 Fresno, CA 93727
Phone	(559) 974-2919
Project Date	2015 – Present
Service Provided	Operations management of housing programs including Rapid Re-Housing, Permanent Supportive Housing, and Master Leasing.

Reference Name	Mental Health Systems, Inc.
Contact	Jim Callaghan, CEO & President
Address	9465 Farnham Street San Diego, CA 92123
Phone	(858) 254-4338
Project Date	2016 – Present
Service Provided	Operations management of housing programs including Emergency Shelter, Master Leasing, Permanent Supportive Housing, & Residential Treatment.

Reference Name	City of Fresno – Council District 1
Contact	Esmeralda Soria
Address	2600 Fresno Street Fresno, CA 93721
Phone	(559) 920-0579
Project Date	2016 – Present
Service Provided	Collaborative community partner supporting the City of Fresno’s efforts to reduce homelessness in a variety of services.

VIII. PARTICIPATION

Proposal No. 20-034

Page 33

PARTICIPATION

The County of Fresno is a member of the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter. This group consists of Fresno, Kern, Kings, and Tulare Counties and all governmental, tax supported agencies within these counties.

Whenever possible, these and other tax supported agencies co-op (piggyback) on contracts put in place by one of the other agencies.

Any agency choosing to avail itself of this opportunity, will make purchases in their own name, make payment directly to the contractor, be liable to the contractor and vice versa, per the terms of the original contract, all the while holding the County of Fresno harmless. If awarded this contract, please indicate whether you would extend the same terms and conditions to all tax supported agencies within this group as you are proposing to extend to Fresno County.

*** Note: This form/information is not rated or ranked for evaluation purposes.**

Yes, we will extend contract terms and conditions to all qualified agencies within the California Association of Public Procurement Officials (CAPPO) Central Valley Chapter and other tax supported agencies.

No, we will not extend contract terms to any agency other than the County of Fresno.

Brad Hardie

(Authorized Signature)

Brad Hardie, President, RH Community Builders

Title

IX. EXCEPTIONS

A. Exceptions to General Conditions.

RH Community Builders does not take exception to any part of the General Conditions of this Request for proposal.

B. Exceptions to General Requirements.

RH Community Builders does not take exception to any part of the General Requirements of this Request for Proposal.

C. Exceptions to Specific Terms and Conditions.

RH Community Builders does not take exception to any part of the Specific Terms and Conditions of this Request for Proposal.

D. Exceptions to Scope of Work and/or Scope of Work Proposal Requirements.

RH Community Builders does not take exception to any part of the Scope of Work and/or Scope of Work Proposal Requirements.

E. Exceptions to Proposal Content Requirements.

RH Community Builders does not take exception to any part of the Proposal Content Requirements.

F. Exceptions to any other part of this RFP.

RH Community Builders does not take exception to any other part of this Request for Proposal.

X. VENDOR COMPANY DATA**A. A narrative which demonstrates the vendor's basic familiarity or experience with problems associated with this service/project**

RH Community Builders fundamentally believes that safe, stable housing is a critical element to engaging individuals in treatment. Without an individual's most basic needs such as safe, stable housing, access to food, and supportive relationships, individuals are less likely to be willing to engage in services or to actively pursue services that will improve their quality of life. Transitioning through the stages of change from pre-contemplation to contemplation can be challenging without the stability of safe and stable housing. Homelessness continues to be a large problem in Fresno County and will take a multi-faceted, multi-system approach to end.

RH Community Builders has an in-depth understanding of the homeless crisis occurring in Fresno County and is invested in working towards addressing the significant barriers of homeless individuals. RHCBC is an active participant in the Fresno-Madera Continuum of Care and is continually engaged with providers and Fresno County in developing innovative approaches to reducing the determinant of homelessness in the area. An example of our commitment includes The RH Emergency Winter Warming Shelter. In December 2019, RHCBC identified a critical need for additional shelter beds during the winter months. The organization quickly mobilized resources and opened the RH Emergency Winter Warming Shelter which provides 77 additional shelter beds to individuals in need. Operating as a low-barrier shelter, RHCBC has practiced harm-reduction principles, encouraging guests to access services such as medically assisted treatment (MAT) and providing linkage to treatment programs when individuals were ready. In many ways, the services provided at the RH Emergency Winter Warming Shelter mirror the services that will be provided at The Lodge.

As a provider of housing to many individuals who have recently experienced homelessness, substance abuse, or mental illness, RHCBC is fully prepared to provide a trauma-informed space that welcomes individuals and removes barriers to treatment while encouraging housing readiness. RHCBC is experienced with providing a Housing First or "come as you are" model and is fully prepared and capable of providing a safe, yet low barrier entry for individuals.

RH Community Builders has demonstrated their ability to provide a safe and stable housing opportunity while utilizing peer staff to engage individuals and encourage guests to access additional treatment and resources during their stay. As a provider of more than 200 supported housing units across the Fresno County, RHCBC recognizes the need for safe and stable housing, clinical and support services, an understanding staff, and easy access to services. RHCBC will provide a strong leadership team to The Lodge that will infuse clinical and peer knowledge

into the structure to ensure that individuals feel they can connect with the staff while also providing clinical support and connection.

RH Community Builders is experienced in providing Housing First services while incorporating evidence-based practices. RHCBC will operate The Lodge with a Housing First model based on the philosophy that safe and stable housing will be the entry point to services, not the reward for entry into services. RHCBC fully embraces the principles of Housing First including harm reduction where clients do not have to be clean and sober to enter housing and clients are not required to participate in scheduled services such as groups or individual meetings during their stay. However, RHCBC is confident that once clients feel safe and secure in their housing, they will elect to participate in services and choose to engage rather than be forced to engage. RHCBC will support peer staff in incorporating evidence-based practices such as harm reduction, motivational interviewing, trauma-informed care and recovery orientated practices without losing their peer voice and experience. Most importantly, RHCBC is committed to providing a “dignity first” approach to all services where individuals will be encouraged to engage in services, offered opportunities to engage at the level they feel comfortable with, and supported in identifying what services they would like to participate, rather than service providers prescribing treatment to them. The approach at The Lodge will be to address the issue of homelessness and, working in collaboration with our community partners, link clients to on-going services to address any health, mental health, addiction, employment and or social service needs.

B. Description of any similar or related contacts under which the bidder has provided services

RH Community Builders currently operates the RH Emergency Winter Warming Shelter, which provides services similar to the proposed services at The Lodge. RHCBC has closely collaborated with Fresno County and the Fresno-Madera Continuum of Care to ensure that services being provided are aligned with county contracted services at other triage shelters in Fresno. The RH Emergency Winter Shelter practices low-barrier entry for individuals experiencing homelessness, providing shelter, food, safety, and linkage to additional services. The RH Emergency Winter Warming Shelter has demonstrated the effectiveness of low-barrier, peer driven services with many individuals entering the shelter from being street homeless to being able to accept services and gradually transition to programs which support their long-term recovery and stability.

RH Community Builders is actively seeking solutions to end homelessness as it serves as the contracted provider for Landlord Engagement and Mitigation for the County of Fresno. RHCBC recruits and engages landlords to rent to clients who have a history of eviction, poor credit, or low income. RHCBC provides follow-up case management to support the clients in

successfully remaining in their housing. Additional services include transportation if a client needs to pay rent, linkages to community resources for behavioral health or substance abuse treatment, and daily living skills to ensure that the units are well maintained. RH Community Builders serves as a liaison for the client and landlord if any issues do arise to ensure that they are handled appropriately and responsively.

RH Community Builders also operates The Hacienda campus in Fresno, which provides a variety of services including emergency shelter, rapid re-housing, permanent supportive housing, and inpatient substance abuse treatment. RH Community Builders is committed to providing the highest quality services at The Hacienda and continually works with the partners onsite to ensure that services are innovative and effective.

C. Descriptions of the qualifications of the individuals providing the services.

RH Community Builders has assembled a highly competent management team and will hire service delivery staff committed to the principles of the Short-Term Lodging Driven by Peer Support Services RFP. A description of our teams includes:

Executive Management Team

Wayne Rutledge, Chief Executive Officer (CEO) of RH Community Builders has more than 20 years of management experience and has been directly involved in property management for low-income individuals for more than 10 years. Mr. Rutledge is an experienced leader with extensive experience in budget management and strategic planning. Mr. Rutledge has been committed to addressing housing and homeless issues in the County of Fresno for many years. In advancing this commitment, Mr. Rutledge partnered to purchase The Hacienda, a large property in Fresno that needed extensive renovations and re-development. Mr. Rutledge worked closely with multiple community partners to develop The Hacienda into what is now considered a valuable community asset. The Hacienda is home to an emergency triage shelter, bridge housing, rapid re-housing, permanent supportive housing, a substance abuse treatment program, and multiple outpatient programs. Mr. Rutledge has a legacy of being an involved member of the Fresno community, donating his time to several task forces in Fresno that have focused on finding solutions and thereby improving the conditions of communities in need.

Brad Hardie, President of RH Community Builders has more than 10 years of experience in property management and has lead his team to build one of the largest low-income property management organizations in the Fresno area. Mr. Hardie brings a wealth of experience in business development and service provision. Mr. Hardie was a partner in the purchase of The Hacienda, a large property in Fresno that required extensive renovation and re-development. Mr. Hardie has been instrumental in helping to develop the services offered at The Hacienda and is passionate about providing safe and stable housing while engaging individuals in treatment. Mr. Hardie is a leader and has a unique ability to connect with individuals, bring

strong relationship, and has led large teams in making a difference. Mr. Hardie has also overseen the development of the largest Master Leasing program in Fresno. Providing more than 75 units of affordable master leased units, Mr. Hardie ensures that units are well maintained, clients receive the supports they need, and that the program continues to house some of the most difficult to house clients in the Fresno area. Mr. Hardie is very involved in the Fresno community, currently serving as a City of Fresno Planning Commissioner and as an active member of the Storyland/Playland Board of Directors. Mr. Hardie has also been involved in Community Development corporations for several communities in Fresno and served on the Mayor's Task Force to reduce blighted properties in Fresno. Both Mr. Hardie and Mr. Rutledge's long-term commitment and investment in making available affordable housing and their work with Housing First models are both key to working towards addressing the homeless housing issues which exist in the Greater Fresno community.

Jeffery Blankenship, CPA, Chief Financial Officer of RH Community Builders has a degree in accounting from California State University, Fresno and is a Certified Public Accountant. Mr. Blankenship has more than 29 years of experience providing accounting services to a wide range of clientele. Mr. Blankenship brings an expertise in creating sound financial procedures and auditing protocols. Mr. Blankenship specializes in audits and reviews and prior to joining the RHCB team has provided services for many municipalities and local governments.

Katie Wilbur, LCSW, Executive Director of RH Community Builders has a Masters in Social Work and is a Licensed Clinical Social Worker. Ms. Wilbur joined RH Community Builders after several years of work in the non-profit and mental health sector. During her tenure in the non-profit field, Ms. Wilbur oversaw large clinical operations throughout the State of California, managed budgets, and managed training operations. Ms. Wilbur is currently serving as a Commissioner for the City of Fresno Housing and Community Development commission. Ms. Wilbur is a certified trainer in Motivational Interviewing, Pro-ACT, and is a certified Housing Standards Quality (HSQ) inspector. Ms. Wilbur also maintains certification as a Fair Housing Specialist (FHS) and Specialist in Housing Credit Management (SHCM).

Julie Laizure, Controller of RH Community Builders has more than 20 years of experience in the financial management industry. Ms. Laizure has experience managing the budget and financials of non-profit and for-profit organizations. Ms. Laizure has extensive experience in developing adequate and reasonable budgets, while providing financial oversight, strategic direction, and general accounting management.

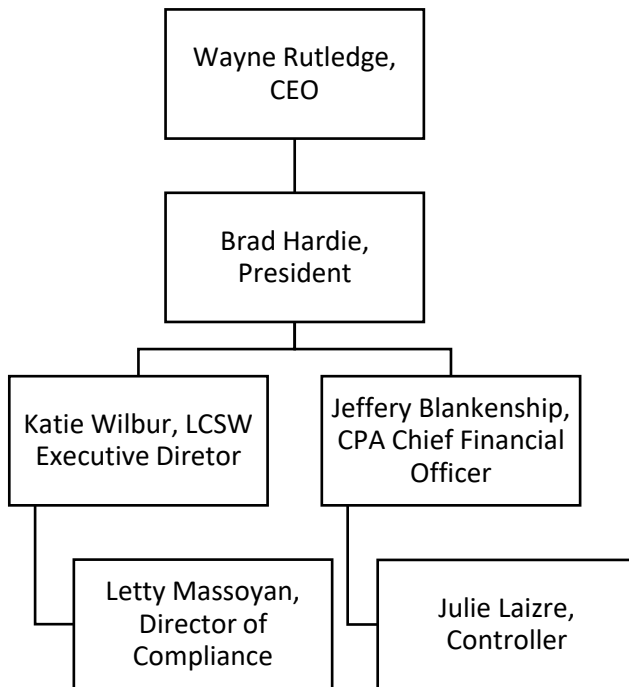
Letty Massoyan, Director of Compliance joined the RH Community Builders team after a career in the San Francisco Bay area. Mrs. Massoyan has experience managing the operations of large social services programs including programs similar to The Lodge. Mrs. Massoyan

has more than 14 years of experience in management and compliance. Mrs. Massoyan has also served as a consultant for the Fresno Housing Authority. Mrs. Massoyan is currently pursuing a Doctorate of Education in Organizational Change and Leadership.

Service Delivery Staff

RH Community Builders will have the necessary staff to professionally and effectively operate The Lodge program taking into consideration the specific needs of the individuals served. During the hiring selection process, staff will be hired based on their qualifications, experience and commitment to the values and vision of The Lodge and RH Community Builders. Staff will include Peer Support Specialists, Clinicians, Case Managers, Clinician Manager, Licensed Vocational Nurse, Overnight Security Monitors and support staff to provide clerical support, food service and oversee maintenance and operations. RH Community Builders is committed to hiring multilingual or bilingual in an effort to effectively communicate with clients whose first language is not English. A comprehensive training plan which will include on-going in-service training on Housing First principles, Motivational Interviewing, Dignity First and other supportive services orientations to support staff, supervisors and clinicians.

RH Community Builders Executive Team



D. Any material (including letters of support) indicative of the bidder's capability



MAYOR LEE BRAND

February 21, 2020

Brad Hardie
President, RH Community Builders
352 Bedford Ave Ste. 110
Fresno, CA 93711

Dear Mr. Hardie,

As the City of Fresno's mayor, I am writing in support of RH Community Builders' RFP #20-034 application, Short-Term Lodging Driven by Peer Support Services. This new, innovative Fresno County program would assist homeless individuals or those at risk of homelessness who have serious mental health illness. The intended result would be increased engagement among that vulnerable population.

The City of Fresno has an excellent working relationship with RH Community Builders and I believe this organization would be an ideal provider for Short-Term Lodging Driven by Peer Support Services. Its approach to engage and build relationships with each client as an individual would ideally suit this program.

Like cities across the state and the nation, Fresno is facing challenges servicing its homeless population. RH Community Builders has demonstrated its ability to provide innovative and flexible solutions to the problems our community has faced and has consistently shown a willingness to work in partnership with other organizations as we all work together to reduce our homeless population. One example is the Emergency Winter Warming Shelter it opened earlier this year. After licensing issues forced Comprehensive Addiction Programs Recovery Home to close last year, RH Community Builders came up with the idea – at its own cost – of turning the existing facility into the a winter warming shelter, which helped get homeless people off the streets. A provider like RH Community Builders that remains focused on meeting the needs of the individual and removing barriers is the ideal provider for this new, innovative program.

If you have any questions or need additional information, don't hesitate to contact me at (559) 621-7903.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lee Brand", with a large, stylized flourish extending to the right.

Lee Brand
Fresno Mayor



ESMERALDA Z. SORIA
Councilmember, District One

February 13, 2020

Brad Hardie
President, RH Community Builders
352 Bedford Ave Ste. 110
Fresno, CA 93711

Dear Mr. Hardie,

I am pleased to support RH Community Builders' application to the County of Fresno, for Short-Term Lodging Driven by Peer Support Services, RFP #20-034. This innovative program is an ideal match to RH Community Builders, an organization I know to take an innovative and individualized approach to service delivery to assist the individual in reaching their personal recovery, resiliency, and wellness goals.

As a member of the Council of Regional Homeless Advisors, I understand the depth and severity of the homeless crisis facing Fresno. RH Community Builders has stepped into the service providing industry, leading the way in innovation and has become a go to asset to the Fresno community. The services to be provided as part of the Short-Term Lodging Driven by Peer Support Services will require a dedicated provider who is flexible and innovative to reach this difficult population and I have no doubt that RH Community Builders will rise to the challenge to fulfil this need.

As a council member, I have a strong working relationship with RH Community Builders and have direct experience with their ability to provide timely, efficient, effective, and professional services. We believe that RH Community Builders will be an ideal provider for this program.

I strongly support RH Community Builders' proposal to the County of Fresno in their pursuit to providing Short-Term Lodging Driven by Peer Support Services.

Please feel free to contact me should you require any further assistance or additional information.

Sincerely,

Esmeralda Soria
District 1 Councilmember
City of Fresno

City of Fresno
City Hall • 2600 Fresno Street • Fresno, California 93721-3600
(559) 621-8000 • District1@fresno.gov • www.fresno.gov/district1



February 13, 2020

Brad Hardie
President, RH Community Builders
352 Bedford Ave Ste. 110
Fresno, CA 93711

Dear Mr. Hardie,

On behalf of WestCare California, Inc. I am pleased to support RH Community Builders' application to the County of Fresno, for Short-Term Lodging Driven by Peer Support Services, RFP #20-034. RH Community Builders is well-known for their innovation and willingness to do "whatever it takes" to help a client reach their goals. RH Community Builders takes unique approaches that helps difficult to reach clients achieve their goals and find success.

As a member of the Fresno-Madera Continuum of Care, I am well aware of the challenges faced in the Fresno area regarding homeless individuals, particularly the most difficult to engage individuals. It is my belief that RH Community Builders is qualified to not only provide the requested services, but achieve above and beyond the desired outcomes. RH Community Builders has consistently provided services in a client center and individualized manner that will be ideal for this program.

As the leader of a partner agency, I have a strong working relationship with RH Community Builders and have direct experience with their ability to provide efficient, effective, and professional services. We believe that RH Community Builders will be an ideal provider for this program.

I strongly support RH Community Builders' proposal to the County of Fresno in their pursuit to providing Short-Term Lodging Driven by Peer Support Services.

Please feel free to contact me should you require any further assistance or additional information.

Sincerely,

A handwritten signature in blue ink that reads "Shawn A. Jenkins".

Shawn A. Jenkins
Deputy Chief Operating Officer
Westcare Foundation - Western Region

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders



*Enriching the lives and spirits
of all who pass our way*

February 14, 2020

Brad Hardie
President, RH Community Builders
352 Bedford Ave Ste. 110
Fresno, CA 93711

Dear Mr. Hardie,

On behalf of Poverello House, I am pleased to support RH Community Builders' application to the County of Fresno, for Short-Term Lodging Driven by Peer Support Services, RFP #20-034. This innovative program is an ideal match to RH Community Builders, an organization I know to take an innovative and individualized approach to service delivery to assist the individual in reaching their personal recovery, resiliency, and wellness goals.

Poverello House has a strong working relationship with RH Community Builders and has direct experience with their ability to provide efficient, effective, and professional services. We recognize RH Community Builders as a community partner willing to meet the needs of the community in unique and innovative ways. We believe that RH Community Builders will be an ideal provider for this program.

We strongly support RH Community Builders' proposal to the County of Fresno in their pursuit to providing Short-Term Lodging Driven by Peer Support Services.

Please feel free to contact me should you require any further assistance or additional information.

Sincerely,

Zachary D. Darrah
Chief Executive Officer
Poverello House
zdarrah@poverellohouse.org



February 24, 2020

Brad Hardie
President, RH Community Builders
352 Bedford Ave Ste. 110
Fresno, CA 93711

Dear Mr. Hardie,

On behalf of Mental Health Systems, Inc., I am pleased to support RH Community Builders. RH Community Builders is our partner in many ventures and has repeatedly demonstrated their commitment to excellence. RH Community Builders is an organization that is committed to bettering the Fresno community and routinely supports the community in innovative and collaborative ways.

Over the past 5 years, MHS has enjoyed a close working relationship with Mr. Hardie and CEO Wayne Rutledge. During this time, we witnessed their relationships with our peers including local non-profits, Fresno Housing Authority, and multiple government entities grow and RH Community Builders truly become a community asset. They are held in the highest regard by all and their multiple relationships demonstrate their collaborative mindset.

RH Community Builders is always willing to go above and beyond to support our organization and, most importantly, the clients that we serve. RH Community Builders has shown a commitment to individualizing services for our clients and creating environments that meets the needs of each program and each client. Their willingness to meet the client where they are is evident daily.

Please feel free to contact me should you require any further assistance or additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "James C. Callaghan, Jr.", is written over a light blue horizontal line.

James C Callaghan, Jr.
President & CEO
Mental Health Systems, Inc.

IMPROVING LIVES
Innovation · Dignity · Integrity · Hope · Action · Excellence

E. A Brief Description of the bidder's current operations, and ability to provide the services.

RH Community Builders is a Limited Partnership that has been established as a commitment to end homelessness in the Central Valley through innovation and collaboration. RHCB was founded through the passions and experience of CEO Wayne Rutledge and President Brad Hardie. After many years of collaborating with local non-profits, government entities, and other providers, Mr. Rutledge and Mr. Hardie formalized their operations and founded RHCB. In addition to RH Community Builders, Mr. Rutledge and Mr. Hardie manage the operations of large corporations that require budget review, consistent oversight, and vision for development. The founding partners are active members of the Fresno-Madera Continuum of Care and have participated in multiple City of Fresno efforts to improve the state of the City. RHCB has a history of working collaboratively with other service providers by providing high quality property and supportive management that makes it possible for traditionally difficult to house tenants to remain housed.

RH Community Builders has the knowledge, commitment, and resources to successfully operate The Lodge. As a nimble and innovative organization, RHCB has the flexibility to quickly adapt to the program and client's needs as they evolve, which is expected during a research and Innovation Project such as The Lodge.

RH Community Builders, through Executive Director Katie Wilbur, brings a magnitude of experience starting new programs and operating large mental health programs. For more than 5 years, Ms. Wilbur has managed the clinical and operational sides of programs that service the population that will be served at The Lodge including adults experiencing homelessness with Serious Mental Illness and Substance Use Disorders. Most recently, Ms. Wilbur operationalized a new, high fidelity Assertive Community Treatment program that provided Co-Occurring mental health and substance abuse treatment to 50 high acuity clients. A fundamental piece of many of the programs created and managed by Ms. Wilbur has been the Peer Support Specialist position. With many years of supervision experience, Ms. Wilbur understands the tremendous benefit that Peer Support Specialists bring to a program and unique challenges faced by Peer Support Specialists. During her tenure, Ms. Wilbur has managed more than \$12 million dollars in annual diverse funding sources, ensuring that funds are spent appropriately, effectively, and efficiently. Additionally, Ms. Wilbur has managed, trained, developed, and supported more than 150 employees including Managers, Supervisors, Clinicians, and Peer Support Specialists providing mental health and substance abuse treatment to adults with Co-Occurring disorders.

RH Community Builders current operations include Landlord Engagement and Mitigation, part of a multi-faceted approach to solving the homelessness crisis in Fresno. RHCB identifies

and recruits landlords who will be willing to rent to participants of the Fresno-Madera Continuum of Care. RHCB also works to locate units that are appropriate for clients whom other programs are unable to identify adequate housing. RH Community Builders' approach to individualizing services set us apart from others.

RHCB's current operations also include providing more than 200 units of supportive housing occupied by clients currently engaged in substance abuse or mental health treatment, RHCB has an in-depth understanding of the policies and procedures that are needed to ensure the safety of clients and staff as well as establish a model for client success. In addition to the supportive housing units located across Fresno County, RH Community Builders operates The Hacienda campus which provides a variety of services including emergency shelter, permanent supportive housing, rapid re-housing and residential treatment services. The Hacienda is a unique property that requires attention to detail and innovation to allow all of the services to work harmoniously together. RH Community Builders successfully operates the campus to be a community resource that provides a vast range of services in one location.

- F. Copies of audited Financial Statements for the last three (3) years for the agency or program that will be providing the service(s) proposed. If audited statements are not available, compiled or reviewed statements will be accepted with copies of three years of corresponding federal tax returns. This information will be provided after the RFP closes, if requested. Do not provide with your proposal.**

RH Community Builders is fully prepared to provide the requested financial documents, as is requested.

- G. Describe all contact that have been terminated before completion within the last five (5) years:**
- a. Agency contract with**
 - b. Date of original contract**
 - c. Reason for termination**
 - d. Contact person and telephone number for agency**

RH Community Builders has not had any contract terminated.

- H. Describe all lawsuit(s) or legal action(s) that are currently pending; and any lawsuit(s) or legal action(s) that have been resolved within the last five (5) years:**
- a. Location filed, name of court and docket number**
 - b. Nature of the lawsuit or legal action**

RH Community Builders does not have any currently pending legal actions at the time of submission.

- I. Describe any payment problems that you have had with the County within the past three (3) years:**
- a. Funding Source**
 - b. Date(s) and amount(s)**
 - c. Resolution**
 - d. Impact to financial viability of organization**

RH Community Builders has not had any payment problems with the County.

XI. SCOPE OF WORK

A. Bidders are to use this section to describe the essence of their proposal

RH Community Builders is proposing to provide Short-Term Lodging Driven by Peer Support Services for 30 beds at The Lodge. Services will be provided to clients that are referred through a Fresno County approved referral source such as the Emergency Room, Crisis Intervention Team, or Psychiatric Hospital. Eligible individuals will include individuals with a Serious Mental Illness, who are currently homeless or at-risk of homelessness, are eligible for Department of Behavioral Health Services, and have not previously engaged in ongoing outpatient behavioral health services. Clients may also have a Co-Occurring Disorder, such as mental health and substance abuse. The program will include a well-trained staff of Peer Support Specialists, a Licensed Vocational Nurse, Case Managers, and Clinicians. RH Community Builders will also support the program with interns who are currently pursuing degrees in Alcohol and Drug Counseling and Social Work in order to provide additional resources to the program. RHCBC will employ Trauma Informed Care and Harm Reduction Principles at The Lodge. Additionally, The Lodge will be driven by Housing First Principles, allowing clients to “come as you are” and seek the level of services that fits their most imminent needs.

The Lodge will become an integrated part of the behavioral health system in Fresno, accepting the referrals of the most difficult to engage clients and effectively reducing the number of individuals experiencing homelessness by helping these individuals engage in the system. Using Motivational Interviewing, the team at The Lodge will assist clients with transitioning from the Pre-Contemplative Stage of Change into the Contemplative Stage and beginning to engage in ongoing treatment.

B. This section should be formatted as follows:

1. A general discussion of your understanding of the project, the Scope of Work proposed and a summary of the features of your proposal.

RH Community Builders proposes to develop The Lodge, a Short-Term Lodging Driven by Peer Support Services program aimed at helping previously unengaged individuals transition from the Pre-Contemplative Stage of Change to the Contemplative Stage of Change and access the services needed to end their homelessness, improve their health and well-being, and improve their overall functioning. The Lodge will operate as a low-barrier housing option for referred individuals who have a Serious Mental Illness (SMI), potentially a Co-Occurring Substance Use Disorder, are homeless or at-risk of homelessness, and have not previously engaged with outpatient mental health services.

Utilizing Peer Support Specialists, RHCBC will create a trauma informed space that welcomes individuals into treatment and creates a safe place for individuals to explore their needs

for services. The Lodge will be driven by client voice and choice, allowing clients to select services that fit their needs. At The Lodge, RHCBC will provide individual and group services that work to encourage a client to engage in services and increase their motivation to change.

As an active member of the Fresno-Madera Continuum of Care, RH Community Builders understands the need for services in the Fresno community. Additionally, RHCBC recognizes the underserved population of individuals with a Serious Mental Illness (SMI) who have not successfully connected to the behavioral health system for ongoing service and are homeless. The U.S. Department of Housing and Urban Development (HUD) defines homeless as “those persons who are on the streets or in shelters and persons who face imminent evictions (within a week) from a private dwelling or institution and who have no subsequent residence or resources to obtain housing”. The 2018 Point-In-Time Count conducted by the Fresno-Madera Continuum of Care (FM-CoC) provides the most up-to-date information on the number of individuals who are both Severely Mentally Ill (SMI) and experiencing homeless. In 2018, the FM-CoC reported 438 individuals who are currently unsheltered and experiencing SMI ¹.

RH Community Builders will seek to remove as many barriers as possible to make it possible for individuals to receive services. The Lodge will accept referred clients to “come as you are”, including with their pets and belongings. RH Community Builders will allow clients to keep their pets with them while in services and provide ample storage space for clients to secure their belongings. Additionally, clients will not be required to be, or remain, clean and sober to access The Lodge. RH Community Builders fundamentally believe that housing is a key foundational element to a client’s success and by providing a warm, safe housing option for an individual, they will become ready to access addition and ongoing services.

RHCBC recognizes that this population will require a low staffing ratio to provide individualized and responsive services to each person. RHCBC proposes to staff The Lodge with seven (7) full time Peer Support Specialists, creating a ratio of 1 Peer Support Specialists for every 4.3 clients. RH Community Builders will also staff The Lodge with Clinicians, Case Managers, Overnight Security Monitors, an LVN, and interns. In addition to the direct case staff, The Lodge will be supported the RH Community Builders’ Executive Director, a full time Program Manager, a full time Peer Supervisor, a full time Clinical Supervisor, and Office Manager. The Lodge will also be supported by a Kitchen Manager, Driver, and Janitor. The Lodge will be staffed 24/7 by Peer Support Specialists and will have bilingual staff available 24/7. All staff will also be trained on accessing The Language Line to provide translation services, if needed. At a minimum, The

¹HUD. CA-514 Fresno City & County/Madera County CoC (PIT 1/23/18): retrieved from website: https://files.hudexchange.info/reports/published/CoC_Dash_CoC_CA-514-2018_CA_2018.pdf

Lodge will be staffed at a ratio of 1:10 for direct staff to clients and at many times, there will be a ratio of 1:7.5 staff to clients.

RH Community Builders will ensure that staff are well-trained and responsive to a client's needs. The Lodge will aim to not only link, but fully engage, clients into additional services. Clients will become engaged into the Coordinated Entry System (CES) to ensure client's become eligible for housing programs. RH Community Builders recognizes that many of the clients serviced in The Lodge will need individual support to accomplish the required steps to access housing. In coordination with services provided through the CES, the team will help clients to develop a housing plan that fits their needs and desires. Case Managers and Peer Support Specialists will assist clients with gathering needed documents to progress in the CES and be matched to a housing program. When a client expresses a desire for ongoing mental health or substance abuse services, the team at The Lodge will provide all needed support to assist clients with successfully entering the system. Clinicians will begin assessments with clients to assist the team with linking the client to the most appropriate ongoing services. Additionally, the Clinicians will be available to provide crisis intervention when needed and provide services to clients until they are fully engaged with the ongoing programs.

The Lodge will be a key access point to services for the most difficult to engage clients in the Fresno area. The Lodge will provide high quality, individualized services that aim to help clients identify what their needs are, seek support, and grow in their desire for change. RH Community Builders will integrate Trauma Informed principles including empowering clients, providing peer support, and creating a safe environment. With a dignity first approach, individuals will provide a significant voice in their treatment planning and will feel empowered to voice their preference for services. Clients will be considered successfully discharged when they have been accepted and engaged by an ongoing service provider. The service provider may be a mental health or substance abuse provider in the Fresno County System of Care.

Through the research portion of the Innovation Project, RH Community Builders will make every attempt to gather information and data on each of the participants, their challenges and successes. The insight gained through the data will serve as a foundation to establish even more improved routes of engagement for those who are homeless or at risk of homelessness. Participants will not only benefit from safe and secure lodging, but they will gain the support of a wide range of staff who will make available interventions to actively engage the participants in addressing each of their barriers. The overall approach will be Housing First and utilize harm reduction for participants supported by peer supports and motivational interviewing. Participants will be offered by the trained Peer Support Specialists, in a friendly supportive manner versus offering services in an authoritative manner. The program will measure the number of participants who voluntarily agree to receive levels of behavioral support and the role peer professionals specifically trained

and able to encourage engagement in care. The longer-term vision would be to work towards establishing an effective model to engage this underserved population.

- 2. A detailed description of your proposal as it related to each item listed under the “Scope of Work Proposal Requirements” section of this RFP. Bidder’s response should be stated in the same order as are the “Scope of Work Proposal Requirements” items. Each description should begin with a restatement of the “Scope of Work Proposal Requirements” item that it is addressing. Bidders must explain their approach and method to satisfying each of the listed items.**

3. A. Description of Services

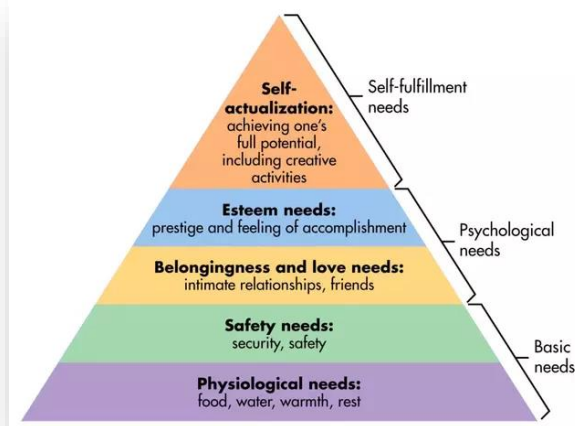
1. Describe in detail your understanding of the needs and the requested services.

RH Community Builders is committed to bringing the County of Fresno’s vision to life with the services provided at The Lodge through the Short-Term Lodging Driven by Peer Support Services. RH Community Builders’ philosophy of housing first aligns with the philosophy of The Lodge and the concept that providing for an individual’s most basic needs will provide an opportunity to address other basic needs. The following chart illustrates Maslow’s Hierarchy of Needs which identifies physiological needs, including food, water, warmth, and rest as the most basic needs of an individual. The Lodge will meet each of the physiological needs including food, water, and rest as well as the second level of safety needs. The Lodge will provide 3 meals per day, 24/7 security, and all basic necessities for client’s rest. The Lodge will test the hypothesis that meeting the most basic physiological and safety needs will open an individual’s willingness to accept treatment and allow each to progress to the next higher-levels on Maslow’s Hierarchy.

By staffing the program with highly trained and competent Peer Support Specialists, the program will also meet the psychological needs of the participants, allowing them to form connections with individuals who have shared similar experiences and can relate to the difficulties in accepting services.

With reported statistics of 438 unsheltered individuals who identify as severely mentally ill, RHCBC understands that the need for the Short-Term Lodging Driven by Peer Support Services

Malow’s Hierarchy of Needs²



is significant. While each individual's needs may vary, the overarching themes will likely be similar and include fundamental needs such as food, shelter, rest, safety, and security. The Lodge will provide these basic needs without condition, something this population is likely not accustomed.

Participants will be welcomed as they are, providing low barrier entry into a safe housing environment. Driven by Peer Support Specialists, participants will acclimate into a trauma-informed space that provides room and comfort as a means to transition out of their experience of homelessness. The Lodge will allow participants to bring their pets with them, providing kennels where the animals can remain while services are being provided. A recovery orientated approach allows participants to enter while still actively in addiction.

RH Community Builders will provide an environment that allows participants to access the services as is needed, without pressure of losing their housing or safety if they initially elect not to engage in services. By providing both structured and unstructured opportunities for participants to engage with staff, each will have the opportunity to build relationships and trust in a process which feels natural to the individual. While some clients may initially elect to participate in groups and build relationship in that setting, others may feel more comfortable building relationship with the team by helping in the kitchen or with yardwork. All staff, regardless of position will receive training on Motivational Interviewing, trauma informed care, and recovery orientated principles, clients will benefit from all interactions with The Lodge staff.

Clients will be invited into The Lodge in a warm and welcoming way. The intake will be brief and only gather basic information to allow clients to settle in before additional assessments are conducted. The Lodge will be well equipped with all needed supplies including hygiene product, clothes, and other basic necessities to ensure that clients feel their physiological needs are met. The Lodge will offer three full meals per day with snacks available between meals so that clients do not have to worry about where their next meal will come from.

With a primary goal of understanding a client's needs and successfully engaging clients in ongoing mental health or substance abuse treatment, The Lodge will begin the process of engaging clients with other services as quickly as they are ready. Clients will be an active member of their treatment team, voicing their opinion and choice for services. Treatment plans will be frequently evaluated by the team and modified as needed as new needs or barriers are identified by the treatment team. Consistent with quality clinical practices, clients will understand that The Lodge is a short term stay program from their initial entry into the program and discharge planning will begin occurring from the start of a client's stay.

2. Describe in detail your agency's capabilities to provide the requested services.

RH Community Builders is fully equipped to provide the requested services at the highest level possible. RHCBC is committed to the Fresno community and has demonstrated our capacity to competently provide services similar to the requested services with the RH Emergency Winter Warming Shelter. The RHCBC Executive Team, including Executive Director Katie Wilbur who brings a wealth of experience in program implementation and management. Ms. Wilbur, a Licensed Clinical Social Worker (LCSW) has successfully launched multiple new programs across the State of California and in the Fresno community that include low-barrier shelters and mental health programs that provide the highest level of outpatient care for adults with SMI and Co-Occurring disorders. Ms. Wilbur has worked directly with and managing staff who work directly with individuals who have Co-Occurring disorders for nearly her entire career.

Success Story

The RH Emergency Winter Warming Shelter has changed lives and helped individuals get back on track to make a lasting change in their own lives. Peter* was among the first guests to arrive at the RH Emergency Winter Warming Shelter, however he didn't stay long. A few days after his first visit, Peter returned, again seeking shelter and change. For more than an hour that night, Peter sat and spoke with RHCBC President Brad Hardie. Mr. Hardie and Peter discussed his life, his desire for change, and the steps he would need to take to achieve his goals. The next day the RHCBC team reached out to Peter's Parole Officer and explained the program and Peter's circumstances. His Parole Officer granted him an opportunity to make a change. Peter became of service at the shelter and demonstrated his commitment to bettering himself. The RHCBC team jumped into action and helped Peter get connected. Peter began accessing SUD treatment services and employment services. Peter enrolled in the Valley Apprentice Training Program and began faithfully attending daily, he has secured full-time work through the program. With the help of the services Peter was connected to while at the RH Emergency Winter Warming Shelter, Peter secured a permanent housing solution and continues to take steps towards independence and success daily. Peter has stayed in contact with the RH Team and credits the stability and support he received at the program as the foundation for his change.

*Name changed for confidentiality, permission to use likeness granted by client.

RH Community Builders has a highly qualified accounting department that includes staff with experience completing invoices and documentation for Fresno County. The accounting department is well versed in Fresno County requirements for managing county funded projects and the intricacies of accounting for expenses. RH Community Builders is committed to operating on a cash basis.

For more than 5 years, RH Community Builders has partnered with multiple community providers to bring the highest quality supportive services in Fresno. RH Community Builders puts the highest priority on providing client center services to meet the needs of each individual. RH Community Builders has demonstrated their capacity for developing well-rounded support programs at sites

like The Hacienda which now includes a continuum of services from low-barrier shelter, residential substance abuse treatment, rapid-rehousing services, and permanent supportive housing.

RH Community Builders has secured a facility that will serve as an ideal location for The Lodge, providing a trauma informed environment that comfortably allows 30 clients to live together. The identified space provides flexible arrangements for larger dorm style areas and smaller, quieter sleeping areas and incorporation of wraparound services. The facility design will also allow the program be flexible in the number of men's and women's beds offered dependent on need. The facility will comply with the American with Disabilities Act (ADA) and be located within the Fresno metropolitan area close to public transportation and other amenities. Additionally, RHCBC will provide transportation to appointments for physical health, mental health, or substance abuse treatment, including daily MAT services.

3. Describe your organization's model of service/philosophy and how it would best serve the needs of the individuals to be served.

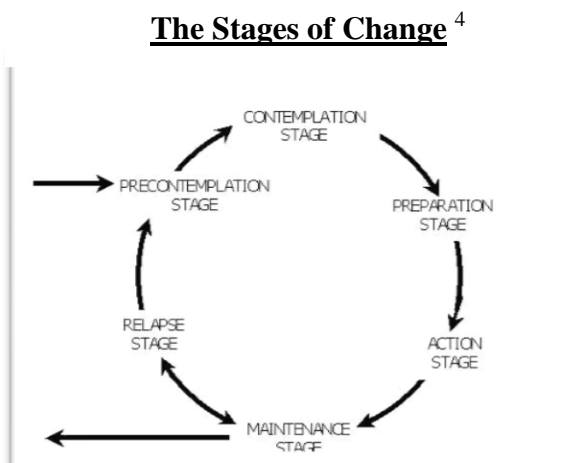
RH Community Builders' philosophy that housing is a fundamental need for all individuals is well aligned with the services to be provided at The Lodge. RHCBC believes that until a person's basic needs of shelter, food, and safety are met that an individual cannot focus on addressing any other challenges in their lives. Our proposed model of services meets the client where they are, rather than expecting all clients to enter into services at the same place and time. Allowing clients to "come as you are" removes barriers from individuals being able to enter treatment and reduces the anxiety or resistance some may face when deciding to actively engage in mental health services and treatment.

The Housing First model of service significantly broadens the entry point of clients to receive services. Coming from a harm reduction and recovery orientated approach, rather than a sobriety first approach, Housing First has proven to increase housing stability, improve quality of life, and improve health and addiction outcomes³. While The Lodge will not provide permanent housing, it will incorporate key components of Housing First including consumer choice low-barrier entry.

RH Community Builders will utilize the harm reduction model of service to engage clients in treatment and motivate them to continue to seek services. At its core, the harm-reduction approach aims to reduce the adverse effects of drug use and is a well-matched model of service for The Lodge as it recognizes that each individual will be at a different Stage of Change³. The Lodge will offer clients access to Medically Assisted Treatment (MAT) including daily transportation to access services if a client desires and sobriety will not be a condition of remaining housed at The Lodge, nor will it be a condition of being linked to ongoing mental health services.

³Sam Tsemberis, Leyla Gulcur, and Maria Nakae, 2004:Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis
American Journal of Public Health 94, 651_656, <https://doi.org/10.2105/AJPH.94.4.651>

Clients who enter The Lodge will most commonly be in the Precontemplation Stage of Change as is illustrated in the graphic. Clients who are in the Precontemplation Stage of Change do not see their behavior as problematic and do not see a reason for change. Through the use of Motivational Interviewing, Housing First, Peer Support, Clinical support, and Harm Reduction, RH Community Builders will aim to transition clients from Precontemplation to Contemplation Stage of Change. While in the Contemplation stage, clients will begin to recognize the benefits of potentially making changes in their life, but also identify the downside of change. Through Peer Support Specialists utilizing Motivational Interviewing, RHCBS will aim to help clients focus on the benefits of making positive changes. During their stay at The Lodge, clients who enter the Contemplation Stage of Change will be actively engaged and linked to ongoing services that will continue moving clients through the Stages of Change, with an eventual goal of entering the Maintenance Stage of Change.



RH Community Builders utilizes a team-based approach to service delivery which encourages each service provider's strengths to benefit the clients. The wide range of staff experience will make it possible for participants to comfortably connect with staff. The wraparound approach that will be used at The Lodge will serve to address a broad spectrum of client's needs from food and safety, to the development of basic living skills and social skills, and connection to ongoing services.

Combined, these service approaches will create an environment that is structured but welcoming, low-barrier but engaging, and effective in helping the client's transition from the pre-contemplative Stage of Change into the contemplative Stage of Change.

4. Describe the service delivery model you would utilize to deliver the required services. Describe in detail your agency's proposed plans to deliver all required and any additionally proposed program services. Include a plan to ensure that individuals in the contemplative stage are rapidly linked to services.

RH Community Builders will offer services that are flexible and individualized. The Lodge services will be delivered in a variety of methods including individual and group support, community outings, and engagement. Complimentary supports will be aimed at improving the participants quality of life and helping them to potentially achieving self-sufficiency. These

⁴Hartney, Elizabeth. "The Different Stages of How to Overcome Addiction." Verywell Mind, Verywell Mind, 7 Apr. 2019, www.verywellmind.com/the-stages-of-change-model-of-overcoming-addiction-21961.

activities may include skills development, basic living skills, assistance with employment, training, education and community engagement. For clients who are interested in moving towards greater self-sufficiency, a partnership has been established with a national education training provider, MedCerts, who offers training in a broad range of areas including basic healthcare, IT fundamentals and manufacturing principles. For participants wishing to work towards self-sufficiency, this may be an excellent additional source of support. Training can be short term, set at a pace which works for the participants, they are provided a chromebook for their learning, materials and support in completing their final certification.

Peer Support Specialists will support participants at every point in their stay at The Lodge. They will be on duty 24 hours a day, 7 days per week in order to connect with individuals as needed and build rapport. The Lodge will also offer groups that focus on daily living skills, recovery skills, and understanding the networks of support available. RHCBC will ensure that participants are able to meet with case managers and clinicians when needed to continue their linkage to ongoing services.

RH Community Builders will staff The Lodge with a team consisting of Peer Support Specialists, Case Managers, Clinicians, Social Work Interns, a Licensed Vocational Nurse (LVN), and Overnight Security Monitors. The management team will consist of the Program Manager, Clinical Supervisor, Peer Supervisor, and Office Manager. The program will also be supported by a Kitchen Manager, Driver, and Janitor. RH Community Builders will contract with The Poverello House to supply meals for The Lodge daily. The Kitchen Manager will be responsible for ensuring the kitchen is well maintained, food is served on time, and that snacks are available for clients as needed. The Overnight Security Monitors will ensure that the Peer Support Specialists are not left in the position of serving as security guards.

The Lodge will be staffed 24/7 by Peer Support Specialists, 7 days per week. The staffing ratio will be 1:7.5 ratio of direct staff to clients from 8:00am-5:00pm. Between the hours of 5:00 pm-9:00 am the program will be staffed at a ratio of 1:10 direct client staff and from 12:00 am-8:00 am the program will maintain a staffing of 1:10 including a Peer Support Specialist and Overnight Security Monitor. Safety and security of staff and clients will always be a top priority to RH Community Builders. RHCBC will contract with Pacific Valley Patrol to provide security that will include multiple site visits per day and urgent dispatch as needed 24 hours a day, 7 days per week. Additionally, all staff will be well trained in emergency response protocol that always prioritizes their safety. Staff will respond quickly and efficiently to emergencies including medical emergencies and disruptive clients. The following is a proposed staffing schedule for The Lodge. In addition to the direct staff scheduled below, the program will utilize a Program Manager Monday-Friday and on call on the weekends, the Clinical Supervisor Sunday-Thursday, and the Peer Supervisor Tuesday-Saturday.

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am-9:00am	PSS 3 OSM 1	PSS 1 OSM 1	PSS 1 OSM 1	PSS 1 OSM 1	PSS 1 OSM 1	PSS 2 OSM 2	PSS 2 OSM 2
7am-4:00pm	PSS 4	PSS 4 CM 1	PSS 7 Clinician 1	PSS 3 Clinician 1	PSS 3 Clinician 1	PSS 3 Clinician 1	PSS 3 Clinician 1
8:00am-5pm	PSS 5 CM1	PSS 5 CM 2	PSS 4 CM 2	PSS 4 CM 2	PSS 4 CM 1	PSS 5 CM 1	PSS 5 CM 1
3:00pm-12am	PSS 6 Clinician 2	PSS 6 Clinician 2	PSS 5 Clinician 2	PSS 6 Clinician 2	PSS 6 Clinician 2	PSS 6 CM 2	PSS 7 CM 2
11:00pm-8am	PSS 2	PSS 2	PSS 2	PSS 7	PSS 7	PSS 7	PSS 1

From the time of entry into The Lodge, individuals will feel welcomed and supported in their journey. An individual referred to The Lodge will either be picked up from the referring agency by the driver or brought to The Lodge by the referring agency. All staff, including the driver will be trained in motivational interviewing and understand that engagement starts from the first contact. Initial entry into The Lodge will include a brief intake, attached as Report A in the Reports section, a review of the client handbook which includes the rules and expectations, and a review of the client's belongings.

Clients will be rapidly accepted into The Lodge after a brief screening to ensure they meet criteria for the program. The Lodge will operate under low-barrier standards, meaning referred client's may still be active in addiction, but will not be permitted to bring illegal drugs or alcohol into the facility. Staff will be trained to search client's belongings upon entry and allow clients to surrender any drugs, alcohol, or weapons without penalty. Client's will be permitted to bring their personal belongings into the facility and RHCBC will provide a secure location for other belongings such as camping gear, trailers, or excessive belongings. At the time of arrival, clients and the staff will complete an inventory form (Report C) of which a copy will be provided to the client and placed in the client's file. Illegal weapons and contraband will be confiscated and secured for participants while they are guests at The Lodge and the item will be returned upon discharge from the program. Items such as large knives or batons will be confiscated and securely stored for the safety and security of the clients and staff. Clients will not be penalized for surrendering illegal drugs or weapons, but such items will not be returned. Illegal drugs, weapons, and alcohol will be logged into a destruction log and immediately disposed of properly by a member of the Management Team.

Once a client's belongings have been searched, staff will assist the client with getting settled into their bed. All bedroom areas will have access to showers. Client's will have access to

no cost laundry facilities and offered hygiene supplies and clothing if needed. RHCBC understands that clients may enter The Lodge immediately after crisis and may need time to rest and become comfortable. Clients will not be pressured to immediately engage if they are not ready and clients will drive the pace of their treatment throughout their stay at The Lodge.

If a client leaves and does not return to The Lodge, all belongings of the client will be retained by the program for 30 days after the last known date of contact.

RH Community Builders recognizes that pets, including dogs and cats are members of the family and therefore will be accepted at The Lodge. Kennels will be made available so that clients may have their pets in the rooms with them. The facility is also equipped with outdoor kennels for animals. RHCBC will provide food for the animals and will assist clients with accessing necessary services such as veterinary care and licensing of pets. In the event that an animal either appears sick or appears aggressive at intake, all staff will be trained in quarantine protocol (Attachment B) to ensure all other guests and animals remain safe and healthy.

The facility, located at 1040 N. Pleasant Ave, is American with Disabilities Act (ADA) compliant and an ideal setting for The Lodge as it combines flexible room accommodations with ample meeting areas, office space, storage space, and communal areas. Living quarters are a variety of sizes including rooms with limited of 2 people and larger dormitory style beds. Based on need, areas can be designated as either male or female, in order to provide each group with individual privacy. The space is flexible and the number of beds designated for males and females can be adjusted based on the actual need. Based on client's preference, a client who does better around less people may be accommodated in a smaller room. The facility is also equipped with laundry facilities, which will be available at no charge. A floor plan of the facility is including as Attachment C.

Sobriety will not be a condition of entry into The Lodge and staff will be trained to recognize when a client is under the influence or going through withdrawal. The LVN will be available to monitor a client who is going through detoxification from substance use. All staff will be trained on emergency protocols and when emergency medical personal should be contacted. Narcan will be available as needed and all staff will be trained in administering Narcan as well as the safety protocols to follow after administration. Narcan will be stored in the Medication Cabinet and also in common areas to allow easy access. Clients will be encouraged to participate in recovery services such as NA and AA if substance abuse treatment is a needed. Clients will also be referred to residential or outpatient substance abuse treatment through Fresno County if they express a desire for treatment. The Peer Support Specialists and Case Managers will be fully trained on how to access treatment services and be available to support clients in accessing services. RHCBC will provide transportation to and from treatment if services become an active piece of the client's treatment plan.

All clients will be immediately enrolled in The Lodge and within 72 hours, a Peer Support Specialist will engage the client to do an additional assessment (Report B), during this assessment the Peer Support Specialist will gain a better understanding of the client's needs and barriers, the Peer Support Specialist will begin building rapport with the client, and encourage the client to begin attending supports that are most appropriate for their needs. During the rapport building and assessment stage, the Peer Support Specialists will work with the clients to develop an initial treatment plan for the client. The initial treatment plan will identify the most significant barriers faced by the client and the client's identified priorities for addressing the barriers. RHCBS will place an emphasis on client driven treatment and allow the client to identify what their needs are to build motivation and engagement from the clients.

The Lodge will offer multiple support groups per day that will be facilitated by the Peer Support Specialists, Case Managers, and Clinicians. Groups will be made available to participants and facilitated by our team and other community partners such as Narcotics Anonymous and Alcoholics Anonymous. Groups will cover a variety of topics including recovery, self-help, daily living skills, understanding the system, symptom management, anger management, coping skills, and other processes critical to self-awareness and sustainability. The clinical staff, including Clinicians and Interns will provide evidenced based groups including Seeking Safety, a well know evidenced-based model for treating substance abuse and trauma. Daily Living Skills group will focus on a variety of skills including riding the bus, maintaining their living environment, cooking, and budgeting. All groups will be voluntary but staff working with clients will make recommendations on which groups to attend. The Lodge will also offer voluntary recovery meetings such as NA and AA in the evenings. These meetings will be open to the public and will provide additional linkages to support for clients. A sample schedule is as follows:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:30-10:30	Communication Skills	Medication Management	Process Group	Seeking Safety	Anger Management	Daily Living Skills	Self-Care
2:30-3:30pm	Family Group	Seeking Safety	Anger Management	Daily Living Skills	Seeking Safety	Activity Group	Activity Group
7:00-8:00pm	Personal Goal Setting	AA	NA	AA	NA	Family Group	AA

In addition to the above group schedule, clients will be able to meet individually with their Peer Support Specialist, Case Manager, and/or Clinician throughout the week. The RHCBS team will begin immediately offering wraparound services to each client when they arrive at The Lodge. The Peer Support Specialists will make the first connection and begin to build a relationship with each client. They will be closely supported by the Case Managers who will be responsible for a variety of client support tasks, but their main focus will be on connecting clients to resources that

will improve their functioning and independence upon discharge from The Lodge. Case Managers will prioritize client's needs, including ensuring each has active Fresno County Medi-Cal, assessing clients for the eligibility of benefits such as Cal-Fresh, Social Security, and General Relief, and connecting clients to access sites for the Coordinated Entry System. Clients interested in training or employment will be provided an opportunity to visit Work Force Connection. RHCB recognizes that many of these tasks are time consuming and will require clients to have one on one support to be able to complete these tasks. Case Managers, Interns, and Peer Support Specialists will be trained in accessing these systems to best support clients in accessing services.

Clinicians will be available for all clients in the program and will be facilitators of the groups. However, clients will not be forced to meet with clinicians before they are ready. When clients express interest in clinical services, they will be assigned to a clinician who will complete a full mental health assessment and treatment plan. Once the Mental Health Assessment has been completed, the team will begin the process of linking the client to appropriate treatment services offered by Fresno County or a service provider. During the linkage process, The Lodge clinicians will continue to provide mental health treatment including therapy, case management, and rehabilitation services. The client may also receive services from the LVN and Case Manager during this time. Medication Management services will be available from the LVN to assist clients with appropriately taking prescribed medication.

RH Community Builders believes that a critical stage of this program will be the successful linkage to ongoing programs. When a client enters the Contemplation Stage of Change, the team at The Lodge will continue to use motivational interviewing to encourage clients to engage in ongoing services. During Contemplation clients remain acutely aware of the potential negatives they face for engaging in services and are likely reconciling with the things they fear losing. Clients may also face doubt that they will be able to change, or experience anxiety related to changing. For that reason, RHCB is committed to supporting the client all the way through the process. Clients will be supported in the way they desire, including going to intake appointments, providing transportation, and remaining connected with the clients during the transition period. Once a client has been accepted into an ongoing program, the RHCB team will go above a linkage and provide a direct connection to the new program. Depending on the new service provider, the client may be allowed to continue residing at The Lodge while the new program arranges housing services.

The Lodge is designed as a 45-day program by which clients will have their basic needs met and encouraged to engage in ongoing services through peer support. Clients will not be mandated to participate in programming and are free to leave The Lodge during the day. Clients will not be automatically discharged if they do not return at night. After the initial 30-day period in the program, the client and team working with the client will meet for a 30-day review. During this meeting, the team will discuss the client's next steps including discharge. Clients who have expressed a desire for treatment and exhibited positive engagement but have not been successfully

linked and engaged to an ongoing program will be given a 30-day extension to continue the linkage process.

In the event that a client has successfully engaged in an ongoing treatment program, but is awaiting a housing option from that program, the client will be allowed to remain housed at The Lodge. The program staff will work collaboratively to ensure that the client is moved into housing provided by the program as quickly as possible.

Not every individual will decide that they are ready to transition from pre-contemplative to contemplative stage of change. For clients who do not seek or accept ongoing services at the end of their initial stay will be provided transportation to the discharge location of their choice. Program staff will work with the client to assist in gaining entrance into a low-barrier shelter if the client expresses a desire to continue receiving shelter. Program staff will be trained in de-escalation techniques and preparing the client for discharge to avoid conflict if a client is resistant to leaving the program. In the event that a client remains adamant that he will not leave the program, RHCB will utilize their 24/7 security team to assist in exiting the client from the property. The exit will occur during daytime hours and program staff will assist in keeping all other clients away from the area to ensure the exit is as non-disruptive as possible.

The Lodge will operate on low-barrier principles and will work with clients to assist them in remaining in the program if they express a desire for change. RH Community Builders recognizes that the path to change is not typically without regression and mistakes, therefore RHCB will maintain a strengths-based approach and focus on the progress towards following rules. If clients show progress and a willingness to follow rules, the staff will continue to support the client with increasing compliance to program rules. At The RH Emergency Winter Warming Shelter, RHCB has had great success with partnering with clients and encouraging their compliance and growth, rather than exiting clients for non-compliance. However, if a client is repeatedly found in possession of drugs or alcohol inside the facility, threatens the safety of staff or other clients, or causes physical harm to staff or clients, and does not express a desire for change or growth, the client may be exited from the program. Exits will only occur with approval from the Program Manager after consultation with the Peer Supervisor and Clinical Supervisor. RH Community Builders will be supportive in the exit and assist the client with accessing other shelter opportunities and ensure the client is transported to a desired location, if requested.

In the event that a client is re-referred to the program, staff will review referral criteria and ensure that the client is appropriate for a referral. If the client meets criteria for the program, the client will be accepted back into the program. The primary focus of the engagement team will be assessing what is “different” with the entrance and how the team can support the client in a successful linkage during this stay.

5. Describe how the program will utilize peer support specialists during program implementation.

Peer Support Specialist will be the key to driving program services provided to participants. Peer Support will be available at all times in order to ensure that participant needs can be met when needed. RHCB will employ 8 full-time Peer Specialists, including a Peer Supervisor who will be a member of the program leadership team that has equal voice in decisions. The Peer Supervisor and Clinical Supervisor will both be charged with program management responsibilities and report to the Program Manager. The Peer Supervisor will collaborate with the Clinical Supervisor to ensure the program is working and that the individuals being serviced are receiving the appropriate individual and clinical support.

Peer Support Specialists will be an integral part of The Lodge, from first contact to final connection to a client's new program. Peer Support Specialists will be available 24/7 at The Lodge and The Lodge will be staffed at a ratio of 1:4.2 Peer Support Specialists to clients allowing for ample individual time and connections. When a client expresses a desire to further treatment, the Peer Support Specialist will be available to provide support and guidance in accessing the system which may mean going to the intake appointment with the client or doing a test run visit the day before. Peers will facilitate or co-facilitate groups including Daily Livings Skills, Group Activities, Anger Management, Family Group, Communication Skills, and Personal Goal Setting.

Peer Support Specialists will be trained in motivational interviewing to build relationships and rapport with clients. Utilizing reflective listening and empathy, Peer Support Specialists will help client's develop discrepancy between their goals and their behaviors, identifying where they are in the stages of change and what they are willing to do to move into the Contemplative Stage of Change. Peer Support Specialists will roll with the resistance many clients will initially present with and all staff will also be trained in Pro-ACT, focusing on deescalating a client if they become escalated or agitated.

6. Describe how services will be provided in a culturally/linguistically competent manner, including staff training requirements.

RH Community Builders is committed to building a team that reflects the clients to be served. RHCB will hire permanent bilingual/bicultural staff that are able to provide services in the threshold languages of Fresno County. When hiring staff, bilingual staff will first pass a verbal test with current bilingual staff. Applicants will be asked to demonstrate their bilingual abilities, specifically related to services provided at The Lodge such as substance abuse and mental health verbiage. Applicants will be tested using www.transparent.com, which provides written, online proficiency exams. These results will be reviewed by the management team to ensure that bilingual staff are fully able to engage bilingual or mono-lingual clients. Deaf and hard of hearing clients will also receive the appropriate services. RH Community Builders has budgeted to provide

services through The Language Line, which provides HIPAA compliant translation services, both on the phone and via video conferencing for deaf or hard of hearing clients.

All staff, including administrative staff such as drivers and kitchen staff who interact directly with clients, will be trained in the Culturally and Linguistically Appropriate Services (CLAS). RHCBC will attempt to minimize the use of interpreters whenever possible, however all staff will be trained on how to access interpreters through The Language Line. RHCBC will provide all intake paperwork, including the Agreement for Services and Notice of Privacy Practices in all threshold languages.

RHCBC will provide routine and ongoing training for all staff that addresses cultural competency and service provision. RHCBC is well aware of the many cultural barriers to clients accepting services and will ensure that staff are trained to provide services in a way that respects culture while meeting the needs of the clients. Additionally, RHCBC will provide a weekly family group for any family members or direct supports of current clients. A primary goal of this group will be to remove the stigma around loved ones seeking services, mental health, and substance abuse.

7. Describe the expertise and support you possess for maintenance of a temporary lodging facility.

RH Community Builders has a long-established maintenance team and network of vendors that can quickly respond to maintain The Lodge facility. Through their well-established network of vendors, RHCBC has more than a decade of experience providing maintenance to facilities similar to The Lodge. As experienced tenants, RHCBC is well versed in the needs of facilities and the ongoing maintenance needs of a facility that will be utilized in a manner such as The Lodge. RHCBC is committed to all facilities being well maintained and RHCBC takes great pride in providing high quality facilities to all individuals.

With staff trained in Housing Quality Standards (HQS), RHCBC ensures that all facilities are maintained to high standards at all times. RHCBC has a preventative maintenance plan for all facilities and utilizes licensed contractors for all work on facilities.

8. Describe in detail your agency's plan to utilize existing property or secure property for this project. Provide the location of any existing property. If an existing property is not available, describe possible properties, and provide a timeline for acquisition. For all properties, describe the location and its access to transit, physical and behavioral health services, and any other services of note. If any property proposed for the program requires a partnership or agreement with another entity, bidder should identify and describe the relationship.

RHCB proposes to use the facility located at 1040 N. Pleasant Ave Fresno, CA for The Lodge. The facility is ideal for the lodge, providing flexible living quarters for up to 30 individuals, a full kitchen, private office space, and ample group meeting areas and is ADA compliant. The facility is designed with both dorm like bedroom areas and smaller bedroom areas for 2-4 people, this design will give the program flexibility to accommodate changing demographics of clients. It will also allow program staff to place clients in living arrangements that best meet their needs.

The facility has 3 separate group meeting areas as well as 3 small meeting areas that can be used for individual services or small meetings. The group areas can accommodate groups as large as 30 clients and staff. The facility is designed with a designated smoking area that clients will be able to utilize as desired. Additionally, the property is equipped with a laundry facility that clients will be able to utilize free of charge. A full layout of the property is available in the attachments as Attachment C.

The Lodge will be located less than ¼ of a mile from the Fresno Area Transit bus line 35 stop, providing easy access to transportation. Additionally, The Lodge will employ a driver, who will be able to take clients directly to and from scheduled appointments to ensure a hassle-free experience of accessing physical and behavioral health services. The facility is located just off the 99 Highway, providing easy transportation to any location in the Fresno Metro area.

The facility is already equipped with a Conditional Use Permit allowing the type of services proposed to be conducted in the facility. The facility is already complete with furnishings for 30, an industrial kitchen, and some office furniture, which will reduce the necessary startup funds for the project. RH Community Builders has site control of the property and has secured a conditional lease for the property upon award of the control, a letter of site control from property owner WRBH LLC is provided as Attachment E.

9. Provide intake, confidentiality/consent form(s), and any other documentation forms you have utilized, currently utilize, and/or propose to utilize. Attach a copy in the “Reports” section of the proposal.

Attached, in the Reports section are examples of the intake, confidentiality (Reports D) and consent forms (Reports E). RH Community Builders will have all forms that require client review available in all threshold languages for Fresno County. Through either the use of bilingual staff or interpreters, all intakes will be conducted in the client’s preferred language.

The initial intake is designed to be brief, gather critical identifying information but allowing a low-barrier entry into the program. Once clients are more comfortable with the staff and program, the Peer Support Specialists will engage the clients in an additional assessment to gather more background information and historical information regarding the client. Once a client expresses a

desire for mental health services, a full mental health assessment and treatment plan will be completed by a Clinician.

10. Describe your experience working with governmental entities such as the County of Fresno to deliver peer support services, behavioral health treatment, and housing or lodging services. This should include a demonstration of your experience working with peer professionals and individuals who are homeless or at risk or experiencing homelessness, as well as your experience administering a housing or lodging program.

RH Community Builders, through its leadership team, has a well-established history of working with the County of Fresno, providing housing and lodging services and engaging with individuals experiencing homelessness. CEO, Wayne Rutledge and President, Brad Hardie have extensive experience with managing Affordable Housing units and are well known service providers in the Fresno area for their ability and willingness to house difficult to house clients. Mr. Hardie and Mr. Rutledge have made a significant impact on housing services by developing and providing more than 200 units of supportive housing in Fresno County. RH Community Builders have developed housing units and programs that adapt to the need of the individual, rather than expecting newly housed individuals to fit into a one sized box. The Lodge will be operated under similar protocols and maintain the expectation that the program adapts to meet the needs of the clients in the program, rather than expecting clients to fit into the program. Flexibility and willingness to be nimble will be an essential feature that RH Community Builders incorporates into The Lodge.

Executive Director, Katie Wilbur is a Licensed Clinical Social Worker and has a broad depth of experience in working with entities such as the County of Fresno to provide behavioral health treatment, housing services, and integrating peer support services into services. During her career, Ms. Wilbur has led multiple teams that have utilized the Assertive Community Treatment (ACT) model of services, which heavily relies on the peer support partner role. Ms. Wilbur has directly overseen permanent supportive housing programs and supervised peer staff providing services. Ms. Wilbur will provide Executive Level leadership and comprehensive oversight and management of this program effort.

RH Community Builders operated the RH Emergency Winter Warming Shelter which provides emergency shelter to individuals experiencing homelessness. The shelter, which houses 77 individuals at a time, provided for the basic needs of the guests, including a stable place to live, three meals per day, and supportive staff. Similar to The Lodge, the RH Emergency Winter Warming Shelter has seen that once an individual's basic needs were met, individual's motivation for change and willingness to accept services increased. Many of the clients who are served at the RH Emergency Winter Warming Shelter present with barriers, including Mental Illness and Substance Use Disorders. RH Community Builders has demonstrated their abilities to effectively

work with these individuals during their stays at the shelter with a large majority of individuals exiting to a safe exit from the shelter.

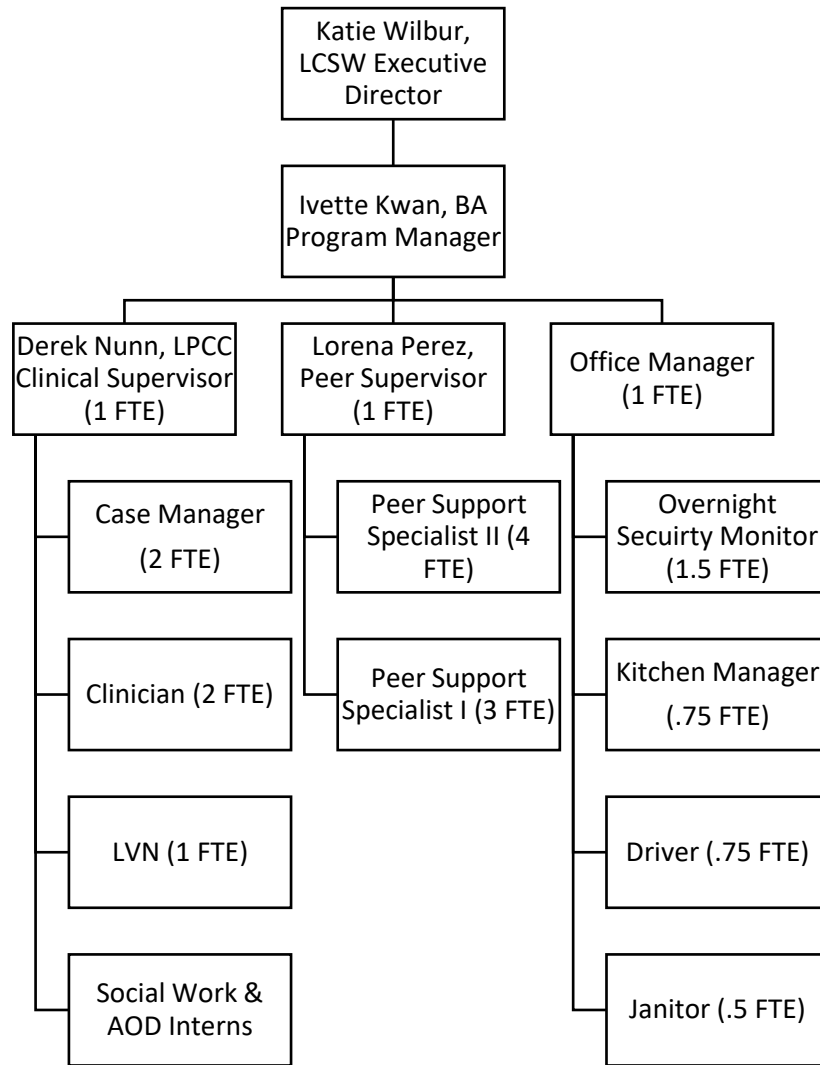
Additionally, RH Community Builders has developed The Hacienda, a continuum of services in one location. The Hacienda incorporates the ability to utilize peers in the work, experiencing working with individuals experiencing homelessness, and operating housing programs. With a variety of programs onsite, The Hacienda has a unique set of challenges with adapting to changing needs, and RH Community Builders has been the leading force in adapting and customizing the facility to meet the need of each program and each client.

B. Organizational Readiness / Qualifications

1. Describe the administrative structure for the program, including reporting levels and lines of authority. Include an organizational chart, job descriptions of key staff, a list of current Board of Directors, and resumes of currently filled positions.

The Administrative structure of the program will include an Executive Level team which includes the Chief Executive Officer, President and Executive Director. The Executive team will be closely supported and informed on an on-going basis the activities, issues, challenges of the program by the Program Manager. The Program Manager will report directly to the Executive Director who will work closely with the Program Manager to support operations. The Program Manager will serve to oversee all operational aspects of the program and will be supported by the Clinical Supervisor, Peer Supervisor and Office Manager. The Clinical Supervisor will oversee clinical operations and a team including the Case Managers (2); Clinicians (2) and the LVN. The Peer Supervisor will oversee the Peer Support Specialists I (3) and Peer Support Specialists II (4). And the Office Manager will oversee the Overnight Security Monitors, Kitchen Manager, and Driver. Security personnel will be onsite and providing services on an on-going basis. The entire RHCB team will work collaboratively to make The Lodge services run efficiently and effectively. Teams will meet on a weekly basis and have daily check ins to address any challenges or needs. Below is the proposed organizational chart for The Lodge, operated by RH Community Builders. Key and resumes for staff are included as attachment A.

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders



JOB DESCRIPTION

Position Title	Department	Reports to
Program Manager	The Lodge	Executive Director
Employment Status	FLSA Status	Effective Date
<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/> Exempt	

POSITION SUMMARY

The Program Manager directs and coordinates all daily operations with the collaboration of the Leadership Team at The Lodge, a program providing housing and access to the behavioral health system for homeless individuals. Provide vision and leadership in long-range planning to ensure continuity of the program. Proven ability to cope with conflict, stress, and crisis situations through effective problem-solving and mediation skills. Oversee compliance to established budgets, policies, procedures, and guidelines.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions include, but are not limited to the following:

- Provide leadership and management to ensure that the mission and core values of the Company are put into practice.
- Analyzes unit operating practices such as record keeping systems, forms control, office layout, and personnel requirements; creates new systems or revises established procedures
- Interprets and communicates operating policies
- Coordinates collection and preparation of financial and operations reports
- Participates in interviewing job applicants and conducts orientation of new employees as needed
- Locates and compiles information; formats reports, graphs, tables, records and other sources of information
- Assists with special events planning
- Operates personal computer to access e-mail, electronic calendars, and other basic office support software
- Exercises administrative judgment and assumes responsibility for decisions, consequences, and results impacting staff, costs, and/or quality of service within the functional area

MINIMUM QUALIFICATIONS (KNOWLEDGE, SKILLS, AND ABILITIES)

- Must have a degree in the human services field with a minimum of 5 years' experience in management.
- Knowledge of the Fresno County Department of Behavioral Health systems and community resources.
- Ability to inspire and motivate others to perform well, and accept feedback from others; delegate work assignments, give authority to work independently, set expectations, and monitor outcomes.
- Good oral and written communication skills

JOB DESCRIPTION

Position Title	Department	Reports to
Clinical Supervisor	The Lodge	Program Manager
Employment Status	FLSA Status	Effective Date
<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/> Exempt	

POSITION SUMMARY

The Clinical Supervisor is responsible for the oversight of clinical operations at The Lodge in collaboration of the Leadership Team at The Lodge, a program providing housing and access to the behavioral health system for homeless individuals. Provide vision and leadership in long-range planning to ensure continuity of the program. Proven ability to cope with conflict, stress, and crisis situations through effective problem-solving and mediation skills. Oversee compliance to clinical standards, provide training to clinical and peer staff, and provide clinical supervision as needed.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions include, but are not limited to the following:

- Provide leadership and management to ensure that the mission and core values of the Company are put into practice.
- Provide clinical oversight and supervision to unlicensed clinicians, peers, and case managers.
- Work collaboratively with the Peer Supervisor to reach desired outcomes.
- Participates in interviewing job applicants and conducts orientation of new employees as needed
- Assists with special events planning
- Operates personal computer to access e-mail, electronic calendars, and other basic office support software
- Exercises administrative judgment and assumes responsibility for decisions, consequences, and results impacting staff, costs, and/or quality of service within the functional area

MINIMUM QUALIFICATIONS (KNOWLEDGE, SKILLS, AND ABILITIES)

- Masters Degree in Social Work or related field, required.
- Licensure as LCSW, LMFT, or LPCC required.
- 2 years post licensure and ability to provide BBS clinical supervision, preferred.
- Knowledge of the Fresno County Department of Behavioral Health systems and community resources.
- Ability to inspire and motivate others to perform well, and accept feedback from others; delegate work assignments, give authority to work independently, set expectations, and monitor outcomes.
- Good oral and written communication skills

PHYSICAL DEMANDS AND WORK ENVIRONMENT

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this position. Reasonable accommodations may be made

JOB DESCRIPTION

Position Title	Department	Reports to
Peer Supervisor	The Lodge	Program Manager
Employment Status	FLSA Status	Effective Date
<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/> Exempt	

POSITION SUMMARY

The Peer Supervisor directs and coordinates all peer operations with the collaboration of the Leadership Team at The Lodge, a program providing housing and access to the behavioral health system for homeless individuals. Provide vision and leadership in long-range planning to ensure continuity of the program. Proven ability to cope with conflict, stress, and crisis situations through effective problem-solving and mediation skills. Oversee peer support specialists and ensure clients are engaged in services.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions include, but are not limited to the following:

- Provide leadership and management to ensure that the mission and core values of the Company are put into practice.
- Analyzes unit operating practices such as record keeping systems, forms control, office layout, and personnel requirements; creates new systems or revises established procedures
- Interprets and communicates operating policies
- Participates in interviewing job applicants and conducts orientation of new employees as needed
- Assists with special events planning
- Provide supervision to Peer Support Specialists focused on service provision, self-care, boundary setting, and support of peer staff.
- Exercises administrative judgment and assumes responsibility for decisions, consequences, and results impacting staff, costs, and/or quality of service within the functional area

MINIMUM QUALIFICATIONS (KNOWLEDGE, SKILLS, AND ABILITIES)

- 5 years' experience in providing peer support services.
- Knowledge of the Fresno County Department of Behavioral Health systems and community resources.
- Ability to inspire and motivate others to perform well, and accept feedback from others; delegate work assignments, give authority to work independently, set expectations, and monitor outcomes.
- Good oral and written communication skills

JOB DESCRIPTION

Position Title	Department	Reports to
Peer Support I	The Lodge	Peer Supervisor
Employment Status	FLSA Status	Effective Date
<input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	

POSITION SUMMARY

Peer Support Specialist is and responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions include, but are not limited to the following:

- Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.
- Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services.
- Assists The Lodge in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development.
- Assists in the development and coordination of activities, programs and resources which support clients and family members/ caregivers in achieving wellness and recovery goals such as self-help and peer-led groups.
- Provides skill training to clients and family members/caregivers on tasks related to recovery focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, etc. Serves as a role model for recovery
- Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate.
- Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staff meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities.
- Documents activities in accordance with RHCB and program requirements.
- Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers.
- Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

EXPERIENCE

- Experience navigating the Behavioral Health and/or Substance Abuse system as a client
- 2 years clean and sober for employees in recovery

JOB DESCRIPTION

Position Title	Department	Reports to
Clinician	The Lodge	Clinical Supervisor
Employment Status	FLSA Status	Effective Date
<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	

POSITION SUMMARY

Person in this position will be responsible for the planning and coordination of the clinical activities pertaining to mental health services for clients and their families. Interview clients when referred by staff for therapy, conduct assessment and individual, conjoint, couple, and multiple family group counseling as indicated. Essential Job Functions include those listed below.

ESSENTIAL JOB FUNCTIONS

The essential functions include, but are not limited to the following:

- Plan and coordinate the clinical activities pertaining to co-occurring clients and their families including individual and group counseling and group facilitation;
- Supervise the screening and assignment of cases referred for co-occurring clients;
- Assist staff at arriving at solutions to client problems as they relate to mental health issues;
- Participate in staff meetings and conferences pertaining to client treatment plans and progress in treatment;
- Participate in discharge planning with clinical staff at the conclusion of therapy;
- Attend and participate in the diagnostic and technical meetings for cooperative planning and treatment by clinical staff;
- Participate in staff training;
- Participate in the development and implementation of the quality improvement process;
- Participation in Quality Improvement activities in an ongoing basis;
- Responsible for maintaining the client charts in compliance with agency, state and any other rules and standards; and
- Embrace and embody the mission, vision, guiding principles, clinical vision and goals of RH Community Builders
- Perform any other duties as assigned.

EDUCATION

- Must possess a master's degree in a discipline leading to licensure as an LMFT, LCSW, or LPCC. Must be licensed or license eligible, under the supervision of a qualified LPHA and registered with the California Board of Behavioral Sciences. License preferred.

EXPERIENCE

- 2 years' experience in co-occurring, SMI, or residential setting preferred

2. Describe the education and experience of Director/Manager level positions and other key staff as it pertains to program administration.

RHCB has assembled a team of experts to facilitate the activities of The Lodge. Our Executive leadership team has the expertise to effectively operate the lodge with many years of affordable housing experiences and all of the necessary credentials in that field including city planning and strategic planning and investment and resource management. Our Executive Director, Ms. Wilbur has a broad range of experiences critical to oversight of The Lodge. Her educational background includes a Master's degree in Social Work from the University of Southern California, a Bachelor's in Social Work from California State University, Fresno and a variety of certifications and specialized training including Licensed Clinical Social Worker; Motivational Interviewing, Pro-ACT Training; Housing Quality Standard (HQS) and Fair Housing Specialization. As a licensed therapist and expert in community housing, Ms. Wilbur has an abundance of clinical and hands on experience to support The Lodge implementation and management team. Ms. Wilbur has managed programs that provide outpatient mental health services to Co-Occurring clients with mental health and substance abuse histories, similar to the clients that will likely be seen at The Lodge. Additionally, Ms. Wilbur has managed staff that includes managers, supervisors and peers, similar to those that will be working at The Lodge. With more than 5 years' experience providing Co-Occurring treatment to adults, Ms. Wilbur is very capable of leading the team for The Lodge.

The Lodge will have an experience leadership team managing daily operations. RHCB proposes the team will be led by the Program Manager, Ivette Kwan, an experienced supervisor and manager of programs that provide mental health and substance abuse treatment to adults. Ms. Kwan, who is currently pursuing a Masters in Marriage and Family Therapy, has more than 7 years of experience treating the highest acuity clients in the Bay Area. Ms. Kwan has supervised teams of 18-20 people and managed the budget for a program with an annual operating budget of more than \$1.3 million.

The Program Manager will be responsible for the day-to-day operations of The Lodge and will be supported by the Clinical Supervisor and the Peer Supervisor. RHCB proposes to hire Mr. Derek Nunn as the Clinical Supervisor and Ms. Lorena Perez as the Peer Supervisor for The Lodge. Mr. Nunn, a Licensed Professional Clinical Counselor (LPCC) joins the RH Community Builders team with both experience leading teams and mental health experience. Mr. Nunn served as the Program Supervisor for Fresno IMPACT, a full-service partnership program that provides ACT like services to Co-Occurring Seriously Mentally Ill and substance using clients in the Fresno area, a program that would like be a program that clients would be linked to from The Lodge. Additionally, Mr. Nunn has served as a Licensed Clinical Counselor for the rural crisis response team, a likely referring party to The Lodge. Peer Supervisor, Ms. Perez joins the RHCB team with both lived experience and experience providing substance abuse treatment. Ms. Perez understands

the unique challenges peers face while providing services and is well equipped to supervise and support the robust team of Peers Support Specialists proposed at The Lodge.

3. Describe the process that will be used to recruit and train peer support specialists and proposed job specifications.

RH Community Builders is fully prepared to recruit, train, and retain Peer Support Specialists. Utilizing strong community networks which have been developed through other service provision, RHCBC will identify candidates who have personal understanding and are interested in returning to the service industry. RHCBC will aim to recruit peers with a variety of lived experiences to provide opportunity for a diverse set of clients to form connections with someone who has traveled a similar path.

Onboarding of Peer Support Specialists will include extensive training on topics including boundary setting, self-care, self-disclosure, and evidence-based practices such as Motivational Interviewing. Job duties for the Peer Support Specialists will reflect the duties outline in Exhibit B of RFP 20-034, including providing peer support and self-help services, assisting with coordinating clinical services, assisting and advocating for clients navigating support systems, providing skill training and making available opportunities for online learning should participants which to further their job prospects or possibilities. RHCBC will incorporate Peer Support Specialists through all aspects of the program including enforcing rules and expectations of clients.

A Peer Supervisor who has lived experience and experience providing services will support the Peer Support Specialists. The Peer Supervisor will be a member of the leadership team and provide direct influence on services provided, training, policies, and procedures. The Peer Supervisor and Clinical Supervisor will collaborate to provide supervision to the Peer Support Specialists. Supervision will not only focus on the development of skills such as de-escalation, boundary setting, and Motivational Interviewing but also on self-care, triggers, and continued development of coping skills.

To ensure that clients can form relationships and rapport with the Peer Support Specialists, RHCBC will not hold Peer Support Specialists to solely enforce rules or expectations. RHCBC will have Overnight Security Monitors and 24/7 security provided by Pacific Valley Patrol to ensure that roles are not blurred, and Peer Support Specialists are able to be there to provide support.

4. Describe the efforts your organization will maintain to minimize turnover of staff.

RH Community Builders recognizes that consistency in staffing is critical to client's success. Rapport and relationship building are crucial to building a successful program and producing the outcomes desired from The Lodge. RHCBC takes a multifaceted approach to maintaining staff. First, RHCBC believes in supporting staff and providing staff with the resources needed to be successful. This will include appropriate training, supervision, and the resources to meet the

expectations of their jobs. Second, RHC B believes in fair compensation. All staff salaries and budgeted to provide fair and livable wages. This includes budgeting for full-time positions when appropriate. However, acknowledging that some peer staff may desire a part-time schedule to best fit their needs, RHC B will accommodate part-time schedules when in the best interest of the staff and when it does not interfere with the integrity of the program. Staff will participate in regularly scheduled check-ins with their supervisors at which time areas of challenge or difficulty can be discussed and addressed. All staff will have regular performance reviews, where feedback and further support can be provided to ensure their success in their position. Supervisors will maintain and ‘open door’ climate where all staff are welcome at any time to meet and discuss concerns with them.

A. Implementation Plan

1. Provide an implementation plan. Include the proposed schedule of events and actions for your agency to be ready to deliver housing and peer support services to the County’s DBH (assuming a contract effective date of July 1, 2020). This date is subject to MHSOAC approval and contracting negotiations.

Date	Task	Who Will Complete
April-May 2020	Contract negotiations	CEO, President, ED
May 2020	Begin site certification for Medi-Cal billings	ED
May-June 2020	Finalize Outcome Measures and Data Collection with Fresno County	ED
May-June 2020	Renovations and updates completed on facility	President
June 1-5, 2020	Interview and hire Program Manager, Clinical Supervisor, and Peer Supervisor	ED & President
July 1 & 2, 2020	Purchasing Equipment and Furniture	ED & Management Team
July 15, 2020	Program Manager, Clinical Supervisor, & Peer Supervisor Start	ED
July 15-31, 2020	Management Training & Developing Training	ED & Management Team
July 15-August 7, 2020	Hire and Onboard remaining staff	ED & Management Team
August 17, 2020	All staff start	Management Team
August 17-September 14	Staff Training- Motivational Interviewing, Pro-ACT, Harm Reduction, Policies and	ED & Management Team

	Procedures, Trauma Informed Care. All Staff attend Fresno County Compliance and Billing Training.	
September 15, 2020	First client accepted at a maximum rate of 3 clients per day	Management Team & Staff
October 31, 2020	Target to reach capacity of 30 clients	Management Team & Staff

2. Describe recruitment efforts to secure all required and proposed staff and the estimated timeline.

RH Community Builders believes that hiring high quality individuals with a passion for helping others is a key to the success of the program. RHCBC believes that all staff will play an important role in engaging individuals and encouraging treatment, therefore all staff including overnight monitors, the janitor, driver, and kitchen staff will participate in training. New staff will be trained in Professional Assault Crisis Training (Pro-ACT), Trauma Informed Care, Motivational Interviewing, Recovery Orientated Treatment, and Harm Reduction principals. Direct care staff, including the Peer Support Specialists, Clinicians, and Case Managers will be trained in all documentation.

RHCBC will recruit throughout the Central Valley. RH Community Builders will outreach to potential employees through hiring sites including Indeed and Zip Recruiter. Additionally, RH Community Builders will utilize community resources such as Blue Sky Wellness Center and NAMI Fresno to recruit Peer Support Specialists.

RHCBC recognizes that training of the staff is a key component to the success of The Lodge. RH Community Builders will spend ample time during the start up process to train staff and ensure that staff are prepared for operations. Staff will receive training on service delivery including Motivational Interviewing, Harm Reduction Principles, and Trauma Informed Care. Additionally, staff will receive training on emergency protocols, Narcan administration, and conflict resolution. The staff at The Lodge will be well versed in not just problem solving, but in teaching clients problem solving skills to allow clients to navigate the problem-solving framework for themselves. RH Community Builders believes it is essential that The Lodge teach clients how to function independently and not grow to rely on staff, the program, or the system.

D. Performance Measurements

In this section, please describe a plan to address each of the items below. All performance measurements and data collection requirements will be approved by DBH during the ramp up period. During the course of this innovation project, additional data collection opportunities may be identified and implemented to support the research component of The Lodge project.

1. Describe how the organization will measure service success, including performance outcomes/goals for each of the following CARF domains, and include the components for documentation (indicator, who applied the measure, time of measure, data source/tools, and target goal expectancy).
 - a. Effectiveness
 - b. Efficiency
 - c. Access
 - d. Satisfaction & Feedback from Persons Served & Stakeholders

Goal (CARF DOMAIN)	Performance Indicator	Who Applied The Measure	Time of Measure	Data Sources	Target Outcome
Link Clients to ongoing Mental Health or Substance Abuse Treatment (Effectiveness)	Percentage of discharged clients are successfully engaged in ongoing treatment.	All Clients staying at least 1 night at The Lodge	Time of Discharge	Discharge Summary	85% of clients will successfully engage in outpatient mental health or substance abuse treatment.
Reduce the total number of unique visits to the Crisis Stabilization Unit per client. (Effectiveness)	Percentage of Reduced number of unique visits to the CSU.	All Clients staying at least 1 night at The Lodge	Fiscal Year	Avatar	Reduce the number of unique visits to the CSU for each client by 75%.
Reduce the total visits to the Emergency Room. (Effectiveness)	Percentage of reduced number of unique Emergency Room visits.	All Clients staying at least 1 night at The Lodge	Fiscal Year	Hospital Discharge Paperwork	Reduce the number of unique visits to the Emergency room by 85% for each client.
To effectively use resources to minimize cost per client. (Efficiency)	Keep within Fresno County budgeted amount for program.	All Clients staying at least 1 night at The Lodge	Fiscal Year	Financial Records, Avatar to determine cost per client	Year 1- Establish baseline of cost per client. Years 2-3 - Reduce cost per client annually.
To provide timely mental health services.	Time elapsed from client requesting mental health	All Clients who requested	Fiscal Year	Internal referral form	Wait time from requesting mental health services to

(Access)	services to assessment being conducted.	mental health services			assessment is 48 hours.
Clients will report “Satisfied” or “Very Satisfied” with service providers at The Lodge. (Satisfaction and Feedback by Persons Served)	Average percent of clients reporting “Satisfied” or “Very Satisfied”	All Clients staying at least 1 night at The Lodge	Time of Discharge	Client Exit Survey	85% of clients will report “Satisfied” or “Very Satisfied” with services.
Families will rate “Significant” or “Critical” in response to how important was The Lodge in your loved one accessing ongoing services. (Satisfaction and Feedback by Stakeholders)	Average families reporting “Significant” or “Critical”	All family members attending at least 1 Family Group at The Lodge.	Time of Discharge	Family Exit Survey	85% of clients will report “Significant” or “Critical” with services.

2. Describe how the program will track participant engagement, and link participants to behavioral health services in a timely fashion. Minimum data requirements are listed below.
 - a. Basic individual data shall be collected, including information to ensure the participant meets the project’s research criteria. These shall include Innovation program demographics, and a screening prior to referral to ensure individual meets the research projects targeted population.
 - b. A minimum dataset shall be collected on each research participant during an intake process to assess their history. Part of the intake should seek to identify if the individual has received services through the local Jail, Emergency Department, or Hospital setting, when, and for what services? This will establish a base line and individual history. Further requirements of the intake process may be identified by the Department and/or the selected bidder to refine data collection protocols. Refusal to provide information during an intake should not be grounds for dismissal from the program, as it is understood that individuals at pre-contemplative stage of change may or may not be willing to provide information. Data collection shall include options to track such refusals to provide data.
 - c. Efforts shall be made to determine what referrals have been made and/or services offered in the past, as a way to collaboratively identify with the

- individual participant what have been previous barriers or challenges to engaging in services. This may be achieved through conducting interviews with the individual and their family (if available), and review of electronic health record.**
- d. For individuals who agree to engage in behavioral health services, a clinical assessment will be conducted in accordance with DBH policy to affirm the diagnosis and develop a treatment plan to match services with the individual's needs and preferences.**
 - e. The duration of stay in the Lodge for each participant shall be recorded as a required data element. This can be achieved through use of an electronic health record. This data will help to assess whether length of stay is a factor in success rates.**
 - f. For each participant, the program will document the number and specific types of services and, resources offered to an individual during their stay. The categorization of this data, as well as its collection method, will be mutually agreed upon by the selected bidder and DBH during the ramp up period. In addition, the program will also be required to follow up with participants post discharge from the Lodge to verify their engagement in services and length of care.**
 - g. The project will track how many participants willingly engage in care/services. A data collection methodology will be determined by DBH during the project ramp up period**
 - h. Assess the role that low barrier access to basic services plays in an individual's decision to engage in services.**
 - What role did having a low barrier access to the Lodge where they could access basic needs, such as clean beds, showers, clean cloths, a meal, be safe and interact with other people play in their decision on engage the staff and peers?**
 - i. What role do trained peer professionals providing Motivational Interviewing in such a setting play in assisting individuals in engaging in care?**
 - Increase the number of individuals who voluntarily engage in care.**

RH Community Builders fully recognizes the importance of data collection and analysis. To best gather the requested data from clients, RHCBC proposes to use an assessment process that allows clients to move at a pace at which they are comfortable. A client's refusal to participate in assessment will be acceptable and not considered grounds for dismissal from the program. When a client initially arrives at The Lodge, staff will be trained to complete a brief intake process which will gather basic information, including the required innovation program demographics. The proposed Intake is attached in Reports Section as Report A. Staff will make as many attempts as needed to gather the information from clients. Staff will be trained to not pressure clients to complete the brief intake and will be able to recognize the signs of a client becoming escalated or agitated.

Once a client has settled into The Lodge and Peer Support Specialists have begun to build rapport with a client, they will begin the Peer Assessment. This assessment will ideally be completed within 72 hours of clients arriving at The Lodge; however, each client will be assessed when they are comfortable and willing. The Peer Assessment (Report B) will focus on gathering background information including natural supports contact information and release of information to speak with the natural support, past treatment, and medications. Case Managers will follow-up with family members and natural supports who the client signs releases of information for in order to gather additional information. Case Managers will utilize Fresno County's Avatar System to gather any additional information regarding past treatment and support services received.

The Lodge will have Clinicians on staff who are available seven days per week to conduct mental health assessments and provide treatment while clients are linked to outpatient mental health services. RHCBC will complete mental health assessments within 48 hours of a client expressing a desire for mental health treatment. The Clinicians will complete treatment plans for clients and begin providing treatment as needed while referrals, linkages, and engagement occurs to outside programs. Depending on the client's needs, this may include collateral services to families.

Length of Stay will be a critical data element that is tracked at The Lodge. RH Community Builders will track Length of Stay through the use of an Electronic Health Record (EHR). During the ramp up period, RHCBC will partner with Fresno County with a preference to utilize the Fresno County Avatar system for EHR. If needed, RHCBC is prepared to invest in an independent EHR if that is the preference of Fresno County.

To fully understand the successfully elements of The Lodge, RHCBC will document all services, formal and informal, provided to each client. In addition to an EHR that documents services provided, RHCBC will maintain a database that collects data regarding informal services. Informal services may include cooking, meal prep or clean up in the kitchen, working with staff in the yard, or interactions while transporting clients. This dataset will help to illustrate the importance of supportive relationships, services with the Peer Support Specialist, and increased contacts on a client's willingness to accept services.

Case Managers will be assigned the follow-up contacts with clients. During the engagement period to a new program, RHCBC will facilitate the release of information process to ensure that programs can provide updates to The Lodge regarding client's ongoing participation and engagement. Case Managers will follow-up directly with clients when possible and will also follow-up with the program in which a client has been referred. RHCBC will gather data elements including current engagement, length of treatment, and discharge information, if applicable.

All clients will be given an exit survey to gather additional information regarding the services they received while at The Lodge. A proposed Exit Survey is attached in the reports section as Report E. The Exit Survey will focus on gathering client's perspective on what has been beneficial about their stay at The Lodge and what RHCBC can do to improve the services offered at The Lodge. Specific questions regarding the use of Peer Support Specialists and providing for the basic needs of clients will be asked to fulfil the research questions of the innovation project.

RH Community Builders is committed to high quality data collection and will remain flexible throughout the innovation project regarding Fresno County's data collection requests. RHCB recognizes that with innovation projects the data may lead to additional questions and are fully willing to provide additional data as requested by Fresno County.

XII. COST PROPOSAL

RFP 20-034 REVISED EXHIBIT E

The Lodge
 RH Community Builders
 Fiscal Year (FY 2020-21)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.30	\$ 31,200	\$ -	\$ 31,200
1102	Program Manager	1.00	50,000	12,400	62,400
1103	Clinical Supervisor	1.00	50,000	22,800	72,800
1104	Peer Supervisor	1.00	40,000	14,080	54,080
1105	Office Manager	1.00	27,728	-	27,728
1106	Peer Support Specilast I	3.00	-	83,184	83,184
1107	Peer Support Specialist II	4.00	-	135,174	135,174
1108	Clinician	2.00	-	82,144	82,144
1109	Licensed Vocational Nurse	1.00	-	43,425	43,425
1110	Case Manager	2.00	-	56,149	56,149
1111	Kitchen Manager	0.75	-	22,096	22,096
1112	Overnight Security Monitor	1.50	-	38,993	38,993
1113	Driver	0.75	-	17,667	17,667
1114	Janitor	0.50	-	12,478	12,478
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		19.80	\$ 198,928	\$ 540,590	\$ 739,518
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ 3,021	\$ 6,054	\$ 9,075
1102	Worker's Compensation		13,726	37,301	51,027
1103	Health Insurance		15,121	42,512	57,633
1104	Other (specify)		-	-	-
1105	Other (specify)		-	-	-
1106	Other (specify)		-	-	-
Employee Benefits Subtotal:			\$ 31,868	\$ 85,867	\$ 117,735
			Employee Benefits %: \$ 0.13		
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ 12,678	\$ 41,228	\$ 53,905
1202	FICA/MEDICARE		15,643	50,869	66,512
1203	SUI		6,952	22,609	29,561
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 35,273	\$ 114,706	\$ 149,978
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 266,069	\$ 741,162	\$ 1,007,231

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	23,400
2004	Clothing, Food, & Hygiene	78,225
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	7,400
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 109,025

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 8,220
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	27,600
3004	Advertising	-
3005	Staff Development & Training	3,900
3006	Staff Mileage	4,860
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	1,200
3009	Other Vehicle Insurance	8,400
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
OPERATING EXPENSES TOTAL:		\$ 56,180

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 9,104
4002	Rent/Lease Building	144,000
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	6,000
4005	Security	3,000
4006	Utilities	47,400
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 209,504

5000: SPECIAL EXPENSES		
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County of Fresno Department of Behavioral Health
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RFP 20-034 REVISED EXHIBIT E

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 3,600
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	6,000
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,600

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 52,000
6002	Professional Liability Insurance	24,500
6003	Accounting/Bookkeeping	17,630
6004	External Audit	12,000
6005	Insurance (Specify):	-
6006	Payroll Services	1,673
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 107,803

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 16,743
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	9,650
7003	Furniture & Fixtures	12,000
7004	Leasehold/Tenant/Building Improvements	4,000
7005	Other Assets over \$500 with Lifespan of 2 Years +	750
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 43,143

TOTAL PROGRAM EXPENSES		\$ 1,542,486
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
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RFP 20-034 REVISED EXHIBIT E

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	20,400	2.73	\$ 55,692
8002	Case Management	20,400	2.11	43,044
8003	Crisis Services	1,570	4.11	6,453
8004	Medication Support	3,540	5.04	17,842
8005	Collateral	10,300	2.73	28,119
8006	Plan Development	6,700	2.73	18,291
8007	Assessment	10,600	2.73	28,938
8008	Rehabilitation	40,000	2.73	109,200
Estimated Specialty Mental Health Services Billing Totals:		113,510		\$ 307,578
Estimated % of Clients who are Medi-Cal Beneficiaries				68%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				209,153
Federal Financial Participation (FFP) %			100%	209,153.24
MEDI-CAL FFP TOTAL				\$ 209,153
8100 - SUBSTANCE USE DISORDER FUNDS				
Acct #	Line Item Description	Amount		
8101	Drug Medi-Cal	\$ -		
8102	SABG	\$ -		
SUBSTANCE USE DISORDER FUNDS TOTAL				\$ -
8200 - REALIGNMENT				
Acct #	Line Item Description	Amount		
8201	Realignment	\$ -		
REALIGNMENT TOTAL				\$ -
8300 - MENTAL HEALTH SERVICE ACT (MHSA)				
Acct #	MHSA Component	MHSA Program Name	Amount	
8301	CSS - Community Services & Supports		\$ -	
8302	PEI - Prevention & Early Intervention		-	
8303	INN - Innovations	The Lodge	1,333,333	
8304	WET - Workforce Education & Training		-	
8305	CFTN - Capital Facilities & Technology		-	
MHSA TOTAL				\$ 1,333,333
8400 - OTHER REVENUE				
Acct #	Line Item Description	Amount		
8401	Client Fees	\$ -		
8402	Client Insurance	-		
8403	Grants (Specify)	-		
8404	Other Revenue 1	-		
8405	Other Revenue 2	-		
OTHER REVENUE TOTAL				\$ -
TOTAL PROGRAM FUNDING SOURCES:				\$ 1,542,486
NET PROGRAM COST:				\$ (0)

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RFP 20-034 REVISED EXHIBIT E

**The Lodge
RH Community Builders
Fiscal Year (FY 2020-21) Budget Narrative**

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,007,231	
Employee Salaries		739,518	
1101	Executive Director	31,200	.30 FTE responsible for overall management of the program and staff.
1102	Program Manager	62,400	1 FTE responsible for the day to day operations of the program.
1103	Clinical Supervisor	72,800	1 FTE responsible for the clinical oversight of the program and provide direct services as needed.
1104	Peer Supervisor	54,080	1 FTE responsible for the supervision of Peer Support Specialists of the program and provide direct services as needed.
1105	Office Manager	27,728	1 FTE responsible for the administrative operations including Medi-Cal billing.
1106	Peer Support Specilast I	83,184	3 FTE Peer Support Specialists I
1107	Peer Support Specialist II	135,174	4 FTE Peer Support Specialists II
1108	Clinician	82,144	2 FTE licensed or licensed eligible Clinicians
1109	Licensed Vocational Nurse	43,425	1 FTE LVN
1110	Case Manager	56,149	2 FTE bachelor's level Case Managers
1111	Kitchen Manager	22,096	.75 FTE Kitchen Manager
1112	Overnight Security Monitor	38,993	1.5 FTE Overnight Security Monitors
1113	Driver	17,667	.75 FTE Driver- available to transport clients to appointments as needed
1114	Janitor	12,478	.5 FTE Janitor responsible for common areas and client areas as needed.
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		117,735	
1101	Retirement	9,075	Employer contribution to employee retirements
1102	Worker's Compensation	51,027	Worker's Compensation rates applied for employee classifications.
1103	Health Insurance	57,633	Health Insurance rates based on number of employees in program.
1104	Other (specify)	-	
1105	Other (specify)	-	
1106	Other (specify)	-	
Payroll Taxes & Expenses:		149,978	
1201	OASDI	53,905	OASDI applied at Specified rates
1202	FICA/MEDICARE	66,512	FICA/MEDICARE applied at Specified rates
1203	SUI	29,561	SUI applied at Specified rates
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
2000: CLIENT SUPPORT		109,025	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	23,400	Cost of client transport including gas for company van and bus fare
2004	Clothing, Food, & Hygiene	78,225	Includes daily food costs, basic supplies for new clients, and hygiene supplies for clients
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	7,400	Includes basic medical supplies including gloves and over the counter medications.
2010	Utility Vouchers	-	
2011	Other (specify)	-	

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

3000: OPERATING EXPENSES		56,180	
3001	Telecommunications	8,220	Cost of cellphones, landline, and internet for The Lodge.
3002	Printing/Postage	2,000	Includes printing for business cards and postage as needed.
3003	Office, Household & Program Supplies	27,600	Includes all office supplies, cleaning supplies, and program supplies
3004	Advertising	-	
3005	Staff Development & Training	3,900	Includes annual training in Pro-ACT, Motivational Interviewing, Trauma Informed Care, CPR/First Aid and Peer to Peer services
3006	Staff Mileage	4,860	Mileage reimbursement for staff travel to meetings, without clients.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	1,200	Includes costs of maintaining leased and owned vehicles
3009	Other Vehicle Insurance	8,400	Auto insurance for program vehicle
3010	Other (specify)	-	
3011	Other (specify)	-	
3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT		209,504	
4001	Building Maintenance	9,104	Maintenance of The Lodge facility
4002	Rent/Lease Building	144,000	Monthly Rent for The Lodge
4003	Rent/Lease Equipment	-	
4004	Rent/Lease Vehicles	6,000	1 leased van for client transport
4005	Security	3,000	Pacific Valley Patrol- 24/7 dispatch and a minimum of 3 tours nightly
4006	Utilities	47,400	Includes electric, gas, and garbage
4007	Other (specify)	-	
4008	Other (specify)	-	
4009	Other (specify)	-	
4010	Other (specify)	-	

5000: SPECIAL EXPENSES		9,600	
5001	Consultant (Network & Data Management)	3,600	IT consultant services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	6,000	cost Interpretation Services to ensure services are delivered in language of choice when bi-lingual staff is not available
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES		107,803	
6001	Administrative Overhead	52,000	Salaries and benefits of CEO, President, Compliance Director, and CFO
6002	Professional Liability Insurance	24,500	Annual PLL policy
6003	Accounting/Bookkeeping	17,630	Salaries and benefits for bookkeeping staff
6004	External Audit	12,000	Cost of external audit for program financials
6005	Insurance (Specify):	-	
6006	Payroll Services	1,673	Annual cost of payroll service for staff in the program
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (specify)	-	
6009	Other (specify)	-	

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	

7000: FIXED ASSETS		43,143	
7001	Computer Equipment & Software	16,743	Start up cost of new computers, software and equipment for program
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	9,650	Start up cost of new HIPAA compliant devices
7003	Furniture & Fixtures	12,000	Start up cost of new furniture and fixtures for program
7004	Leasehold/Tenant/Building Improvements	4,000	Improvements to building to meet specific needs of The Lodge
7005	Other Assets over \$500 with Lifespan of 2 Years +	750	Cost of large copier for program
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,542,486
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,542,486

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2021-22)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.30	\$ 31,200	\$ -	\$ 31,200
1102	Program Manager	1.00	50,000	12,400	62,400
1103	Clinical Supervisor	1.00	50,000	22,800	72,800
1104	Peer Supervisor	1.00	40,000	14,080	54,080
1105	Office Manager	1.00	33,280	-	33,280
1106	Peer Support Specialist I	3.00	-	100,720	100,720
1107	Peer Support Specialist II	4.00	-	162,240	162,240
1108	Clinician	2.00	-	110,240	110,240
1109	Licensed Vocational Nurse	1.00	-	52,000	52,000
1110	Case Manager	2.00	-	74,880	74,880
1111	Kitchen Manager	0.75	-	26,520	26,520
1112	Overnight Security Monitor	1.50	-	46,800	46,800
1113	Driver	0.75	-	26,520	26,520
1114	Janitor	0.50	-	16,640	16,640
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		19.80	\$ 204,480	\$ 665,840	\$ 870,320
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ 2,100	\$ 5,002	\$ 7,102
1102	Worker's Compensation		14,109	45,943	60,052
1103	Health Insurance		18,045	96,512	114,557
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 34,254	\$ 147,457	\$ 181,711
Employee Benefits %:					0.178096016
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ 12,678	\$ 41,228	\$ 53,905
1202	FICA/MEDICARE		15,643	50,869	66,512
1203	SUI		6,952	22,609	29,561
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 35,273	\$ 114,706	\$ 149,978
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 274,007	\$ 928,003	\$ 1,202,009

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
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RFP 20-034 REVISED EXHIBIT E

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	22,504
2004	Clothing, Food, & Hygiene	78,225
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	7,150
2010	Utility Vouchers	-
2011	Other (Specify)	-
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL		\$ 107,879

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 8,220
3002	Printing/Postage	1,750
3003	Office, Household & Program Supplies	27,600
3004	Advertising	-
3005	Staff Development & Training	3,900
3006	Staff Mileage	4,650
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	1,200
3009	Other (Specify)	8,400
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 55,720

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 8,500
4002	Rent/Lease Building	144,000
4003	Rent/Lease Equipment	4,200
4004	Rent/Lease Vehicles	6,000
4005	Security	3,600
4006	Utilities	47,400
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 213,700

5000: SPECIAL EXPENSES		
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
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RFP 20-034 REVISED EXHIBIT E

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 3,600
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	6,000
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,600

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 52,000
6002	Professional Liability Insurance	24,500
6003	Accounting/Bookkeeping	17,630
6004	External Audit	12,000
6005	Insurance (Specify):	-
6006	Payroll Services	1,672
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 107,802

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 3,534
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500
7003	Furniture & Fixtures	1,088
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 6,122

TOTAL PROGRAM EXPENSES		\$ 1,702,832
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	32,400	2.73	\$ 88,452
8002	Case Management	32,400	2.11	68,364
8003	Crisis Services	3,600	4.11	14,796
8004	Medication Support	7,200	5.04	36,288
8005	Collateral	16,200	2.73	44,226
8006	Plan Development	10,800	2.73	29,484
8007	Assessment	16,200	2.73	44,226
8008	Rehabilitation	74,000	2.73	202,020
Estimated Specialty Mental Health Services Billing Totals:		192,800		\$ 527,856
Estimated % of Clients who are Medi-Cal Beneficiaries				70%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				369,499
Federal Financial Participation (FFP) %			100%	369,499
MEDI-CAL FFP TOTAL				\$ 369,499
8100 - SUBSTANCE USE DISORDER FUNDS				
Acct #	Line Item Description			Amount
8101	Drug Medi-Cal			\$ -
8102	SABG			\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL				\$ -
8200 - REALIGNMENT				
Acct #	Line Item Description			Amount
8201	Realignment			\$ 0
REALIGNMENT TOTAL				\$ 0
8300 - MENTAL HEALTH SERVICE ACT (MHSA)				
Acct #	MHSA Component	MHSA Program Name		Amount
8301	CSS - Community Services & Supports			\$ -
8302	PEI - Prevention & Early Intervention			-
8303	INN - Innovations	The Lodge		1,333,333
8304	WET - Workforce Education & Training			-
8305	CFTN - Capital Facilities & Technology			-
MHSA TOTAL				\$ 1,333,333
8400 - OTHER REVENUE				
Acct #	Line Item Description			Amount
8401	Client Fees			\$ -
8402	Client Insurance			-
8403	Grants (Specify)			-
8404	Other (Specify)			-
8405	Other (Specify)			-
OTHER REVENUE TOTAL				\$ -
TOTAL PROGRAM FUNDING SOURCES:				\$ 1,702,832
NET PROGRAM COST:				\$ -

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2021-22) Budget Narrative

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,202,009	
Employee Salaries		870,320	
1101	Executive Director	31,200	.30 FTE responsible for overall management of the program and staff.
1102	Program Manager	62,400	1 FTE responsible for the day to day operations of the program.
1103	Clinical Supervisor	72,800	1 FTE responsible for the clinical oversight of the program and provide direct services as needed.
1104	Peer Supervisor	54,080	1 FTE responsible for the supervision of Peer Support Specialists of the program and provide direct services as needed.
1105	Office Manager	33,280	1 FTE responsible for the administrative operations including Medi-Cal billing.
1106	Peer Support Specialist I	100,720	3 FTE Peer Support Specialists I
1107	Peer Support Specialist II	162,240	4 FTE Peer Support Specialists II
1108	Clinician	110,240	2 FTE licensed or licensed eligible Clinicians
1109	Licensed Vocational Nurse	52,000	1 FTE LVN
1110	Case Manager	74,880	2 FTE bachelor's level Case Managers
1111	Kitchen Manager	26,520	.75 FTE Kitchen Manager
1112	Overnight Security Monitor	46,800	1.5 FTE Overnight Security Monitors
1113	Driver	26,520	.75 FTE Driver- available to transport clients to appointments as needed
1114	Janitor	16,640	5 FTE Janitor responsible for common areas and client areas as needed.
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		181,711	
1101	Retirement	7,102	Employer contribution to employee retirements
1102	Worker's Compensation	60,052	Worker's Compensation rates applied for employee classifications.
1103	Health Insurance	114,557	Health insurance rates based on number of employees in program.
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		149,978	
1201	OASDI	53,905	OASDI applied at Specified rates
1202	FICA/MEDICARE	66,512	FICA/MEDICARE applied at Specified rates
1203	SUI	29,561	SUI applied at Specified rates
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: CLIENT SUPPORT		107,879	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	22,504	Cost of client transport including gas for company van and bus fare
2004	Clothing, Food, & Hygiene	78,225	includes daily food costs, basic supplies for new clients, and hygiene supplies for clients
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	7,150	includes basic medical supplies including gloves and over the counter medications.
2010	Utility Vouchers	-	
2011	Other (Specify)	-	

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		55,720	
3001	Telecommunications	8,220	Cost of cellphones, landline, and internet for The Lodge.
3002	Printing/Postage	1,750	Includes printing for business cards and postage as needed.
3003	Office, Household & Program Supplies	27,600	Includes all office supplies, cleaning supplies, and program supplies
3004	Advertising	-	
3005	Staff Development & Training	3,900	Includes annual training in Pro-ACT, Motivational Interviewing, Trauma Informed Care, CPR/First Aid and Peer to Peer services
3006	Staff Mileage	4,650	Mileage reimbursement for staff travel to meetings, without clients.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	1,200	Includes costs of maintaining leased and owned vehicles
3009	Other (Specify)	8,400	Auto insurance for program vehicle
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		213,700	
4001	Building Maintenance	8,500	Maintenance of The Lodge facility
4002	Rent/Lease Building	144,000	Monthly Rent for The Lodge
4003	Rent/Lease Equipment	4,200	
4004	Rent/Lease Vehicles	6,000	1 leased van for client transport
4005	Security	3,600	Pacific Valley Patrol- 24/7 dispatch and a minimum of 3 tours nightly
4006	Utilities	47,400	Includes electric, gas, and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		9,600	
5001	Consultant (Network & Data Management)	3,600	IT consultant services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	6,000	cost Interpretation Services to ensure services are delivered in language of choice when bi-lingual staff is not available
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		107,802	
6001	Administrative Overhead	52,000	Salaries and benefits of CEO, President, Compliance Director, and CFO
6002	Professional Liability Insurance	24,500	Annual PLL policy
6003	Accounting/Bookkeeping	17,630	Salaries and benefits for bookkeeping staff
6004	External Audit	12,000	Cost of external audit for program financials
6005	Insurance (Specify):	-	
6006	Payroll Services	1,672	Annual cost of payroll service for staff in the program
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		6,122	
7001	Computer Equipment & Software	3,534	Cost of computer equipment and software upgrades/replacements
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500	Cost of HIPAA compliant devices upgrades/replacements
7003	Furniture & Fixtures	1,088	Cost of Furniture & Fixture replacements
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,702,832
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,702,832

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2022-23)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.30	\$ 31,200	\$ -	\$ 31,200
1102	Program Manager	1.00	52,000	13,200	65,200
1103	Clinical Supervisor	1.00	52,000	24,800	76,800
1104	Peer Supervisor	1.00	42,000	14,080	56,080
1105	Office Manager	1.00	35,280	-	35,280
1106	Peer Support Specilast I	3.00	-	105,720	105,720
1107	Peer SupportSpecialist II	4.00	-	167,240	167,240
1108	Clinician	2.00	-	110,240	110,240
1109	Licensed Vocational Nurse	1.00	-	54,000	54,000
1110	Case Manager	2.00	-	76,880	76,880
1111	Kitchen Manager	0.75	-	27,720	27,720
1112	Overnight Security Monitor	1.50	-	48,800	48,800
1113	Driver	0.75	-	27,000	27,000
1114	Janitor	0.50	-	17,250	17,250
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		19.80	\$ 212,480	\$ 686,930	\$ 899,410
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ 2,100	\$ 5,002	\$ 7,102
1102	Worker's Compensation		14,661	47,398	62,059
1103	Health Insurance		18,045	96,512	114,557
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 34,806	\$ 148,912	\$ 183,718
Employee Benefits %:					0.175071775
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ 12,678	\$ 41,228	\$ 53,905
1202	FICA/MEDICARE		15,643	50,869	66,512
1203	SUI		6,952	22,609	29,561
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 35,273	\$ 114,706	\$ 149,978
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 282,559	\$ 950,548	\$ 1,233,107

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	21,580
2004	Clothing, Food, & Hygiene	78,225
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	7,400
2010	Utility Vouchers	-
2011	Other (Specify)	-
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL:		\$ 107,205

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 8,500
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	26,500
3004	Advertising	-
3005	Staff Development & Training	3,900
3006	Staff Mileage	4,860
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	1,200
3009	Other (Specify)	8,400
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 55,360

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 9,024
4002	Rent/Lease Building	144,000
4003	Rent/Lease Equipment	4,200
4004	Rent/Lease Vehicles	6,000
4005	Security	3,600
4006	Utilities	47,400
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 214,224

5000: SPECIAL EXPENSES		
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 2,077
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	4,500
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 6,577

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 52,000
6002	Professional Liability Insurance	24,500
6003	Accounting/Bookkeeping	17,630
6004	External Audit	12,000
6005	Insurance (Specify):	-
6006	Payroll Services	1,673
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 107,803

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 2,449
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500
7003	Furniture & Fixtures	1,000
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 4,949

TOTAL PROGRAM EXPENSES		\$ 1,729,225
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	32,400	2.73	\$ 88,452
8002	Case Management	32,400	2.11	68,364
8003	Crisis Services	3,600	4.11	14,796
8004	Medication Support	7,200	5.04	36,288
8005	Collateral	16,200	2.73	44,226
8006	Plan Development	10,800	2.73	29,484
8007	Assessment	16,200	2.73	44,226
8008	Rehabilitation	74,000	2.73	202,020
Estimated Specialty Mental Health Services Billing Totals:		192,800		\$ 527,856
Estimated % of Clients who are Medi-Cal Beneficiaries				75%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				395,892
Federal Financial Participation (FFP) %			100%	395,892
MEDI-CAL FFP TOTAL				\$ 395,892
8100 - SUBSTANCE USE DISORDER FUNDS				
Acct #	Line Item Description	Amount		
8101	Drug Medi-Cal			
8102	SABG			
SUBSTANCE USE DISORDER FUNDS TOTAL				\$ -
8200 - REALIGNMENT				
Acct #	Line Item Description	Amount		
8201	Realignment	\$ (0)		
REALIGNMENT TOTAL				\$ (0)
8300 - MENTAL HEALTH SERVICE ACT (MHSA)				
Acct #	MHSA Component	MHSA Program Name	Amount	
8301	CSS - Community Services & Supports		\$ -	
8302	PEI - Prevention & Early Intervention		-	
8303	INN - Innovations	The Lodge	1,333,333	
8304	WET - Workforce Education & Training		-	
8305	CFTN - Capital Facilities & Technology		-	
MHSA TOTAL				\$ 1,333,333
8400 - OTHER REVENUE				
Acct #	Line Item Description	Amount		
8401	Client Fees	\$ -		
8402	Client Insurance	-		
8403	Grants (Specify)	-		
8404	Other (Specify)	-		
8405	Other (Specify)	-		
OTHER REVENUE TOTAL				\$ -
TOTAL PROGRAM FUNDING SOURCES:				\$ 1,729,225
NET PROGRAM COST:				\$ -

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2022-23) Budget Narrative

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,233,107	
Employee Salaries		899,410	
1101	Executive Director	31,200	30 FTE responsible for overall management of the program and staff.
1102	Program Manager	65,200	1 FTE responsible for the day to day operations of the program.
1103	Clinical Supervisor	76,800	1 FTE responsible for the clinical oversight of the program and provide direct services as needed.
1104	Peer Supervisor	56,080	1 FTE responsible for the supervision of Peer Support Specialists of the program and provide direct services as needed.
1105	Office Manager	35,280	1 FTE responsible for the administrative operations including Medi-Cal billing.
1106	Peer Support Specialist I	105,720	3 FTE Peer Support Specialists I
1107	Peer Support Specialist II	167,240	4 FTE Peer Support Specialists II
1108	Clinician	110,240	2 FTE licensed or licensed eligible Clinicians
1109	Licensed Vocational Nurse	54,000	1 FTE LVN
1110	Case Manager	76,880	2 FTE bachelor's level Case Managers
1111	Kitchen Manager	27,720	.75 FTE Kitchen Manager
1112	Overnight Security Monitor	48,800	1.5 FTE Overnight Security Monitors
1113	Driver	27,000	.75 FTE Driver- available to transport clients to appointments as needed
1114	Janitor	17,250	.5 FTE Janitor responsible for common areas and client areas as needed.
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		183,718	
1101	Retirement	7,102	Employer contribution to employee retirements
1102	Worker's Compensation	62,059	Worker's Compensation rates applied for employee classifications.
1103	Health Insurance	114,557	Health insurance rates based on number of employees in program.
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		149,978	
1201	OASDI	53,905	OASDI applied at Specified rates
1202	FICA/MEDICARE	66,512	FICA/MEDICARE applied at Specified rates
1203	SUI	29,561	SUI applied at Specified rates
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
2000: CLIENT SUPPORT		107,205	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	21,580	Cost of client transport including gas for company van and bus fare
2004	Clothing, Food, & Hygiene	78,225	Includes daily food costs, basic supplies for new clients, and hygiene supplies for clients
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	7,400	Includes basic medical supplies including gloves and over the counter medications.
2010	Utility Vouchers	-	
2011	Other (Specify)	-	

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		55,360	
3001	Telecommunications	8,500	Cost of cellphones, landline, and internet for The Lodge.
3002	Printing/Postage	2,000	Includes printing for business cards and postage as needed.
3003	Office, Household & Program Supplies	26,500	Includes all office supplies, cleaning supplies, and program supplies
3004	Advertising	-	
3005	Staff Development & Training	3,900	Includes annual training in Pro-ACT, Motivational Interviewing, Trauma Informed Care, CPR/First Aid and Peer to Peer services
3006	Staff Mileage	4,860	Mileage reimbursement for staff travel to meetings, without clients.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	1,200	Includes costs of maintaining leased and owned vehicles
3009	Other (Specify)	8,400	Auto insurance for program vehicle
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		214,224	
4001	Building Maintenance	9,024	Maintenance of The Lodge facility
4002	Rent/Lease Building	144,000	Monthly Rent for The Lodge
4003	Rent/Lease Equipment	4,200	
4004	Rent/Lease Vehicles	6,000	1 leased van for client transport
4005	Security	3,600	Pacific Valley Patrol- 24/7 dispatch and a minimum of 3 tours nightly
4006	Utilities	47,400	Includes electric, gas, and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		6,577	
5001	Consultant (Network & Data Management)	2,077	IT consultant services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	4,500	cost Interpretation Services to ensure services are delivered in language of choice when bi-lingual staff is not available
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		107,803	
6001	Administrative Overhead	52,000	Salaries and benefits of CEO, President, Compliance Director, and CFO
6002	Professional Liability Insurance	24,500	Annual PLL policy
6003	Accounting/Bookkeeping	17,630	Salaries and benefits for bookkeeping staff
6004	External Audit	12,000	Cost of external audit for program financials
6005	Insurance (Specify):	-	
6006	Payroll Services	1,673	Annual cost of payroll service for staff in the program
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		4,949	
7001	Computer Equipment & Software	2,449	Cost of computer equipment and software upgrades/replacements
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500	Cost of HIPAA compliant devices upgrades/replacements
7003	Furniture & Fixtures	1,000	Cost of Furniture & Fixture replacements
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,729,225
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,729,225

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2023-24)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.30	\$ 33,000	\$ -	\$ 33,000
1102	Program Manager	1.00	53,000	13,000	66,000
1103	Clinical Supervisor	1.00	53,000	25,000	78,000
1104	Peer Supervisor	1.00	44,000	15,000	59,000
1105	Office Manager	1.00	36,000	-	36,000
1106	Peer Support Specilast I	3.00	-	108,815	108,815
1107	Peer Support Specialist II	4.00	-	168,000	168,000
1108	Clinician	2.00	-	112,500	112,500
1109	Licensed Vocational Nurse	1.00	-	54,276	54,276
1110	Case Manager	2.00	-	76,880	76,880
1111	Kitchen Manager	0.75	-	27,720	27,720
1112	Overnight Security Monitor	1.50	-	48,800	48,800
1113	Driver	0.75	-	27,000	27,000
1114	Janitor	0.50	-	17,250	17,250
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		19.80	\$ 219,000	\$ 694,241	\$ 913,241
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ 2,100	\$ 5,002	\$ 7,102
1102	Worker's Compensation		15,111	47,903	63,014
1103	Health Insurance		18,045	96,512	114,557
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 35,256	\$ 149,417	\$ 184,673
Employee Benefits %:					0.173691929
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ 12,678	\$ 41,228	\$ 53,905
1202	FICA/MEDICARE		15,643	50,869	66,512
1203	SUI		6,952	22,609	29,561
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 35,273	\$ 114,706	\$ 149,978
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 289,529	\$ 958,363	\$ 1,247,892

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	23,400
2004	Clothing, Food, & Hygiene	78,225
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	7,400
2010	Utility Vouchers	-
2011	Other (Specify)	-
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL		\$ 109,025

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 8,200
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	27,690
3004	Advertising	-
3005	Staff Development & Training	3,565
3006	Staff Mileage	4,860
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	1,200
3009	Other (Specify)	8,400
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL		\$ 55,915

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 8,200
4002	Rent/Lease Building	144,000
4003	Rent/Lease Equipment	4,200
4004	Rent/Lease Vehicles	6,000
4005	Security	3,600
4006	Utilities	47,400
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL		\$ 213,400

5000: SPECIAL EXPENSES		
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 2,077
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	4,500
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 6,577

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 52,000
6002	Professional Liability Insurance	24,500
6003	Accounting/Bookkeeping	17,630
6004	External Audit	12,000
6005	Insurance (Specify):	-
6006	Payroll Services	1,673
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 107,803

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 2,449
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500
7003	Furniture & Fixtures	500
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 4,449

TOTAL PROGRAM EXPENSES		\$ 1,745,061
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	32,400	2.73	\$ 88,452
8002	Case Management	32,400	2.11	68,364
8003	Crisis Services	3,600	4.11	14,796
8004	Medication Support	7,200	5.04	36,288
8005	Collateral	16,200	2.73	44,226
8006	Plan Development	10,800	2.73	29,484
8007	Assessment	16,200	2.73	44,226
8008	Rehabilitation	74,000	2.73	202,020
Estimated Specialty Mental Health Services Billing Totals:		192,800		\$ 527,856
Estimated % of Clients who are Medi-Cal Beneficiaries				78%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				411,728
Federal Financial Participation (FFP) %			100%	411,728
MEDI-CAL FFP TOTAL				\$ 411,728
8100 - SUBSTANCE USE DISORDER FUNDS				
Acct #	Line Item Description			Amount
8101	Drug Medi-Cal			\$ -
8102	SABG			\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL				\$ -
8200 - REALIGNMENT				
Acct #	Line Item Description			Amount
8201	Realignment			\$ 0
REALIGNMENT TOTAL				\$ 0
8300 - MENTAL HEALTH SERVICE ACT (MHSA)				
Acct #	MHSA Component	MHSA Program Name		Amount
8301	CSS - Community Services & Supports			\$ -
8302	PEI - Prevention & Early Intervention			-
8303	INN - Innovations	The Lodge		1,333,333
8304	WET - Workforce Education & Training			-
8305	CFTN - Capital Facilities & Technology			-
MHSA TOTAL				\$ 1,333,333
8400 - OTHER REVENUE				
Acct #	Line Item Description			Amount
8401	Client Fees			\$ -
8402	Client Insurance			-
8403	Grants (Specify)			-
8404	Other (Specify)			-
8405	Other (Specify)			-
OTHER REVENUE TOTAL				\$ -
TOTAL PROGRAM FUNDING SOURCES:				\$ 1,745,061
NET PROGRAM COST:				\$ -

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
RH Community Builders
Fiscal Year (FY 2023-24) Budget Narrative

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,247,892	
Employee Salaries		913,241	
1101	Executive Director	33,000	.30 FTE responsible for overall management of the program and staff.
1102	Program Manager	66,000	1 FTE responsible for the day to day operations of the program.
1103	Clinical Supervisor	78,000	1 FTE responsible for the clinical oversight of the program and provide direct services as needed.
1104	Peer Supervisor	59,000	1 FTE responsible for the supervision of Peer Support Specialists of the program and provide direct services as needed.
1105	Office Manager	36,000	1 FTE responsible for the administrative operations including Medi-Cal billing.
1106	Peer Support Specialist I	108,815	3 FTE Peer Support Specialists I
1107	Peer Support Specialist II	168,000	4 FTE Peer Support Specialists II
1108	Clinician	112,500	2 FTE licensed or licensed eligible Clinicians
1109	Licensed Vocational Nurse	54,276	1 FTE LVN
1110	Case Manager	76,880	2 FTE bachelor's level Case Managers
1111	Kitchen Manager	27,720	.75 FTE Kitchen Manager
1112	Overnight Security Monitor	48,800	1.5 FTE Overnight Security Monitors
1113	Driver	27,000	.75 FTE Driver- available to transport clients to appointments as needed
1114	Janitor	17,250	5 FTE Janitor responsible for common areas and client areas as needed.
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		184,673	
1101	Retirement	7,102	Employer contribution to employee retirements
1102	Worker's Compensation	63,014	Worker's Compensation rates applied for employee classifications.
1103	Health Insurance	114,557	Health Insurance rates based on number of employees in program.
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		149,978	
1201	OASDI	53,905	OASDI applied at Specified rates
1202	FICA/MEDICARE	66,512	FICA/MEDICARE applied at Specified rates
1203	SUI	29,561	SUI applied at Specified rates
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
2000: CLIENT SUPPORT		109,025	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	23,400	Cost of client transport including gas for company van and bus fare
2004	Clothing, Food, & Hygiene	78,225	Includes daily food costs, basic supplies for new clients, and hygiene supplies for clients
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	7,400	Includes basic medical supplies including gloves and over the counter medications.
2010	Utility Vouchers	-	
2011	Other (Specify)	-	

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		55,915	
3001	Telecommunications	8,200	Cost of cellphones, landline, and internet for The Lodge.
3002	Printing/Postage	2,000	Includes printing for business cards and postage as needed.
3003	Office, Household & Program Supplies	27,690	Includes all office supplies, cleaning supplies, and program supplies
3004	Advertising	-	
3005	Staff Development & Training	3,565	Includes annual training in Pro-ACT, Motivational Interviewing, Trauma Informed Care, CPR/First Aid and Peer to Peer services
3006	Staff Mileage	4,860	Mileage reimbursement for staff travel to meetings, without clients.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	1,200	Includes costs of maintaining leased and owned vehicles
3009	Other (Specify)	8,400	Auto insurance for program vehicle
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		213,400	
4001	Building Maintenance	8,200	Maintenance of The Lodge facility
4002	Rent/Lease Building	144,000	Monthly Rent for The Lodge
4003	Rent/Lease Equipment	4,200	
4004	Rent/Lease Vehicles	6,000	1 leased van for client transport
4005	Security	3,600	Pacific Valley Patrol- 24/7 dispatch and a minimum of 3 tours nightly
4006	Utilities	47,400	Includes electric, gas, and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		6,577	
5001	Consultant (Network & Data Management)	2,077	IT consultant services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	4,500	cost Interpretation Services to ensure services are delivered in language of choice when bi-lingual staff is not available
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		107,803	
6001	Administrative Overhead	52,000	Salaries and benefits of CEO, President, Compliance Director, and CFO
6002	Professional Liability Insurance	24,500	Annual PLL policy
6003	Accounting/Bookkeeping	17,630	Salaries and benefits for bookkeeping staff
6004	External Audit	12,000	Cost of external audit for program financials
6005	Insurance (Specify):	-	
6006	Payroll Services	1,673	Annual cost of payroll service for staff in the program
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6010	Other (Specify)	-	
6011	Other (Specify)	-	
6012	Other (Specify)	-	

7000: FIXED ASSETS		4,449	
7001	Computer Equipment & Software	2,449	Cost of computer equipment and software upgrades/replacements
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500	Cost of HIPAA compliant devices upgrades/replacements
7003	Furniture & Fixtures	500	Cost of Furniture & Fixture replacements
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (Specify)	-	
7008	Other (Specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,745,061
 TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,745,061

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
 RH Community Builders
 Fiscal Year (FY 2024-25)

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Executive Director	0.30	\$ 33,000	\$ -	\$ 33,000
1102	Program Manager	1.00	53,000	13,000	66,000
1103	Clinical Supervisor	1.00	53,950	24,550	78,500
1104	Peer Supervisor	1.00	44,650	14,950	59,600
1105	Office Manager	1.00	36,750	-	36,750
1106	Peer Support Specilast I	3.00	-	110,000	110,000
1107	Peer Support Specialist II	4.00	-	170,500	170,500
1108	Clinician	2.00	-	113,500	113,500
1109	Licensed Vocational Nurse	1.00	-	55,000	55,000
1110	Case Manager	2.00	-	76,250	76,250
1111	Kitchen Manager	0.75	-	27,900	27,900
1112	Overnight Security Monitor	1.50	-	49,612	49,612
1113	Driver	0.75	-	27,000	27,000
1114	Janitor	0.50	-	18,000	18,000
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal		19.80	\$ 221,350	\$ 700,262	\$ 921,612
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1101	Retirement		\$ 3,021	\$ 6,054	\$ 9,075
1102	Worker's Compensation		15,273	48,318	63,591
1103	Health Insurance		18,045	96,512	114,557
1104	Other (Specify)		-	-	-
1105	Other (Specify)		-	-	-
1106	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 36,339	\$ 150,884	\$ 187,223
Employee Benefits %:					0.17471529
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1201	OASDI		\$ 12,678	\$ 41,228	\$ 53,905
1202	FICA/MEDICARE		15,643	50,869	66,512
1203	SUI		6,952	22,609	29,561
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 35,273	\$ 114,706	\$ 149,978
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 292,962	\$ 965,852	\$ 1,258,814

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

2000: CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	23,400
2004	Clothing, Food, & Hygiene	78,225
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	7,400
2010	Utility Vouchers	-
2011	Other (Specify)	-
2012	Other (Specify)	-
2013	Other (Specify)	-
2014	Other (Specify)	-
2015	Other (Specify)	-
2016	Other (Specify)	-
DIRECT CLIENT CARE TOTAL		\$ 109,025

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 8,500
3002	Printing/Postage	2,000
3003	Office, Household & Program Supplies	27,690
3004	Advertising	-
3005	Staff Development & Training	3,900
3006	Staff Mileage	4,860
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	1,200
3009	Other (Specify)	8,400
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL		\$ 56,550

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 8,200
4002	Rent/Lease Building	144,000
4003	Rent/Lease Equipment	4,200
4004	Rent/Lease Vehicles	6,000
4005	Security	3,600
4006	Utilities	47,400
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL		\$ 213,400

5000: SPECIAL EXPENSES		
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 2,077
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	3,500
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 5,577

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 52,000
6002	Professional Liability Insurance	24,500
6003	Accounting/Bookkeeping	17,630
6004	External Audit	12,000
6005	Insurance (Specify):	-
6006	Payroll Services	1,673
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 107,803

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 2,449
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500
7003	Furniture & Fixtures	500
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (Specify)	-
7008	Other (Specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ 4,449

TOTAL PROGRAM EXPENSES		\$ 1,755,618
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County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	32,400	2.73	\$ 88,452
8002	Case Management	32,400	2.11	68,364
8003	Crisis Services	3,600	4.11	14,796
8004	Medication Support	7,200	5.04	36,288
8005	Collateral	16,200	2.73	44,226
8006	Plan Development	10,800	2.73	29,484
8007	Assessment	16,200	2.73	44,226
8008	Rehabilitation	74,000	2.73	202,020
Estimated Specialty Mental Health Services Billing Totals:		192,800		\$ 527,856
Estimated % of Clients who are Medi-Cal Beneficiaries				80%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				422,285
Federal Financial Participation (FFP) %			100%	422,285
MEDI-CAL FFP TOTAL				\$ 422,285
8100 - SUBSTANCE USE DISORDER FUNDS				
Acct #	Line Item Description	Amount		
8101	Drug Medi-Cal			
8102	SABG	\$ -		
SUBSTANCE USE DISORDER FUNDS TOTAL				\$ -
8200 - REALIGNMENT				
Acct #	Line Item Description	Amount		
8201	Realignment	\$ (0)		
REALIGNMENT TOTAL				\$ (0)
8300 - MENTAL HEALTH SERVICE ACT (MHSA)				
Acct #	MHSA Component	MHSA Program Name	Amount	
8301	CSS - Community Services & Supports		\$ -	
8302	PEI - Prevention & Early Intervention		-	
8303	INN - Innovations	The Lodge	1,333,333	
8304	WET - Workforce Education & Training		-	
8305	CFTN - Capital Facilities & Technology		-	
MHSA TOTAL				\$ 1,333,333
8400 - OTHER REVENUE				
Acct #	Line Item Description	Amount		
8401	Client Fees	\$ -		
8402	Client Insurance	-		
8403	Grants (Specify)	-		
8404	Other (Specify)	-		
8405	Other (Specify)	-		
OTHER REVENUE TOTAL				\$ -
TOTAL PROGRAM FUNDING SOURCES:				\$ 1,755,618
NET PROGRAM COST:				\$ -

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
 Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

The Lodge
 RH Community Builders
 Fiscal Year (FY 2024-25) Budget Narrative

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: SALARIES & BENEFITS		1,258,814	
Employee Salaries		921,612	
1101	Executive Director	33,000	30 FTE responsible for overall management of the program and staff.
1102	Program Manager	66,000	1 FTE responsible for the day to day operations of the program.
1103	Clinical Supervisor	78,500	1 FTE responsible for the clinical oversight of the program and provide direct services as needed.
1104	Peer Supervisor	59,600	1 FTE responsible for the supervision of Peer Support Specialists of the program and provide direct services as needed.
1105	Office Manager	36,750	1 FTE responsible for the administrative operations including Medi-Cal billing.
1106	Peer Support Specialist I	110,000	3 FTE Peer Support Specialists I
1107	Peer Support Specialist II	170,500	4 FTE Peer Support Specialists II
1108	Clinician	113,500	2 FTE licensed or licensed eligible Clinicians
1109	Licensed Vocational Nurse	55,000	1 FTE LVN
1110	Case Manager	76,250	2 FTE bachelor's level Case Managers
1111	Kitchen Manager	27,900	.75 FTE Kitchen Manager
1112	Overnight Security Monitor	49,612	1.5 FTE Overnight Security Monitors
1113	Driver	27,000	.75 FTE Driver- available to transport clients to appointments as needed
1114	Janitor	18,000	5 FTE Janitor responsible for common areas and client areas as needed.
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		187,223	
1101	Retirement	9,075	Employer contribution to employee retirements
1102	Worker's Compensation	63,591	Worker's Compensation rates applied for employee classifications.
1103	Health Insurance	114,557	Health Insurance rates based on number of employees in program.
1104	Other (Specify)	-	
1105	Other (Specify)	-	
1106	Other (Specify)	-	
Payroll Taxes & Expenses:		149,978	
1201	OASDI	53,905	OASDI applied at Specified rates
1202	FICA/MEDICARE	66,512	FICA/MEDICARE applied at Specified rates
1203	SUI	29,561	SUI applied at Specified rates
1204	Other (Specify)	-	
1205	Other (Specify)	-	
1206	Other (Specify)	-	
2000: CLIENT SUPPORT		109,025	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	23,400	Cost of client transport including gas for company van and bus fare
2004	Clothing, Food, & Hygiene	78,225	Includes daily food costs, basic supplies for new clients, and hygiene supplies for clients
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	7,400	Includes basic medical supplies including gloves and over the counter medications.
2010	Utility Vouchers	-	
2011	Other (Specify)	-	

County of Fresno Department of Behavioral Health
Short-Term Lodging Driven by Peer Support Services
Submitted by RH Community Builders

RFP 20-034 REVISED EXHIBIT E

ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2012	Other (Specify)	-	
2013	Other (Specify)	-	
2014	Other (Specify)	-	
2015	Other (Specify)	-	
2016	Other (Specify)	-	

3000: OPERATING EXPENSES		56,550	
3001	Telecommunications	8,500	Cost of cellphones, landline, and internet for The Lodge.
3002	Printing/Postage	2,000	Includes printing for business cards and postage as needed.
3003	Office, Household & Program Supplies	27,690	Includes all office supplies, cleaning supplies, and program supplies
3004	Advertising	-	
3005	Staff Development & Training	3,900	Includes annual training in Pro-ACT, Motivational Interviewing, Trauma Informed Care, CPR/First Aid and Peer to Peer services
3006	Staff Mileage	4,860	Mileage reimbursement for staff travel to meetings, without clients.
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	1,200	Includes costs of maintaining leased and owned vehicles
3009	Other (Specify)	8,400	Auto insurance for program vehicle
3010	Other (Specify)	-	
3011	Other (Specify)	-	
3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		213,400	
4001	Building Maintenance	8,200	Maintenance of The Lodge facility
4002	Rent/Lease Building	144,000	Monthly Rent for The Lodge
4003	Rent/Lease Equipment	4,200	
4004	Rent/Lease Vehicles	6,000	1 leased van for client transport
4005	Security	3,600	Pacific Valley Patrol- 24/7 dispatch and a minimum of 3 tours nightly
4006	Utilities	47,400	Includes electric, gas, and garbage
4007	Other (Specify)	-	
4008	Other (Specify)	-	
4009	Other (Specify)	-	
4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		5,577	
5001	Consultant (Network & Data Management)	2,077	IT consultant services
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	3,500	cost Interpretation Services to ensure services are delivered in language of choice when bi-lingual staff is not available
5005	Other (Specify)	-	
5006	Other (Specify)	-	
5007	Other (Specify)	-	
5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		107,803	
6001	Administrative Overhead	52,000	Salaries and benefits of CEO, President, Compliance Director, and CFO
6002	Professional Liability Insurance	24,500	Annual PLL policy
6003	Accounting/Bookkeeping	17,630	Salaries and benefits for bookkeeping staff
6004	External Audit	12,000	Cost of external audit for program financials
6005	Insurance (Specify):	-	
6006	Payroll Services	1,673	Annual cost of payroll service for staff in the program
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
6008	Other (Specify)	-	
6009	Other (Specify)	-	

County of Fresno Department of Behavioral Health
 Short-Term Lodging Driven by Peer Support Services
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RFP 20-034 REVISED EXHIBIT E

	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	6010	Other (Specify)	-	
	6011	Other (Specify)	-	
	6012	Other (Specify)	-	

7000: FIXED ASSETS		4,449		
	7001	Computer Equipment & Software	2,449	Cost of computer equipment and software upgrades/replacements
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	1,500	Cost of HIPAA compliant devices upgrades/replacements
	7003	Furniture & Fixtures	500	Cost of Furniture & Fixture replacements
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (Specify)	-	
	7008	Other (Specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,755,618
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,755,618

XIII. CHECK LIST

Proposal No. 20-034

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CHECK LIST

This Checklist is provided to assist vendors in the preparation of their RFP response. Included are important requirements the bidder is responsible to submit with the RFP package in order to make the RFP compliant.

Check off each of the following (if applicable):

1. Signed cover page of Request for Proposal (RFP).
2. Check <http://www.FresnoCountyCA.gov/departments/internal-services/purchasing/bid-opportunities> for any addenda.
3. Signed cover page of each Addendum.
4. Provide a Conflict of Interest Statement.
5. Signed *Trade Secret Form* as provided with this RFP (Trade Secret Information, if provided, must be electronically submitted in a separate PDF file and marked as Confidential).
6. Signed *Criminal History Disclosure Form* as provided with this RFP.
7. Signed *Participation Form* as provided with this RFP.
8. The completed *Reference List* as provided with this RFP.
9. Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP.
10. Bidder's proposal, in PDF format, electronically submitted to the Bid Page on Public Purchase.

Return Checklist with your RFP response

XIV. REPORTS

Report A – Brief Intake

DATA COLLECTION TEMPLATE: Entry Form: The Lodge

Use block letters for text and bubble in the appropriate circles.

Date of Entry	
Time of Entry	

BED NUMBER _____

NAME	
First	
Middle	
Last	
Suffix	
Alias	

CONTACT NUMBER

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

Month Day Year

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VETERAN STATUS	
	No
	Yes
	Client doesn't know
	Client refused

PREFERRED LANGUAGE	
	English
	Spanish
	Hmong
	Other _____

GENDER IDENTITY		
	Female	Gender Non-Conforming (i.e. not exclusively male or female)
	Male	Client doesn't know
	Transgender Female (MTF or Male to Female)	Client refused
	Transgender Male (FMT or Female to Male)	

GENDER ASSIGNED AT BIRTH	
	Female
	Male

RACE		
	American Indian or Alaska Native	Client doesn't know
	Asian	Client refused
	Black/African American	
	Hawaiian or Other Pacific Islander	
	White	

ETHNICITY	
Non-Hispanic	Client doesn't know
Hispanic/Latino	Client refused

Where Were You Referred From?	
Hospital Emergency Room Which one, _____	Psychiatric hospitalization
Jail	Crisis Response Team
Medical Hospitalization	

Where Did You Sleep Last Night?	
Hospital Emergency Room Which one, _____	Psychiatric hospital
Jail	Place Not Meant for Human Habitation (car, abandoned building, outside)
Medical Hospital	Friend/Family
Refused to Answer	Other _____

DISABILITY	
Communication (Seeing, hearing, speech, other _____)	Mental Domain (Development Disability, dementia)
Physical/Mobility Domain	Chronic Health Condition _____
Other:	None

UTILIZATION			
Date of last visit to ER		Date of last Incarceration	
Number of visits to ER in Past 30 days		Number of Days Incarcerated in past 90 days	

CLIENT REFUSAL – please reattempt daily until information is gathered.			
Date		Staff Name	
Date		Staff Name	
Date		Staff Name	
Date		Staff Name	

Report B – Peer Assessment

PEER ENGAGEMENT ASSESSMENT

This assessment should be completed as close to time of entry as possible. Clients should be encouraged, but not forced to participate. Complete with as much information as client is able to provide. Information should be verified in EHR when possible, if ROI for family has been signed, corroborate information with family as much as possible- including childhood history.

Client Name	
Client Number	

Family Members			
NAME			
Contact Information			
Relationship to you			
Permission to Contact?		Release of Information Signed & In File?	
Family Members			
NAME			
Contact Information			
Relationship to you			
Permission to Contact?		Release of Information Signed & In File?	
Family Members			
NAME			
Contact Information			
Relationship to you			
Permission to Contact?		Release of Information Signed & In File?	

Medication History			
Medication		Prescribing Doctor	
Did it work well?		Negative Side Effectives	
Why/When did you stop taking?			

Report C – Client Inventory Form

CLIENT PERSONAL BELONGING INVENTORY

I understand that RH Community Builders is storing the below listed items at The Lodge and that I will not have access to items in storage while I am a client at The Lodge. I understand that if I leave The Lodge without making arrangements for my belongings, RH Community Builders will store my items for 30 days from discharge. If I do not return to claim my belongings, I consent to my belongings, listed below, to be donated on my behalf.

Client Name		Client Signature	
Client Number		Date	

Description of Bag	
---------------------------	--

Item	Description

Staff Name		Staff Signature	
-------------------	--	------------------------	--

Report D – Consent for Treatment

RH Community Builders Consent for Treatment and Services

RH Community Builders provides mental health and substance use care. When you receive services, you will be asked questions about mental health and substance use. The process of asking and answering these questions is called an assessment. Understanding your needs helps us create a plan of care together. Our plan is based on knowing your strengths and challenges and will include services and actions you and important people in your life can take to feel better.

CONSENT FOR SERVICES

Consent for services means you understand the kinds of services that are available to you at this program. Services authorized by this Consent will be based on your needs and what you say is important. You help decide which services you receive. The kinds of services are:

- Assessment and screening about mental health and/or substance use
- Counseling (in a group/or individual) for mental health and/or substance use
- Case Management services (finding resources to help you)
- Medication services
- Meeting with a doctor and/or nurse about medications. This may include getting resources for physical health needs or laboratory tests to help your doctor monitor your health or medications.
- Other services that help you achieve your goals

Services can be provided in person (face to face) or by phone. They can also be done by telepsychiatry, which means meeting with a psychiatrist through a video screen system. Services may be provided by a medical doctor, nurse, counselor, family/peer support partner, student intern or other staff.

I understand that I have the right:

- to have questions and answers explained about my diagnosis and care
- to get a copy of this Consent
- to end this Consent at any time
- to have the doctor discuss with me the benefits and risks of medications
- to file a complaint or grievance without negative consequences

IMPORTANT INFORMATION:

1. The law requires that RHCB notify the individual and the authorities if you have the intention to harm another individual.
2. The law requires that we report any suspected child abuse, neglect, or molestation to protect minors. Also, suspected cases of dependent adult and elder abuse are reported. We will make every effort to help you understand your situation and explain why we are required to make these reports.
3. The law requires that if there are serious concerns of death by suicide, or if you become unable to care for yourself, we have to tell the authorities to arrange for hospitalization. We

will make every effort to do this with you so that we can understand your situation and explain why we are required to make these reports

- 4. When health insurance pays for your services, information about your services may be shared between your provider and the insurance company.
- 5. A minor who is 12 years of age or older may consent to behavioral health services if the minor is mature enough to participate in mental health/substance use disorder services.

I have read or had this form read or explained to me. I understand this information and agree to accept services. This consent will end when I state it should end and/or when my current service ends.

Client Signature

Date

Client Name

Staff Signature

Date

Report D – Confidentiality Agreement

RH Community Builders Confidentiality Agreement

Our treatment staff respects the right to confidentiality. In general, we will not release information to others regarding treatment without written consent from the client (if at least 18 years old) or his/her responsible party *except where such disclosure is required or permitted by law*. California law establishes that a mental health provider is obligated to break confidentiality in the following situations:

If a team member believes that a client is threatening serious bodily harm to another, he/she is required to take proactive action, which may include notifying police, taking reasonable steps to warn the intended victim, and/or seeking hospitalization.

If a team member believes that client may be a danger to him/herself, or unable to take care of him/herself, he/she is required to take proactive actions, which may include seeking appropriate hospitalizations and/or notifying family members or others who can help provide protections.

If a team member has reasonable suspicion of past or present abuse (physical, sexual, emotional) or neglect of a child, or of present abuse or neglect of an elderly or dependent/disabled adult, he/she is required to report this information to the appropriate state agency.

A valid court order (legal subpoena, court-referral for services) or certain legal actions initiated by the client/client representative (child custody) may require disclosure of certain information.

Information regarding diagnosis and treatment must be submitted to insurance carriers (Medi-Cal) for determination of benefits and authorization for continued treatment. In addition, county and state monitors who oversee the delivery of services require access to limited information to ensure quality of care.

This list is not exhaustive. Please refer to *Notice of Privacy Practices* to view a list of other situations in which information regarding your treatment may be required or disclosed to others.

It is very important that you fully understand the exceptions or limits to your confidentiality. Please contact a member of your treatment team if you have any questions.

I acknowledge that I have read and understand the above information regarding confidentiality and its exceptions. I understand that a more thorough explanation of confidentiality and its exceptions can be found in the *Notice of Privacy Practices*. I also acknowledge that these exceptions apply to myself and any other family member that is involved in treatment.

Client Signature

Date

Client Name

Staff Signature

Date

Report E – Exit Survey

EXIT INFORMATION

Use block letters for text. Please complete a separate form for each household member.

NAME:	
Date of Exit:	
Time of Exit	

Where will you go after you leave The Lodge?

What was the best part of The Lodge?

What can we do to improve The Lodge?

We would like to follow up in 6 months, how can we get ahold of you?	
Phone number	
2nd phone number	
Email	
Facebook name	
Instagram name	
Other social media or contact person	

Please circle the answer that you most closely agree with

1 = Very Unsatisfied/Strong Disagree

2 = Unsatisfied/Disagree

3 = Neutral

4 = Satisfied/Agree

5 = Very Satisfied/Strongly Agree

1. The Lodge has helped me improve my overall wellbeing.				
1	2	3	4	5
2. Overall, I am _____ with the services I have received at The Lodge.				
1	2	3	4	5
3. Having a Peer Support Specialist has been important to my success.				
1	2	3	4	5
4. The Lodge has helped me improve my overall wellbeing.				
1	2	3	4	5
5. I have improved my coping skills since staying at The Lodge				
1	2	3	4	5
6. I was treated with dignity while at The Lodge				
1	2	3	4	5

XV. ATTACHMENTS

Attachment A

Kathryn Wilbur • LCSW 74612

6342 W. Norwich Ave Fresno, CA 93723

(585) 314-3914 - kathrynwilbur19@gmail.com

Education

UNIVERSITY OF SOUTHERN CALIFORNIA

May 2014

Master of Social Work

Concentration: Community, Organization, Planning, and Administration

CALIFORNIA STATE UNIVERSITY, FRESNO

May 2013

Bachelor of Art in Social Work

Magna Cum Laude, Phi Kappa Phi Honor Society

Training/Certifications

Licensed Clinical Social Worker – LCSW 74612 (issued November 2016)

Valid until January 2020

Motivational Interviewing

2014

TF-CBT

2015

Pro-ACT Trainer (issued April 2019)

Valid until April 2021

Housing Quality Standard (HQS) Certified

2020

Fair Housing Specialist

2019

Experience

RH Community Builders

Executive Director

August 2019-Present

- Oversee all aspects of operations including clinical, budget, and compliance.
- Collaborate with leadership team to develop and implement new programs.
- Build and maintain relationships with funders and community partners.
- Support staff development with training and supervision.

MENTAL HEALTH SYSTEMS, INC.

Vice President – Clinical Services • Central Valley Region

March 2018- August 2019

- Responsible for the oversight of MHS programs in the Central Valley and Northern California Region of California, including review of staff management, leadership and supervision, financial matters, administrative activities, record keeping, safety, and compliance with County and other funder's contract requirements.
- Build and maintain relationships with multiple Counties and funders.
- Develop new business by serving as a subject matter expert on contract proposals, including four successfully awarded proposals in fiscal year 18-19.
- Overall responsibility for program operation, staffing and successful achievement of contracted outcome/performance measures.
- Implements and monitors approved policies and procedures, ensure the highest quality of services and contract compliance.
- Ensures adherence to program budget and reviews monthly operating statements to ensure program integrity.

Mental Health Systems, Inc. • Success First – Early Wraparound • Rancho Cucamonga, CA

Program Manager

May 2017- February 2018

- Manage daily operations of a 50 clients early wraparound program.
- Eliminated \$30,000 fiscal year deficit within 2 months.
- Trained staff and implemented the use of Intensive Care Coordination services and Therapeutic Behavioral Services.
- Manage disciplinary action for staff failing to meet expectations or failing to follow procedures.

Kathryn Wilbur · LCSW 74612

6342 W. Norwich Ave Fresno, CA 93723

(585) 314-3914 - kathrynwilbur19@gmail.com

- Manage fiscal aspects of program including monthly budget reviews and line item allocations.
- Built and maintained relationships with community partners to generate referrals.

Mental Health Systems, Inc. · Fresno Family Connections Program · Fresno, CA

Program Manager

November 2016- April 2017

- Managed transfer of all clients, closure of records, and all operations at end of contract period.
- Manage an average 450 client, 30 staff program with a budget of 3.1 million dollars per year contact providing mental health services to families and children involved in the Fresno County Child Welfare system.
- Complete monthly and bi-annual outcomes report for Fresno County.
- Create and implement policies and procedures to improve work flows and functioning of program.
- Collaborate with county administrators to ensure compliance with program requirements and improve client care.
- Performance manage 25-30 staff members to improve productivity, timeliness, and functioning.
- Manage disciplinary action for staff failing to meet expectations or failing to follow procedures.
- Manage fiscal aspects of program including monthly budget reviews and line item allocations.
- Complete Managed Care Medi-Cal chart reviews and implement plans of correction.

Program Supervisor

August 2016- October 2016

- Provide weekly administrative supervision to 20-25 clinicians and family support specialists staff members documenting performance, client care, and providing coaching to improve performance.
- Collaborate with county administrators to ensure compliance with program requirements and improve client care.
- Improved monthly average billing by 15,000 units per month.

Lead Clinician

January 2016- August 2016

- Oversee implementation of Katie A subclass services at the program level
- Supervise family support specialists
- Review Medi-Cal documentation
- Conduct mental health assessments on infants, children, and adults.
- Provide individual and family therapy for 25-30 infants, children, and adults utilizing play therapy, structural family therapy, cognitive behavioral therapy, family systems therapy.
- Collaborate with system partners including the child welfare system, school systems, and other providers.

Mental Health Systems, Inc. · Fresno Children's Wraparound Program · Fresno, CA

Facilitator

March 2014-June 2015

- Provides case management services for clients and families with mental illness involved in the child welfare system (WIC 300s) and juvenile justice system (WIC 600s) to assist youth in staying in the least restrictive environment possible.
- Lead strength based, family driven teams to meet the needs of clients and families.
- 24/7 crisis intervention in the field for clients and families.
- Provides coordination with system partners to ensure clients are receiving all appropriate and congruent services.
- Delivered individualized interventions in the community setting to youth with mental illness, whom are involved in the child welfare system and juvenile justice system.

Lorena Perez

(559) 681-1277
Lmperl@yahoo.com

Summary: Training in motivational interviewing and stages of change, multicultural competence scale, domestic violence and trauma and the brain. Skills in intake interviewing, ASAM-ASI assessments, knowledge of developing individual treatment plans, crisis intervention procedures, facilitate in individual/group sessions, addiction education, familiar with resources for patients, observation skills appropriate adjustment behaviors, relapse prevention skills, discharge/aftercare planning/following-up. Experience with; payroll, property management, documentation, record keeping, progress notes, consultations, case management, and goal setting for individual patients with targeted time frame. Highly motivated and skilled professional who graciously handles and resolves challenging client's issues. Driven to consistently deliver exceptional care and client support.

Work Experience

Mental Health Systems/ Fresno First Residential

2019 to Current: Assistant Director

Duties/Responsibilities: Coordination of the substance abuse services at the residential facility. Directing the contracted Program Counselors in the implementation of the plan for provision of services. Supervision of the administration of the assessment process of all newly arrived DMC participants. Supervision of the Program Counselor's activities, and monitoring the individual written recovery or treatment plan development. Overall coordination and supervision of substance abuse treatment at the residential unit. Provide direction to Program Counselors in the implementation of the treatment curriculum and delivery of program services. Ensure groups and classes are conducted as scheduled. Ensure participant attendance/absence is documented. Monitor all aspects of program operation to ensure adherence with contract requirements, standard operating procedures and program Personnel Manual. Review program participant's charts for completeness and accuracy. Provide training and cross-training to program staff and program staff. Meet and maintain security and other standards necessary for admission to the program.

Other Duties and Responsibilities: Aid in general management of center including running errands as assigned. Complete all assigned duties within the time frame and according to the standards as established by the Program Manager. Comply with all MHS and program rules, policies and procedures including HIPPA standards. Demonstrate commitment to professional growth by attending in-service trainings and staff development programs, and seeking out supervision when needed.

Spirit of Woman of Ca, Inc.

2010 to 2019: Program Director

Duties/Responsibilities: Hiring, supervising, and supporting a diverse high-performing staff to serve participants and achieve our program outcomes through coaching, training and development of the treatment team. Collaboratively work with various outside agencies in developing strong partnerships with local organizations such as CPS, Probation, and CalWORKS that offer support for our participants, supervising and monitoring the work of AOD Counselor's in the provision of substance abuse treatment services and aftercare planning for assigned clients. Oversee and supervise payroll and property management, tracking program budget incomes and expenditures. Ensures program is in compliance with

all agency, clinical, fiscal, and licensure requirements. Responsible for population control, maintaining census, and determining admission and termination of staff and clients. Ongoing responsibility to maintain communication with CEO and staff regarding the daily tasks of the facility.

Spirit of Woman of Ca, Inc.

2008 to 2010: Case Manager Supervisor

Duties/Responsibilities: Provide Clinical Supervision to counselors, conduct staff meetings, monitor counselors' productivity, supervise the day-to-day program operations, monitor intakes, discharge planning, initial needs assessments, and initial treatment plans in a professional manner and within time guidelines as required by applicable federal and state regulations. knowledge of the dynamics of alcoholism/addiction and alcohol/drug abuse and ability to assist staff in the utilization of these dynamics. skill in application of various treatment theories and ability to assist staff in utilizing these theories in the treatment process. Evaluate each counselor for job performance as required. Assure that all treatment staff conforms to policies, procedures, and patient care standards.

Spirit of Woman of Ca, Inc.

2006-2008 AOD Counselor/Case Manager

Duties/Responsibilities: Assists in developing program components related to Alcohol and Other Drug (AOD) testing, prevention, and intervention. responsible for completing Monthly and Quarterly reports, maintained the client records and follow all state and federal accreditation and Program regulations. Performed duties as assigned by the Supervisor. Counsel clients individually or in group sessions, assist in overcoming dependencies adjusting to life or making changes. Documentation of client's treatment plan and review as well as evaluate client's progress in relation to goals described in treatment care plan.

Certification

ASIST: Applied Suicide Intervention Skills	2012
Mental Health First-Aid	2012
CPR/First Aid Certified	2017
CCIST: Change Agent Un-Convention	2009
CAARR AOD Certification CADC-CAS 1	2008

Education:

Fresno City College	Current
San Francisco City College	2006
CAARR Institute: Received diploma	2006

Ivette Kwan, BA

Education

John F Kennedy University
 Masters in Marriage and Family Therapy

Enrolled

University of Phoenix
 Bachelors of Arts in Human Services Management
 Magna Cum Laude, Phi Kappa Phi Honor Society

June 2013

Training/Certifications

Motivational Interviewing
 Pro-ACT

*2016
 July 2019*

Experience

Contra Costa ACTiON Team

AOT Supervisor/Care Team Lead

July 2018-Present

- Oversee budget and staff management for CARE team, including 6 Peer Support Specialist
- Attend weekly court hearings for AOT clients
- Conduct initial outreach to clients and families
- Collaborate with County Mental Health Department

Housing Coordinator

January 2016 – July 2018

- Find housing and place clients with SMI and Substance Use Disorders in housing
- Manage housing budget of MHSA dollars
- Provide case management, rehabilitation, and other services alongside ACT team
- Utilize crisis intervention and de-escalation techniques with clients

Tenderloin Housing Clinic

Housing Coordinator

2008-2015

- Advocate for clients with outside agencies and landlords
- Helped mitigate landlord issues
- Screen intakes and provide case management for Temporary Housing Assistance Program clients
- Verified eligibility for program based on income, payment plans, and housing retention plans.

Derek Nunn, LPCC

Education

Alliant International University, Fresno
 Masters of Arts in Clinical Counseling

June 2017

Kaplan University
 Bachelors of Science in Psychology, Applied Behavior Analysis Emphasis

March 2015

Training/Certifications

Trauma Focused CBT
 Applied Suicide Intervention Skills Training
 Group Crisis Intervention
 Solution Focused Therapy
 Peer Support Supervision

Experience

Crisis Intervention Team

Licensed Clinician

October 2019 - Present

- Provide crisis intervention and support for law enforcement in the field
- Conduct threat assessments for potential 5150 protocols
- Provide follow up case management when clients are placed on a 5150 hold

Fresno IMPACT

Program Supervisor

June 2018-October 2019

- Provide staff supervision, employee scheduling, new employee interviews, and caseload management.
- Budget management and productivity management.
- Maintain individual caseload of case management and therapy clients
- Complete all required documentation
- Conduct alcohol and drug rehabilitation services, mental health services, and rehabilitation services in the clients' home, community, and on-site.

Educational Mental Health Association

Mental Health Consultant

September 2017 – June 2018

- Provide mental health services for youth and staff at an alternative education site.
- Conduct threat assessments for potential 5150 protocols
- Provide consultation for individualized education plan meetings
- Provide services in the home and school settings.

Attachment B – Quarantine Protocol

Attachment B

Animal Quarantine Protocol



Purpose: The purpose of this protocol is to ensure that all animals and clients at The Lodge are healthy.

Protocol: If a client or staff suspects that an animal may be ill or appears to be aggressive the animal must be placed in a single outdoor kennel until proper evaluation has been completed. No other animals should be placed in the outdoor kennels during this time.

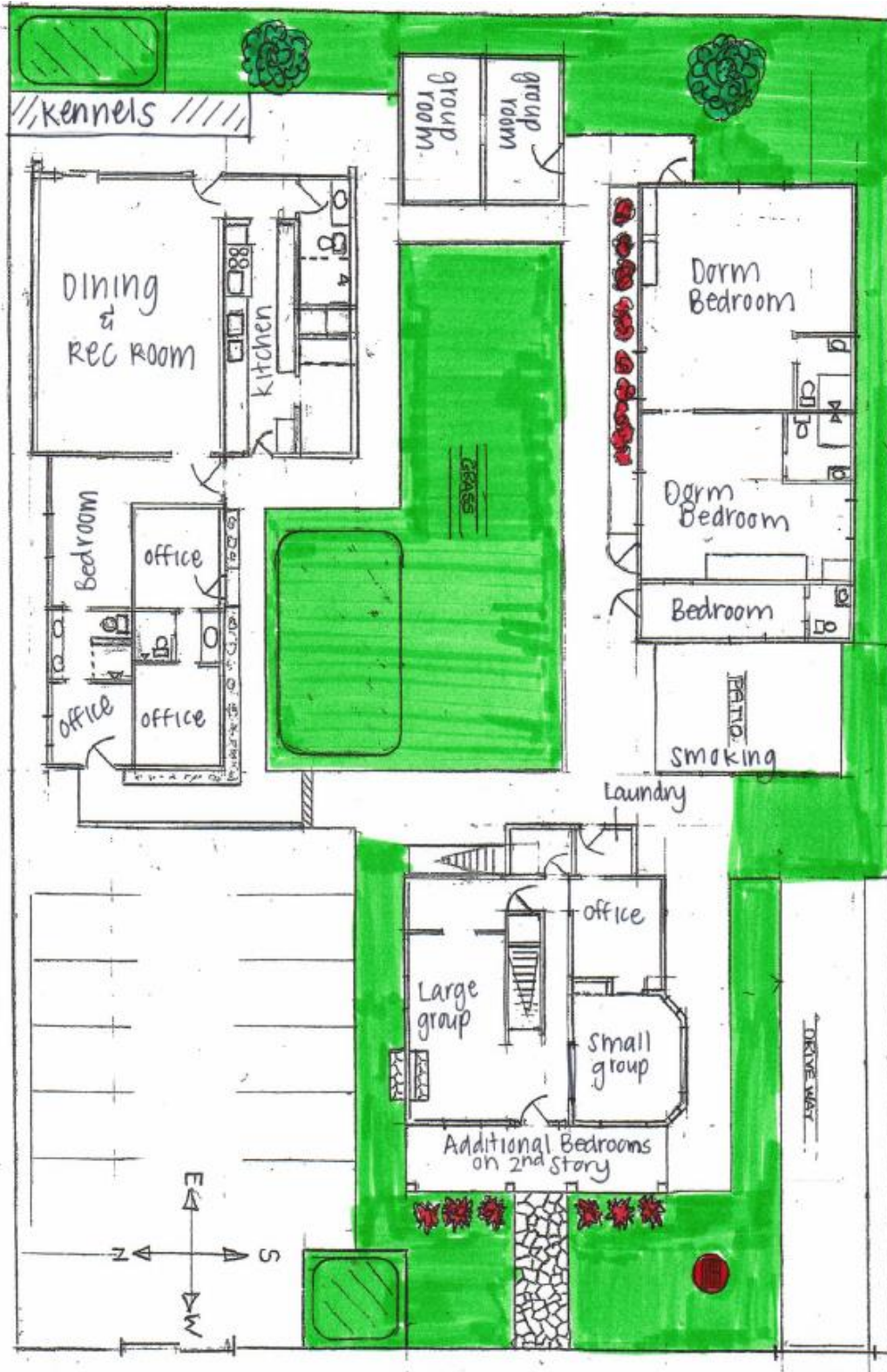
RH Community Builders will assist the client with having the animal evaluated by a Veterinary professional.

Clients shall provide either 1) clearance indicating the animal is healthy or 2) Doctors orders regarding care and follow up needed.

Animal will remain quarantined until health clearance is provided by a Veterinary professional.

In the case of an aggressive animal, Executive Team will evaluate safety options for the animal with the highest priority being placed on staff and client safety.

Attachment C- Site Plan



Attachment D – Conditional Use Permit



County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
STEVEN WHITE, DIRECTOR

January 25, 2020

Brad Hardie
RH Community Builders
352 W Bedford Ave Ste. 110
Fresno, CA 93711
(559) 376-0019

Subject: 1040 N. Pleasant
APN: 449-250-34
Zoning Information - Group Care Facility

Dear Mr. Hardie:

A review of your request dated January 23, 2020, in which you requested verification for the expansion of the group care facility has been completed. On September 20, 1990, Resolution No. 10458 for Unclassified CUP No. 2462 approved the expansion of an existing group care facility for alcohol rehabilitation to allow a 2,040 square-foot building addition. It also allowed the modification of the population density standards for said use from 18 residents to a maximum of 30 residents.

If you have any further questions, please call me at (559) 600-4223.

Sin

Daniel Gutierrez, Planner
Public Works and Planning Department

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Attachment E – Site Control Letter

Agreement of Site Control

Upon award of contract, WRBH LLC. agrees to lease 1040 N. Pleasant Ave Fresno, CA 93728 to RH Community Builders for the use of housing clients participating in the services requested in RFP 20-034, Short-Term Lodging Driven by Peer Support Services. WRBH LLC. has secured all required zoning permits (Conditional Use Permit) and supports RH Community Builders' proposed use of the site.



Kristina Johnson, COO WRBH LLC.

2/13/20
Date