AGREEMENT

THIS AGREEMENT is made and entered into this 12th day of July, 2022, by and between the **COUNTY OF FRESNO**, a political subdivision of the State of California, hereinafter referred to as "**COUNTY**", and **EXODUS RECOVERY, INC.**, a for profit corporation, whose address is 9808 Venice Blvd, Suite 700, Culver City, CA 90232, hereinafter referred to as "**CONTRACTOR**" (collectively the "parties").

W I T N E S S E T H:

WHEREAS, COUNTY, through its Department of Behavioral Health (DBH), is in need of a qualified agency to operate an Adult Crisis Stabilization Center (Adult CSC) to provide crisis stabilization services to adults, age 18 and older;

WHEREAS, COUNTY, through DBH, is in need of a qualified agency to operate a Youth Crisis Stabilization Center (Youth CSC) to provide crisis stabilization services to youth, age up to 18;

WHEREAS, all individuals in need of crisis stabilization services may be admitted on a voluntary or involuntary basis referred by DBH, a DBH-subcontracted provider, law enforcement, hospital emergency departments, and Emergency Medical Services transports, regardless of the source of payment;

WHEREAS, COUNTY, through its DBH, is a Mental Health Plan (MHP) as defined in Title 9 of the California Code of Regulations, section 1810.226; and

WHEREAS, CONTRACTOR is qualified and willing to operate said Adult CSC and Youth CSC pursuant to the terms and conditions of this Agreement.

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

1. OBLIGATIONS OF THE CONTRACTOR

A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in Exhibit A-1, "Adult Crisis Stabilization Center Scope of Work" and Exhibit A-2, "Youth Crisis Stabilization Center Scope of Work", both attached hereto and incorporated herein by reference.

B. CONTRACTOR shall align programs, services, and practices with the vision, mission, and guiding principles of the COUNTY's DBH, as further described in Exhibit B, "Guiding

Principles of Care Delivery", attached hereto and by this reference incorporated herein and made part of this Agreement.

C. CONTRACTOR shall send to County's DBH upon execution of this Agreement, a detailed plan ensuring clinically appropriate leadership and supervision of their clinical program. Recruitment and retention of clinical leadership with the clinical competencies to oversee services based on the level of care and program design presented herein shall be included in this plan. A description and monitoring of this plan shall be provided.

D. During the term of this Agreement, it is expected that there will be a change in location of the service site(s) to the Heritage Centre located at the corner of Shields Avenue and Millbrook Avenue in Fresno, California 93703. COUNTY's DBH Director, or designee, will give verbal notification of the timeframe expected regarding the relocation. CONTRACTOR shall work collaboratively with COUNTY to ensure an efficient transition and transport of all individuals currently receiving services.

E. CONTRACTOR shall maintain requirements as an organizational provider throughout the term of this Agreement, as described in Section Seventeen (17) of this Agreement. If for any reason, this status is not maintained, the COUNTY may terminate this Agreement pursuant to Section Three (3) of this Agreement.

F. CONTRACTOR agrees that prior to providing services under the terms and conditions of this Agreement, it shall have appropriate staff hired and in place for program services and operations or COUNTY may, in addition to other remedies it may have, suspend referrals or terminate this Agreement in accordance with Section Three (3) of this Agreement. The parties acknowledge that CONTRACTOR will be performing hiring, training, and credentialing of staff, and COUNTY will be performing additional staff credentialing to ensure compliance with State and Federal regulations.

G. CONTRACTOR shall collect, maintain and report all data and the individual's information for the service categories independent of one another, including but not limited to: Medi-Cal billing, other insurance or revenue billing and reports; staff schedules and reports; performance measures; monthly invoices and general ledgers; and other data as required.

H. It is acknowledged by all parties hereto that COUNTY's DBH shall monitor the

services provided by CONTRACTOR, in accordance with Section Fourteen (14) of this Agreement.

I. CONTRACTOR shall participate in periodic workgroup meetings consisting of staff from COUNTY's DBH to discuss service requirements, data reporting, outcomes measurement, training, policies and procedures, overall program operations, and any problems or foreseeable problems that may arise.

J. It is mutually agreed by all parties to this Agreement, that the program funded under this Agreement shall be identified and subsequently named/branded through the review and approval of COUNTY's DBH Director, or designee. All print or media materials, including program branding and program references shall be reviewed and approved by the COUNTY'S DBH Director, or designee. The program funded under this Agreement shall be identified as a "County of Fresno, Department of Behavioral Health funded program", and operated by the CONTRACTOR under the terms and conditions of this Agreement.

2. TERM

The term of this Agreement shall be for a period of three (3) years, commencing retoractive to July 1, 2022 through and including June 30, 2025. This Agreement may be extended for two (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than thirty (30) days prior to the first day of the next twelve (12) month extension period. The DBH Director, or designee, is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR'S satisfactory performance.

3. TERMINATION

A. Non-Allocation of Funds – The terms of this Agreement, and the services to be provided thereunder, are contingent on the approval of funds by the appropriating government agency. Should sufficient funds not be allocated, the services provided may be modified, or this Agreement terminated at any time by giving CONTRACTOR sixty (60) days advance written notice.

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

1) An illegal or improper use of funds;

2) A failure to comply with any term of this Agreement;

3) A substantially incorrect or incomplete report submitted to COUNTY;

4) Improperly performed service.

In no event shall any payment by COUNTY constitute a waiver by the COUNTY of any breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach or default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the COUNTY of any funds disbursed to CONTRACTOR under this Agreement, which in the judgment of the COUNTY were not expended in accordance with the terms of this Agreement. CONTRACTOR shall promptly refund any such funds upon demand or, at COUNTY's option, such repayment shall be deducted from future payments owing to CONTRACTOR under this Agreement.

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

4. COMPENSATION

COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation for actual expenditures incurred in accordance with Exhibit C-1, "Adult Crisis Stabilization Center Budget and Narrative", and Exhibit C-2, "Youth Crisis Stabilization Center Budget and Narrative", as approved by the COUNTY's DBH Director, or designee, both attached hereto and incorporated herein by this reference.

Maximum Annual Compensation

A. Adult CSC

In no event shall compensation paid for actual services performed at the Adult CSC under this Agreement during the period of July 1, 2022 through June 30, 2023 be in excess of Fourteen Million, Four Hundred Thirty-Eight Thousand, Eight Hundred Fifteen and No/100 Dollars ($14,438,815.00).

In no event shall compensation paid for actual services performed at the Adult CSC under this Agreement during the period of July 1, 2023 through June 30, 2024 be in excess of Fourteen Million, Seven Hundred Eleven Thousand, One Hundred Sixty-Two and No/100 Dollars

($14,711,162.00).

In no event shall compensation paid for actual services performed at the Adult CSC under this Agreement during the period of July 1, 2024 through June 30, 2025 be in excess of Fourteen Million, Nine Hundred Ninety-One Thousand, Six Hundred Forty-One and No/100 Dollars ($14,991,641.00).

If this Agreement is extended for the first optional 12-month extension period, in no event shall compensation paid for actual services performed at the Adult CSC under this Agreement during the period of July 1, 2025 through June 30, 2026 be in excess of Fifteen Million, Two Hundred Seventy-Two, One Hundred Two and No/100 Dollars ($15,272,102.00).

If this Agreement is extended for the second optional 12-month extension period, in no event shall compensation paid for actual services performed at the Adult CSC under this Agreement during the period of July 1, 2026 through June 30, 2027 be in excess of Fifteen Million, Five Hundred Seventy-Eight Thousand, One Hundred Forty-Six and No/100 Dollars ($15,578,146.00).

B. Youth CSC

In no event shall compensation paid for actual services performed at the Youth CSC under this Agreement during the period of July 1, 2022 through June 30, 2023 be in excess of Five Million, Nine Hundred Sixty Thousand, Ninety-Three and No/100 Dollars ($5,960,093.00).

In no event shall compensation paid for actual services performed at the Youth CSC under this Agreement during the period of July 1, 2023 through June 30, 2024 be in excess of Six Million, Seventy-Three Thousand, Two Hundred Three and No/100 Dollars ($6,073,203.00).

In no event shall compensation paid for actual services performed at the Youth CSC under this Agreement during the period of July 1, 2024 through June 30, 2025 be in excess of Six Million, One Hundred Eighty-Nine Thousand, Seven Hundred and No/100 Dollars ($6,189,700.00).

If this Agreement is extended for the first optional 12-month extension period, in no event shall compensation paid for actual services performed at the Youth CSC under this Agreement during the period of July 1, 2025 through June 30, 2026 be in excess of Six Million, Three Hundred Nine Thousand, Six Hundred Ninety-Nine and No/100 Dollars ($6,309,699.00).

If this Agreement is extended for the second optional 12-month extension period,

in no event shall compensation paid for actual services performed at the Youth CSC under this Agreement during the period of July 1, 2026 through June 30, 2027 be in excess of Six Million, Four Hundred Thirty-One Thousand, Three Hundred Fifty-Nine and No/100 Dollars ($6,431,359.00).

Total Compensation

A. Adult CSC

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25) combined for services provided at the Adult CSC exceed Forty-Four Million, One Hundred Forty-One Thousand, Six Hundred Eighteen and No/100 Dollars ($44,141,618.00).

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus one (1) 12-month extension period (FY 2025-26) combined for services provided at the Adult CSC exceed Fifty-Nine Million, Four Hundred Thirteen Thousand, Seven Hundred Twenty and No/100 Dollars ($59,413,720.00).

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus two (2) 12-month extension periods (FY 2025-26 & FY 2026-27) combined for services provided at the Adult CSC exceed Seventy-Four Million, Nine Hundred Ninety-One Thousand, Eight Hundred Sixty-Six and No/100 Dollars ($74,991,866.00).

B. Youth CSC

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25) combined for services provided at the Youth CSC exceed Eighteen Million, Two Hundred Twenty-Two Thousand, Nine Hundred Ninety-Six and No/100 Dollars ($18,222,996.00).

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus the first 12-month extension period (FY 2025-26) combined for services provided at the Youth CSC exceed Twenty-Four Million, Five Hundred Thirty-Two Thousand, Six Hundred Ninety-Five and No/100 Dollars ($24,532,695.00).

In no event shall the total maximum compensation amount under this Agreement

for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus both 12-month extension periods (FY 2025-26 & FY 2026-27) combined for services provided at the Youth CSC exceed Thirty Million, Nine Hundred Sixty-Four Thousand, Fifty-Four and No/100 Dollars ($30,964,054.00).

C. Total Maximum Compensation

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25) combined for services provided at the Adult and Youth CSC exceed Sixty-Two Million, Three Hundred Sixty-Four Thousand, Six Hundred Fourteen and No/100 Dollars ($62,364,614.00).

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus one (1) 12-month extension period (FY 2025-26) combined for services provided at the Adult and Youth CSC exceed Eighty-Three Million, Nine Hundred Forty-Six Thousand, Four Hundred Fifteen and No/100 Dollars ($83,946,415.00).

In no event shall the total maximum compensation amount under this Agreement for the initial term (FY 2022-23, FY 2023-24, and FY 2024-25), plus two (2) 12-month extension periods (FY 2025-26 & FY 2026-27) combined for services provided at the Adult and Youth CSC exceed One Hundred Five Million, Nine Hundred Fifty-Five Thousand, Nine Hundred Twenty and No/100 Dollars ($105,955,920.00).

D. Additional Requirements

1. If CONTRACTOR fails to generate the Medi-Cal revenue and/or private pay reimbursement amounts set forth in Exhibits C-1 and C-2, COUNTY shall not be obligated to pay the difference between these estimated amounts and the actual amounts generated.

2. Travel shall be reimbursed based on actual expenditures and mileage reimbursement shall be at CONTRACTOR's adopted rate per mile, not to exceed the Federal Internal Revenue Services (IRS) published rate.

3. It is understood that all expenses incidental to CONTRACTOR's performance of services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply with any provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation.

4. Payments shall be made by COUNTY to CONTRACTOR in arrears for services provided during the preceding month, within forty-five (45) days after the date of receipt and approval by COUNTY of the monthly invoicing as described in Section Five (5) herein. Payments shall be made after receipt and verification of actual expenditures incurred by CONTRACTOR for monthly program costs, as identified in Exhibits C-1 and C-2, in the performance of this Agreement and shall be documented to COUNTY on a monthly basis by the tenth (10th) of the month following the month of said expenditures.

5. COUNTY shall not be obligated to make any payments under this Agreement if the request for payment is received by COUNTY more than sixty (60) days after this Agreement has terminated or expired.

6. All final invoices and/or any final budget modification requests shall be submitted by CONTRACTOR within sixty (60) days following the final month of service for which payment is claimed. No action shall be taken by COUNTY on invoices submitted beyond the sixty (60) day closeout period. Any compensation which is not expended by CONTRACTOR pursuant to the terms and conditions of this Agreement shall automatically revert to COUNTY.

7. The services provided by CONTRACTOR under this Agreement are funded in whole or in part by the State of California. In the event that funding for these services is delayed by the State Controller, COUNTY may defer payments to CONTRACTOR. The amount of the deferred payment shall not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to COUNTY plus forty-five (45) days.

8. CONTRACTOR shall be held financially liable for any and all future disallowances/audit exceptions due to CONTRACTOR deficiency discovered through the State audit process and COUNTY utilization review during the course of this Agreement. At COUNTY's election, the disallowed amount will be remitted within forty-five (45) days to COUNTY upon notification or shall be withheld from subsequent payments to CONTRACTOR. CONTRACTOR shall not receive reimbursement for any units of services rendered that are disallowed or denied by the COUNTY's DBH utilization review process or through the State Department of Health Care Services (DHCS) cost report audit settlement process for Medi-Cal eligible persons served. Notwithstanding the above, COUNTY must notify

CONTRACTOR prior to any State audit process and/or COUNTY utilization review. To the extent allowable by law, CONTRACTOR shall have the right to be present during each phase of any State audit process and/or COUNTY utilization review and shall be provided all documentation related to each phase of any State audit process and/or COUNTY utilization review. Additionally, prior to any disallowances/audit exceptions becoming final, CONTRACTOR shall be given at least ten (10) business days to respond to such proposed disallowances/audit exceptions.

5. INVOICING

A. CONTRACTOR shall invoice COUNTY in arrears by the tenth (10th) day of each month for actual expenses incurred during the prior month electronically to: 1) dbhinvoicereview@fresnocountyca.gov, 2) dbh-invoices@fresnocountyca.gov; and 3) dbhcontractedservicesdivision@fresnocountyca.gov with a copy to the assigned COUNTY's DBH Staff Analyst. After CONTRACTOR renders service to referred persons served, CONTRACTOR shall invoice COUNTY for payment, certify the expenditure, and submit electronic claiming data into COUNTY's electronic information system for all persons served, including those eligible for Medi-Cal as well as those that are not eligible for Medi-Cal, including contracted cost per unit and actual cost per unit. Invoices and reports shall be in such detail as acceptable to COUNTY's DBH, as described herein. Billing information must include the persons served's name, individual ID number, date of service, type of mental health service provided, duration of service, International Classification of Diseases (ICD) diagnosis, service provider name, units of service provided, rate of service provided, and actual amount of service. No reimbursement for costs incurred by CONTRACTOR for services delivered under this Agreement shall be made until the invoice and supporting documentation is received, verified, and approved by COUNTY's DBH. COUNTY must pay CONTRACTOR before submitting a claim to DHCS for Federal reimbursement for Medi-Cal eligible persons served.

B. At the discretion of COUNTY's DBH Director, or designee, if an invoice is incorrect or is otherwise not in proper form or substance, COUNTY's DBH Director, or designee, shall have the right to withhold payment as to only that portion of the invoice that is incorrect or improper after five (5) days prior notice to CONTRACTOR. CONTRACTOR agrees to continue to provide services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period, the

invoice is still not corrected to COUNTY DBH's satisfaction, COUNTY's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the termination provisions stated in Section Three (3) of this Agreement. In addition, for invoices received ninety (90) days after the expiration of each term of this Agreement or termination of this Agreement, at the discretion of COUNTY's DBH Director, or designee, COUNTY's DBH shall have the right to deny payment of any additional invoices received.

C. CONTRACTOR shall submit monthly invoices and general ledgers to COUNTY's DBH that itemize the line item charges for monthly program costs. Unallowable costs such as lobbying or political donations must be deducted from the monthly invoice reimbursements. The invoices and general ledgers will serve as tracking tools to determine if CONTRACTOR's program costs are in accordance with its budgeted cost. Failure to submit reports and other supporting documentation shall be deemed sufficient cause for COUNTY to withhold payments until there is compliance, as further described in Section Five (5) herein.

D. CONTRACTOR must report all third-party collections from other funding sources for Medicare, private insurance, private pay or any other third party. Monthly invoices for reimbursement must equal the amount due CONTRACTOR less any funding sources not eligible for Federal reimbursement and any other revenues generated by CONTRACTOR (i.e., private insurance, etc.).

E. CONTRACTOR shall submit monthly staffing reports that identify all direct service and support staff, applicable licensure/certifications, and full-time hours worked to be used as a tracking tool to determine if CONTRACTOR's program is staffed according to the services provided under this Agreement.

F. CONTRACTOR must maintain financial records for a period of seven (7) years or until any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR will be responsible for any disallowances related to inadequate documentation.

G. CONTRACTOR is responsible for collecting and managing of data in a manner to be determined by DHCS and COUNTY's DBH in accordance with applicable rules and regulations. COUNTY's electronic information system is a critical source of information for purposes of monitoring service volume and obtaining reimbursement. CONTRACTOR must attend the COUNTY's DBH training on equipment reporting for assets, intangible and sensitive minor assets, COUNTY's electronic information

system, and related cost reporting.

H. CONTRACTOR shall submit service data into COUNTY's electronic information system within thirty (30) calendar days from the date of services were rendered.

G. CONTRACTOR must provide all necessary data to allow COUNTY to bill Medi-Cal, and any other third-party source, for services and meet State and Federal reporting requirements. The necessary data can be provided by a variety of means, including but not limited to: 1) direct data entry into COUNTY's electronic information system; 2) providing an electronic file compatible with COUNTY's electronic information system; or 3) integration between COUNTY's electronic information system and CONTRACTOR's information system(s).

H. If a person served has dual coverage, such as other health coverage (OHC) or Federal Medicare, CONTRACTOR will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response ninety (90) days after the claim was mailed before the service can be entered into COUNTY's electronic information system. CONTRACTOR must report all third-party collections or revenue for Medicare, third party, or private pay in each monthly invoice and in the annual cost report that is required to be submitted. A copy of explanation of benefits or CMS 1500 form is required as documentation. CONTRACTOR shall submit monthly invoices for reimbursement that equal the amount due CONTRACTOR less any funding sources not eligible for Federal and State reimbursement. CONTRACTOR must comply with all laws and regulations governing the Federal Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they relate to participation, coverage and claiming reimbursement. CONTRACTOR will be responsible for compliance as of the effective date of each Federal, State or local law or regulation specified.

I. Data entry into the COUNTY's electronic information system shall be the responsibility of CONTRACTOR. COUNTY shall monitor the volume of services and cost of services entered into COUNTY's electronic information system. Any and all audit exceptions resulting from the provision and reporting of specialty mental health services by CONTRACTOR shall be the sole responsibility of CONTRACTOR. CONTRACTOR will comply with all applicable policies, procedures,

directives and guidelines regarding the use of COUNTY's electronic information system.

J. Medi-Cal Certification and Mental Health Plan Compliance

CONTRACTOR shall establish and maintain Medi-Cal certification or become certified within ninety (90) days of the execution of this Agreement through COUNTY's DBH. In addition, CONTRACTOR shall work with COUNTY's DBH to execute the process if not currently certified by COUNTY for credentialing of staff. Service location must be approved by COUNTY's DBH during the Medi-Cal certification process. During this process, the CONTRACTOR shall obtain a legal entity number established by DHCS as this is a requirement for maintaining COUNTY's MHP Organizational Provider status throughout the term of this Agreement. CONTRACTOR shall become Medi-Cal certified prior to providing services to Medi-Cal eligible persons served and seeking reimbursement from the COUNTY. CONTRACTOR will not be reimbursed by COUNTY for any services rendered prior to Medi-Cal certification. CONTRACTOR shall comply with any and all requests and directives associated with COUNTY maintaining State Medi-Cal site certification.

CONTRACTOR shall provide specialty mental health services in accordance with COUNTY's MHP. CONTRACTOR must comply with the "Fresno County Mental Health Plan Compliance Program and Code of Conduct" set forth in Exhibit D, attached hereto and incorporated herein by reference and made part of this Agreement.

CONTRACTOR may provide direct specialty mental health services using unlicensed staff as long as the CONTRACTOR is approved as an Organizational Provider by the COUNTY's MHP and the individual is supervised by licensed staff who meet the Board of Behavioral Sciences requirements for supervision, works within his/her scope, and only delivers allowable direct specialty mental health services. Unlicensed staff must also be credentialed by COUNTY's MHP.

It is understood that each service is subject to audit for compliance with Federal and State regulations, and that COUNTY may be making payments in advance of said review. In the event that a service is disapproved, COUNTY may, at its sole discretion, withhold compensation or set off from other payments due the amount of said disapproved services. This remedy is not exclusive, and COUNTY may seek requital from any other means, including but not limited to, a separate contract or agreement with CONTRACTOR. CONTRACTOR shall be responsible for audit exceptions to ineligible dates of services

or incorrect application of utilization review requirements. CONTRACTOR shall comply with any and all requests associated with any State and/or Federal reviews or audits.

6. INDEPENDENT CONTRACTOR

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

CONTRACTOR and COUNTY shall comply with all applicable provisions of law and the rules and regulations, if any, of governmental authorities having jurisdiction over matters, which are directly or indirectly the subject of this Agreement.

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

7. MODIFICATION

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

In addition, changes to expense category (i.e., Salary & Benefits, Facilities/Equipment, Operating, Financial Services, Special Expenses, Fixed Assets, etc.) subtotals in the individual program budgets, as set forth in Exhibits C-1 and C-2, that do not exceed ten percent (10%) of the maximum

compensation payable to CONTRACTOR, and movement of funds between the individual program budgets that does not exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR, may be made with the written approval of COUNTY's DBH Director, or designee. Modifications shall not result in any change to the maximum compensation amounts payable to CONTRACTOR, as stated in this Agreement.

8. NON-ASSIGNMENT

No party shall assign, transfer or subcontract this Agreement nor their rights or duties under this Agreement without the prior written consent of COUNTY.

9. HOLD-HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request, defend COUNTY, its officers, agents, and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims, and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents, or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents, or employees under this Agreement. CONTRACTOR agrees to indemnify COUNTY for Federal, State of California and/or local audit exceptions resulting from noncompliance herein on the part of CONTRACTOR.

The provisions of this Section 9 shall survive termination of this Agreement.

10. INSURANCE

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

A. Commercial General Liability

Commercial General Liability Insurance with limits of not less than Two Million Dollars ($2,000,000.00) per occurrence and an annual aggregate of Four Million Dollars ($4,000,000.00).

This policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of this contract.

B. Automobile Liability

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

C. Professional Liability

If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars ($1,000,000.00) per occurrence, Three Million Dollars ($3,000,000.00) annual aggregate. CONTRACTOR agrees that it shall maintain, at its sole expense, in full force and effect for a period of three (3) years following the termination of this Agreement, one or more policies of professional liability insurance with limits of coverage as specified herein.

D. Worker's Compensation

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

E. Cyber liability

Cyber Liability Insurance, with limits not less than $2,000,000.00 per occurrence or claim, $2,000,000.00 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by CONTRACTOR in this Agreement and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

F. Technology Professional Liability (Errors and Omissions)

Technology professional liability (errors and omissions) insurance with limits of not

less than Two Million Dollars ($2,000,000.00) per occurrence. Coverage must encompass all of the Contractor's obligations under this Agreement, including but not limited to claims involving Cyber Risks.

Definition of Cyber Risks. "Cyber Risks" include but are not limited to (i) Security Breaches, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) breach of any of the Contractor's obligations under Section # of this Agreement; (iii) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (iv) invasion of privacy, including release of private information; (v) information theft; (vi) damage to or destruction or alteration of electronic information; (vii) extortion related to the Contractor's obligations under this Agreement regarding electronic information, including Personal Information; (viii) network security; (ix) data breach response costs, including Security Breach response costs; (x) regulatory fines and penalties related to the Contractor's obligations under this Agreement regarding electronic information, including Personal Information; and (xi) credit monitoring expenses.

G. Molestation

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

Additional Requirements Relating to Insurance

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

CONTRACTOR hereby waives its right to recover from COUNTY, its officers, agents, and employees any amounts paid by the policy of worker's compensation insurance required by this Agreement. CONTRACTOR is solely responsible to obtain any endorsement to such policy that may be necessary to accomplish such waiver of subrogation, but CONTRACTOR's waiver of subrogation under

this paragraph is effective whether or not CONTRACTOR obtains such an endorsement.

Within thirty (30) days from the date CONTRACTOR signs and executes this Agreement, CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the foregoing policies, as required herein, with a hard copy to the County of Fresno, Department of Behavioral Heath, Contracted Services, Attn: Staff Analyst, and an emailed copy to dbhcontractedservicesdivision@fresnocountyca.gov and the assigned DBH Contracts Staff Analyst stating that such insurance coverage have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance provided under CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to COUNTY.

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

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

11. LICENSES/CERTIFICATES

Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the provision of the services hereunder and required by the laws and regulations of the United States of America, State of California, the County of Fresno, and any other applicable governmental agencies. CONTRACTOR shall notify COUNTY immediately in writing of its inability to obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions irrespective of the pendency of any

appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter changed.

12. RECORDS

CONTRACTOR shall maintain its records in COUNTY's EHR system (currently Avatar) in accordance with Exhibit E, "Documentation Standards for Individual Medical Records," attached hereto and incorporated herein by reference and made part of this Agreement. The individual's health record shall begin with registration and intake and include authorizations, assessments, plans of care, and progress notes, as well as other documents as approved by the COUNTY's DBH. COUNTY shall be allowed to review records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives. If CONTRACTOR determines to maintain its records in COUNTY's EHR system, it shall provide COUNTY's DBH Director, or designee, with a thirty (30) day notice. If at any time CONTRACTOR chooses not to maintain its records in COUNTY's EHR system, it shall provide COUNTY'S DBH Director, or designee, with a thirty (30) day notice and CONTRACTOR will be responsible for obtaining its own system, at its own cost, for Electronic Health Record management. Disclaimer – COUNTY makes no warranty or representation that information entered into the COUNTY's EHR system by CONTRACTOR will be accurate, adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing, use, disclosure, or breach. CONTRACTOR is solely responsible for the individual's information entered by CONTRACTOR into the COUNTY's EHR system. CONTRACTOR agrees that all Private Health Information (PHI) maintained by CONTRACTOR in COUNTY's EHR system will be maintained in conformance with all Health Insurance Portability and Accountability Act (HIPAA) laws, as stated in Section Nineteen (19), "Health Insurance Portability and Accountability Act".

COUNTY shall be allowed to review all records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives. All mental health records shall be considered the property of the COUNTY and shall be retained by the COUNTY upon termination or expiration of this Agreement.

13. REPORTS

A. Outcome Reports

CONTRACTOR shall submit to COUNTY's DBH service outcome reports as requested by COUNTY's DBH. Outcome reports and outcome requirements are subject to change at COUNTY's DBH discretion.

B. Additional Reports

CONTRACTOR shall also furnish to COUNTY such statements, records, reports, data, and other information as COUNTY's DBH may request pertaining to matters covered by this Agreement. In the event that CONTRACTOR fails to provide such reports or other information required hereunder, it shall be deemed sufficient cause for COUNTY to withhold monthly payments until there is compliance. In addition, CONTRACTOR shall provide written notification and explanation to COUNTY within five (5) days of any funds received from another source to conduct the same services covered by this Agreement.

C. Cost Report

CONTRACTOR agrees to submit a complete and accurate detailed cost report on an annual basis for each fiscal year ending June 30th in the format prescribed by the DHCS for the purposes of Short Doyle Medi-Cal reimbursements and total costs for programs. The cost report will be the source document for several phases of settlement with the DHCS for the purposes of Short Doyle Medi-Cal reimbursement. CONTRACTOR shall report costs under their approved legal entity number established during the Medi-Cal certification process. The information provided applies to CONTRACTOR for program related costs for services rendered to Medi-Cal and non-Medi-Cal persons served. CONTRACTOR will remit a schedule to provide the required information on published charges (PC) for all authorized services. The report will serve as a source document to determine their usual and customary charge prevalent in the public mental health sector that is used to bill the general public, insurers, or other non-Medi-Cal third party payers during the course of business operations. CONTRACTOR must report all collections for Medi-Cal/Medicare services and collections. The CONTRACTOR shall also submit with the cost report a copy of the CONTRACTOR's general ledger that supports revenues and expenditures and reconciled detailed report of reported total units of services rendered under this Agreement to the units of services reported by CONTRACTOR to COUNTY's electronic information system.

Cost Reports must be submitted to the COUNTY as a hard copy with a signed cover letter and electronic copy of completed DHCS cost report form along with requested support documents following each fiscal year ending June 30th. During the month of September of each year this Agreement is effective, COUNTY will issue instructions of the annual cost report which indicates the training session, DHCS cost report template worksheets, and deadlines to submit, as determined by State DHCS annually. CONTRACTOR shall remit a hard copy of cost report to County of Fresno, Attention: Cost Report Team, PO BOX 45003, Fresno CA 93718. CONTRACTOR shall remit the electronic copy or any inquiries to DBHcostreportteam@fresnocountyca.gov.

All Cost Reports must be prepared in accordance with General Accepted Accounting Principles (GAAP) and Welfare and Institutions Code §§ 5651(a)(4), 5664(a), 5705(b)(3) and 5718(c). Unallowable costs such as lobby or political donations must be deducted on the cost report and invoice reimbursement.

If the CONTRACTOR does not submit the cost report by the deadline, including any extension period granted by the COUNTY, the COUNTY may withhold payments of pending invoicing under compensation until the cost report has been submitted and clears COUNTY desk audit for completeness.

D. Settlements with State Department of Health Care Services (DHCS)

During the term of this Agreement and thereafter, COUNTY and CONTRACTOR agree to settle dollar amounts disallowed or settled in accordance with DHCS audit settlement findings related to the reimbursement provided under this Agreement. CONTRACTOR will participate in the several phases of settlements between COUNTY/CONTRACTOR and DHCS. The phases of initial cost reporting for settlement according to State reconciliation of records for paid Medi-Cal services and audit settlement are: State DHCS audit 1) initial cost reporting – after an internal review by COUNTY, the COUNTY files the cost report with State DHCS on behalf of CONTRACTOR's legal entity for the fiscal year; 2) Settlement – State reconciliation of records for paid Medi-Cal services, approximately 18 to 36 months following the State close of the fiscal year, DHCS will send notice for any settlement under this provision to COUNTY; and 3) Audit Settlement-State DHCS audit. After final reconciliation and settlement DHCS may conduct a review of medical records, cost report along with support documents submitted to

COUNTY in initial submission to determine accuracy and may disallow costs and/or units of services. COUNTY may choose to appeal and therefore reserves the right to defer payback settlement with CONTRACTOR until resolution of the appeal. DHCS Audits will follow Federal Medicaid procedures for managing overpayments.

If at the end of the Audit Settlement, COUNTY determines that it overpaid CONTRACTOR, it will require CONTRACTOR to repay the Medi-Cal related overpayment back to COUNTY. Funds owed to COUNTY will be due within forty-five (45) days of notification by COUNTY, or COUNTY shall withhold future payments until all excess funds have been recouped by means of an offset against any payments then or thereafter owing to COUNTY under this or any other Agreement between the COUNTY and CONTRACTOR.

14. MONITORING

CONTRACTOR agrees to extend to COUNTY's staff, COUNTY's DBH Director, and DHCS, or their designees, the right to review and monitor records, services, or procedures, at any time, in regard to COUNTY persons served, as well as the overall operation of CONTRACTOR's performance, in order to ensure compliance with the terms and conditions of this Agreement.

15. REFERENCES TO LAWS AND RULES

In the event any law, regulation, or policy referred to in this Agreement is amended during the term thereof, the parties hereto agree to comply with the amended provision as of the effective date of such amendment.

16. COMPLIANCE WITH STATE REQUIREMENTS

CONTRACTOR recognizes that COUNTY operates its mental health programs under an agreement with DHCS, and that under said agreement the State imposes certain requirements on COUNTY and its subcontractors. CONTRACTOR shall adhere to all State requirements, including those identified in Exhibit F, "State Mental Health Requirements", attached hereto and by this reference incorporated herein and made part of this Agreement.

17. COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

CONTRACTOR shall be required to maintain organizational provider certification by COUNTY. CONTRACTOR must meet Medi-Cal organizational provider standards as listed in Exhibit G,

"Medi-Cal Organizational Provider Standards", attached hereto and by this reference incorporated herein and made part of this Agreement. It is acknowledged that all references to Organizational Provider and/or Provider in Exhibit G shall refer to CONTRACTOR.

CONTRACTOR shall inform every person served of their rights under the COUNTY's Mental Health Plan as described in Exhibit H, "Mental Health Plan Grievances and Appeals Process", attached hereto and by this reference incorporated herein and made part of this Agreement.

CONTRACTOR shall also file an incident report for all incidents involving persons served, following the COUNTY's DBH "Incident Reporting and Intensive Analysis" policy and procedure guide and using the "Incident Report" protocol and user guide identified in Exhibit I, attached hereto and by this reference incorporated herein and made part of this Agreement.

18. CONFIDENTIALITY

All services performed by CONTRACTOR under this Agreement shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality.

19. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

COUNTY and CONTRACTOR each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and agree to use and disclose Protected Health Information (PHI) as required by law.

COUNTY and CONTRACTOR acknowledge that the exchange of PHI between them is only for treatment, payment, and health care operations.

COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of PHI pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations.

20. DATA SECURITY

For the purpose of preventing the potential loss, misappropriation or inadvertent access, viewing, use or disclosure of COUNTY data including sensitive or personal information; abuse of COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that enter into a contractual relationship with COUNTY for the purpose of providing services under this Agreement must employ adequate data security measures to protect the confidential information provided to CONTRACTOR by COUNTY, including but not limited to the following:

A. CONTRACTOR-Owned Mobile, Wireless, or Handheld Devices

CONTRACTOR may not connect to COUNTY networks via personally-owned mobile, wireless or handheld devices, unless the following conditions are met:

1) CONTRACTOR has received authorization by COUNTY for telecommuting purposes;

2) Current virus protection software is in place;

3) Mobile device has the remote wipe feature enabled; and

4) A secure connection is used.

B. CONTRACTOR-Owned Computers or Computer Peripherals

CONTRACTOR may not bring contractor-owned computers or computer peripherals into COUNTY for use without prior authorization from COUNTY's Chief Information Officer and/or designee(s), including but not limited to mobile storage devices. If data is approved to be transferred, data must be encrypted and stored on a secure server approved by COUNTY and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection.

C. COUNTY-Owned Computer Equipment

CONTRACTOR may not use COUNTY computers or computer peripherals on non-County premises without prior authorization from COUNTY's Chief Information Officer and/or designee(s).

D. CONTRACTOR may not store COUNTY's private, confidential or sensitive data on any hard-disk drive, portable storage device, or remote storage installation unless encrypted.

E. CONTRACTOR shall be responsible to employ strict controls to ensure the integrity and security of COUNTY's confidential information and prevent unauthorized access, viewing, use, or disclosure of data maintained in computer files, program documentation, data processing systems, data

files, and data processing equipment which stores or processes COUNTY data internally and externally.

F. Confidential persons served information transmitted to one party by the other by means of electronic transmissions must be encrypted according to Advanced Encryption Standards (AES) of 128 BIT or higher. Additionally, a password or pass phrase must be utilized.

G. CONTRACTOR is responsible to immediately notify COUNTY of any violations, breaches or potential breaches of security related to COUNTY's confidential information, data maintained in computer files, program documentation, data processing systems, data files and data processing equipment which stores or processes COUNTY data internally or externally.

H. COUNTY shall provide oversight to CONTRACTOR's response to all incidents arising from a possible breach of security related to COUNTY's persons served confidential information provided to CONTRACTOR. CONTRACTOR will be responsible to issue any notification to affected individuals as required by law or as deemed necessary by COUNTY in its sole discretion. CONTRACTOR will be responsible for all costs incurred as a result of providing the required notification.

21. PROPERTY OF COUNTY

A. COUNTY and CONTRACTOR recognize that fixed assets are tangible and intangible property obtained or controlled under COUNTY for use in operational capacity and will benefit COUNTY for a period more than one year. Depreciation of the qualified items will be on a straight-line basis.

For COUNTY purposes, fixed assets must fulfill three (3) qualifications:

1) Have life span of over one year;

2) Is not a repair part; and

3) Must be valued at or greater than the capitalization thresholds for the asset type.

Asset Type	Threshold
• Land	$0
• Buildings and Improvements	$100,000
• Infrastructure	$100,000
• Tangible o Equipment o Vehicles	$5,000
• Intangible	$100,000

- o Internally Generated Software
- o Purchased Software
- o Easements
- o Patents
- And Capital Lease $5,000

Qualified fixed asset equipment is to be reported and approved by COUNTY. If it is approved and identified as an asset, it will be tagged with a COUNTY program number. A Fixed Asset Log (and related instructions), attached hereto as Exhibit J and Exhibit J-1 and by this reference incorporated herein and made part of this Agreement, will be maintained by COUNTY's Asset Management System and annually inventoried until the asset is fully depreciated. During the terms of this Agreement, CONTRACTOR's fixed assets may be inventoried in comparison to COUNTY's DBH Asset Inventory System.

B. Certain purchases less than Five Thousand and No/100 Dollars ($5,000.00) but more than One Thousand and No/100 Dollars ($1,000.00), with over one year life span, and/or are mobile and high risk of theft or loss are sensitive assets. Such sensitive items are not limited to computers, copiers, televisions, cameras and other sensitive items as determined by COUNTY's DBH Director, or designee. CONTRACTOR will maintain a tracking system on the items utilizing Exhibits J and J-1. Items are not required to be capitalized or depreciated and are subject to annual inventory for compliance.

C. Assets shall be retained by COUNTY, as COUNTY property, in the event this Agreement is terminated or upon expiration of this Agreement. CONTRACTOR agrees to participate in an annual inventory of all COUNTY fixed and inventoried assets. Upon termination or expiration of this Agreement, CONTRACTOR shall be physically present when fixed and inventoried assets are returned to COUNTY possession. CONTRACTOR is responsible for returning to COUNTY all COUNTY-owned undepreciated fixed and inventoried assets, or the monetary value of said assets if unable to produce the assets at the expiration or termination of this Agreement.

CONTRACTOR further agrees to the following:

1) Maintain all items of equipment in good working order and condition, normal wear and tear is expected;

2) Label all items of equipment with COUNTY assigned program number, perform periodic inventories as required by COUNTY, and maintain an inventory list showing where and

how the equipment is being used, in accordance with procedures developed by COUNTY. All such lists shall be submitted to COUNTY within ten (10) days of any request therefore; and

3) Report in writing to COUNTY immediately after discovery, the loss or theft of any items of equipment. For stolen items, the local law enforcement agency must be contacted and a copy of the police report submitted to COUNTY.

D. The purchase of any equipment by CONTRACTOR with funds provided hereunder shall require the prior written approval of COUNTY's DBH, shall fulfill the provisions of this Agreement as appropriate, and must be directly related to CONTRACTORS services or activities under the terms of this Agreement. COUNTY's DBH may refuse reimbursement for any costs resulting from equipment purchased, which are incurred by CONTRACTOR, if prior written approval has not been obtained from COUNTY.

E. CONTRACTOR must obtain prior written approval from COUNTY's DBH whenever there is any modification or change in the use of any property acquired or improved, in whole or in part, using funds under this Agreement. If any real or personal property acquired or improved with said funds identified herein is sold and/or is utilized by CONTRACTOR for a use which does not qualify under this Agreement, CONTRACTOR shall reimburse COUNTY in an amount equal to the current fair market value of the property, less any portion thereof attributable to expenditures of funds not provided under this Agreement. These requirements shall continue in effect for the life of the property. In the event this Agreement expires, or terminates, the requirements for this Section shall remain in effect for activities or property funded with said funds, unless action is taken by the State government to relieve COUNTY of these obligations.

22. <u>NON-DISCRIMINATION</u>

During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition,

genetic information, marital status, sex, gender identity, gender expression, age, sexual orientation, or military and veteran status.

CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. CONTRACTOR and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12800 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. CONTRACTOR shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than twenty-four (24) hours notice, to such of its books, records, accounts, and all other sources of information and its facilities as said department or agency shall require to ascertain compliance with this clause. CONTRACTOR and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.) CONTRACTOR shall include the non-discrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

23. <u>CULTURAL COMPETENCY</u>

As related to Cultural and Linguistic Competence:

A. CONTRACTOR shall not discriminate against beneficiaries based on race, color, national origin, sex, disability, or religion. CONTRACTOR shall ensure that a limited and/or no English proficient beneficiary is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services pursuant to Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979.

B. CONTRACTOR shall comply with requirements of policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all limited and/or no English proficient beneficiaries, including, but not limited to, assessing the cultural and linguistic needs of the beneficiaries, training of staff on the policies and procedures, and monitoring its language assistance program. CONTRACTOR's policies and procedures shall ensure compliance of any

subcontracted providers with these requirements.

C. CONTRACTOR shall notify its beneficiaries that oral interpretation is available for any language and written translation is available in prevalent languages and that auxiliary aids and services are available upon request, at no cost and in a timely manner for limited and/or no English proficient beneficiaries and/or beneficiaries with disabilities. CONTRACTOR shall avoid relying on an adult or minor child accompanying the beneficiary to interpret or facilitate communication; however, if the beneficiary refuses language assistance services, the CONTRACTOR must document the offer, refusal and justification in the beneficiary's file.

D. CONTRACTOR shall ensure that employees, agents, subcontractors, and/or partners who interpret or translate for a beneficiary or who directly communicate with a beneficiary in a language other than English (1) have completed annual training provided by COUNTY at no cost to CONTRACTOR; (2) have demonstrated proficiency in the beneficiary's language; (3) can effectively communicate any specialized terms and concepts specific to CONTRACTOR's services; and (4) adheres to generally accepted interpreter ethic principles. As requested by COUNTY, CONTRACTOR shall identify all who interpret for or provide direct communication to any program beneficiary in a language other than English and identify when the CONTRACTOR last monitored the interpreter for language competence.

E. CONTRACTOR shall submit to COUNTY for approval, within ninety (90) days from date of contract execution, CONTRACTOR's plan to address all fifteen (15) National Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of Minority Health and as set forth in Exhibit K, "National Standards on Culturally and Linguistically Appropriate Services", attached hereto and incorporated herein by reference and made part of this Agreement. As the CLAS standards are updated, CONTRACTOR's plan must be updated accordingly. As requested by COUNTY, CONTRACTOR shall be responsible for conducting an annual CLAS self-assessment and providing the results of the self-assessment to the COUNTY. The annual CLAS self-assessment instruments shall be reviewed by the COUNTY and revised as necessary to meet the approval of the COUNTY.

F. Cultural competency training for CONTRACTOR staff should be substantively integrated into health professions education and training at all levels, both academically and functionally, including core curriculum, professional licensure, and continuing professional development programs. As

requested by COUNTY, CONTRACTOR shall report on the completion of cultural competency trainings to ensure direct service providers are completing a minimum of one (1) cultural competency training annually.

G. CONTRACTOR shall create and sustain a forum that includes staff at all agency levels to discuss cultural competence. COUNTY encourages a representative from CONTRACTOR's forum to attend COUNTY's Cultural Humility Committee.

24. AMERICANS WITH DISABILITIES ACT

CONTRACTOR agrees to ensure that deliverables developed and produced, pursuant to this Agreement, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

25. TAX EQUITY AND FISCAL RESPONSIBILITY ACT

To the extent necessary to prevent disallowance of reimbursement under section 1861(v)(1) (I) of the Social Security Act, (42 U.S.C. § 1395x, subd. (v)(1)[I]), until the expiration of four (4) years after the furnishing of services under this Agreement, CONTRACTOR shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement and such books, documents, and records as are necessary to certify the nature and extent of the costs of these services provided by CONTRACTOR under this Agreement. CONTRACTOR further agrees that in the event CONTRACTOR carries out any of its duties under this Agreement through a subcontract, with a value or cost of Ten Thousand and No/100 Dollars ($10,000.00) or more over a twelve (12) month period, with a related organization, such Agreement shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organizations shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized

representatives, a copy of such subcontract and such books, documents, and records of such organization as are necessary to verify the nature and extent of such costs.

26. SINGLE AUDIT CLAUSE

A. If CONTRACTOR expends Seven Hundred Fifty Thousand and No/100 Dollars ($750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. CONTRACTOR shall submit said audit and management letter to COUNTY. The audit must include a statement of findings or a statement that there were no findings. If there were negative findings, CONTRACTOR must include a corrective action plan signed by an authorized individual. CONTRACTOR agrees to take action to correct any material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to COUNTY's DBH Finance Division for review within nine (9) months of the end of any fiscal year in which funds were expended and/or received for the program. Failure to perform the requisite audit functions as required by this Agreement may result in COUNTY performing the necessary audit tasks, or at COUNTY's option, contracting with a public accountant to perform said audit, or may result in the inability of COUNTY to enter into future agreements with CONTRACTOR. All audit costs related to this Agreement are the sole responsibility of CONTRACTOR.

B. A single audit report is not applicable if CONTRACTOR's Federal contracts do not exceed the Seven Hundred Fifty Thousand and No/100 Dollars ($750,000.00) requirement or CONTRACTOR's only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit must be performed and a program audit report with management letter shall be submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR solvency. Said audit report shall be delivered to COUNTY's DBH Finance Division for review no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in COUNTY performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of CONTRACTOR who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit work performed by COUNTY under this

paragraph shall be billed to CONTRACTOR at COUNTY cost, as determined by COUNTY's Auditor-Controller/Treasurer-Tax Collector.

C. CONTRACTOR shall make available all records and accounts for inspection by COUNTY, the State of California, if applicable, the Comptroller General of the United States, the Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at least three (3) years following final payment under this Agreement or the closure of all other pending matters, whichever is later.

27. COMPLIANCE

CONTRACTOR agrees to comply with COUNTY's Contractor Code of Conduct and Ethics and the COUNTY's Compliance Program in accordance with Exhibit D. Within thirty (30) days of entering into this Agreement with COUNTY, CONTRACTOR shall have all of CONTRACTOR's employees, agents, and subcontractors providing services under this Agreement certify in writing, that he or she has received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR shall ensure that within thirty (30) days of hire, all new employees, agents, and subcontractors providing services under this Agreement shall certify in writing that he or she has received, read, understood, and shall abide by the Contractor Code of Conduct and Ethics. CONTRACTOR understands that the promotion of and adherence to the Contractor Code of Conduct is an element in evaluating the performance of CONTRACTOR and its employees, agents and subcontractors.

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Within thirty (30) days of entering into this Agreement, and annually thereafter, all employees, agents, and subcontractors providing services under this Agreement shall complete general compliance training, and appropriate employees, agents, and subcontractors shall complete documentation and billing or billing/reimbursement training. All new employees, agents, and subcontractors shall attend the appropriate training within thirty (30) days of hire. Each individual who is required to attend training shall certify in writing that he or she has received the required training. The certification shall specify the type of training received and the date received. The certification shall be provided to COUNTY's DBH Compliance Officer at 1925 E. Dakota Ave, Fresno, California 93726. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY

by the Federal Government as a result of CONTRACTOR's violation of the terms of this Agreement.

28. ASSURANCES

In entering into this Agreement, CONTRACTOR certifies that neither they, nor any of their officers, are currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; that neither they, nor any of their officers, have been convicted of a criminal offense related to the provision of health care items or services; nor have they, nor any of their officers, been reinstated to participate in the Federal Health Care Programs after a period of exclusion, suspension, debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that CONTRACTOR is ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility for, or involvement with, COUNTY's business operations related to the Federal Health Care Programs and shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or the items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part, directly or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until such time as CONTRACTOR is reinstated into participation in the Federal Health Care Programs.

A. If COUNTY has notice that either CONTRACTOR, or its officers, have been charged with a criminal offense related to any Federal Health Care Program, or are proposed for exclusion during the term of any contract, CONTRACTOR and COUNTY shall take all appropriate actions to ensure the accuracy of any claims submitted to any Federal Health Care Program. At its discretion, given such circumstances, COUNTY may request that CONTRACTOR cease providing services until resolution of the charges or the proposed exclusion.

B. CONTRACTOR agrees that all potential new employees of CONTRACTOR or subcontractors of CONTRACTOR who, in each case, are expected to perform professional services under this Agreement, will be queried as to whether: (1) they are now or ever have been excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) they have been convicted of a criminal offense related to the provision of health care items or services; and (3) they have been reinstated to participate in the Federal Health Care Programs after a period of exclusion, suspension, debarment, or ineligibility.

1) In the event the potential employee or subcontractor informs

CONTRACTOR that he or she is excluded, suspended, debarred, or otherwise ineligible, or has been convicted of a criminal offense relating to the provision of health care services, and CONTRACTOR hires or engages such potential employee or subcontractor, CONTRACTOR will ensure that said employee or subcontractor does no work, either directly or indirectly relating to services provided to COUNTY.

2) Notwithstanding the above, COUNTY, at its discretion, may terminate this Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as defined by COUNTY) that no excluded, suspended, or otherwise ineligible employee or subcontractor of CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY. Such demand for adequate assurance shall be effective upon a time frame to be determined by COUNTY to protect the interests of COUNTY consumers.

C. CONTRACTOR shall verify (by asking the applicable employees and subcontractors) that all current employees and existing subcontractors who, in each case, are expected to perform professional services under this Agreement: (1) are not currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; (2) have not been convicted of a criminal offense related to the provision of health care items or services; and (3) have not been reinstated to participate in the Federal Health Care Program after a period of exclusion, suspension, debarment, or ineligibility. In the event any existing employee or subcontractor informs CONTRACTOR that he or she is excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs, or has been convicted of a criminal offense relating to the provision of health care services, CONTRACTOR will ensure that said employee or subcontractor does no work, either direct or indirect, relating to services provided to COUNTY.

1) CONTRACTOR agrees to notify COUNTY immediately during the term of this Agreement whenever CONTRACTOR learns that an employee or subcontractor who, in each case, is providing professional services under this Agreement is excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs, or is convicted of a criminal offense relating to the provision of health care services.

2) Notwithstanding the above, COUNTY, at its discretion, may terminate this Agreement in accordance with Section Three (3) of this Agreement, or require adequate assurance (as

defined by COUNTY) that no excluded, suspended, or otherwise ineligible employee or subcontractor of CONTRACTOR will perform work, either directly or indirectly, relating to services provided to COUNTY. Such demand for adequate assurance shall be effective upon a time frame to be determined by COUNTY to protect the interests of COUNTY's persons served.

D. CONTRACTOR agrees to cooperate fully with any reasonable requests for information from COUNTY which may be necessary to complete any internal or external audits relating to CONTRACTOR's compliance with the provisions of this Section.

E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty imposed upon COUNTY by the Federal Government as a result of CONTRACTOR's violation of CONTRACTOR's obligations as described in this Section.

29. PUBLICITY PROHIBITION

None of the funds, materials, property or services provided directly or indirectly under this Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (*i.e.,* purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the above, publicity of the services described in Section One (1) of this Agreement shall be allowed as necessary to raise public awareness about the availability of such specific services when approved in advance by COUNTY's DBH Director or designee and at a cost to be provided in Exhibits C-1 and C-2 for such items as written/printed materials, the use of media (i.e., radio, television, newspapers), and any other related expense(s).

30. COMPLAINTS

CONTRACTOR shall log complaints and the disposition of all complaints from a person served or their family. CONTRACTOR shall provide a copy of the detailed complaint log entries concerning COUNTY-sponsored persons served to COUNTY at monthly intervals by the tenth (10^{th}) day of the following month, in a format that is mutually agreed upon. In addition, CONTRACTOR shall provide details and attach documentation of each complaint with the log. CONTRACTOR shall post signs informing persons served of their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY of all incidents reportable to State licensing bodies that affect COUNTY persons served within twenty-four (24) hours of receipt of a complaint.

Within ten (10) days after each incident or complaint affecting COUNTY persons served, CONTRACTOR shall provide COUNTY with information relevant to the complaint, investigative details of the complaint, the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint. In addition, CONTRACTOR shall inform every person served of their rights as set forth in Exhibit H. CONTRACTOR shall file an incident report for all incidents involving persons served, following the protocol and user guide identified in Exhibit I.

31. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST INFORMATION

This provision is only applicable if CONTRACTOR is disclosing entities, fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.), Title 42 §§ 455.101, 455.104 and 455.106(a)(1),(2).

In accordance with C.F.R., Title 42 §§ 455.101, 455.104, 455.105 and 455.106(a)(1),(2), the following information must be disclosed by CONTRACTOR by completing Exhibit L, "Disclosure of Ownership and Control Interest Statement", attached hereto and by this reference incorporated herein and made part of this Agreement. CONTRACTOR shall submit this form to the COUNTY's DBH within thirty (30) days of the effective date of this Agreement. Additionally, CONTRACTOR shall report any changes to this information within thirty-five (35) days of occurrence by completing Exhibit L. Submissions shall be scanned portable document format (pdf) copies and are to be sent via email to COUNTY's DBH assigned Staff Analyst.

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CONTRACTOR is required to submit a set of fingerprints for any person with a five percent (5%) or greater direct or indirect ownership interest in CONTRACTOR. COUNTY may terminate this Agreement where any person with a five percent (5%) or greater direct or indirect ownership interest in the CONTRACTOR did not submit timely and accurate information and cooperate with any screening method required in CFR, Title 42, Section 455.416. Submissions shall be scanned pdf copies and are to be sent via email to DBHContractedServicesDivision@fresnocountyca.gov. COUNTY may deny enrollment or terminate this Agreement where any person with a five percent (5%) or greater direct or indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the

last ten (10) years.

32. DISCLOSURE – CRIMINAL HISTORY AND CIVIL ACTIONS

CONTRACTOR is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers, and partners (hereinafter collectively referred to in this Section as "CONTRACTOR"):

A. Within the three (3) year period preceding the Agreement award, they have been convicted of, or had a civil judgment rendered against them for:

1) 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;

2) Violation of a federal or state antitrust statute;

3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records; or

4) False statements or receipt of stolen property.

B. Within the three (3) year period preceding the Agreement award, they have had a public transaction (federal, state, or local) terminated for cause or default.

Disclosure of the above information will not automatically eliminate CONTRACTOR from further business consideration. The information will be considered as part of the determination of whether to continue and/or renew this Agreement and any additional information or explanation that CONTRACTOR elects to submit with the disclosed information will be considered. If it is later determined that CONTRACTOR failed to disclose required information, any contract awarded to such CONTRACTOR may be immediately voided and terminated for material failure to comply with the terms and conditions of the award.

CONTRACTOR must sign a "Certification Regarding Debarment, Suspension, and Other Responsibility Matters- Primary Covered Transactions" in the form set forth in Exhibit M, attached hereto and by this reference incorporated herein and made part of this Agreement. Additionally, CONTRACTOR must immediately advise COUNTY's DBH in writing if, during the term of this Agreement: (1) CONTRACTOR becomes suspended, debarred, excluded, or ineligible for participation in Federal or State funded programs or from receiving federal funds as listed in the excluded parties' list system

(http://www.epls.gov); or (2) any of the above listed conditions become applicable to CONTRACTOR. CONTRACTOR shall indemnify, defend, and hold COUNTY harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility, or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

33. AUDITS AND INSPECTIONS

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

If this Agreement exceeds Ten Thousand and No/100 ($10,000.00), CONTRACTOR shall be subject to the examination and audit of the California State Auditor for a period of three (3) years after final payment under contract (Government Code Section 8546.7).

34. NOTICES

The persons having authority to give and receive notices under this Agreement and their addresses include the following:

COUNTY	CONTRACTOR
Director, Fresno County Department of Behavioral Health 1925 E. Dakota Ave Fresno, CA 93726	President/Chief Executive Officer Exodus Recovery, Inc. 9808 Venice Blvd, Suite 700 Culver City, CA 90232

All notices between COUNTY and CONTRACTOR provided for or permitted under this Agreement must be in writing and delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission. A notice delivered by personal service is effective upon service to the recipient. A notice delivered by first-class United States mail is effective three (3) COUNTY business days after deposit in the United States mail, postage prepaid, addressed to the recipient. A notice delivered by an overnight commercial courier service is effective one (1) COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient. A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such

transmission is completed outside of COUNTY business hours, then such delivery shall be deemed to be effective at the next beginning of a COUNTY business day), provided that the sender maintains a machine record of the completed transmission. For all claims arising out of or related to this Agreement, nothing in this section establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with Section 810).

35. GOVERNING LAW

Venue for any action arising out of or related to the Agreement shall only be in Fresno County, California.

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

36. DISCLOSURE OF SELF-DEALING TRANSACTIONS

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

37. ELECTRONIC SIGNATURE

The parties agree that this Agreement may be executed by electronic signature as provided in this section. An "electronic signature" means any symbol or process intended by an individual signing this Agreement to represent their signature, including but not limited to: (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature affixed or attached to this Agreement (1) is deemed equivalent to a valid original handwritten signature of the person signing this Agreement for all purposes, including but not limited to evidentiary proof in any administrative or judicial

proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code Section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation. This Agreement is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Agreement with an original handwritten signature.

38. ENTIRE AGREEMENT

This Agreement, including all Exhibits, constitutes the entire agreement between the CONTRACTOR and COUNTY with respect to the subject matter hereof and supersedes all previous Agreement negotiations, proposals, commitments, writings, advertisements, publications, and understanding of any nature whatsoever unless expressly included in this Agreement.

Exhibit A-1	Adult Crisis Stabilization Center Scope of Work
Exhibit A-2	Youth Crisis Stabilization Center Scope of Work
Exhibit B	DBH Guiding Principles of Care Delivery
Exhibit C-1	Adult CSC Budgets and Budget Narratives
Exhibit C-2	Youth CSC Budgets and Budget Narratives
Exhibit D	FCMHP Compliance Plan and Code of Conduct
Exhibit E	Documentation Standards for Individual Medical Records
Exhibit F	State Mental Health Requirements
Exhibit G	Medi-Cal Organizational Provider Standards
Exhibit H	Fresno County MHP Grievances and Appeals Process
Exhibit I	Protocol for Completion of Incident Report
Exhibit J & J-1	Fixed Asset and Sensitive Item Log
Exhibit K	National CLAS Standards
Exhibit L	Disclosure of Ownership and Control Interest Statement
Exhibit M	Certification Regarding Debarment
Exhibit N	Self-Dealing Transaction Disclosure Form

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

CONTRACTOR:

EXODUS RECOVERY, INC.

By: _____

Print Name: Luana Murphy

Title: President/CEO

Chairman of Board, or President or any Vice President

By: _____

Print Name: LeeAnn Skorohod

Title: Corporate Secretary/COO

Secretary of Corporation, or any Assistant Secretary, or Chief Financial Officer, or any Assistant Treasurer

COUNTY OF FRESNO

_____

Brian Pacheco, Chairman of the Board of Supervisors of the County of Fresno

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By _____
Deputy

Mailing Address:
9808 Venice Blvd, Suite 700
Culver City, CA 90232
Phone No.: (310) 945-3350
Contact: Luana Murphy, President/CEO

FOR ACCOUNTING USE ONLY:

Fund/Subclass: 0001/10000
Organization: 56302110 (Youth CSC), 56302111 (Adult CSC)
Account No.: 7295

ADULT CRISIS STABILIZATION CENTER

Scope of Work

ORGANIZATION:	Exodus Recovery, Inc.
ADDRESS:	9808 Venice Boulevard, Suite 700, Culver City, CA 90232
SITE ADDRESS:	4411 E. Kings Canyon Road, Fresno, CA 93702 (Bldg 319)
SERVICES:	**Adult Crisis Stabilization Services**
PROJECT DIRECTOR:	Luana Murphy, MBA, President/CEO
Phone Number:	(559) 453-6271
CONTRACT PERIOD:	July 1, 2022 – June 30, 2025, with two (2) twelve (12) month renewal options

SCHEDULE/LOCATION OF SERVICES:

CONTRACTOR shall operate the Adult Crisis Stabilization Center (Adult CSC) twenty-four (24) hours per day, seven (7) days per week. The Adult CSC shall be located at the Kings Canyon Campus at 4411 E. Kings Canyon Road, Fresno, California 93702 (Building 319), a COUNTY-owned building, pursuant to a separate lease agreement (and any related amendments) between COUNTY and Exodus Foundation, Inc., an affiliate of CONTRACTOR. At some point during the contract term when construction is complete, the Adult CSC will be relocated to the COUNTY's Heritage Campus at the intersection of Shields Avenue and Millbrook Avenue.

TARGET POPULATION:

The target population will include individuals 18 years of age and older from Fresno County, who are exhibiting acute psychiatric symptoms and have either been placed on a Welfare and Institution Code (W&IC) 5150 designation or who request admittance to the Adult CSC on a voluntary status.

CONTRACTOR will provide crisis stabilization services to adults with a maximum capacity of forty-four (44) beds at any given time. CONTRACTOR may also be in the process of assessing or evaluating additional individuals, as necessary. At times throughout the contract term, COUNTY DBH may request the increase of beds for capacity needs (e.g., with increase in acuity and census due to the Covid-19 pandemic). The maximum capacity will also potentially be modified due to the unknown capacity of the new 24-7 facility at the Heritage Centre. The updated maximum capacity will be made upon written agreement between COUNTY and CONTRACTOR.

CONTRACTOR will accept voluntary or involuntarily admitted adults regardless of source of payment; individuals may include Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, privately insured and indigent/uninsured who are referred by the Department of Behavioral Health (DBH), a contracted provider with COUNTY DBH, a hospital emergency department, law enforcement, or Emergency Medical Services (EMS). Individuals may be referred by family or be self-referred.

These services shall be performed pursuant to W&IC, sections 5704.5(b), 5704.6(c), and 5614(b)(3) and program principles and the array of treatment options required under W&IC, sections 5600.2 to 5600.9 inclusive.

PROJECT DESCRIPTION:

CONTRACTOR shall be responsible to comply with the requirements of the Fresno County Mental Health Plan (FCMHP) and must complete and submit supporting clinical and any other such documentation as may be required by the COUNTY for every person served in the Adult CSC. The FCMHP will perform a utilization review of all admissions to determine that the documentation demonstrates that medical necessity criteria as defined by the California Department of Health Care Services (DHCS) was met for each duration of the hospitalization, except for the episode of discharge.

CONTRACTOR shall be responsible to enter all Individual Service Information, admission data and billing information into the COUNTY data system (AVATAR) and will be responsible for any and all audit exceptions pertaining to the delivery of services.

CONTRACTOR'S RESPONSIBILITIES:

A. CONTRACTOR shall ensure that the Adult CSC provides the following services:

1. Management and alleviation of the individual's acute psychiatric symptoms through effective therapeutic interventions and supportive services to avoid the need for a higher level of psychiatric care when clinically appropriate.

2. A recovery/strength based clinical program which has appropriate professional staffing on a twenty-four (24) hour, seven (7) day a week basis.

3. A safe, secure environment for persons served that encourages wellness and recovery.

4. A comprehensive multi-disciplinary evaluation and individual-centered treatment plan.

5. Dietary services through the availability of nourishment or snacks in accordance with Title 22, Division 5, Chapter 9, Article 3, Section 77077.

6. Admission procedures for individuals, who are not on involuntary holds in accordance with W&IC 5150 and also individuals placed on W&IC 5150 involuntary holds.

7. Crisis consultation services to rural service providers (e.g., emergency departments, etc.) that may not have timely access to the centrally located crisis stabilization facilities and may require consultation to support individual care planning and/or mitigate unnecessary long transports of persons served to the Adult CSC from remote areas. Crisis consultation may occur via teleconference, tele-behavioral health (i.e., utilization of video and computer equipment), and/or other method presented by CONTRACTOR and deemed acceptable by the department.

8. Treatment Planning – Under the clinical direction of the mental health clinician, the multi-disciplinary treatment team formed by the Crisis Stabilization staff shall provide the following services:

    a. Mental Status Examination
    b. Medical Evaluation
    c. Full Clinical Assessment
    d. Nursing Assessment
    e. Multi-Disciplinary Milieu Treatment Program
    f. Individual Centered Treatment Planning
    g. Aftercare Planning and Wellness Recovery Action Plan (WRAP)

9. Staffing

    a. The staffing pattern for the crisis stabilization program shall meet all current State licensing and regulatory requirements including medical staff standards, nursing staff standards, social work and rehabilitation staff requirements pursuant to Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 of the California Code of Regulations (CCR) for Crisis Stabilization services. All staff requiring federal/state licensure or certification will be required to be licensed or certified in the State of California and be in good standing with the state licensing or certification board. CONTRACTOR shall remain up-to-date with all current regulatory changes and adhere to all new and/or modified requirements.

    b. All facility staff who provide direct individual care or perform coding/billing functions must meet the requirements of the FCMHP Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Practitioner Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE),

Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and annually thereafter. In addition, all licensed/registered/waivered staff must complete a FCMHP Provider Application and be credentialed by the FCMHP's Credentialing Committee. All of CONTRACTOR's staff who have direct contact with the persons served, shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sheriff fingerprinting (Livescan) executed.

c. Peer and/or family support staff will be an active and key member of the multi-disciplinary team to assist with treatment planning, mentoring, support and advocate with individuals/families during their time at the Adult CSC facility and will assist with discharge planning and facilitate the individual's transition to the appropriate lower level of care.

d. The staffing requirements defined by CCR, Title 9, Section 1840.348 for the Adult CSC is as follows:

(a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.

(b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.

(c) At a minimum there shall be a ratio of at least one (1) licensed mental health or waivered/registered professional on site for each four (4) beneficiaries or other individuals receiving crisis stabilization services at any given time.

(d) If the person served is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

(e) Other persons may be utilized by the program, according to need.

(f) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.

(g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

e. CONTRACTOR shall submit daily staffing reports that identify all direct service and support staff by first and last name, applicable licensure/certifications, full time hours worked, and the

licensed/waivered/registered mental health professionals to person served ratio.

10. Medical Records

    a. CONTRACTOR shall maintain records in accordance with Exhibit E, "Documentation Standards for Individual Medical Records." During site visits, COUNTY shall be allowed to review records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives.

    b. CONTRACTOR will be responsible for "release of information" requests for the Adult CSC facility and shall adhere to applicable federal and state regulations.

    c. CONTRACTOR can develop and implement a medical records system which meets all State and Federal requirement and clearly documents medical necessity for both treatment and billing services. Medical records shall be kept in such a manner as to comply with the Fresno County Quality Improvement standards and Federal and State quality standards. COUNTY has an electronic medical record system. CONTRACTOR may elect to utilize and participate with the COUNTY's electronic health record system if they do not have their own system in place. It is anticipated that CONTRACTOR shall be utilizing an electronic medical records system by the end of this contract term.

11. Clinical Staff - The clinical staff of CONTRACTOR shall be composed of all licensed mental health or waivered/registered professionals as included in CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 (Crisis Stabilization Staffing Requirements).

12. Medical Staff – The medical staff shall include a physician and a registered nurse, psychiatric technician or licensed vocational nurse and any other type of licensed professional needed to address individual's needs, pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 (Crisis Stabilization Staffing Requirements).

13. Pharmaceutical Services – CONTRACTOR shall provide for medication services on an as needed basis and the staffing must reflect this availability, pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.338 (Crisis Stabilization Contact and Site Requirements) and all other applicable federal/state regulations.

14. Assessment of Physical Health and Medical Backup Services – Pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.338 (Crisis Stabilization Contact and Site Requirements), CONTRACTOR shall provide admission history and physical examination, and maintain a written

agreement for medical services with one or more general acute care hospitals.

15. Utilization Review, Billing and Cost Report:

    a. CONTRACTOR shall notify the COUNTY of any admission of COUNTY's person served within twenty-four (24) hours or the next business day in a manner approved by the COUNTY. The notification method shall be approved by the COUNTY.

    b. CONTRACTOR shall be responsible to ensure that documentation in the individual's medical record meets medical necessity criteria for the hours of service submitted to COUNTY for reimbursement by federal intermediaries, third-party payers and other responsible parties.

    c. CONTRACTOR shall enter all mental health data and billing information into the COUNTY's electronic information system and will be responsible for any and all audit exceptions pertaining to the delivery of services.

    d. CONTRACTOR shall submit a complete and accurate DHCS Short/Doyle Medi-Cal Cost Report for each fiscal year ending June 30th affected by the proposed agreement within 120 days following the end of each fiscal year.

    e. CONTRACTOR shall insure that cost reports are prepared in accordance with General Accepted Accounting Principles (GAAP) and the standards set forth by the DHCS and the COUNTY.

16. Patients' Rights and Certification Review Hearings:

    a. CONTRACTOR shall adopt and post in a conspicuous place a written policy on individual's rights in accordance with section 70707 of Title 22 of the CCR and section 5325.1 of the W&IC and Title 42 Code of Federal Regulations section 438.100.

    b. CONTRACTOR shall allow access to COUNTY's persons served by the Patients' Rights Advocate designated by the COUNTY.

17. Family Advocate - CONTRACTOR shall promote and allow the persons served access to the Family Advocacy Services representative (Family Advocate) who is contracted by the COUNTY to advocate and assist individuals, families and support systems who are seeking or receiving mental health services.

18. Grievances and Incident Reports

    CONTRACTOR shall have all grievance forms readily available at the Adult CSC facility.

CONTRACTOR shall log all grievances and the disposition of all grievances received from a person served or their family in accordance with FCMHP policies and procedures as indicated herein. CONTRACTOR shall provide a summary of the grievance log entries concerning COUNTY-sponsored individuals to the DBH Director, or designee, at monthly intervals, by the fifteenth (15th) day of the following month, in a format that is mutually agreed upon. CONTRACTOR shall post signs, provided by the COUNTY, informing individuals of their right to file a grievance and appeal.

CONTRACTOR shall notify COUNTY of all incidents or unusual occurrences reportable to state licensing bodies that affect COUNTY's persons served within twenty-four (24) hours. CONTRACTOR shall use the Incident Reporting process as indicated within Exhibit I for such reporting.

Within fifteen (15) days after each grievance or incident affecting COUNTY-sponsored individuals, CONTRACTOR shall provide County with the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint or incident.

Within fifteen (15) days after CONTRACTOR submits a corrective action plan to a California State licensing and/or accrediting body concerning any sentinel event, as the term is defined by the licensing or accrediting agency, and within fifteen (15) days after CONTRACTOR receives a corrective action order from a California State licensing and/or accrediting body to address a sentinel event, CONTRACTOR shall provide a summary of such plans and orders to COUNTY.

19. Provide a safe and secure environment to provide for clinical and medical assessment, diagnostic formulation, crisis intervention, medication management, and clinical treatment for adults with acute psychiatric symptoms. This includes the manner in which seclusion and restraint will be administered when necessary for the safety of the persons served, other persons served in the program, and staff.

20. Provide the appropriate type and level of staffing to provide for a clinically effective program design that adheres to State staffing requirements.

21. Provide staff training in the areas of non-violent crisis intervention, evidence-based practice, best practice, or promising practices to ensure staff are competent and proficient in the therapeutic interventions and practices in serving adult individuals accessing the Adult CSC.

22. CONTRACTOR shall utilize cost containment strategies for the provision of stock and prescription medications to individuals (i.e., by contracting with a pharmaceutical benefits management company) and provide the COUNTY with the type of formulary utilized by the program as well as information regarding co-pays and/or generic substitutions.

23. Provide an intensive treatment program which has individualized treatment plans.

24. Stabilize the individuals' acute psychiatric symptoms in the most expedient manner possible while adhering to appropriate clinical care standards. This may include initiating a Treatment Authorization Request (TAR) to the pharmacy and providing justification when psychotropic medications are needed on an emergency basis.

25. Effectively partner with other programs in the COUNTY and community system (i.e., law enforcement, local emergency departments, etc.) in accepting COUNTY's persons served for admission for crisis stabilization services.

26. Effectively partner with rural services providers (i.e., emergency departments, etc.) to provide crisis stabilization services via teleconference, tele-behavioral health (i.e., utilization of video and computer equipment), and/or other method deemed acceptable by COUNTY.

27. Work collaboratively with the COUNTY and community resources in discharge planning to ensure appropriate referral and direct linkage to ongoing outpatient specialty mental health treatment services, substance use disorder treatment services, etc. are provided. Discharge planning would also include working collaboratively with out-of-county mental health plans to ensure individuals in foster care who reside within Fresno County are linked to appropriate ongoing specialty mental health services, substance use disorder treatment services, etc. as appropriate.

28. Identify individuals with frequent admissions during the fiscal year and develop strategies with other COUNTY and community agencies to reduce readmissions and improve individuals' overall well-being through coordination of care.

29. Effectively interact with community agencies, other mental health programs and providers, natural support systems, and families to assist individuals to be discharged to the appropriate level of care.

30. Work effectively with the DBH Conservatorship Team as appropriate for individuals presenting to the Adult CSC as gravely disabled who may require consideration for a temporary conservatorship.

31. Integrate mental health and substance use disorder services. The CONTRACTOR shall perform the following:

    a. Develop a formal written Continuous Quality Improvement CQI action plan to identify measurable objectives toward the achievement of co-occurring disorders (COD) treatment capability that will be addressed by the program during the contract period. These objectives should be

achievable and realistic for the program, based on a self-assessment and the program priorities, but need to include attention to making progress on the following issues, at minimum:

1. Welcoming policies, practices, and procedures related to the engagement of individuals with co-occurring issues and disorders;
2. Removal or reduction of access barriers to admission based on co-occurring diagnosis or medication;
3. Improvement in routine integrated screening, and identification in the data system of how many persons served have co-occurring issues;
4. Developing the goal of basic co-occurring competency for all treatment and support staff, regardless of licensure or certification; and
5. Documentation of coordination of care with collaborative mental health and/or substance use disorder providers for each person served.

B. Regarding cultural and linguistic competence requirements, CONTRACTOR shall:

1. Ensure compliance with Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, national origin, sex, disability or religion. This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services.
2. Create and maintain policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all LEP persons served, including, but not limited to, assessing the cultural and linguistic needs of its persons served, training of staff on the policies and procedures, and monitoring its language assistance program. The CONTRACTOR's procedures must include ensuring compliance of any subcontracted providers with these requirements.
3. Ensure that minors shall not be used as interpreters.
4. Conduct and submit to COUNTY an annual cultural and linguistic needs assessment to promote the provision and utilization of appropriate services for its diverse population. The needs assessment report shall include findings and a plan outlining the proposed services to be improved or implemented as a result of the assessment findings, with special attention to

addressing cultural and linguistic barriers and reducing racial, ethnic, language, abilities, gender, and age disparities.

5. Develop internal systems to meet the cultural and linguistic needs of the CONTRACTOR's persons served census including the incorporation of cultural competency in the CONTRACTOR's mission; establishing and maintaining a process to evaluate and determine the need for special - administrative, clinical, welcoming, billing, etc. - initiatives related to cultural competency.

6. Develop recruitment and retention initiatives to establish contracted program staffing that is reflective and responsive to the needs of the program and target population.

7. Establish designated staff person to coordinate and facilitate the integration of cultural competency guidelines and attend COUNTY's DBH Cultural Diversity Committee scheduled meetings. The designated person will provide an array of communication tools to distribute information to staff relating to cultural competency issues.

8. Keep abreast of evidence-based and best practices in cultural competency in mental health care and treatment to ensure that the CONTRACTOR maintains current information and an external perspective in its policies. The CONTRACTOR shall evaluate the effectiveness of strategies and programs in improving the health status of cultural-defined populations.

9. Ensure that an assessment of an individual's sexual orientation is included in the bio-psychosocial intake process. CONTRACTOR's staff shall assume that the population served may not be in heterosexual relationships. Sensitivity to gender and sexual orientation must be covered in annual training.

10. Utilize existing community supports, referrals to transgender support groups, etc., when appropriate.

11. Attend annual Cultural Competence, Compliance, Health Insurance Portability and Accountability Act (HIPAA), Billing, and Documentation training provided by COUNTY's DBH.

12. Report its efforts to evaluate cultural and linguistic activities as part of the CONTRACTOR's ongoing quality improvement efforts in the monthly activities report. Reported information may include individuals' complaints and grievances, any resulting actions regarding complaints and grievances, results from persons served satisfaction surveys, and utilization and other clinical data that may reveal health disparities as a result of cultural and linguistic barriers.

C. Regarding Conservatees, CONTRACTOR agrees to the following:

CONTRACTOR shall work with COUNTY's DBH Persons Served Placement Team to find placement for COUNTY conservatees that are discharged from the CONTRACTOR-operated Adult CSC.

D. Regarding direct admissions to the Adult CSC from COUNTY's DBH programs or its contracted providers, CONTRACTOR agrees to the following:

1. To allow direct admits from COUNTY's DBH programs or its contracted providers when the Adult CSC has the capacity to accept individuals for services.

2. Said direct admits shall not require medical clearance, if persons served would otherwise meet the Central California Emergency Medical Services Agency 5150 Destination Policy requirements as mentioned hereinbelow in Subsection G. However, in the event a referred individual is known to possess a contagious medical condition, said individual shall be medically cleared by a local hospital prior to admission to the Adult CSC operated by CONTRACTOR.

E. Regarding the placement of an individual at another designated facility:

1. CONTRACTOR shall notify COUNTY DBH when an individual will remain at the CSC for a period in excess of 24 hours, while awaiting placement and/or transportation. COUNTY's Patients' Rights Advocate will be included in this notification

2. CONTRACTOR shall provide the following services to individuals who remain at the Adult CSC for a period in excess of 24 hours and who are awaiting placement and/or transportation:

   a. Three meal periods and three snack times per 24 hours
   b. Daily encouragement and support with activities of daily living i.e., showering, washing of clothes, teeth brushing, hair combing, etc.
   c. Daily psychiatric evaluation by both the provider and licensed nursing staff to evaluate/determine the individuals most appropriate level of care
   d. Daily medication evaluation, administration and education
   e. Daily group activities (e.g., 12-Step Meetings, WRAP, Goals Group, etc.)
   f. Daily one-on-one peer support provided by designated Peer Advocate
   g. Daily activities such as meditation, art, entertainment and outdoor activities provided in the outside courtyard
   h. Daily education in relation to mental health diagnosis, treatments, and community resources

F. Regarding the provision of court testimony related to Adult CSC individuals, CONTRACTOR agrees to the following:

CONTRACTOR's staff shall provide court testimony relevant to Adult CSC individuals, when required.

G. Regarding the Central California Emergency Medical Services Agency (CCEMSA) 5150 Destination Policy, CONTRACTOR agrees to the following:

CONTRACTOR agrees to follow the then-current Central California Emergency Medical Services Agency 5150 Destination Policy #547 as identified in Attachment A, attached hereto and incorporated herein. Said policy may be updated periodically throughout the term of this Agreement; CONTRACTOR must adhere to the most recent policies designated by the CCEMSA 5150 Destination Policy.

H. CONTRACTOR shall participate in the following meetings:

1. CONTRACTOR shall participate in periodic workgroup meetings scheduled by staff from COUNTY's DBH Mental Health Contracted Services Division. The meetings shall be held monthly, or as needed, to discuss contract requirements, data reporting, outcomes measurement, training, policies and procedures, and overall program operations.

2. CONTRACTOR's administrative level agency representative, who is duly authorized to act on behalf of CONTRACTOR, shall attend regularly scheduled monthly Behavioral Health Board meetings.

3. CONTRACTOR shall attend quarterly or periodic DBH Contractor/Provider Meetings, as scheduled by staff from COUNTY's Mental Health Contracted Services Division, when deemed necessary by the DBH Director, or designee.

4. CONTRACTOR may also be asked to make presentations in the community about the program and services that are available.

I. Regarding the development of policies and protocols:

CONTRACTOR and COUNTY's DBH shall collaborate on the development of specific policies and protocols related to the daily operation of the Adult CSC. Such policies will include, but not be limited to, the following: placement of adults in psychiatric health facilities or other inpatient programs either locally or outside the county, facility limitations, and special persons served populations. Such policies and protocols shall be mutually agreed upon between CONTRACTOR and COUNTY's DBH Director, or designee. Any changes to such policies and protocols shall be mutually agreed upon between CONTRACTOR and COUNTY's DBH Director, or designee.

PROGRAM OUTCOMES

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or at the risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Five (5) Work Plans will be utilized to support DBH's mission statement. The work plans were developed as a concept of a Transformation Plan that would encompass system planning, implementation and oversight to be reflective of a comprehensive system of care. These work plans are provided below and represent program goals to be achieved by CONTRACTOR in addition to CONTRACTOR-developed outcomes. DBH may adjust the outcome measurements needed under this program periodically, so as to best measure the success of individuals and program as determined by the COUNTY.

CONTRACTOR will utilize a computerized tracking system with which outcome measures and other relevant persons served data, such as demographics, will be maintained.

1. **Behavioral Health Integrated Access** – timeliness between persons served referral to admission, admission to treatment, and treatment to discharge; penetration rate; effectiveness of discharge planning as demonstrated by referral and linkage to other DBH programs, community providers, and other community resources; and services that provide screening and access to ensure persons served are linked to the services they need, including mental health substance use disorders and physical health services.

2. **Wellness, Recovery, and Resiliency Supports** – collaborative approach to treatment strategies to reduce readmission of persons served with frequent admissions to the facility; effectiveness of services as demonstrated by the number of persons served who are able to be discharged to the community and avoid inpatient hospitalization; measurement of recidivism rates, including measuring percentage of recidivism within 30 days. State the Evidence Based Practices (EBP) that shall be used.

3. **Cultural/Community Defined Practices** – services or philosophical practices which support the unique cultural-specific needs of individuals receiving care. Focus on behavioral health practices which reflect the unique needs of various cultures and communities who reside within Fresno County.

4. **Behavioral Health Clinical Care** – services where direct therapeutic treatment is provided. Include the framework of "Levels of Care" where individual's needs, as identified through assessment/screening, are matched with a complexity and intensity of services meets those needs.

5. **Infrastructure Supports** – includes all personnel, equipment, programs, and facilities which exist to support the delivery of care to the individuals served. Includes safety, quality improvement and regulatory compliance functions, along with outcome assessment/program evaluation, training, and technology.

6. Denial rate for Crisis Stabilization billing will be decreased by five percent (5%) within the first six (6) months, based on previous program denial rates. Rates will be determined by the utilization review performed by FCMHP.

COUNTY RESPONSIBILITIES:

COUNTY shall:

1. Perform a utilization review, annually at a minimum, (through its FCMHP) of ten percent (10%) of all admissions to determine that the documentation demonstrates that medical necessity criteria as defined by the DHCS were met throughout the duration of the crisis stabilization episode. The FCMHP will maintain discretion regarding possible subsequent utilization review beyond ten percent (10%), as necessary.

2. Provide oversight of the CONTRACTOR's Adult CSC program. In addition to contract monitoring of program(s), oversight includes, but is not limited to, coordination with the DHCS in regard to program administration and outcomes.

3. Assist the CONTRACTOR in making linkages to the appropriate level of care within the behavioral health system of care to ensure continuity of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.

4. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the CONTRACTOR staff and will be available to the contractor for ongoing consultation.

5. Receive and analyze statistical outcome data from CONTRACTOR throughout the term of contract on a monthly basis. DBH will notify the CONTRACTOR when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, individual and staff interviews, chart reviews, and other methods of obtaining required information.

6. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the CONTRACTOR's efforts towards cultural and

linguistic competency, DBH shall provide the following at no cost to CONTRACTOR:

A. Mandatory cultural competency training including sexual orientation and sensitivity training for CONTRACTOR personnel, at minimum once per year. COUNTY will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.

B. Assistance to CONTRACTOR in locating appropriate providers who can translate behavioral health and substance abuse services information into COUNTY's threshold languages (English, Spanish, and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547 Page 1 of 9
Subject	Patient Destination	
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	Patient's Choice within Madera County	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	Patient/Family Choice within Madera County	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency	Revision **3/14/2022**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.

3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.

4. Closest Appropriate Hospital

   a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).

   b. Closest is defined as the shortest travel time not necessarily the closest by distance.

   c. The Base Hospital Physician will have the ultimate authority for patient destination.

   d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":

      1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:

         a) Adventist Health Hanford (AH-H)
         b) Adventist Health Tulare (AH-T)
         c) Clovis Community Medical Center (CCMC)
         d) Kaiser Permanente Hospital (KPH)
         e) Kaweah Health Medical Center (KHMC)
         f) Madera Community Hospital (MCH)
         g) Regional Medical Center (RMC)
         h) Saint Agnes Medical Center (SAMC)
         i) Sierra View District Hospital (SVDH)
         j) Valley Children's Hospital (VCH)

      2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:

         a) Adventist Health Reedley (AH-R)
         b) Adventist Health Selma (AH-S)
         c) Coalinga Regional Medical Center (CRMC)

5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

a. Interpretation of 12-lead ECG; or
b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.

b. Any patient with CPR in progress.

c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:

- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
- No alteration in mental status due to dementia or delirium.
- Glasgow Coma Score 14 or 15.
- Complete vital signs within limits (HR, RR, BP and GCS).
- Not febrile to palpation/measurement.
- Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

a) Pulse: 50-120 bpm
b) Systolic Blood Pressure: 100-180 mm Hg
c) Diastolic Blood Pressure: less than 120 mm Hg
d) Respiratory Rate: 12-30

2) Pediatrics:

a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more that once daily dry gauze and tape dressing.

b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.

c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.

d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.

e. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.

f. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.

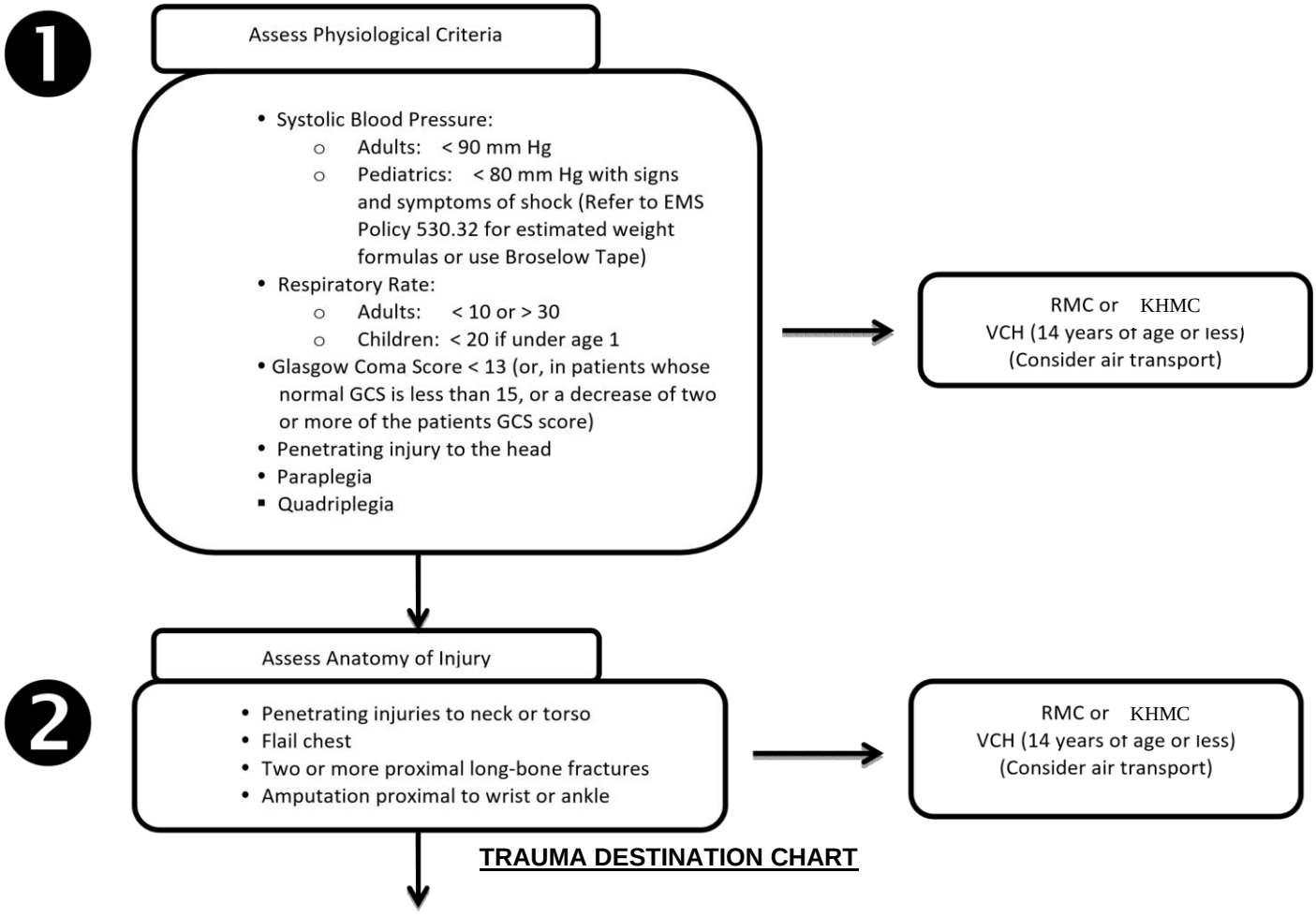
2. Patients that cannot be transported directly to the Veteran's Administration are:

- Cardiac arrest due to trauma
- Pediatric cardiac arrest
- Trauma Center Triage Criteria
- OB patient in active labor
- Gynecological complaints and known obvious pregnancy with vaginal bleeding
- ST-segment elevation myocardial infarction (STEMI)

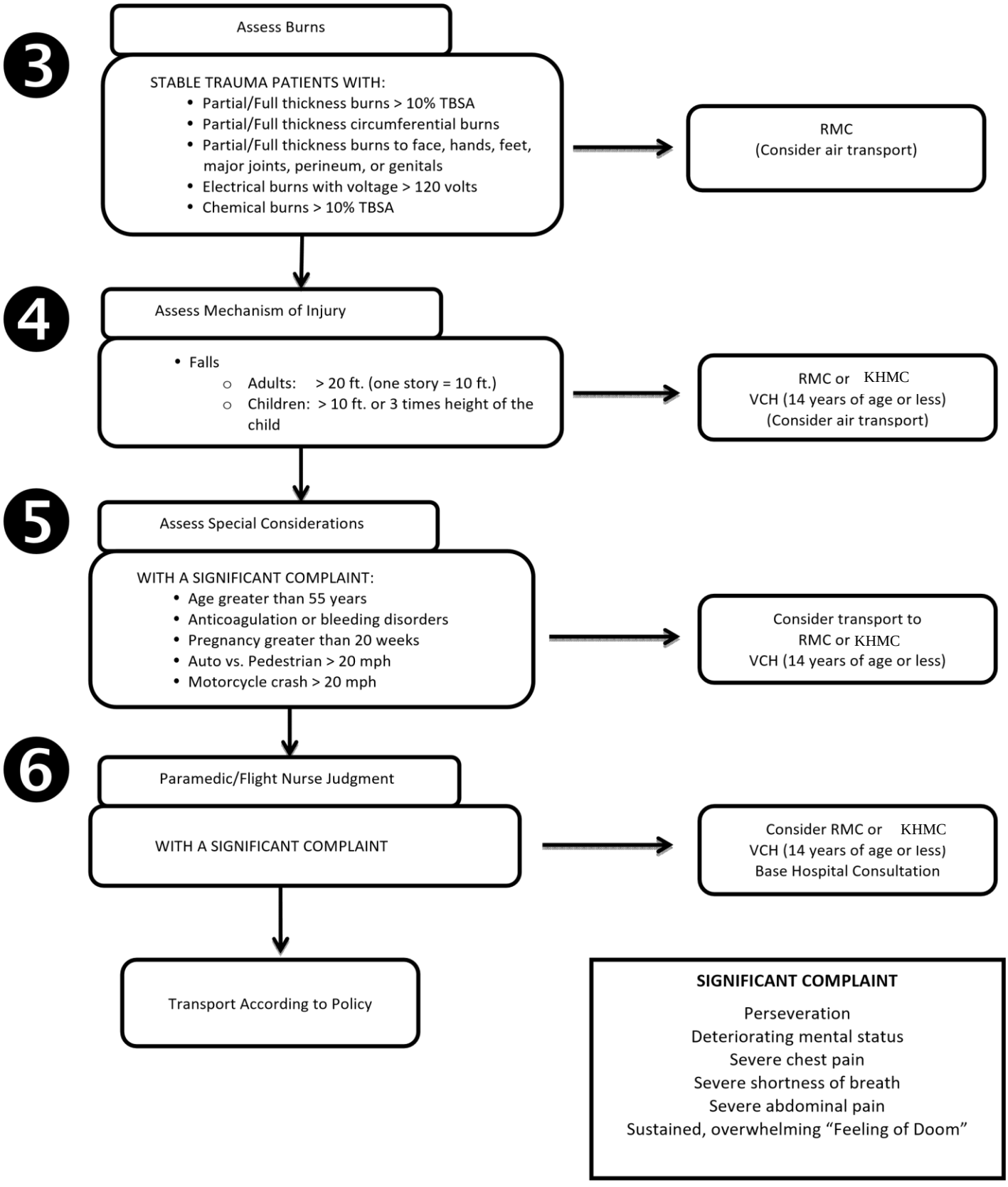
NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closet facility in accordance with the following chart:



TRAUMA DESTINATION CHART


3
Assess Burns
STABLE TRAUMA PATIENTS WITH:
• Partial/Full thickness burns > 10% TBSA
• Partial/Full thickness circumferential burns
• Partial/Full thickness burns to face, hands, feet, major joints, perineum, or genitals
• Electrical burns with voltage > 120 volts
• Chemical burns > 10% TBSA
RMC
(Consider air transport)
4
Assess Mechanism of Injury
• Falls
○ Adults: > 20 ft. (one story = 10 ft.)
○ Children: > 10 ft. or 3 times height of the child
RMC or KHMC
VCH (14 years of age or less)
(Consider air transport)
5
Assess Special Considerations
WITH A SIGNIFICANT COMPLAINT:
• Age greater than 55 years
• Anticoagulation or bleeding disorders
• Pregnancy greater than 20 weeks
• Auto vs. Pedestrian > 20 mph
• Motorcycle crash > 20 mph
Consider transport to
RMC or KHMC
VCH (14 years of age or less)
6
Paramedic/Flight Nurse Judgment
WITH A SIGNIFICANT COMPLAINT
Consider RMC or KHMC
VCH (14 years of age or less)
Base Hospital Consultation
Transport According to Policy
SIGNIFICANT COMPLAINT
Perseveration
Deteriorating mental status
Severe chest pain
Severe shortness of breath
Severe abdominal pain
Sustained, overwhelming “Feeling of Doom”

NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).

2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.

3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:

   a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
   b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

   A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

   The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

   a. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns that are more than 10% total body surface area
   b. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) circumferential burns of any body part
   c. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
   d. Electrical burns with voltage greater than 120 volts
   e. Patients with chemical burns greater than 10% total body surface area.

6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).

7. Trauma patients who go directly to the closest appropriate receiving hospital:

   a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.

   b. Any patient with CPR in progress (refer to EMS Policy #550).

   c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as “Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a “Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, “ALS Interfacility Transports”.

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ EMS #: _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.
[ ] True – transport Patient/Family Choice [ ] False

Patient has alteration in mental status due to dementia or delirium.
[ ] True – transport Patient/Family Choice [ ] False

Patient has a Glasgow Coma Score 13 or less.
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations or wounds inflicted by others.
[ ] True – transport Patient/Family Choice [ ] False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.	[ ] True – transport Patient/Family Choice	[ ] False
Systolic Blood Pressure outside range of 100-180.	[ ] True – transport Patient/Family Choice	[ ] False
Diastolic Blood Pressure greater than 120.	[ ] True – transport Patient/Family Choice	[ ] False
Respiratory Rate outside range of 12-30.	[ ] True – transport Patient/Family Choice	[ ] False

Pediatrics:

Vital signs inappropriate for children (Policy 530.32)	[ ] True – transport Patient/Family Choice	[ ] False

Patient is febrile to palpation/measurement.
[ ] True – transport Patient/Family Choice [ ] False

Is patient under the influence of alcohol or drugs?
[ ] Yes [ ] No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?
[ ] True – transport Patient/Family Choice [ ] False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

YOUTH CRISIS STABILIZATION CENTER
Scope of Work

ORGANIZATION:	Exodus Recovery, Inc.
ADDRESS:	9808 Venice Boulevard, Suite 700, Culver City, CA 90232
SITE ADDRESS:	4411 E. Kings Canyon Road, Fresno, CA, 93702 (Bldg 319)
SERVICES:	**Youth Crisis Stabilization Services**
PROJECT DIRECTOR: Phone Number:	Luana Murphy, MBA, President/CEO (559) 453-6271
CONTRACT PERIOD:	July 1, 2022 – June 30, 2025, with two (2) twelve (12) month renewal options

SCHEDULE/LOCATION OF SERVICES:

CONTRACTOR shall operate the Youth Crisis Stabilization Center (Youth CSC) twenty-four (24) hours per day, seven (7) days per week. The Youth CSC shall be located at the Kings Canyon Campus at 4411 E. Kings Canyon Road, Fresno, California 93702 (Building 319), a COUNTY-owned building, pursuant to a separate lease agreement (and any related amendments) between COUNTY and Exodus Foundation, Inc., an affiliate of CONTRACTOR. At some point during the contract term when construction is complete, the Adult CSC will be relocated to the COUNTY's Heritage Campus at the intersection of Shields Avenue and Millbrook Avenue.

TARGET POPULATION:

The target population will include children and youth, up to 18 years of age, from Fresno County, who are exhibiting acute psychiatric symptoms and have either been placed on a Welfare and Institutions Code (W&IC) 5150 designation or who request admittance to the Youth CSC on a voluntary status.

CONTRACTOR will provide crisis stabilization services to children and youth with a maximum capacity of sixteen (16) beds at any given time. CONTRACTOR may also be in the process of assessing or evaluating additional youth, as necessary. At times throughout the contract term, COUNTY DBH may request the increase of beds for capacity needs (e.g., with increase in acuity and census due to the Covid-19 pandemic). The maximum capacity will also potentially be modified due to the unknown capacity of the new 24-7 facility at the Heritage Centre. The updated maximum capacity will be made upon written agreement between COUNTY and CONTRACTOR.

CONTRACTOR will accept voluntary or involuntarily admitted individuals regardless of source of payment; youth may include Medi-Cal beneficiaries, or privately insured and indigent/uninsured who are referred by the COUNTY's Department of Behavioral Health (DBH), a contracted provider with COUNTY DBH, a hospital emergency department, law enforcement, or Emergency Medical Services (EMS). Youth may also be referred by family or self-referred. The Youth CSC will also serve foster children and youth who reside in Fresno County and remain under the original jurisdiction of another county.

These services shall be performed pursuant to W&IC, sections 5704.5(b), 5704.6(c), and 5614(b)(3) and program principles and the array of treatment options required under W&IC, sections 5600.2 to 5600.9 inclusive.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the child health component of Medicaid. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits and that States must cover a broad array of preventive and treatment services to include crisis stabilization. The requirement is to maintain its funding for children's services at a level equal to or more than the proportion expended for children's program services in FY 83-84.

PROJECT DESCRIPTION:

CONTRACTOR shall be responsible to comply with the requirements of the Fresno County Mental Health Plan (FCMHP) and must complete and submit supporting clinical and any other such documentation as may be required by the COUNTY for every youth served in the Youth CSC. The FCMHP will perform a utilization review of all admissions to determine that the documentation demonstrates that medical necessity criteria as defined by the California Department of Health Care Services (DHCS) was met for each duration of the crisis stabilization services claimed for reimbursement.

CONTRACTOR shall be responsible to enter all Individual Service Information, admission data and billing information into the COUNTY data system (AVATAR) and will be responsible for any and all audit exceptions pertaining to the delivery of services.

CONTRACTOR'S RESPONSIBILITIES:

A. CONTRACTOR shall ensure that the Youth CSC provides the following services:

1. Management and alleviation of a youth's acute psychiatric symptoms through effective therapeutic interventions and supportive services to avoid the need for a higher level of psychiatric care when clinically appropriate.

2. A recovery/strength based clinical program which has appropriate professional staffing on a twenty-four (24) hour, seven (7) day a week basis.

3. A safe, secure environment for youth that encourages wellness and recovery.

4. A comprehensive multi-disciplinary evaluation and individual-centered treatment plan.

5. Dietary services through the availability of nourishment or snacks in accordance with Title 22, Division 5, Chapter 9, Article 3, Section 77077.

6. Admission procedures for youth, who are not on involuntary holds in accordance with W&IC 5150 and also individuals placed on W&IC 5150 involuntary holds.

7. Crisis consultation services to rural service providers (e.g., emergency departments, etc.) that may not have timely access to the centrally located crisis stabilization facilities and may require consultation to support an individual's care planning and/or mitigate unnecessary long transports of youth to the Youth CSC from remote areas. Crisis consultation may occur via teleconference, tele-behavioral health (i.e., utilization of video and computer equipment), and/or other method presented by CONTRACTOR and deemed acceptable by the COUNTY.

8. Treatment Planning – Under the clinical direction of the mental health clinician, the multi-disciplinary treatment team formed by the Youth Crisis Stabilization staff shall provide the following services:

    a. Mental Status Examination
    b. Medical Evaluation
    c. Full Clinical Assessment
    d. Nursing Assessment
    e. Multi-Disciplinary Milieu Treatment Program
    f. Youth Centered Treatment Planning
    g. Aftercare Planning and Wellness Recovery Action Plan (WRAP)

9. Staffing

    a. The staffing pattern for the crisis stabilization program shall meet all current State licensing and regulatory requirements including medical staff standards, nursing staff standards, social work and rehabilitation staff requirements pursuant to Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 of the California Code of Regulations (CCR) for Crisis Stabilization services. All staff requiring federal/state licensure or certification will be required to be licensed or certified in the State of California and be in good standing with the state licensing or certification board. CONTRACTOR shall remain up-to-date with all

current regulatory changes and adhere to all new and/or modified requirements.

b. All facility staff who provide direct care or perform coding/billing functions must meet the requirements of the FCMHP Compliance Program. This includes the screening for excluded persons and entities by accessing or querying the applicable licensing board(s), the National Practitioner Data Bank (NPDB), Office of Inspector General's List of Excluded Individuals/Entities (LEIE), Excluded Parties List System (EPLS) and Medi-Cal Suspended and Ineligible List prior to hire and annually thereafter. In addition, all licensed, registered, waivered staff must complete a FCMHP Provider Application and be credentialed by the FCMHP's Credentialing Committee. All of CONTRACTOR's staff who will have direct contact with the youth, shall have Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and Sheriff fingerprinting (Livescan) executed.

c. Peer and/or family support staff will be an active and key member of the multi-disciplinary team to assist with treatment planning, mentoring, support and advocate with youth/families during their time at the Youth CSC facility and will assist with discharge planning and facilitate the individual's transition to the appropriate lower level of care.

d. At the time of execution of this Agreement, the staffing requirements defined by the CCR, Title 9, Section 1840.348 for the Youth CSC are as follows:

(a) A physician shall be on call at all times for the provision of those Crisis Stabilization Services that may only be provided by a physician.

(b) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times beneficiaries are present.

(c) At a minimum there shall be a ratio of at least one (1) licensed mental health or waivered/registered professional on site for each four (4) beneficiaries or other individuals receiving Crisis Stabilization at any given time.

(d) If the youth is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.

(e) Other persons may be utilized by the program, according to need.

(f) If Crisis Stabilization services are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from persons providing other services.

(g) Persons included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

e. CONTRACTOR shall submit daily staffing reports that identify all direct service and support staff by first and last name, applicable licensure/certifications, full time hours worked, and the licensed/waivered/registered mental health professionals to youth ratio.

10. Medical Records

    a. CONTRACTOR shall maintain records in accordance with Exhibit E, "Documentation Standards for Individual Medical Records." During site visits, COUNTY shall be allowed to review records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives.

    b. CONTRACTOR will be responsible for "release of information" requests for the Youth CSC facility and shall adhere to applicable federal and state regulations.

    c. CONTRACTOR can develop and implement a medical records system which meets all State and Federal requirement and clearly documents medical necessity for both treatment and billing services. Medical records shall be kept in such a manner as to comply with the Fresno County Quality Improvement standards and Federal and State quality standards. COUNTY has an electronic medical record system. CONTRACTOR may elect to utilize and participate with the COUNTY's electronic health record system if they do not have their own system in place. It is anticipated that CONTRACTOR shall be utilizing an electronic medical records system by the end of this contract term.

11. Clinical Staff – CONTRACTOR's clinical staff shall be composed of all licensed mental health or waivered/registered professionals as included in CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 (Crisis Stabilization Staffing Requirements).

12. Medical Staff – The medical staff shall include a physician and a registered nurse, psychiatric technician or licensed vocational nurse and any other type of licensed professional needed to address youth needs pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.348 (Crisis Stabilization Staffing Requirements).

13. Pharmaceutical Services – CONTRACTOR shall provide for medication services on an as needed basis and the staffing must reflect this availability pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.338 (Crisis Stabilization Contact and Site Requirements) and all other applicable federal/state regulations. The administration of a psychotropic medication(s) to children and youth in the Foster Care System will adhere to federal/state regulations, the requirements of pharmaceutical vendors and the coordination with the Department of Social Services-Child Welfare as it relates to the completion of forms, provision of information, etc.

14. Assessment of Physical Health and Medical Backup Services – Pursuant to CCR, Title 9, Division 1, Chapter 11, Article 3, Section 1840.338 (Crisis Stabilization Contact and Site Requirements), CONTRACTOR shall provide admission history and physical examination, and maintain a written agreement for medical services with one or more general acute care hospitals.

15. Utilization Review, Billing and Cost Report:

    a. CONTRACTOR shall notify the COUNTY of any admission of a COUNTY youth within twenty-four (24) hours or the next business day in a manner approved by the COUNTY. The notification method shall be approved by the COUNTY.

    b. CONTRACTOR shall be responsible to ensure that documentation in the individual's medical record meets medical necessity criteria for the hours of service submitted to COUNTY for reimbursement by federal intermediaries, third-party payers and other responsible parties.

    c. CONTRACTOR shall enter all mental health data and billing information into the COUNTY's electronic information system and will be responsible for any and all audit exceptions pertaining to the delivery of services.

    d. CONTRACTOR shall submit a complete and accurate DHCS Short/Doyle Medi-Cal Cost Report for each fiscal year ending June 30th affected by the proposed agreement within 120 days following the end of each fiscal year.

    e. CONTRACTOR shall ensure that cost reports are prepared in accordance with General Accepted Accounting Principles (GAAP) and the standards set forth by the DHCS and the COUNTY.

16. Patients' Rights and Certification Review Hearings:

    a. CONTRACTOR shall adopt and post in a conspicuous place a written policy on individual's rights in accordance with section 70707 of Title 22 of the CCR and section 5325.1 of the W&IC and Title 42 Code of Federal Regulations section 438.100.

b. CONTRACTOR shall allow access to COUNTY youth by the Patients' Rights Advocate designated by the COUNTY.

17. Family Advocate - CONTRACTOR shall promote and allow individual access to the Family Advocacy Services representative (Family Advocate) who is contracted by the COUNTY to advocate and assist individuals, families and support systems who are seeking or receiving mental health services.

18. Grievances and Incident Reports

    CONTRACTOR shall have all grievance forms readily available at the Youth CSC facility.

    CONTRACTOR shall log all grievances and the disposition of all grievances received from a youth or their family in accordance with FCMHP policies and procedures as indicated herein. CONTRACTOR shall provide a summary of the grievance log entries concerning COUNTY-sponsored individuals to the DBH Director, or designee, at monthly intervals, by the fifteenth (15th) day of the following month, in a format that is mutually agreed upon. CONTRACTOR shall post signs, provided by the COUNTY, informing youth of their right to file a grievance and appeal.

    CONTRACTOR shall notify COUNTY of all incidents or unusual occurrences reportable to state licensing bodies that affect COUNTY individuals within twenty-four (24) hours. CONTRACTOR shall use the Incident Reporting system as indicated herein within Exhibit I for such reporting.

    Within fifteen (15) days after each grievance or incident affecting COUNTY-sponsored youth, CONTRACTOR shall provide County with the complaint and CONTRACTOR's disposition of, or corrective action taken to resolve the complaint or incident.

    Within fifteen (15) days after CONTRACTOR submits a corrective action plan to a California State licensing and/or accrediting body concerning any sentinel event, as the term is defined by the licensing or accrediting agency, and within fifteen (15) days after CONTRACTOR receives a corrective action order from a California State licensing and/or accrediting body to address a sentinel event, CONTRACTOR shall provide a summary of such plans and orders to COUNTY.

19. Provide a safe and secure environment to provide for clinical and medical assessment, diagnostic formulation, crisis intervention, medication management, and clinical treatment for individuals with acute psychiatric symptoms. This includes the manner in which seclusion and restraint will be administered when necessary for the safety of the youth, other youth in the program, and staff.

20. Provide the appropriate type and level of staffing to provide for a clinically effective program design that adheres to State staffing requirements.

21. Provide staff training in the areas of non-violent crisis intervention, evidence-based practice, best practice, or promising practices to ensure staff are competent and proficient in the therapeutic interventions and practices in serving youth accessing the Youth CSC.

22. CONTRACTOR shall utilize cost containment strategies for the provision of stock and prescription medications to individuals(i.e., by contracting with a pharmaceutical benefits management company) and provide the COUNTY with the type of formulary utilized by the program as well as information regarding co-pays and/or generic substitutions.

23. Provide an intensive treatment program which has individualized treatment plans.

24. Stabilize the youth's acute psychiatric symptoms in the most expedient manner possible while adhering to appropriate clinical care standards. This may include initiating a Treatment Authorization Request (TAR) to the pharmacy and providing justification when psychotropic medications are needed on an emergency basis.

25. Effectively partner with other programs in the COUNTY and community system (i.e., law enforcement, local emergency departments, etc.) in accepting COUNTY youth for admission for crisis stabilization services.

26. Effectively partner with rural services providers (i.e., emergency departments, etc.) to provide crisis stabilization services via teleconference, tele-behavioral health (i.e., utilization of video and computer equipment), and/or other method deemed acceptable by COUNTY.

27. Work collaboratively with the COUNTY and community resources in discharge planning to ensure appropriate referral and direct linkage to ongoing outpatient specialty mental health treatment services, substance use disorder treatment services, etc. are provided. Discharge planning would also include working collaboratively with out-of-county Mental Health Plans to ensure youth in foster care who reside within Fresno County are linked to appropriate ongoing specialty mental health services, substance use disorder treatment services, etc. as appropriate.

28. Identify youth with frequent admissions during the fiscal year and develop strategies with other COUNTY and community agencies to reduce readmissions and improve an individual's overall well-being through coordination of care.

29. Effectively interact with community agencies, other mental health programs and providers, natural support systems, and families to assist clients to be discharged to the appropriate level of care.

30. Integrate mental health and substance use disorder services. The CONTRACTOR shall perform the following:

    a. Develop a formal written Continuous Quality Improvement CQI action plan to identify measurable objectives toward the achievement of co-occurring disorders (COD) treatment capability that will be addressed by the program during the contract period. These objectives should be achievable and realistic for the program, based on a self-assessment and the program priorities, but need to include attention to making progress on the following issues, at minimum:

        1. Welcoming policies, practices, and procedures related to the engagement of individuals with co-occurring issues and disorders;

        2. Removal or reduction of access barriers to admission based on co-occurring diagnosis or medication;

        3. Improvement in routine integrated screening, and identification in the data system of how many individuals served have co-occurring issues;

        4. Developing the goal of basic co-occurring competency for all treatment and support staff, regardless of licensure or certification; and

        5. Documentation of coordination of care with collaborative mental health and/or substance use disorder providers for each youth.

B. Regarding cultural and linguistic competence requirements, CONTRACTOR shall:

1. Ensure compliance with Title 6 of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and Executive Order 12250 of 1979 which prohibits recipients of federal financial assistance from discriminating against persons based on race, color, national origin, sex, disability or religion. This is interpreted to mean that a limited English proficient (LEP) individual is entitled to equal access and participation in federally funded programs through the provision of comprehensive and quality bilingual services.

2. Create and maintain policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all LEP youth, including, but not limited to, assessing the cultural and linguistic needs of its youth, training of staff on the policies and procedures, and monitoring its language assistance program. CONTRACTOR's

procedures must include ensuring compliance of any subcontracted providers with these requirements.

3. Ensure that minors shall not be used as interpreters.

4. Conduct and submit to COUNTY an annual cultural and linguistic needs assessment to promote the provision and utilization of appropriate services for its diverse population. The needs assessment report shall include findings and a plan outlining the proposed services to be improved or implemented as a result of the assessment findings, with special attention to addressing cultural and linguistic barriers and reducing racial, ethnic, language, abilities, gender, and age disparities.

5. Develop internal systems to meet the cultural and linguistic needs of the CONTRACTOR's census including the incorporation of cultural competency in the CONTRACTOR's mission; establishing and maintaining a process to evaluate and determine the need for special - administrative, clinical, welcoming, billing, etc. - initiatives related to cultural competency.

6. Develop recruitment and retention initiatives to establish contracted program staffing that is reflective and responsive to the needs of the program and target population.

7. Establish designated staff person to coordinate and facilitate the integration of cultural competency guidelines and attend COUNTY's DBH Cultural Diversity Committee scheduled meetings. The designated person will provide an array of communication tools to distribute information to staff relating to cultural competency issues.

8. Keep abreast of evidence-based and best practices in cultural competency in mental health care and treatment to ensure that the CONTRACTOR maintains current information and an external perspective in its policies. CONTRACTOR shall evaluate the effectiveness of strategies and programs in improving the health status of cultural-defined populations.

9. Ensure that an assessment of a youth's sexual orientation is included in the bio-psychosocial intake process. CONTRACTOR's staff shall assume that the population served may not be in heterosexual relationships. Sensitivity to gender and sexual orientation must be covered in annual training.

10. Utilize existing community supports, referrals to transgender support groups, etc., when appropriate.

11. Attend annual Cultural Competence, Compliance, Health Insurance Portability and Accountability Act (HIPAA), Billing, and Documentation training provided by COUNTY's DBH.

12. Report its efforts to evaluation cultural and linguistic activities as part of the CONTRACTOR's ongoing quality improvement efforts in the monthly activities report. Reported information may include an individual's complaints and grievances, any resulting actions regarding complaints and grievances, results from persons served satisfaction surveys, and utilization and other clinical data that may reveal health disparities as a result of cultural and linguistic barriers.

C. Regarding direct admissions to the YOUTH CSC from COUNTY's DBH programs or its contracted providers, CONTRACTOR agrees to the following:

1. To allow direct admits from COUNTY's DBH programs or its contracted providers when Youth CSC has the capacity to accept youth for services.

2. Said direct admits shall not require medical clearance, if youth would otherwise meet the Central California Emergency Medical Services Agency 5150 Destination Policy requirements as mentioned herein below in Subsection G. However, in the event a referred youth is known to possess a contagious medical condition, said youth shall be medically cleared by a local hospital prior to admission to the Youth CSC operated by CONTRACTOR.

D. Regarding the provision of court testimony related to Youth CSC persons served, CONTRACTOR agrees to the following:

CONTRACTOR's staff shall provide court testimony relevant to Youth CSC persons served, when required.

E. Regarding placements of Youth in a Psychiatric Health Facility or other inpatient level of care:

CONTRACTOR's staff shall locate and coordinate transfer for any youth being treated at the Youth CSC who is in need of further services and placement into a psychiatric health facility (PHF) or other appropriate acute psychiatric inpatient facility. This includes working collaboratively with the staff of the Youth PHF Subcontracted Provider to coordinate the transfer of youth ages 12 to 17 to their Youth Psychiatric Health Facility. CONTRACTOR acknowledges that transfer of youth may occur at all hours of the day and agrees to attend promptly to the needs of the youth and will conduct the transfer as soon as feasibly possible.

F. Regarding the placement of a youth at another designated facility:

1. CONTRACTOR shall notify COUNTY DBH when a youth will remain at the CSC for a period in excess of 24 hours, while awaiting placement and/or

transportation. COUNTY's Patients' Rights Advocate will be included in this notification

2. CONTRACTOR shall provide the following services to youth who remain at the CSC for a period in excess of 24 hours and who are awaiting placement and/or transportation:

   a. Three meal periods and three snack times per 24 hours
   b. Daily encouragement and support with activities of daily living i.e. showering, washing of clothes, teeth brushing, hair combing etc.
   c. Daily psychiatric evaluation by both the provider and licensed nursing staff to evaluate/determine the youth's most appropriate level of care
   d. Daily medication evaluation, administration and education
   e. Daily group activities (e.g., 12-Step Meetings, WRAP, Goals Group, etc.)
   f. Daily one-on-one peer support provided by designated Peer Advocate
   g. Daily activities such as meditation, art, entertainment and outdoor activities provided in the outside courtyard
   h. Daily education in relation to mental health diagnosis, treatments, and community resources

G. Regarding the Central California Emergency Medical Services Agency (CCEMSA) 5150 Destination Policy, CONTRACTOR agrees to the following:

   CONTRACTOR agrees to follow the then-current Central California Emergency Medical Services Agency 5150 Destination Policy #547 as identified in Attachment A, attached hereto and incorporated herein. Said policy may be updated periodically throughout the term of this Agreement; CONTRACTOR must adhere to the most recent policies designated by the CCEMSA 5150 Destination Policy.

H. CONTRACTOR shall participate in the following meetings:

   1. CONTRACTOR shall participate in periodic workgroup meetings scheduled by staff from COUNTY's DBH Mental Health Contracted Services Division. The meetings shall be held monthly, or as needed, to discuss contract requirements, data reporting, outcomes measurement, training, policies and procedures, and overall program operations.

   2. CONTRACTOR's administrative level agency representative, who is duly authorized to act on behalf of CONTRACTOR, shall attend regularly scheduled monthly Behavioral Health Board meetings and its Children's Services Committee.

   3. CONTRACTOR shall attend quarterly or periodic DBH Contractor/Provider Meetings, as scheduled by staff from COUNTY's Mental Health Contracted

Services Division, when deemed necessary by the DBH Director, or designee.

4. CONTRACTOR may also be asked to make presentations in the community about the program and services that are available

I. Regarding the development of policies and protocols:

CONTRACTOR and COUNTY's DBH shall collaborate on the development of specific policies and protocols related to the daily operation of the Youth CSC. Such policies will include, but not be limited to, the following: placement of youth in psychiatric health facilities or other inpatient programs either locally or outside the county, facility limitations, and special populations. Such policies and protocols shall be mutually agreed upon between CONTRACTOR and COUNTY's DBH Director, or designee. Any changes to such policies and protocols shall be mutually agreed upon between CONTRACTOR and COUNTY's DBH Director, or designee.

PROGRAM OUTCOMES

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or at the risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Five (5) Work Plans will be utilized to support DBH's mission statement. The work plans were developed as a concept of a Transformation Plan that would encompass system planning, implementation and oversight to be reflective of a comprehensive system of care. These work plans are provided below and represent program goals to be achieved by CONTRACTOR in addition to CONTRACTOR-developed outcomes. DBH may adjust the outcome measurements needed under this program periodically, so as to best measure the success of the youth and the program as determined by the County.

CONTRACTOR will utilize a computerized tracking system with which outcome measures and other relevant consumer data, such as demographics, will be maintained.

1. **Behavioral Health Integrated Access** – timeliness between referral to admission, admission to treatment, and treatment to discharge; penetration rate; effectiveness of discharge planning as demonstrated by referral and linkage to other DBH programs, community providers, and other community resources; and services that provide screening and access to ensure youth are linked to the services they need, including mental health substance use disorders and physical health services.

2. **Wellness, Recovery, and Resiliency Supports** – collaborative approach to treatment strategies to reduce readmission of consumers with frequent admissions to the facility; effectiveness of services as demonstrated by the number of consumers who are able to be discharged to the community and avoid inpatient hospitalization; measurement of recidivism rates, including measuring percentage of recidivism within thirty (30) days. State the Evidence Based Practices (EBP) that shall be used.

3. **Cultural/Community Defined Practices** – services or philosophical practices which support the unique cultural-specific needs of individuals receiving care. Focus on behavioral health practices which reflect the unique needs of various cultures and communities who reside within Fresno County.

4. **Behavioral Health Clinical Care** – services where direct therapeutic treatment is provided. Include the framework of "Levels of Care" where the youth's needs, as identified through assessment/screening, are matched with a complexity and intensity of services meets those needs.

5. **Infrastructure Supports** – includes all personnel, equipment, programs, and facilities which exist to support the delivery of care to the youth served. Includes safety, quality improvement and regulatory compliance functions, along with outcome assessment/program evaluation, training, and technology.

6. Denial rate for Crisis Stabilization billing will be decreased by five percent (5%) within the first six (6) months, based on previous program denial rates. Rates will be determined by the utilization review performed by FCMHP.

COUNTY RESPONSIBILITIES:

COUNTY shall:

1. Perform a utilization review, annually at a minimum, (through its FCMHP) of ten percent (10%) of all admissions to determine that the documentation demonstrates that medical necessity criteria as defined by the DHCS were met throughout the duration of the crisis stabilization episode. The FCMHP will maintain discretion regarding possible subsequent utilization review beyond ten percent (10%), as necessary.

2. Provide oversight of the CONTRACTOR's Youth CSC program. In addition to contract monitoring of program(s), oversight includes, but is not limited to, coordination with the DHCS in regard to program administration and outcomes.

3. Assist the CONTRACTOR in making linkages to the appropriate level of care within the behavioral health system of care to ensure continuity of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.

4. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the CONTRACTOR staff and will be available to the CONTRACTOR for ongoing consultation.

5. Receive and analyze statistical outcome data from CONTRACTOR throughout the term of contract on a monthly basis. DBH will notify the CONTRACTOR when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, youth and staff interviews, chart reviews, and other methods of obtaining required information.

6. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the CONTRACTOR's efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to CONTRACTOR:

   A. Mandatory cultural competency training including sexual orientation and sensitivity training for CONTRACTOR personnel, at minimum once per year. COUNTY will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.

   B. Assistance to CONTRACTOR in locating appropriate providers who can translate behavioral health and substance abuse services information into COUNTY's threshold languages (English, Spanish, and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547 Page 1 of 9
Subject	Patient Destination	
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	Patient's Choice within Madera County	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	Patient/Family Choice within Madera County	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency	Revision **3/14/2022**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.

3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.

4. Closest Appropriate Hospital

   a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).

   b. Closest is defined as the shortest travel time not necessarily the closest by distance.

   c. The Base Hospital Physician will have the ultimate authority for patient destination.

   d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":

      1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:

         a) Adventist Health Hanford (AH-H)
         b) Adventist Health Tulare (AH-T)
         c) Clovis Community Medical Center (CCMC)
         d) Kaiser Permanente Hospital (KPH)
         e) Kaweah Health Medical Center (KHMC)
         f) Madera Community Hospital (MCH)
         g) Regional Medical Center (RMC)
         h) Saint Agnes Medical Center (SAMC)
         i) Sierra View District Hospital (SVDH)
         j) Valley Children's Hospital (VCH)

      2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:

         a) Adventist Health Reedley (AH-R)
         b) Adventist Health Selma (AH-S)
         c) Coalinga Regional Medical Center (CRMC)

5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

a. Interpretation of 12-lead ECG; or
b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.

b. Any patient with CPR in progress.

c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:

- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
- No alteration in mental status due to dementia or delirium.
- Glasgow Coma Score 14 or 15.
- Complete vital signs within limits (HR, RR, BP and GCS).
- Not febrile to palpation/measurement.
- Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

a) Pulse: 50-120 bpm
b) Systolic Blood Pressure: 100-180 mm Hg
c) Diastolic Blood Pressure: less than 120 mm Hg
d) Respiratory Rate: 12-30

2) Pediatrics:

a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more that once daily dry gauze and tape dressing.

b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.

c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.

d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.

e. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.

f. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.

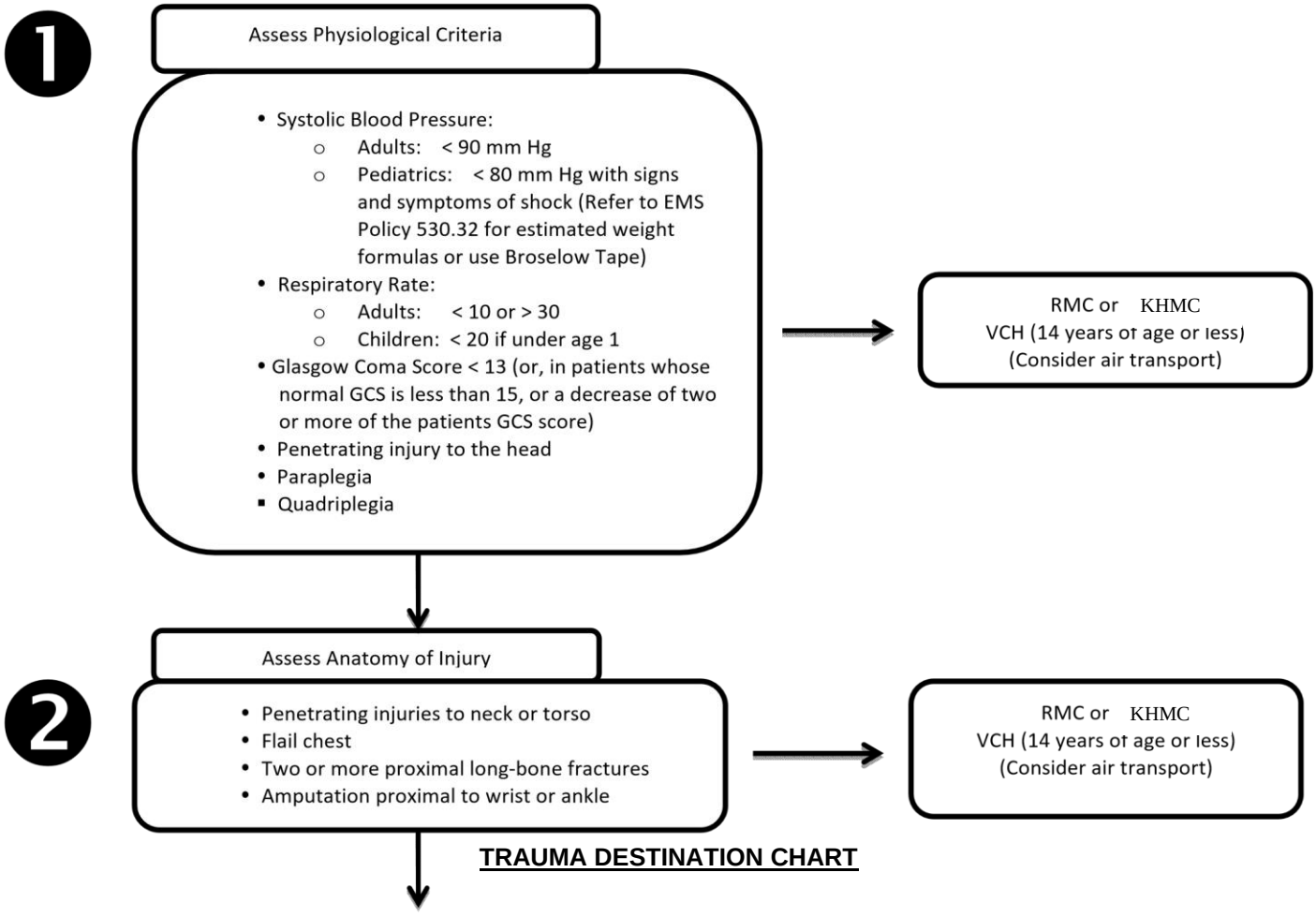
2. Patients that cannot be transported directly to the Veteran's Administration are:

- Cardiac arrest due to trauma
- Pediatric cardiac arrest
- Trauma Center Triage Criteria
- OB patient in active labor
- Gynecological complaints and known obvious pregnancy with vaginal bleeding
- ST-segment elevation myocardial infarction (STEMI)

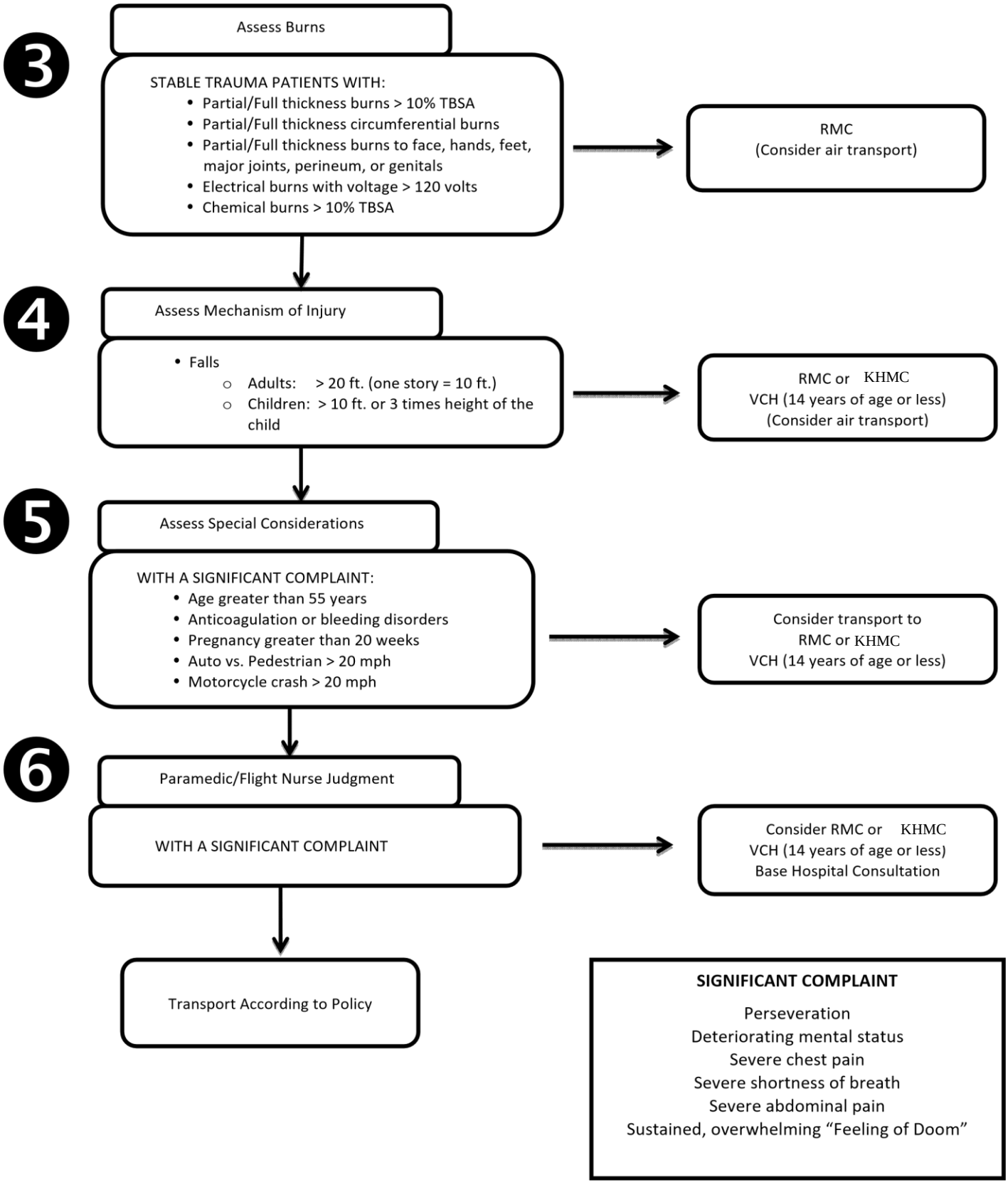
NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closet facility in accordance with the following chart:



TRAUMA DESTINATION CHART


3
Assess Burns
STABLE TRAUMA PATIENTS WITH:
• Partial/Full thickness burns > 10% TBSA
• Partial/Full thickness circumferential burns
• Partial/Full thickness burns to face, hands, feet, major joints, perineum, or genitals
• Electrical burns with voltage > 120 volts
• Chemical burns > 10% TBSA
RMC
(Consider air transport)
4
Assess Mechanism of Injury
• Falls
○ Adults: > 20 ft. (one story = 10 ft.)
○ Children: > 10 ft. or 3 times height of the child
RMC or KHMC
VCH (14 years of age or less)
(Consider air transport)
5
Assess Special Considerations
WITH A SIGNIFICANT COMPLAINT:
• Age greater than 55 years
• Anticoagulation or bleeding disorders
• Pregnancy greater than 20 weeks
• Auto vs. Pedestrian > 20 mph
• Motorcycle crash > 20 mph
Consider transport to
RMC or KHMC
VCH (14 years of age or less)
6
Paramedic/Flight Nurse Judgment
WITH A SIGNIFICANT COMPLAINT
Consider RMC or KHMC
VCH (14 years of age or less)
Base Hospital Consultation
Transport According to Policy
SIGNIFICANT COMPLAINT
Perseveration
Deteriorating mental status
Severe chest pain
Severe shortness of breath
Severe abdominal pain
Sustained, overwhelming “Feeling of Doom”

NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).

2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.

3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:

   a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
   b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

   A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

   The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

   a. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns that are more than 10% total body surface area
   b. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) circumferential burns of any body part
   c. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
   d. Electrical burns with voltage greater than 120 volts
   e. Patients with chemical burns greater than 10% total body surface area.

6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).

7. Trauma patients who go directly to the closest appropriate receiving hospital:

   a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.

   b. Any patient with CPR in progress (refer to EMS Policy #550).

   c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as “Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a “Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, “ALS Interfacility Transports”.

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ EMS #: _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.
[ ] True – transport Patient/Family Choice [ ] False

Patient has alteration in mental status due to dementia or delirium.
[ ] True – transport Patient/Family Choice [ ] False

Patient has a Glasgow Coma Score 13 or less.
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations or wounds inflicted by others.
[ ] True – transport Patient/Family Choice [ ] False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.	[ ] True – transport Patient/Family Choice	[ ] False
Systolic Blood Pressure outside range of 100-180.	[ ] True – transport Patient/Family Choice	[ ] False
Diastolic Blood Pressure greater than 120.	[ ] True – transport Patient/Family Choice	[ ] False
Respiratory Rate outside range of 12-30.	[ ] True – transport Patient/Family Choice	[ ] False

Pediatrics:

Vital signs inappropriate for children (Policy 530.32)	[ ] True – transport Patient/Family Choice	[ ] False

Patient is febrile to palpation/measurement.
[ ] True – transport Patient/Family Choice [ ] False

Is patient under the influence of alcohol or drugs?
[ ] Yes [ ] No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?
[ ] True – transport Patient/Family Choice [ ] False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

DBH GOALS:

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

GUIDING PRINCIPLES OF CARE DELIVERY:

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Principle One - Timely Access & Integrated Services

    - Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
    - Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
    - Barriers to access and treatment are identified and addressed
    - Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

    - Positive change occurs within the context of genuine trusting relationships
    - Individuals, families, and communities are resourceful and resilient in the way they solve problems
    - Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

    - Self-determination and self-direction are the foundations for recovery
    - Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
    - Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
    - Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

    - The person served identifies and defines family and other natural supports to be included in care
    - Individuals and families speak for themselves
    - Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
    - Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

    - Services are effective, resulting in a noticeable change in daily life that is measurable.
    - Clinical practice is informed by best available research evidence, best clinical expertise, and values and preferences of those we serve
    - Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

   - Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
   - Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
   - Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

   - The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
   - Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
   - Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

   - Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
   - Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

   - Interventions are motivation-based and adapted to the person's stage of change
   - Progression though stages of change are supported through positive working relationships and alliances that are motivating
   - Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse though a harm reduction approach
   - Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

    - Individual and program outcomes are collected and evaluated for quality and efficacy
    - Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
    - Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

    - The rights of all people are respected
    - Behavioral health is recognized as integral to individual and community well-being
    - Promotion of health and wellness is interwoven throughout all aspects of DBH services
    - Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
    - Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
    - The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.71	$ 109,687		$ 109,687
1102	Assistant Program Director	0.71	91,418		91,418
1103	Admin Clerk	0.14	6,084		6,084
1104	Health Information Specialist	2.13	104,956		104,956
1105	Health Information Specialist (Supervisor)	0.36	21,295		21,295
1106	Program Support Assistant	0.78	33,464		33,464
1107	Quality Improvement Director	0.71	74,534		74,534
1108	Senior Data Specialist	0.71	27,380		27,380
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**6.25**	**$ 468,818**		**$ 468,818**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	1.19		$ 38,104	$ 38,104
1117	Discharge Planner	0.14		8,214	8,214
1118	Social Services Coordinator	2.70		219,024	219,024
1119	Program Nurse (LVN/LPTN)	15.98		1,842,209	1,842,209
1120	Program Nurse (RN)	11.93		2,031,587	2,031,587
1121	Mental Health Worker	19.88		1,433,184	1,433,184
1122	Clinical Services Supervisor	0.71		63,900	63,900
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**52.53**		**$ 5,636,222**	**$ 5,636,222**
			Admin	**Program**	**Total**
	Direct Personnel Salaries Subtotal	**58.78**	**$ 468,818**	**$ 5,636,222**	**$ 6,105,040**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 61,778		$ 61,778
1202	Worker's Compensation	247,114	-	247,114
1203	Health Insurance	444,805	-	444,805
1204	Admin Fee	61,778	-	61,778
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 815,475**	**$ -**	**$ 815,475**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 383,026	$ -	$ 383,026
1302	FICA/MEDICARE	383,026	-	383,026
1303	SUI	210,046	-	210,046
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 976,098**	**$ -**	**$ 976,098**
	DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**Admin**	**Program**	**Total**
		$ 2,260,391	**$ 5,636,222**	**$ 7,896,613**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	29%	71%

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	4,851
2004	Clothing, Food, & Hygiene	128,513
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	15,946
2009	Program Supplies - Medical	94,656
2010	Utility Vouchers	-
2011	Laundry Service	40,401
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 284,367**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 44,242
3002	Printing/Postage	1,807
3003	Office, Household & Program Supplies	109,346
3004	Advertising	-
3005	Staff Development & Training	24,884
3006	Staff Mileage	5,301
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	2,428
3010	Personnel/Contracted Parking/Parking	2,397,688
3011	Flex Funds	72,418
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 2,658,114**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 36,021
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	53,067
4004	Rent/Lease Vehicles	-
4005	Security	1,406,528
4006	Utilities	40,968
4007	Janitorial	124,130
4008	Business Taxes/License Permits	10,510
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 1,671,224**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	2,788
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 2,788**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	28,430
6003	Accounting/Bookkeeping	710
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Costs	$ 1,880,263
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 1,909,403**

INDIRECT COST RATE	**15.24%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 9,206
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	7,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 16,306**

TOTAL PROGRAM EXPENSES	**$ 14,438,815**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	104,785	170.00	17,813,416
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**104,785**		**$ 17,813,416**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			14,250,733
	Federal Financial Participation (FFP) %		53%	7,567,139
	MEDI-CAL FFP TOTAL			**$ 7,567,139**

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	$ 6,742,659
	REALIGNMENT TOTAL	**$ 6,742,659**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	129,017
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 129,017**

TOTAL PROGRAM FUNDING SOURCES:	**$ 14,438,815**

NET PROGRAM COST:	**$ -**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	100.00

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**7,896,613**	
Administrative Positions			**468,818**	
	1101	Program Director	109,687	Administrative Services 0.71 FTE
	1102	Assistant Program Director	91,418	Administrative Services 0.71 FTE
	1103	Admin Clerk	6,084	Administrative Services 0.14 FTE
	1104	Health Information Specialist	104,956	Administrative Services 2.13 FTE
	1105	Health Information Specialist (Supervisor)	21,295	Administrative Services 0.36 FTE
	1106	Program Support Assistant	33,464	Administrative Services 0.78 FTE
	1107	Quality Improvement Director	74,534	Administrative Services 0.71 FTE
	1108	Senior Data Specialist	27,380	Administrative Services 0.71 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**5,636,222**	
	1116	Peer Advocate	38,104	Direct Services 1.19 FTE
	1117	Discharge Planner	8,214	Direct Services 0.14 FTE
	1118	Social Services Coordinator	219,024	Direct Services 2.70 FTE
	1119	Program Nurse (LVN/LPTN)	1,842,209	Direct Services 15.98 FTE
	1120	Program Nurse (RN)	2,031,587	Direct Services 11.93 FTE
	1121	Mental Health Worker	1,433,184	Direct Services 19.88 FTE
	1122	Clinical Services Supervisor	63,900	Direct Services 0.71 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits				
	1201	Retirement	61,778	
	1202	Worker's Compensation	247,114	
	1203	Health Insurance	444,805	
	1204	Admin Fee	61,778	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**976,098**	
	1301	OASDI	383,026	
	1302	FICA/MEDICARE	383,026	
	1303	SUI	210,046	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**284,367**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	4,851	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	128,513	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	15,946	Client Medication
	2009	Program Supplies - Medical	94,656	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	40,401	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**2,658,114**	
	3001	Telecommunications	44,242	Program Telephone and Internet
	3002	Printing/Postage	1,807	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	109,346	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	24,884	Staff Training Cost
	3006	Staff Mileage	5,301	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	2,428	Legal Fees
	3010	Personnel/Contracted Parking/Parking	2,397,688	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	72,418	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**1,671,224**	
	4001	Building Maintenance	36,021	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	53,067	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	1,406,528	Security Personnel
	4006	Utilities	40,968	Facility Utility
	4007	Janitorial	124,130	Facility Janitorial
	4008	Business Taxes/License Permits	10,510	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**2,788**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	2,788	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**1,909,403**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	28,430	
	6003	Accounting/Bookkeeping	710	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	1,880,263	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**16,306**	
	7001	Computer Equipment & Software	9,206	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	7,100	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	**LINE ITEM**	**PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP**
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**14,438,815**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	14,438,815
BUDGET CHECK:	-

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.71	$ 112,977		$ 112,977
1102	Assistant Program Director	0.71	94,161		94,161
1103	Admin Clerk	0.14	6,267		6,267
1104	Health Information Specialist	2.13	108,105		108,105
1105	Health Information Specialist (Supervisor)	0.36	21,934		21,934
1106	Program Support Assistant	0.78	34,468		34,468
1107	Quality Improvement Director	0.71	76,770		76,770
1108	Senior Data Specialist	0.71	28,201		28,201
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**6.25**	**$ 482,883**		**$ 482,883**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	1.19		$ 39,247	$ 39,247
1117	Discharge Planner	0.14		8,460	8,460
1118	Social Services Coordinator	2.70		225,595	225,595
1119	Program Nurse (LVN/LPTN)	15.98		1,897,475	1,897,475
1120	Program Nurse (RN)	11.93		2,092,534	2,092,534
1121	Mental Health Worker	19.88		1,476,180	1,476,180
1122	Clinical Services Supervisor	0.71		65,817	65,817
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**52.53**		**$ 5,805,308**	**$ 5,805,308**

		Admin	Program	Total
Direct Personnel Salaries Subtotal	**58.78**	**$ 482,883**	**$ 5,805,308**	**$ 6,288,191**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 63,632	$ -	$ 63,632
1202	Worker's Compensation	254,527	-	254,527
1203	Health Insurance	458,149	-	458,149
1204	Admin Fee	63,632	-	63,632
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 839,940**	**$ -**	**$ 839,940**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 394,516	$ -	$ 394,516
1302	FICA/MEDICARE	394,516	-	394,516
1303	SUI	216,348	-	216,348
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 1,005,380**	**$ -**	**$ 1,005,380**

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	Admin	Program	Total
	$ 2,328,203	**$ 5,805,308**	**$ 8,133,511**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	29%	**71%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	4,851
2004	Clothing, Food, & Hygiene	128,513
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	15,946
2009	Program Supplies - Medical	94,656
2010	Utility Vouchers	-
2011	Laundry Service	40,401
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 284,367**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 44,242
3002	Printing/Postage	1,807
3003	Office, Household & Program Supplies	109,346
3004	Advertising	-
3005	Staff Development & Training	24,884
3006	Staff Mileage	5,301
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	2,428
3010	Personnel/Contracted Parking/Parking	2,397,688
3011	Flex Funds	72,418
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 2,658,114**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 36,021
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	53,067
4004	Rent/Lease Vehicles	-
4005	Security	1,406,528
4006	Utilities	40,968
4007	Janitorial	124,130
4008	Business Taxes/License Permits	10,510
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 1,671,224**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	2,788
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 2,788**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	28,430
6003	Accounting/Bookkeeping	710
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Costs	$ 1,915,712
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 1,944,852**

INDIRECT COST RATE	**15.23%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 9,206
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	7,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 16,306**

TOTAL PROGRAM EXPENSES	**$ 14,711,162**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	101,676	170.00	17,285,003
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**101,676**		**$ 17,285,003**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			13,828,002
	Federal Financial Participation (FFP) %		53%	7,342,669
	MEDI-CAL FFP TOTAL			**$ 7,342,669**

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	$ 7,237,043
	REALIGNMENT TOTAL	**$ 7,237,043**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	131,450
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 131,450**

TOTAL PROGRAM FUNDING SOURCES:	**$ 14,711,162**

NET PROGRAM COST:	**$ -**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	
	Adult Crisis Stabilization Center/Fresno	

	Total	**0.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	
	Adult Crisis Stabilization Center/Fresno	
	Total	**0.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**8,133,511**	
Administrative Positions			**482,883**	
	1101	Program Director	112,977	Administrative Services 0.71 FTE
	1102	Assistant Program Director	94,161	Administrative Services 0.71 FTE
	1103	Admin Clerk	6,267	Administrative Services 0.14 FTE
	1104	Health Information Specialist	108,105	Administrative Services 2.13 FTE
	1105	Health Information Specialist (Supervisor)	21,934	Administrative Services 0.36 FTE
	1106	Program Support Assistant	34,468	Administrative Services 0.78 FTE
	1107	Quality Improvement Director	76,770	Administrative Services 0.71 FTE
	1108	Senior Data Specialist	28,201	Administrative Services 0.71 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**5,805,308**	
	1116	Peer Advocate	39,247	Direct Services 1.19 FTE
	1117	Discharge Planner	8,460	Direct Services 0.14 FTE
	1118	Social Services Coordinator	225,595	Direct Services 2.70 FTE
	1119	Program Nurse (LVN/LPTN)	1,897,475	Direct Services 15.98 FTE
	1120	Program Nurse (RN)	2,092,534	Direct Services 11.93 FTE
	1121	Mental Health Worker	1,476,180	Direct Services 19.88 FTE
	1122	Clinical Services Supervisor	65,817	Direct Services 0.71 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**839,940**	
	1201	Retirement	63,632	
	1202	Worker's Compensation	254,527	
	1203	Health Insurance	458,149	
	1204	Admin Fee	63,632	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**1,005,380**	
	1301	OASDI	394,516	
	1302	FICA/MEDICARE	394,516	
	1303	SUI	216,348	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**284,367**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	4,851	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	128,513	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	15,946	Client Medication
	2009	Program Supplies - Medical	94,656	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	40,401	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**2,658,114**	
	3001	Telecommunications	44,242	Program Telephone and Internet
	3002	Printing/Postage	1,807	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	109,346	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	24,884	Staff Training Cost
	3006	Staff Mileage	5,301	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	2,428	Legal Fees
	3010	Personnel/Contracted Parking/Parking	2,397,688	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	72,418	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**1,671,224**	
	4001	Building Maintenance	36,021	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	53,067	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	1,406,528	Security Personnel
	4006	Utilities	40,968	Facility Utility
	4007	Janitorial	124,130	Facility Janitorial
	4008	Business Taxes/License Permits	10,510	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**2,788**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	2,788	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**1,944,852**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	28,430	
	6003	Accounting/Bookkeeping	710	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	1,915,712	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**16,306**	
	7001	Computer Equipment & Software	9,206	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	7,100	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**14,711,162**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	14,711,162
BUDGET CHECK:	-

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.71	$ 116,367		$ 116,367
1102	Assistant Program Director	0.71	96,986		96,986
1103	Admin Clerk	0.14	6,455		6,455
1104	Health Information Specialist	2.13	111,348		111,348
1105	Health Information Specialist (Supervisor)	0.36	22,592		22,592
1106	Program Support Assistant	0.78	35,502		35,502
1107	Quality Improvement Director	0.71	79,073		79,073
1108	Senior Data Specialist	0.71	29,047		29,047
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**6.25**	**$ 497,370**		**$ 497,370**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	1.19		$ 40,424	$ 40,424
1117	Discharge Planner	0.14		8,714	8,714
1118	Social Services Coordinator	2.70		232,363	232,363
1119	Program Nurse (LVN/LPTN)	15.98		1,954,400	1,954,400
1120	Program Nurse (RN)	11.93		2,155,310	2,155,310
1121	Mental Health Worker	19.88		1,520,465	1,520,465
1122	Clinical Services Supervisor	0.71		67,792	67,792
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**52.53**		**$ 5,979,468**	**$ 5,979,468**
			Admin	**Program**	**Total**
	Direct Personnel Salaries Subtotal	**58.78**	**$ 497,370**	**$ 5,979,468**	**$ 6,476,838**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 65,541	$ -	$ 65,541
1202	Worker's Compensation	262,163		262,163
1203	Health Insurance	471,893		471,893
1204	Admin Fee	65,541		65,541
1205	Other (specify)			-
1206	Other (specify)			-
	Direct Employee Benefits Subtotal:	**$ 865,138**	**$ -**	**$ 865,138**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 406,352	$ -	$ 406,352
1302	FICA/MEDICARE	406,352	-	406,352
1303	SUI	222,838	-	222,838
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 1,035,542**	**$ -**	**$ 1,035,542**
	DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**Admin**	**Program**	**Total**
		$ 2,398,050	**$ 5,979,468**	**$ 8,377,518**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	29%	71%

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	4,851
2004	Clothing, Food, & Hygiene	128,513
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	15,946
2009	Program Supplies - Medical	94,656
2010	Utility Vouchers	-
2011	Laundry Service	40,401
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 284,367**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 44,242
3002	Printing/Postage	1,807
3003	Office, Household & Program Supplies	109,346
3004	Advertising	-
3005	Staff Development & Training	24,884
3006	Staff Mileage	5,301
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	2,428
3010	Personnel/Contracted Parking/Parking	2,397,688
3011	Flex Funds	72,418
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 2,658,114**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 36,021
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	53,067
4004	Rent/Lease Vehicles	-
4005	Security	1,406,528
4006	Utilities	40,968
4007	Janitorial	124,130
4008	Business Taxes/License Permits	10,510
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 1,671,224**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	2,788
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 2,788**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	28,430
6003	Accounting/Bookkeeping	710
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Cost	$ 1,952,184
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 1,981,324**

INDIRECT COST RATE	**15.23%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 9,206
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	7,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 16,306**

TOTAL PROGRAM EXPENSES	**$ 14,991,641**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	98,678	170.00	16,775,321
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**98,678**		**$ 16,775,321**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			13,420,257
	Federal Financial Participation (FFP) %		53%	7,126,156
	MEDI-CAL FFP TOTAL			**$ 7,126,156**

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	$ 7,731,533
	REALIGNMENT TOTAL	**$ 7,731,533**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	133,952
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 133,952**

TOTAL PROGRAM FUNDING SOURCES:	**$ 14,991,641**

NET PROGRAM COST:	**$ -**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**8,377,518**	
Administrative Positions			**497,370**	
	1101	Program Director	116,367	Administrative Services 0.71 FTE
	1102	Assistant Program Director	96,986	Administrative Services 0.71 FTE
	1103	Admin Clerk	6,455	Administrative Services 0.14 FTE
	1104	Health Information Specialist	111,348	Administrative Services 2.13 FTE
	1105	Health Information Specialist (Supervisor)	22,592	Administrative Services 0.36 FTE
	1106	Program Support Assistant	35,502	Administrative Services 0.78 FTE
	1107	Quality Improvement Director	79,073	Administrative Services 0.71 FTE
	1108	Senior Data Specialist	29,047	Administrative Services 0.71 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**5,979,468**	
	1116	Peer Advocate	40,424	Direct Services 1.19 FTE
	1117	Discharge Planner	8,714	Direct Services 0.14 FTE
	1118	Social Services Coordinator	232,363	Direct Services 2.70 FTE
	1119	Program Nurse (LVN/LPTN)	1,954,400	Direct Services 15.98 FTE
	1120	Program Nurse (RN)	2,155,310	Direct Services 11.93 FTE
	1121	Mental Health Worker	1,520,465	Direct Services 19.88 FTE
	1122	Clinical Services Supervisor	67,792	Direct Services 0.71 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**865,138**	
	1201	Retirement	65,541	
	1202	Worker's Compensation	262,163	
	1203	Health Insurance	471,893	
	1204	Admin Fee	65,541	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**1,035,542**	
	1301	OASDI	406,352	
	1302	FICA/MEDICARE	406,352	
	1303	SUI	222,838	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**284,367**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	4,851	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	128,513	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	15,946	Client Medication
	2009	Program Supplies - Medical	94,656	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	40,401	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**2,658,114**	
	3001	Telecommunications	44,242	Program Telephone and Internet
	3002	Printing/Postage	1,807	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	109,346	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	24,884	Staff Training Cost
	3006	Staff Mileage	5,301	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	2,428	Legal Fees
	3010	Personnel/Contracted Parking/Parking	2,397,688	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	72,418	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**1,671,224**	
	4001	Building Maintenance	36,021	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	53,067	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	1,406,528	Security Personnel
	4006	Utilities	40,968	Facility Utility
	4007	Janitorial	124,130	Facility Janitorial
	4008	Business Taxes/License Permits	10,510	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**2,788**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	2,788	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**1,981,324**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	28,430	
	6003	Accounting/Bookkeeping	710	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	1,952,184	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**16,306**	
	7001	Computer Equipment & Software	9,206	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	7,100	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
='Budget FY3'!B176			
	ACCT #	**LINE ITEM**	**PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP**
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify): Crisis Stabilization UC		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**14,991,641**	
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	14,991,641	0
BUDGET CHECK:	-	

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.71	$ 119,858		$ 119,858
1102	Assistant Program Director	0.71	99,895		99,895
1103	Admin Clerk	0.14	6,649		6,649
1104	Health Information Specialist	2.13	114,688		114,688
1105	Health Information Specialist (Supervisor)	0.36	23,270		23,270
1106	Program Support Assistant	0.78	36,567		36,567
1107	Quality Improvement Director	0.71	81,445		81,445
1108	Senior Data Specialist	0.71	29,919		29,919
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**6.25**	**$ 512,291**		**$ 512,291**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	1.19		$ 41,637	$ 41,637
1117	Discharge Planner	0.14		8,976	8,976
1118	Social Services Coordinator	2.70		239,333	239,333
1119	Program Nurse (LVN/LPTN)	15.98		2,013,032	2,013,032
1120	Program Nurse (RN)	11.93		2,219,969	2,219,969
1121	Mental Health Worker	19.88		1,566,079	1,566,079
1122	Clinical Services Supervisor	0.71		69,825	69,825
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**52.53**		**$ 6,158,851**	**$ 6,158,851**
			Admin	**Program**	**Total**
	Direct Personnel Salaries Subtotal	**58.78**	**$ 512,291**	**$ 6,158,851**	**$ 6,671,142**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 67,507	$ -	$ 67,507
1202	Worker's Compensation	270,028	-	270,028
1203	Health Insurance	486,050	-	486,050
1204	Admin Fee	67,507	-	67,507
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 891,092**	**$ -**	**$ 891,092**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 418,542	$ -	$ 418,542
1302	FICA/MEDICARE	418,542	-	418,542
1303	SUI	229,523	-	229,523
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 1,066,607**	**$ -**	**$ 1,066,607**
	DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**Admin**	**Program**	**Total**
		$ 2,469,990	**$ 6,158,851**	**$ 8,628,841**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	29%	**71%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	4,851
2004	Clothing, Food, & Hygiene	128,513
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	15,946
2009	Program Supplies - Medical	94,656
2010	Utility Vouchers	-
2011	Other (specify)	40,401
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 284,367**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 44,242
3002	Printing/Postage	1,807
3003	Office, Household & Program Supplies	109,346
3004	Advertising	-
3005	Staff Development & Training	24,884
3006	Staff Mileage	5,301
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	2,428
3010	Personnel/Contracted Parking/Parking	2,397,688
3011	Flex Funds	72,418
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 2,658,114**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 36,021
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	53,067
4004	Rent/Lease Vehicles	-
4005	Security	1,406,528
4006	Utilities	40,968
4007	Janitorial	124,130
4008	Business Taxes/License Permits	10,510
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 1,671,224**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	2,788
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 2,788**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	28,430
6003	Accounting/Bookkeeping	710
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Cost	$ 1,981,322
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 2,010,462**

INDIRECT COST RATE	**15.16%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 9,206
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	7,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 16,306**

TOTAL PROGRAM EXPENSES	**$ 15,272,102**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	95,382	170.00	16,214,953
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**95,382**		**$ 16,214,953**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			12,971,963
	Federal Financial Participation (FFP) %		53%	6,888,112
	MEDI-CAL FFP TOTAL			**$ 6,888,112**

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	$ 8,248,038
	REALIGNMENT TOTAL	**$ 8,248,038**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	135,952
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 135,952**

TOTAL PROGRAM FUNDING SOURCES:	**$ 15,272,102**

NET PROGRAM COST:	**$ -**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**8,628,841**	
Administrative Positions			**512,291**	
	1101	Program Director	119,858	Administrative Services 0.71 FTE
	1102	Assistant Program Director	99,895	Administrative Services 0.71 FTE
	1103	Admin Clerk	6,649	Administrative Services 0.14 FTE
	1104	Health Information Specialist	114,688	Administrative Services 2.13 FTE
	1105	Health Information Specialist (Supervisor)	23,270	Administrative Services 0.36 FTE
	1106	Program Support Assistant	36,567	Administrative Services 0.78 FTE
	1107	Quality Improvement Director	81,445	Administrative Services 0.71 FTE
	1108	Senior Data Specialist	29,919	Administrative Services 0.71 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**6,158,851**	
	1116	Peer Advocate	41,637	Direct Services 1.19 FTE
	1117	Discharge Planner	8,976	Direct Services 0.14 FTE
	1118	Social Services Coordinator	239,333	Direct Services 2.70 FTE
	1119	Program Nurse (LVN/LPTN)	2,013,032	Direct Services 15.98 FTE
	1120	Program Nurse (RN)	2,219,969	Direct Services 11.93 FTE
	1121	Mental Health Worker	1,566,079	Direct Services 19.88 FTE
	1122	Clinical Services Supervisor	69,825	Direct Services 0.71 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**891,092**	
	1201	Retirement	67,507	
	1202	Worker's Compensation	270,028	
	1203	Health Insurance	486,050	
	1204	Admin Fee	67,507	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**1,066,607**	
	1301	OASDI	418,542	
	1302	FICA/MEDICARE	418,542	
	1303	SUI	229,523	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT			**284,367**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	4,851	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	128,513	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	15,946	Client Medication
	2009	Program Supplies - Medical	94,656	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Other (specify)	40,401	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**2,658,114**	
	3001	Telecommunications	44,242	Program Telephone and Internet
	3002	Printing/Postage	1,807	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	109,346	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	24,884	Staff Training Cost
	3006	Staff Mileage	5,301	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	2,428	Legal Fees
	3010	Personnel/Contracted Parking/Parking	2,397,688	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	72,418	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**1,671,224**	
	4001	Building Maintenance	36,021	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	53,067	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	1,406,528	Security Personnel
	4006	Utilities	40,968	Facility Utility
	4007	Janitorial	124,130	Facility Janitorial
	4008	Business Taxes/License Permits	10,510	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**2,788**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	2,788	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**2,010,462**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	28,430	
	6003	Accounting/Bookkeeping	710	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Cost	1,981,322	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**16,306**	
	7001	Computer Equipment & Software	9,206	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	7,100	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	**LINE ITEM**	**PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP**
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**15,272,102**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	15,272,102
BUDGET CHECK:	-

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.71	$ 123,453		$ 123,453
1102	Assistant Program Director	0.71	102,892		102,892
1103	Admin Clerk	0.14	6,848		6,848
1104	Health Information Specialist	2.13	118,129		118,129
1105	Health Information Specialist (Supervisor)	0.36	23,968		23,968
1106	Program Support Assistant	0.78	37,664		37,664
1107	Quality Improvement Director	0.71	83,889		83,889
1108	Senior Data Specialist	0.71	30,816		30,816
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**6.25**	**$ 527,659**		**$ 527,659**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	1.19		$ 42,886	$ 42,886
1117	Discharge Planner	0.14		9,245	9,245
1118	Social Services Coordinator	2.70		246,513	246,513
1119	Program Nurse (LVN/LPTN)	15.98		2,073,423	2,073,423
1120	Program Nurse (RN)	11.93		2,286,569	2,286,569
1121	Mental Health Worker	19.88		1,613,061	1,613,061
1122	Clinical Services Supervisor	0.71		71,920	71,920
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**52.53**		**$ 6,343,617**	**$ 6,343,617**
			Admin	**Program**	**Total**
	Direct Personnel Salaries Subtotal	**58.78**	**$ 527,659**	**$ 6,343,617**	**$ 6,871,276**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 69,532	$ -	$ 69,532
1202	Worker's Compensation	278,129	-	278,129
1203	Health Insurance	500,632	-	500,632
1204	Admin Fee	69,532	-	69,532
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 917,825**	**$ -**	**$ 917,825**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 431,099	$ -	$ 431,099
1302	FICA/MEDICARE	431,099	-	431,099
1303	SUI	236,409	-	236,409
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 1,098,607**	**$ -**	**$ 1,098,607**

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**Admin**	**Program**	**Total**
	$ 2,544,091	**$ 6,343,617**	**$ 8,887,708**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	**Admin**	**Program**
	29%	**71%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	4,851
2004	Clothing, Food, & Hygiene	128,513
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	15,946
2009	Program Supplies - Medical	94,656
2010	Utility Vouchers	-
2011	Laundry Service	40,401
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 284,367**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 44,242
3002	Printing/Postage	1,807
3003	Office, Household & Program Supplies	109,346
3004	Advertising	-
3005	Staff Development & Training	24,884
3006	Staff Mileage	5,301
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	2,428
3010	Personnel/Contracted Parking/Parking	2,397,688
3011	Flex Funds	72,418
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 2,658,114**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 36,021
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	53,067
4004	Rent/Lease Vehicles	-
4005	Security	1,406,528
4006	Utilities	40,968
4007	Janitorial	124,130
4008	Business Taxes/License Permits	10,510
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 1,671,224**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	2,788
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 2,788**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	28,430
6003	Accounting/Bookkeeping	710
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Costs	$ 2,028,499
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 2,057,639**

INDIRECT COST RATE	**15.22%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 9,206
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	7,100
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 16,306**

TOTAL PROGRAM EXPENSES	**$ 15,578,146**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	93,003	170.00	15,810,431
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**93,003**		**$ 15,810,431**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			12,648,345
	Federal Financial Participation (FFP) %		53%	6,716,271
	MEDI-CAL FFP TOTAL			**$ 6,716,271**

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	$ 8,722,687
	REALIGNMENT TOTAL	**$ 8,722,687**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	139,188
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 139,188**

TOTAL PROGRAM FUNDING SOURCES:	**$ 15,578,146**

NET PROGRAM COST:	**$ -**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

ADULT CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**8,887,708**	
Administrative Positions			**527,659**	
	1101	Program Director	123,453	Administrative Services 0.71 FTE
	1102	Assistant Program Director	102,892	Administrative Services 0.71 FTE
	1103	Admin Clerk	6,848	Administrative Services 0.14 FTE
	1104	Health Information Specialist	118,129	Administrative Services 2.13 FTE
	1105	Health Information Specialist (Supervisor)	23,968	Administrative Services 0.36 FTE
	1106	Program Support Assistant	37,664	Administrative Services 0.78 FTE
	1107	Quality Improvement Director	83,889	Administrative Services 0.71 FTE
	1108	Senior Data Specialist	30,816	Administrative Services 0.71 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**6,343,617**	
	1116	Peer Advocate	42,886	Direct Services 1.19 FTE
	1117	Discharge Planner	9,245	Direct Services 0.14 FTE
	1118	Social Services Coordinator	246,513	Direct Services 2.70 FTE
	1119	Program Nurse (LVN/LPTN)	2,073,423	Direct Services 15.98 FTE
	1120	Program Nurse (RN)	2,286,569	Direct Services 11.93 FTE
	1121	Mental Health Worker	1,613,061	Direct Services 19.88 FTE
	1122	Clinical Services Supervisor	71,920	Direct Services 0.71 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**917,825**	
	1201	Retirement	69,532	
	1202	Worker's Compensation	278,129	
	1203	Health Insurance	500,632	
	1204	Admin Fee	69,532	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**1,098,607**	
	1301	OASDI	431,099	
	1302	FICA/MEDICARE	431,099	
	1303	SUI	236,409	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**284,367**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	4,851	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	128,513	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	15,946	Client Medication
	2009	Program Supplies - Medical	94,656	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	40,401	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**2,658,114**	
	3001	Telecommunications	44,242	Program Telephone and Internet
	3002	Printing/Postage	1,807	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	109,346	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	24,884	Staff Training Cost
	3006	Staff Mileage	5,301	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	2,428	Legal Fees
	3010	Personnel/Contracted Parking/Parking	2,397,688	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	72,418	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**1,671,224**	
	4001	Building Maintenance	36,021	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	53,067	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	1,406,528	Security Personnel
	4006	Utilities	40,968	Facility Utility
	4007	Janitorial	124,130	Facility Janitorial
	4008	Business Taxes/License Permits	10,510	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**2,788**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	2,788	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**2,057,639**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	28,430	
	6003	Accounting/Bookkeeping	710	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	2,028,499	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**16,306**	
	7001	Computer Equipment & Software	9,206	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	7,100	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**15,578,146**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	15,578,146
BUDGET CHECK:	-

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.29	$ 44,802		$ 44,802
1102	Assistant Program Director	0.29	37,340		37,340
1103	Admin Clerk	0.06	2,485		2,485
1104	Health Information Specialist	0.87	42,869		42,869
1105	Health Information Specialist (Supervisor)	0.15	8,698		8,698
1106	Program Support Assistant	0.32	13,669		13,669
1107	Quality Improvement Director	0.29	30,444		30,444
1108	Senior Data Specialist	0.29	11,183		11,183
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**2.56**	**$ 191,490**		**$ 191,490**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	0.48		$ 15,563	$ 15,563
1117	Discharge Planner	0.06		3,355	3,355
1118	Social Services Coordinator	1.91		154,939	154,939
1119	Program Nurse (LVN/LPTN)	11.40		752,452	752,452
1120	Program Nurse (RN)	7.31		829,803	829,803
1121	Mental Health Worker	11.77		585,385	585,385
1122	Clinical Services Supervisor	0.29		26,100	26,100
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**33.22**		**$ 2,367,597**	**$ 2,367,597**
			Admin	**Program**	**Total**
	Direct Personnel Salaries Subtotal	**35.78**	**$ 191,490**	**$ 2,367,597**	**$ 2,559,087**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 25,133		$ 25,133
1202	Worker's Compensation	100,530	-	100,530
1203	Health Insurance	180,953	-	180,953
1204	Admin Fee	25,133	-	25,133
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 331,749**	**$ -**	**$ 331,749**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 155,821	$ -	$ 155,821
1302	FICA/MEDICARE	155,821	-	155,821
1303	SUI	85,450	-	85,450
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 397,092**	**$ -**	**$ 397,092**
	DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**Admin**	**Program**	**Total**
		$ 920,331	**$ 2,367,597**	**$ 3,287,928**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	28%	72%

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	1,981
2004	Clothing, Food, & Hygiene	52,491
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	6,513
2009	Program Supplies - Medical	38,662
2010	Utility Vouchers	-
2011	Laundry Service	16,502
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 116,149**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 18,071
3002	Printing/Postage	738
3003	Office, Household & Program Supplies	44,662
3004	Advertising	-
3005	Staff Development & Training	10,164
3006	Staff Mileage	2,165
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	992
3010	Personnel/Contracted Parking/Parking	979,337
3011	Flex Funds	29,579
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 1,085,708**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 14,713
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	21,675
4004	Rent/Lease Vehicles	-
4005	Security	574,497
4006	Utilities	16,733
4007	Janitorial	50,701
4008	Business Taxes/License Permits	4,293
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 682,612**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,139
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 1,139**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	11,612
6003	Accounting/Bookkeeping	290
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Cost	767,995
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 779,897**

INDIRECT COST RATE	**15.06%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 3,760
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,900
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 6,660**

TOTAL PROGRAM EXPENSES	**$ 5,960,093**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	42,799	170.00	7,275,904
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**42,799**		**$ 7,275,904**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			5,820,723
	Federal Financial Participation (FFP) %		53%	3,090,804
	MEDI-CAL FFP TOTAL			**$ 3,090,804**

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	$ 2,816,592
	REALIGNMENT TOTAL	**$ 2,816,592**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	52,697
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 52,697**

TOTAL PROGRAM FUNDING SOURCES:	**$ 5,960,093**

NET PROGRAM COST:	**$ -**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2022-23 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**3,287,928**	
Administrative Positions			**191,490**	
	1101	Program Director	44,802	Administrative Services 0.29 FTE
	1102	Assistant Program Director	37,340	Administrative Services 0.29 FTE
	1103	Admin Clerk	2,485	Administrative Services 0.06 FTE
	1104	Health Information Specialist	42,869	Administrative Services 0.87 FTE
	1105	Health Information Specialist (Supervisor)	8,698	Administrative Services 0.15 FTE
	1106	Program Support Assistant	13,669	Administrative Services 0.32 FTE
	1107	Quality Improvement Director	30,444	Administrative Services 0.29 FTE
	1108	Senior Data Specialist	11,183	Administrative Services 0.29 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**2,367,597**	
	1116	Peer Advocate	15,563	Direct Services 0.48 FTE
	1117	Discharge Planner	3,355	Direct Services 0.06 FTE
	1118	Social Services Coordinator	154,939	Direct Services 1.91 FTE
	1119	Program Nurse (LVN/LPTN)	752,452	Direct Services 11.40 FTE
	1120	Program Nurse (RN)	829,803	Direct Services 7.11 FTE
	1121	Mental Health Worker	585,385	Direct Services 11.77 FTE
	1122	Clinical Services Supervisor	26,100	Direct Services 0.29 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits				
	1201	Retirement	25,133	
	1202	Worker's Compensation	100,530	
	1203	Health Insurance	180,953	
	1204	Admin Fee	25,133	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**397,092**	
	1301	OASDI	155,821	
	1302	FICA/MEDICARE	155,821	
	1303	SUI	85,450	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT			**116,149**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	1,981	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	52,491	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	6,513	Client Medication
	2009	Program Supplies - Medical	38,662	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	16,502	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			1,085,708	
	3001	Telecommunications	18,071	Program Telephone and Internet
	3002	Printing/Postage	738	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	44,662	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	10,164	Staff Training Cost
	3006	Staff Mileage	2,165	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	992	Legal Fees
	3010	Personnel/Contracted Parking/Parking	979,337	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	29,579	Client Flex Funds
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			682,612	
	4001	Building Maintenance	14,713	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	21,675	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	574,497	Security Personnel
	4006	Utilities	16,733	Facility Utility
	4007	Janitorial	50,701	Facility Janitorial
	4008	Business Taxes/License Permits	4,293	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			1,139	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,139	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			779,897	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	11,612	
	6003	Accounting/Bookkeeping	290	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Cost	767,995	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			6,660	
	7001	Computer Equipment & Software	3,760	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	2,900	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**5,960,093**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	5,960,093
BUDGET CHECK:	-

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.29	$ 46,146		$ 46,146
1102	Assistant Program Director	0.29	38,460		38,460
1103	Admin Clerk	0.06	2,560		2,560
1104	Health Information Specialist	0.87	44,156		44,156
1105	Health Information Specialist (Supervisor)	0.15	8,959		8,959
1106	Program Support Assistant	0.32	14,079		14,079
1107	Quality Improvement Director	0.29	31,357		31,357
1108	Senior Data Specialist	0.29	11,519		11,519
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**2.56**	**$ 197,236**		**$ 197,236**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	0.48		$ 16,030	$ 16,030
1117	Discharge Planner	0.06		3,456	3,456
1118	Social Services Coordinator	1.91		159,587	159,587
1119	Program Nurse (LVN/LPTN)	11.40		775,025	775,025
1120	Program Nurse (RN)	7.31		854,697	854,697
1121	Mental Health Worker	11.77		602,947	602,947
1122	Clinical Services Supervisor	0.29		26,883	26,883
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**33.22**		**$ 2,438,625**	**$ 2,438,625**

		Admin	Program	Total
Direct Personnel Salaries Subtotal	**35.78**	**$ 197,236**	**$ 2,438,625**	**$ 2,635,861**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 25,887	$ -	$ 25,887
1202	Worker's Compensation	103,546	-	103,546
1203	Health Insurance	186,381	-	186,381
1204	Admin Fee	25,887	-	25,887
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 341,701**	**$ -**	**$ 341,701**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 160,496	$ -	$ 160,496
1302	FICA/MEDICARE	160,496	-	160,496
1303	SUI	88,013	-	88,013
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 409,005**	**$ -**	**$ 409,005**

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	Admin	Program	Total
	$ 947,942	**$ 2,438,625**	**$ 3,386,567**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	28%	**72%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	1,981
2004	Clothing, Food, & Hygiene	52,491
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	6,513
2009	Program Supplies - Medical	38,662
2010	Utility Vouchers	-
2011	Laundry Service	16,502
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 116,149**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 18,071
3002	Printing/Postage	738
3003	Office, Household & Program Supplies	44,662
3004	Advertising	-
3005	Staff Development & Training	10,164
3006	Staff Mileage	2,165
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	992
3010	Personnel/Contracted Parking/Parking	979,337
3011	Flex Funds	29,579
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 1,085,708**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 14,713
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	21,675
4004	Rent/Lease Vehicles	-
4005	Security	574,497
4006	Utilities	16,733
4007	Janitorial	50,701
4008	Business Taxes/License Permits	4,293
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 682,612**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,139
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 1,139**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	11,612
6003	Accounting/Bookkeeping	290
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Costs	782,466
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 794,368**

INDIRECT COST RATE	**15.05%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 3,760
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,900
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 6,660**

TOTAL PROGRAM EXPENSES	**$ 6,073,203**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	41,529	170.00	7,060,001
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**41,529**		**$ 7,060,001**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			5,648,001
	Federal Financial Participation (FFP) %		53%	2,999,089
	MEDI-CAL FFP TOTAL			**$ 2,999,089**

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	$ 3,020,424
	REALIGNMENT TOTAL	**$ 3,020,424**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
	MHSA TOTAL		**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	53,690
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 53,690**

TOTAL PROGRAM FUNDING SOURCES:	**$ 6,073,203**

NET PROGRAM COST:	**$ -**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	
	Adult Crisis Stabilization Center/Fresno	

	Total	**0.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	
	Adult Crisis Stabilization Center/Fresno	
	Total	**0.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**3,386,567**	
Administrative Positions			**197,236**	
	1101	Program Director	46,146	Administrative Services 0.29 FTE
	1102	Assistant Program Director	38,460	Administrative Services 0.29 FTE
	1103	Admin Clerk	2,560	Administrative Services 0.06 FTE
	1104	Health Information Specialist	44,156	Administrative Services 0.87 FTE
	1105	Health Information Specialist (Supervisor)	8,959	Administrative Services 0.15 FTE
	1106	Program Support Assistant	14,079	Administrative Services 0.32 FTE
	1107	Quality Improvement Director	31,357	Administrative Services 0.29 FTE
	1108	Senior Data Specialist	11,519	Administrative Services 0.29 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**2,438,625**	
	1116	Peer Advocate	16,030	Direct Services 0.48 FTE
	1117	Discharge Planner	3,456	Direct Services 0.06 FTE
	1118	Social Services Coordinator	159,587	Direct Services 1.91 FTE
	1119	Program Nurse (LVN/LPTN)	775,025	Direct Services 11.40 FTE
	1120	Program Nurse (RN)	854,697	Direct Services 7.11 FTE
	1121	Mental Health Worker	602,947	Direct Services 11.77 FTE
	1122	Clinical Services Supervisor	26,883	Direct Services 0.29 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**341,701**	
	1201	Retirement	25,887	
	1202	Worker's Compensation	103,546	
	1203	Health Insurance	186,381	
	1204	Admin Fee	25,887	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**409,005**	
	1301	OASDI	160,496	
	1302	FICA/MEDICARE	160,496	
	1303	SUI	88,013	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT			**116,149**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	1,981	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	52,491	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	6,513	Client Medication
	2009	Program Supplies - Medical	38,662	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	16,502	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**1,085,708**	
	3001	Telecommunications	18,071	Program Telephone and Internet
	3002	Printing/Postage	738	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	44,662	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	10,164	Staff Training Cost
	3006	Staff Mileage	2,165	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	992	Legal Fees
	3010	Personnel/Contracted Parking/Parking	979,337	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	29,579	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**682,612**	
	4001	Building Maintenance	14,713	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	21,675	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	574,497	Security Personnel
	4006	Utilities	16,733	Facility Utility
	4007	Janitorial	50,701	Facility Janitorial
	4008	Business Taxes/License Permits	4,293	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**1,139**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,139	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**794,368**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	11,612	
	6003	Accounting/Bookkeeping	290	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	782,466	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**6,660**	
	7001	Computer Equipment & Software	3,760	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	2,900	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**6,073,203**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	6,073,203
BUDGET CHECK:	-

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.29	$ 47,530		$ 47,530
1102	Assistant Program Director	0.29	39,614		39,614
1103	Admin Clerk	0.06	2,637		2,637
1104	Health Information Specialist	0.87	45,480		45,480
1105	Health Information Specialist (Supervisor)	0.15	9,228		9,228
1106	Program Support Assistant	0.32	14,501		14,501
1107	Quality Improvement Director	0.29	32,298		32,298
1108	Senior Data Specialist	0.29	11,864		11,864
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**2.56**	**$ 203,152**		**$ 203,152**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	0.48		$ 16,511	$ 16,511
1117	Discharge Planner	0.06		3,559	3,559
1118	Social Services Coordinator	1.91		164,375	164,375
1119	Program Nurse (LVN/LPTN)	11.40		798,276	798,276
1120	Program Nurse (RN)	7.31		880,338	880,338
1121	Mental Health Worker	11.77		621,035	621,035
1122	Clinical Services Supervisor	0.29		27,689	27,689
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**33.22**		**$ 2,511,783**	**$ 2,511,783**

		Admin	Program	Total
Direct Personnel Salaries Subtotal	**35.78**	**$ 203,152**	**$ 2,511,783**	**$ 2,714,935**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 26,663	$ -	$ 26,663
1202	Worker's Compensation	106,652		106,652
1203	Health Insurance	191,973		191,973
1204	Admin Fee	26,663		26,663
1205	Other (specify)			-
1206	Other (specify)			-
	Direct Employee Benefits Subtotal:	**$ 351,951**	**$ -**	**$ 351,951**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 165,310	$ -	$ 165,310
1302	FICA/MEDICARE	165,310	-	165,310
1303	SUI	90,653	-	90,653
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 421,273**	**$ -**	**$ 421,273**

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	Admin	Program	Total
	$ 976,376	**$ 2,511,783**	**$ 3,488,159**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	28%	**72%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	1,981
2004	Clothing, Food, & Hygiene	52,491
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	6,513
2009	Program Supplies - Medical	38,662
2010	Utility Vouchers	-
2011	Laundry Service	16,502
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 116,149**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 18,071
3002	Printing/Postage	738
3003	Office, Household & Program Supplies	44,662
3004	Advertising	-
3005	Staff Development & Training	10,164
3006	Staff Mileage	2,165
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	992
3010	Personnel/Contracted Parking/Parking	979,337
3011	Flex Funds	29,579
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 1,085,708**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 14,713
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	21,675
4004	Rent/Lease Vehicles	-
4005	Security	574,497
4006	Utilities	16,733
4007	Janitorial	50,701
4008	Business Taxes/License Permits	4,293
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 682,612**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,139
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 1,139**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	11,612
6003	Accounting/Bookkeeping	290
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Cost	797,371
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 809,273**

INDIRECT COST RATE	**15.04%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 3,760
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,900
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 6,660**

TOTAL PROGRAM EXPENSES	**$ 6,189,700**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	40,305	170.00	6,851,890
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**40,305**		**$ 6,851,890**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			5,481,512
	Federal Financial Participation (FFP) %		53%	2,910,683
	MEDI-CAL FFP TOTAL			**$ 2,910,683**

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	$ 3,224,304
	REALIGNMENT TOTAL	**$ 3,224,304**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	54,713
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 54,713**

TOTAL PROGRAM FUNDING SOURCES:	**$ 6,189,700**

NET PROGRAM COST:	**$ -**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2024-25 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**3,488,159**	
Administrative Positions			**203,152**	
	1101	Program Director	47,530	Administrative Services 0.29 FTE
	1102	Assistant Program Director	39,614	Administrative Services 0.29 FTE
	1103	Admin Clerk	2,637	Administrative Services 0.06 FTE
	1104	Health Information Specialist	45,480	Administrative Services 0.87 FTE
	1105	Health Information Specialist (Supervisor)	9,228	Administrative Services 0.15 FTE
	1106	Program Support Assistant	14,501	Administrative Services 0.32 FTE
	1107	Quality Improvement Director	32,298	Administrative Services 0.29 FTE
	1108	Senior Data Specialist	11,864	Administrative Services 0.29 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**2,511,783**	
	1116	Peer Advocate	16,511	Direct Services 0.48 FTE
	1117	Discharge Planner	3,559	Direct Services 0.06 FTE
	1118	Social Services Coordinator	164,375	Direct Services 1.91 FTE
	1119	Program Nurse (LVN/LPTN)	798,276	Direct Services 11.40 FTE
	1120	Program Nurse (RN)	880,338	Direct Services 7.11 FTE
	1121	Mental Health Worker	621,035	Direct Services 11.77 FTE
	1122	Clinical Services Supervisor	27,689	Direct Services 0.29 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**351,951**	
	1201	Retirement	26,663	
	1202	Worker's Compensation	106,652	
	1203	Health Insurance	191,973	
	1204	Admin Fee	26,663	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**421,273**	
	1301	OASDI	165,310	
	1302	FICA/MEDICARE	165,310	
	1303	SUI	90,653	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**116,149**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	1,981	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	52,491	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	6,513	Client Medication
	2009	Program Supplies - Medical	38,662	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	16,502	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**1,085,708**	
	3001	Telecommunications	18,071	Program Telephone and Internet
	3002	Printing/Postage	738	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	44,662	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	10,164	Staff Training Cost
	3006	Staff Mileage	2,165	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	992	Legal Fees
	3010	Personnel/Contracted Parking/Parking	979,337	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	29,579	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**682,612**	
	4001	Building Maintenance	14,713	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	21,675	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	574,497	Security Personnel
	4006	Utilities	16,733	Facility Utility
	4007	Janitorial	50,701	Facility Janitorial
	4008	Business Taxes/License Permits	4,293	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**1,139**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,139	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**809,273**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	11,612	
	6003	Accounting/Bookkeeping	290	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	797,371	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**6,660**	
	7001	Computer Equipment & Software	3,760	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	2,900	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
='Budget FY3'!B176			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify): Crisis Stabilization UC		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**6,189,700**	
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	6,189,700	0
BUDGET CHECK:	-	

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.29	$ 48,956		$ 48,956
1102	Assistant Program Director	0.29	40,802		40,802
1103	Admin Clerk	0.06	2,716		2,716
1104	Health Information Specialist	0.87	46,845		46,845
1105	Health Information Specialist (Supervisor)	0.15	9,505		9,505
1106	Program Support Assistant	0.32	14,936		14,936
1107	Quality Improvement Director	0.29	33,266		33,266
1108	Senior Data Specialist	0.29	12,220		12,220
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**2.56**	**$ 209,246**		**$ 209,246**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	0.48		$ 17,007	$ 17,007
1117	Discharge Planner	0.06		3,666	3,666
1118	Social Services Coordinator	1.91		169,306	169,306
1119	Program Nurse (LVN/LPTN)	11.40		822,224	822,224
1120	Program Nurse (RN)	7.31		906,748	906,748
1121	Mental Health Worker	11.77		639,666	639,666
1122	Clinical Services Supervisor	0.29		28,520	28,520
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**33.22**		**$ 2,587,137**	**$ 2,587,137**

		Admin	Program	Total
Direct Personnel Salaries Subtotal	**35.78**	**$ 209,246**	**$ 2,587,137**	**$ 2,796,383**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 27,463	$ -	$ 27,463
1202	Worker's Compensation	109,852	-	109,852
1203	Health Insurance	197,732	-	197,732
1204	Admin Fee	27,463	-	27,463
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 362,510**	**$ -**	**$ 362,510**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 170,270	$ -	$ 170,270
1302	FICA/MEDICARE	170,270	-	170,270
1303	SUI	93,373	-	93,373
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 433,913**	**$ -**	**$ 433,913**

	Admin	Program	Total
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	**$ 1,005,669**	**$ 2,587,137**	**$ 3,592,806**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	28%	**72%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	1,981
2004	Clothing, Food, & Hygiene	52,491
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	6,513
2009	Program Supplies - Medical	38,662
2010	Utility Vouchers	-
2011	Other (specify)	16,502
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 116,149**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 18,071
3002	Printing/Postage	738
3003	Office, Household & Program Supplies	44,662
3004	Advertising	-
3005	Staff Development & Training	10,164
3006	Staff Mileage	2,165
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	992
3010	Personnel/Contracted Parking/Parking	979,337
3011	Flex Funds	29,579
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 1,085,708**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 14,713
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	21,675
4004	Rent/Lease Vehicles	-
4005	Security	574,497
4006	Utilities	16,733
4007	Janitorial	50,701
4008	Business Taxes/License Permits	4,293
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 682,612**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,139
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 1,139**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	11,612
6003	Accounting/Bookkeeping	290
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Cost	812,723
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 824,625**

INDIRECT COST RATE	**15.03%**

7000: DIRECT FIXED ASSETS		
Acct #	**Line Item Description**	**Amount**
7001	Computer Equipment & Software	$ 3,760
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,900
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 6,660**

TOTAL PROGRAM EXPENSES	**$ 6,309,699**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	**Line Item Description**	**Service Units**	**Rate**	**Amount**
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	39,125	170.00	6,651,251
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**39,125**		**$ 6,651,251**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			5,321,000
	Federal Financial Participation (FFP) %		53%	2,825,451
	MEDI-CAL FFP TOTAL			**$ 2,825,451**

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	$ 3,428,482
	REALIGNMENT TOTAL	**$ 3,428,482**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE		
Acct #	**Line Item Description**	**Amount**
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	55,766
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 55,766**

TOTAL PROGRAM FUNDING SOURCES:	**$ 6,309,699**

NET PROGRAM COST:	**$ -**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2025-26 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**3,592,806**	
Administrative Positions			**209,246**	
	1101	Program Director	48,956	Administrative Services 0.29 FTE
	1102	Assistant Program Director	40,802	Administrative Services 0.29 FTE
	1103	Admin Clerk	2,716	Administrative Services 0.06 FTE
	1104	Health Information Specialist	46,845	Administrative Services 0.87 FTE
	1105	Health Information Specialist (Supervisor)	9,505	Administrative Services 0.15 FTE
	1106	Program Support Assistant	14,936	Administrative Services 0.32 FTE
	1107	Quality Improvement Director	33,266	Administrative Services 0.29 FTE
	1108	Senior Data Specialist	12,220	Administrative Services 0.29 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**2,587,137**	
	1116	Peer Advocate	17,007	Direct Services 0.48 FTE
	1117	Discharge Planner	3,666	Direct Services 0.06 FTE
	1118	Social Services Coordinator	169,306	Direct Services 1.91 FTE
	1119	Program Nurse (LVN/LPTN)	822,224	Direct Services 11.40 FTE
	1120	Program Nurse (RN)	906,748	Direct Services 7.11 FTE
	1121	Mental Health Worker	639,666	Direct Services 11.77 FTE
	1122	Clinical Services Supervisor	28,520	Direct Services 0.29 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**362,510**	
	1201	Retirement	27,463	
	1202	Worker's Compensation	109,852	
	1203	Health Insurance	197,732	
	1204	Admin Fee	27,463	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**433,913**	
	1301	OASDI	170,270	
	1302	FICA/MEDICARE	170,270	
	1303	SUI	93,373	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT			**116,149**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	1,981	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	52,491	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	6,513	Client Medication
	2009	Program Supplies - Medical	38,662	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Other (specify)	16,502	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			**1,085,708**	
	3001	Telecommunications	18,071	Program Telephone and Internet
	3002	Printing/Postage	738	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	44,662	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	10,164	Staff Training Cost
	3006	Staff Mileage	2,165	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	992	Legal Fees
	3010	Personnel/Contracted Parking/Parking	979,337	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	29,579	Client Flex Funds
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			**682,612**	
	4001	Building Maintenance	14,713	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	21,675	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	574,497	Security Personnel
	4006	Utilities	16,733	Facility Utility
	4007	Janitorial	50,701	Facility Janitorial
	4008	Business Taxes/License Permits	4,293	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			**1,139**	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,139	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			**824,625**	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	11,612	
	6003	Accounting/Bookkeeping	290	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Cost	812,723	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	
7000: DIRECT FIXED ASSETS			**6,660**	
	7001	Computer Equipment & Software	3,760	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	2,900	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**6,309,699**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	6,309,699
BUDGET CHECK:	-

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Program Director	0.29	$ 50,425		$ 50,425
1102	Assistant Program Director	0.29	42,026		42,026
1103	Admin Clerk	0.06	2,797		2,797
1104	Health Information Specialist	0.87	48,250		48,250
1105	Health Information Specialist (Supervisor)	0.15	9,790		9,790
1106	Program Support Assistant	0.32	15,384		15,384
1107	Quality Improvement Director	0.29	34,264		34,264
1108	Senior Data Specialist	0.29	12,587		12,587
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
	Direct Personnel Admin Salaries Subtotal	**2.56**	**$ 215,523**		**$ 215,523**
Acct #	**Program Position**	**FTE**	**Admin**	**Program**	**Total**
1116	Peer Advocate	0.48		$ 17,517	$ 17,517
1117	Discharge Planner	0.06		3,777	3,777
1118	Social Services Coordinator	1.91		174,385	174,385
1119	Program Nurse (LVN/LPTN)	11.40		846,890	846,890
1120	Program Nurse (RN)	7.31		933,951	933,951
1121	Mental Health Worker	11.77		658,856	658,856
1122	Clinical Services Supervisor	0.29		29,376	29,376
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
	Direct Personnel Program Salaries Subtotal	**33.22**		**$ 2,664,752**	**$ 2,664,752**

		Admin	Program	Total
Direct Personnel Salaries Subtotal	**35.78**	**$ 215,523**	**$ 2,664,752**	**$ 2,880,275**

Direct Employee Benefits

Acct #	Description	Admin	Program	Total
1201	Retirement	$ 28,287	$ -	$ 28,287
1202	Worker's Compensation	113,147	-	113,147
1203	Health Insurance	203,664	-	203,664
1204	Admin Fee	28,287	-	28,287
1205	Other (specify)	-	-	-
1206	Other (specify)	-	-	-
	Direct Employee Benefits Subtotal:	**$ 373,385**	**$ -**	**$ 373,385**

Direct Payroll Taxes & Expenses:

Acct #	Description	Admin	Program	Total
1301	OASDI	$ 175,378	$ -	$ 175,378
1302	FICA/MEDICARE	175,378	-	175,378
1303	SUI	96,174	-	96,174
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
	Direct Payroll Taxes & Expenses Subtotal:	**$ 446,930**	**$ -**	**$ 446,930**

DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:	Admin	Program	Total
	$ 1,035,838	**$ 2,664,752**	**$ 3,700,590**

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	28%	**72%**

2000: DIRECT CLIENT SUPPORT

Acct #	Line Item Description	Amount
2001	Child Care	$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	1,981
2004	Clothing, Food, & Hygiene	52,491
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	6,513
2009	Program Supplies - Medical	38,662
2010	Utility Vouchers	-
2011	Laundry Service	16,502
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
	DIRECT CLIENT CARE TOTAL	**$ 116,149**

3000: DIRECT OPERATING EXPENSES

Acct #	Line Item Description	Amount
3001	Telecommunications	$ 18,071
3002	Printing/Postage	738
3003	Office, Household & Program Supplies	44,662
3004	Advertising	-
3005	Staff Development & Training	10,164
3006	Staff Mileage	2,165
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Legal Notices/Advertising	992
3010	Personnel/Contracted Parking/Parking	979,337
3011	Flex Funds	29,579
3012	Other (specify)	-
	DIRECT OPERATING EXPENSES TOTAL:	**$ 1,085,708**

4000: DIRECT FACILITIES & EQUIPMENT

Acct #	Line Item Description	Amount
4001	Building Maintenance	$ 14,713
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	21,675
4004	Rent/Lease Vehicles	-
4005	Security	574,497
4006	Utilities	16,733
4007	Janitorial	50,701
4008	Business Taxes/License Permits	4,293
4009	Other (specify)	-
4010	Other (specify)	-
	DIRECT FACILITIES/EQUIPMENT TOTAL:	**$ 682,612**

5000: DIRECT SPECIAL EXPENSES

Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,139
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
	DIRECT SPECIAL EXPENSES TOTAL:	**$ 1,139**

6000: INDIRECT EXPENSES

Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	$ -
	Administrative Overhead	
6002	Professional Liability Insurance	11,612
6003	Accounting/Bookkeeping	290
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation *(Provider-Owned Equipment to be Used for Program Purposes)*	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Indirect Costs	$ 826,599
6010	Other (specify)	-
6011	Other (specify)	-

6012	Other (specify)	-
6013	Other (specify)	-
	INDIRECT EXPENSES TOTAL	**$ 838,501**

INDIRECT COST RATE	**14.99%**

7000: DIRECT FIXED ASSETS

Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	$ 3,760
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	2,900
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over $500 with Lifespan of 2 Years +	-
7006	Assets over $5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
	FIXED ASSETS EXPENSES TOTAL	**$ 6,660**

TOTAL PROGRAM EXPENSES	**$ 6,431,359**

PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)

Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify): Crisis Stabilization UC	37,898	170.00	6,442,678
8010	Other (Specify)	0	-	-
	Estimated Specialty Mental Health Services Billing Totals:	**37,898**		**$ 6,442,678**
	Estimated % of Clients who are Medi-Cal Beneficiaries			80%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries			5,154,142
	Federal Financial Participation (FFP) %		53%	2,736,850
	MEDI-CAL FFP TOTAL			**$ 2,736,850**

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	$ 3,637,791
	REALIGNMENT TOTAL	**$ 3,637,791**

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		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
		MHSA TOTAL	**$ -**

8400 - OTHER REVENUE

Acct #	Line Item Description	Amount
8401	Client Fees	$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Private Insurance Income	56,718
8405	Other (Specify)	-
	OTHER REVENUE TOTAL	**$ 56,718**

TOTAL PROGRAM FUNDING SOURCES:	**$ 6,431,359**

NET PROGRAM COST:	**$ -**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Assistant Program Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Admin Clerk	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Health Information Specialist (Supervisor)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Support Assistant	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Quality Improvement Director	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Senior Data Specialist	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Peer Advocate	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Discharge Planner	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Social Services Coordinator	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (LVN/LPTN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Program Nurse (RN)	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Mental Health Worker	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00

	Total	**100.00**

Position	Contract #/Name/Department/County	FTE %
Clinical Services Supervisor	Youth Crisis Stabilization Center/Fresno	29.00
	Adult Crisis Stabilization Center/Fresno	71.00
	Total	**100.00**

YOUTH CRISIS STABILIZATION CENTER (CSC)
Exodus Recovery, Inc.
Fiscal Year (FY) 2026-27 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			**3,700,590**	
Administrative Positions			**215,523**	
	1101	Program Director	50,425	Administrative Services 0.29 FTE
	1102	Assistant Program Director	42,026	Administrative Services 0.29 FTE
	1103	Admin Clerk	2,797	Administrative Services 0.06 FTE
	1104	Health Information Specialist	48,250	Administrative Services 0.87 FTE
	1105	Health Information Specialist (Supervisor)	9,790	Administrative Services 0.15 FTE
	1106	Program Support Assistant	15,384	Administrative Services 0.32 FTE
	1107	Quality Improvement Director	34,264	Administrative Services 0.29 FTE
	1108	Senior Data Specialist	12,587	Administrative Services 0.29 FTE
	1109		-	
	1110		-	
	1111		-	
	1112		-	
	1113		-	
	1114		-	
	1115		-	
Program Positions			**2,664,752**	
	1116	Peer Advocate	17,517	Direct Services 0.48 FTE
	1117	Discharge Planner	3,777	Direct Services 0.06 FTE
	1118	Social Services Coordinator	174,385	Direct Services 1.91 FTE
	1119	Program Nurse (LVN/LPTN)	846,890	Direct Services 11.40 FTE
	1120	Program Nurse (RN)	933,951	Direct Services 7.11 FTE
	1121	Mental Health Worker	658,856	Direct Services 11.77 FTE
	1122	Clinical Services Supervisor	29,376	Direct Services 0.29 FTE
	1123		-	
	1124		-	
	1125		-	
	1126		-	
	1127		-	
	1128		-	
	1129		-	
	1130		-	
	1131		-	
	1132		-	
	1133		-	
	1134		-	
Direct Employee Benefits			**373,385**	
	1201	Retirement	28,287	
	1202	Worker's Compensation	113,147	
	1203	Health Insurance	203,664	
	1204	Admin Fee	28,287	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			**446,930**	
	1301	OASDI	175,378	
	1302	FICA/MEDICARE	175,378	
	1303	SUI	96,174	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
2000: DIRECT CLIENT SUPPORT			**116,149**	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	1,981	Vehicle lease, Fuel and Maintenance for Clients
	2004	Clothing, Food, & Hygiene	52,491	Food Service
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	6,513	Client Medication
	2009	Program Supplies - Medical	38,662	Program Medical Supplies
	2010	Utility Vouchers	-	
	2011	Laundry Service	16,502	Client Laundry Service
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES			1,085,708	
	3001	Telecommunications	18,071	Program Telephone and Internet
	3002	Printing/Postage	738	Program Postage & Delivery Cost
	3003	Office, Household & Program Supplies	44,662	Office Supply and Equipment Cost
	3004	Advertising	-	
	3005	Staff Development & Training	10,164	Staff Training Cost
	3006	Staff Mileage	2,165	Staff Mileage & Vehicle Maintenance Cost
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Legal Notices/Advertising	992	Legal Fees
	3010	Personnel/Contracted Parking/Parking	979,337	Personnel related expenses including registry nurses as needed, parking and relocation
	3011	Flex Funds	29,579	Client Flex Funds
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			682,612	
	4001	Building Maintenance	14,713	Building maintenance & repairs
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	21,675	Leased computer cost
	4004	Rent/Lease Vehicles	-	
	4005	Security	574,497	Security Personnel
	4006	Utilities	16,733	Facility Utility
	4007	Janitorial	50,701	Facility Janitorial
	4008	Business Taxes/License Permits	4,293	Business License, Permits fees
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			1,139	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,139	Client translation Services
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			838,501	
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	11,612	
	6003	Accounting/Bookkeeping	290	External Accounting Services
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Indirect Costs	826,599	Expense provides corporate management, fiscal services, payroll, human resources, accounts payable and other administrative functions.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			6,660	
	7001	Computer Equipment & Software	3,760	Staff Computer replacement
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	2,900	Staff & Client Furniture replacement
	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)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP
	8001	Mental Health Services	
	8002	Case Management	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify): Crisis Stabilization UC		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	**6,431,359**
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	6,431,359
BUDGET CHECK:	-

FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM

CONTRACTOR CODE OF CONDUCT AND ETHICS

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services. Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, each contractor, contractor's employee and subcontractor must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance officer or designee.

Contractor and its employees and subcontractor shall:

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealing related to their contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County.
3. Treat County employees, consumers, and other mental health contractors fairly and with respect.
4. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule or guideline
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.

7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
8. Act promptly to investigate and correct problems if errors in claims or billing are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and Ethics by County employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County. Contractor may report anonymously.
10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible person and therefore excluded from participation in the Federal Health Care Programs.

Fresno County Mental Health Compliance Program

Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I herby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and understand the contents thereof. I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this Agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County. I further understand that Fresno County will report me to the appropriate Federal or State agency.

For Individual Providers

Name (print): _____

Discipline: ☐ **Psychiatrist** ☐ **Psychologist** ☐ **LCSW** ☐ **LMFT**

Signature :_____ Date : ___/____/___

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: ☐ **Psychiatrist** ☐ **Psychologist** ☐ **LCSW** ☐ **LMFT**

☐ Other:_____

Job Title (if different from Discipline): _____

Signature: _____ Date: ____/___/____

Documentation Standards for Client Records

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.

- Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
- Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
- Documentation will describe client's strengths in achieving client plan goals.
- Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
- Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
- Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
- A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
- For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
- Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
- A relevant mental status examination will be documented.
- A five axis diagnosis from the most current DSM, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.

2. Timeliness/Frequency Standard for Assessment

- An assessment will be completed at intake and updated as needed to document changes in the client's condition.
- Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

B. Client Plans

1. Client plans will:
   - have specific observable and/or specific quantifiable goals
   - identify the proposed type(s) of intervention
   - have a proposed duration of intervention(s)
   - be signed (or electronic equivalent) by:
     - the person providing the service(s), or
     - a person representing a team or program providing services, or
     - a person representing the MHP providing services
     - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
     - a physician
     - a licensed/ “waivered” psychologist
     - a licensed/ “associate” social worker
     - a licensed/ registered/marriage and family therapist or
     - a registered nurse
   - In addition,
     - client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client’s participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client’s participation and agreement in the body of the plan, client signature on the plan, or a description of the client’s participation and agreement in progress notes.
     - client signature on the plan will be used as the means by which the CONTRACTOR(S) documents the participation of the client
     - when the client’s signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
     - The CONTRACTOR(S) will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

   - Will be updated at least annually
   - The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client's progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions
- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable
- All entries will include the date services were provided
- The record will be legible
- The client record will document follow-up care, or as appropriate, a discharge summary

2. Timeliness/Frequency of Progress Notes:
Progress notes shall be documented at the frequency by type of service indicated below:

A. Every Service Contact

- Mental Health Services
- Medication Support Services
- Crisis Intervention

STATE MENTAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

The COUNTY and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the COUNTY Mental Health Program (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

3. CONFIDENTIALITY

CONTRACTOR shall conform to and COUNTY shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

4. NON-DISCRIMINATION

A. Eligibility for Services

CONTRACTOR shall prepare and make available to COUNTY and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

B. Employment Opportunity

CONTRACTOR shall comply with COUNTY policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination,

upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

C. Suspension of Compensation

If an allegation of discrimination occurs, COUNTY may withhold all further funds, until CONTRACTOR can show clear and convincing evidence to the satisfaction of COUNTY that funds provided under this Agreement were not used in connection with the alleged discrimination.

D. Nepotism

Except by consent of COUNTY's Department of Behavioral Health Director, or designee, no person shall be employed by CONTRACTOR who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR.

5. PATIENTS' RIGHTS

CONTRACTOR shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.

2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.

3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.

4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well being of beneficiaries and staff.

5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.

6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.

7. The organization provider has staffing adequate to allow the County to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.

8. The organizational provider has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.

9. The organizational provider has as head of service a licensed mental health professional of other appropriate individual as described in Title 9, CCR, Sections 622 through 630.

10. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:

    A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.

    B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.

C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.
D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.

E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.

F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.

G. Policies and procedures are in place for dispensing, administering and storing medications.

11. For organizational providers that provide day treatment intensive or day rehabilitation, the provider must have a written description of the day treatment intensive and/or day treatment rehabilitation program that complies with State Department of Health Care Service's day treatment requirements. The COUNTY shall review the provider's written program description for compliance with the State Department of Health Care Service's day treatment requirements.

12. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three (3) years. The COUNTY may also conduct additional certification reviews when:

- The provider makes major staffing changes.
- The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
- The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
- There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
- There is change of ownership or location.
- There are complaints against the provider.
- There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

Fresno County Mental Health Plan
Grievances and Appeals Process

Grievances

The Fresno County Mental Health Plan (MHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the MHP and its fee-for-service providers to give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The MHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give their clients copies of all current beneficiary information annually at the time their treatment plans are updated and at intake.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self-addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

Provider Problem Resolution and Appeals Process

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern. The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider's claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider's claim to the MHP. The written appeal must be submitted to the MHP within ninety (90) calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have sixty (60) calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes Managed Care staff who were not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff reverses the appealed decision, the provider will be asked to submit a revised request for payment within thirty (30) calendar days of receipt of the decision

Other complaints – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the MHP. The provider will receive a written response from the MHP within sixty (60) calendar days of receipt of the complaint. The decision rendered buy the MHP is final.

FRESNO COUNTY MENTAL HEALTH PLAN

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

- The Incident Report must be completed for all incidents involving clients. The staff person who becomes aware of the incident completes this form, and the supervisor co-signs it.
- When more than one client is involved in an incident, a separate form must be completed for each client.

Where the forms should be sent - within 24 hours from the time of the incident

- Incident Report should be sent to:

  DBH Program Supervisor

INCIDENT REPORT WORKSHEET

When did this happen? (date/time) _____ Where did this happen? _____

Name/DMH # _____

1. Background information of the incident:

2. Method of investigation: (chart review, face-to-face interview, etc.)

Who was affected? (If other than consumer) _____

List key people involved. (witnesses, visitors, physicians, employees)

_____

_____

_____

3. Preliminary findings: How did it happen? Sequence of events. Be specific. If attachments are needed write comments on an 8 1/2 sheet of paper and attach to worksheet.

Outcome severity: *Nonexistent* ☐ *inconsequential* ☐ *consequential* ☐ *death* ☐ *not applicable* ☐ *unknown* ☐

4. Response: a) corrective action, b) Plan of Action, c) other

Completed by (print name) _____

Completed by (signature) _____ Date completed _____

Reviewed by Supervisor (print name) _____

Supervisor Signature Date

Vendor:	Contract#	Contact Person	Contact#

Fixed Asset and Sensitive Item Tracking

	Item	Make/Brand	Model	Serial #	Fixed Asset	Sensitive Item	Date Requested (If Fixed Asset)	Date Approved (If Fixed Assset)	Purchase Date	Location	Condition	Fresno County Inventory Number	Cost
Example	Copier	Canon	27CRT	9YHJY65R	x		3/27/2008	4/1/2008	4/10/2008	Heritage	New		$6,500.00
Example	DVD Player	Sony	DV2230	PXC4356A		x	n/a	n/a	4/1/2008	Heritage	New		$450.00
	Date Prepared:												
1													
2													
3													
4													
5													
6													
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25													

Date Received: _____

FIXED ASSET AND SENSITIVE ITEM TRACKING

Field Number	Field Description	Instruction or Comments	Required or Conditional
Header	Vendor	Indicate the legal name of the agency contracted to provide services.	Required
Header	Program	Indicate the title of the project as described in the contract with the County.	Required
Header	Contract #	Indicate the assigned County contract number. If not known, County staff can provide.	Required
Header	Contact Person	Indicate the first and last name of the primary agency contact for the contract.	Required
Header	Contact #	Indicate the most appropriate telephone number of the primary agency contact for the contract.	Required
Header	Date Prepared	Indicate the most current date that the tracking form was completed by the vendor.	Required
a	Item	Identify the item by providing a commonly recognized description of the item	Required
b	Make/Brand	Identify the company that manufactured the item	Required
c	Model	Identify the model number for the item, if applicable.	Conditional
d	Serial #	Identify the serial number for the item, if applicable.	Conditional
e	Fixed Asset	Mark the box with an "X" if the cost of the item is $5,000 or more to indicate that the item is a fixed asset.	Conditional
f	Sensitive Item	Mark the box with an "X" if the item meets the criteria of a sensitive item as defined by the County.	Conditional
g	Date Requested	Indicate the date that the agency submitted a request to the County to purchase the item	Required
h	Date Approved	Indicate the date that the County approved the request to purchase the item	Required
i	Purchase Date	Indicate the date the agency purchased the item	Required
j	Location	Indicate the physical location of the item	Required
k	Condition	Indicate the general condition of the item (New, Good, Worn, Bad).	Required
l	Fresno County Inventory Number	Indicate the FR # provided by the County for the item	Conditional
m	Cost	Indicate the total purchase price of the item including sales tax and other costs, such as shipping.	Required

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf

Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf

LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf

National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39

U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from http://minorityhealth.hhs.gov/npa

World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

CULTURAL COMPETENCE FORM

Agency Name: _____

Program Category: _____

Identify the Agency's ability to apply language, gender, and culturally **specific** competencies to the **services** provided by checking all that apply and/or provide the name of Agency that you have an arrangement with to respond to these referrals.

A	**B**		**C**
Language, Gender, and/or Cultural Competence	**Have staff** **1**	**2**	**Name of Agency that you have an arrangement with to respond to these referrals**
	Included in staffing work plan	**Not included in staffing work plan. Explain below**	
Spanish (Language)			
Vietnamese (Language)			
Other Language:			
LGBT Staff			
African American Staff			
Latino Staff			
Native American Staff			
Asian American Staff			
Pacific Islander Staff			
Others:			

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of entity	D/B/A			
Address (number, street)		City	State	ZIP code
CLIA number	Taxpayer ID number (EIN)	Telephone number ( )		

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

		YES	NO
A.	Are there any individuals or organizations having a direct or indirect ownership or control interest of five percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX?	❒	❒
B.	Are there any directors, officers, agents, or managing employees of the institution, agency, or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?	❒	❒
C.	Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)	❒	❒

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	ADDRESS	EIN

B. Type of entity: ❒ Sole proprietorship ❒ Partnership ❒ Corporation
❒ Unincorporated Associations ❒ Other (specify) _____

C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."

D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers. ..... ❒ ❒

NAME	ADDRESS	PROVIDER NUMBER

	YES	NO
IV. A. Has there been a change in ownership or control within the last year?	❒	❒
If yes, give date. _____		
B. Do you anticipate any change of ownership or control within the year?.....	❒	❒
If yes, when? _____		
C. Do you anticipate filing for bankruptcy within the year?.....	❒	❒
If yes, when? _____		
V. Is the facility operated by a management company or leased in whole or part by another organization?.....	❒	❒
If yes, give date of change in operations. _____		
VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?.....	❒	❒
VII. A. Is this facility chain affiliated?	❒	❒

(If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?
(If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.

Name of authorized representative (typed)	Title
Signature	Date

Remarks

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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) (d) 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: _____ Date: _____

_____ _____

(Printed Name & Title) (Name of Agency or Company)

SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "County"), members of a contractor's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"

The definition above will be utilized for purposes of completing this disclosure form.

INSTRUCTIONS

(1) Enter board member's name, job title (if applicable), and date this disclosure is being made.

(2) Enter the board member's company/agency name and address.

(3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:

   a. The name of the agency/company with which the corporation has the transaction; and

   b. The nature of the material financial interest in the Corporation's transaction that the board member has.

(4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.

(5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

(1) Company Board Member Information:			
Name:		**Date:**	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to)			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a)			
(5) Authorized Signature			
Signature:		Date:	

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547 Page 1 of 9
Subject	Patient Destination	
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	Patient's Choice within Madera County	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	Patient/Family Choice within Madera County	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency	Revision **3/14/2022**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.

3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.

4. Closest Appropriate Hospital

   a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).

   b. Closest is defined as the shortest travel time not necessarily the closest by distance.

   c. The Base Hospital Physician will have the ultimate authority for patient destination.

   d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":

      1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:

         a) Adventist Health Hanford (AH-H)
         b) Adventist Health Tulare (AH-T)
         c) Clovis Community Medical Center (CCMC)
         d) Kaiser Permanente Hospital (KPH)
         e) Kaweah Health Medical Center (KHMC)
         f) Madera Community Hospital (MCH)
         g) Regional Medical Center (RMC)
         h) Saint Agnes Medical Center (SAMC)
         i) Sierra View District Hospital (SVDH)
         j) Valley Children's Hospital (VCH)

      2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:

         a) Adventist Health Reedley (AH-R)
         b) Adventist Health Selma (AH-S)
         c) Coalinga Regional Medical Center (CRMC)

5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

a. Interpretation of 12-lead ECG; or
b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.

b. Any patient with CPR in progress.

c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:

- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
- No alteration in mental status due to dementia or delirium.
- Glasgow Coma Score 14 or 15.
- Complete vital signs within limits (HR, RR, BP and GCS).
- Not febrile to palpation/measurement.
- Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

a) Pulse: 50-120 bpm
b) Systolic Blood Pressure: 100-180 mm Hg
c) Diastolic Blood Pressure: less than 120 mm Hg
d) Respiratory Rate: 12-30

2) Pediatrics:

a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more that once daily dry gauze and tape dressing.

b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.

c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.

d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.

e. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.

f. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.

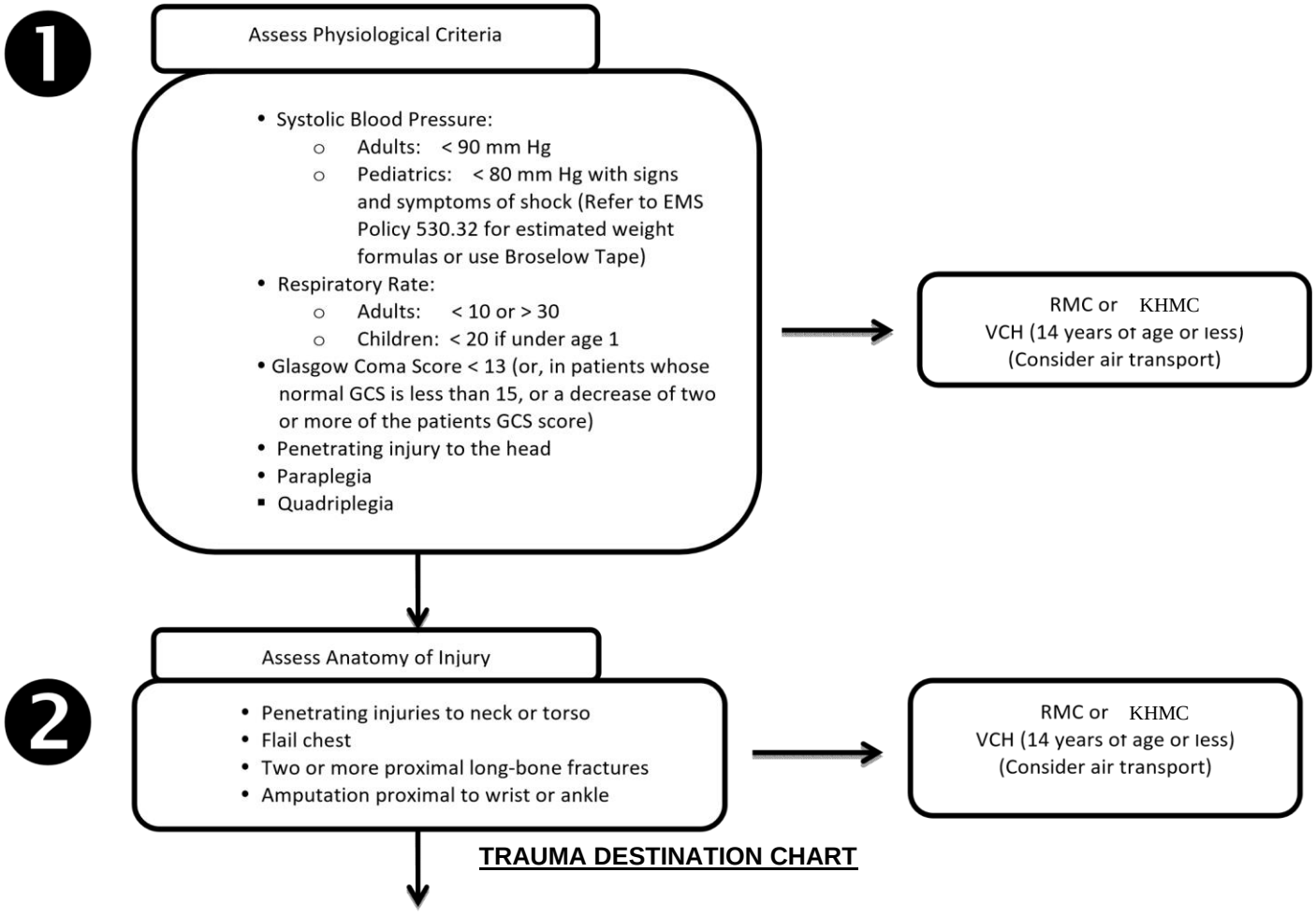
2. Patients that cannot be transported directly to the Veteran's Administration are:

- Cardiac arrest due to trauma
- Pediatric cardiac arrest
- Trauma Center Triage Criteria
- OB patient in active labor
- Gynecological complaints and known obvious pregnancy with vaginal bleeding
- ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

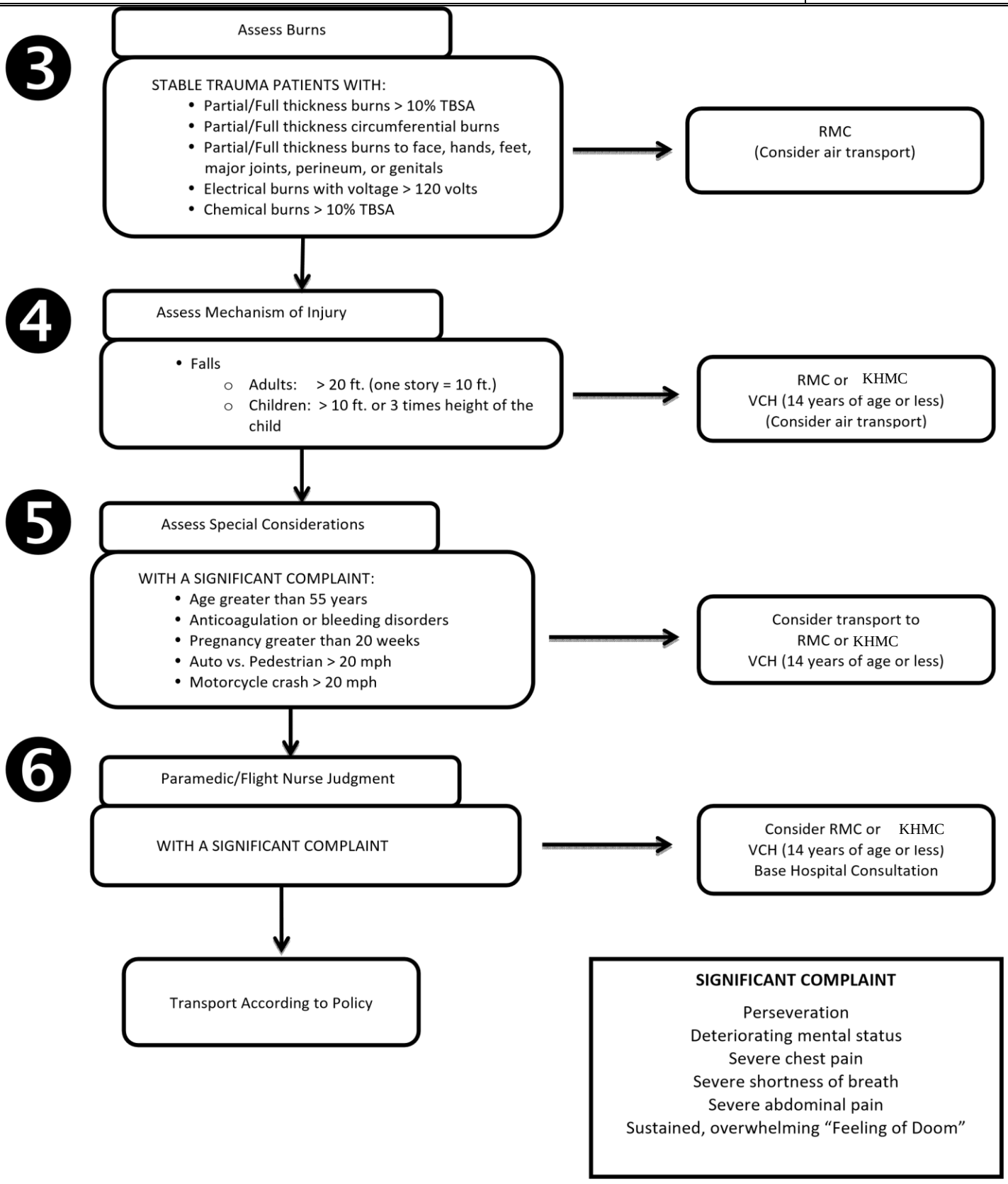
III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closet facility in accordance with the following chart:



TRAUMA DESTINATION CHART

Subject: Patient Destination	Policy Number: 547



NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).

2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.

3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:

   a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
   b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

   A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

   The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

   a. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns that are more than 10% total body surface area
   b. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) circumferential burns of any body part
   c. Patients with 2^{o} (partial thickness) or 3^{o} (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
   d. Electrical burns with voltage greater than 120 volts
   e. Patients with chemical burns greater than 10% total body surface area.

6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).

7. Trauma patients who go directly to the closest appropriate receiving hospital:

   a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.

   b. Any patient with CPR in progress (refer to EMS Policy #550).

   c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as “Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a “Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, “ALS Interfacility Transports”.

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ EMS #: _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.
[ ] True – transport Patient/Family Choice [ ] False

Patient has alteration in mental status due to dementia or delirium.
[ ] True – transport Patient/Family Choice [ ] False

Patient has a Glasgow Coma Score 13 or less.
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations or wounds inflicted by others.
[ ] True – transport Patient/Family Choice [ ] False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.	[ ] True – transport Patient/Family Choice	[ ] False
Systolic Blood Pressure outside range of 100-180.	[ ] True – transport Patient/Family Choice	[ ] False
Diastolic Blood Pressure greater than 120.	[ ] True – transport Patient/Family Choice	[ ] False
Respiratory Rate outside range of 12-30.	[ ] True – transport Patient/Family Choice	[ ] False

Pediatrics:

Vital signs inappropriate for children (Policy 530.32)	[ ] True – transport Patient/Family Choice	[ ] False

Patient is febrile to palpation/measurement.
[ ] True – transport Patient/Family Choice [ ] False

Is patient under the influence of alcohol or drugs?
[ ] Yes [ ] No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?
[ ] True – transport Patient/Family Choice [ ] False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing