

AGREEMENT

THIS AGREEMENT is made and entered into this 17th day of May 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. herein after referred to as "CONTRACTOR." Reference in this Agreement to "party" or "parties" shall be understood to refer to COUNTY and CONTRACTOR, unless otherwise specified.

WITNESSETH:

WHEREAS, COUNTY is authorized through its Intergovernmental Agreement with the California Department of Health Care Services, hereinafter referred to as State or DHCS, to subcontract for Drug Medi-Cal services (DMC) in Fresno County; and

WHEREAS, COUNTY is authorized to contract with privately operated agencies for the provision of alcohol and other drug treatment services, pursuant to Title 9, Division 4 of the California Code of Regulations and Division 10.5 (commencing with Section 11750) of the California Health and Safety Code; and

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

WHEREAS, the Department of Behavioral Health would like to continue the operation of a 24/7 access line which will provide substance use disorders and mental health services; and

WHEREAS, CONTRACTOR is certified by the State to provide services required by the COUNTY, pursuant to the terms and conditions of this Agreement.

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

1. SERVICES

A. CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in Exhibit A, "Scope of Work," attached hereto and by this reference incorporated herein and made part of this agreement.

B. CONTRACTOR shall comply with the Fresno County Substance Use Disorder

1 (FCSUD) Provider Manual, herein after referred to as the "Provider Manual" and by this reference
2 incorporated herein, available at the DBH website at:
3 [https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-
4 providers/substance-use-disorder-providers](https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers/substance-use-disorder-providers). No formal amendment of this agreement is required for
5 changes to the Provider Manual to apply.

6 C. CONTRACTOR shall align program, services, and practices with the vision and
7 mission within Exhibit B, DBH Guiding Principles of Care Delivery, attached hereto and by this reference
8 incorporated herein. Contractor may be required to utilize and integrate clinical tools such as Reaching
9 Recovery at DBH's discretion.

10 Employees involved in a crisis incident should be offered appropriate Employee
11 Assistance Program (EAP) or similar related wellness and recovery assistance. In conjunction with the
12 County DBH's Principles of Care delivery and wellness of the workforce, Contractors shall align their
13 practices around this vision and ensure needed debriefing services are offered to all employees involved
14 in a crisis incident. Employees shall be afforded all services to strengthen their recovery and wellness
15 related to the crisis incident. Appropriate follow-up with the employee shall be carried out and a plan for
16 workforce wellness shall be submitted to the County's DBH.

17 D. It is acknowledged by all parties hereto that COUNTY's DBH Contracted Services
18 Division shall monitor the services operated by CONTRACTOR, in accordance with Section Nineteen
19 (19), EVALUATION – MONITORING, of this agreement.

20 E. CONTRACTOR shall participate in monthly, or as needed, workgroup meetings
21 consisting of staff from COUNTY's DBH to discuss program requirements, data reporting, training,
22 policies, procedures, overall program operations and any problems or foreseeable problems that may
23 arise.

24 F. CONTRACTOR shall maintain requirements as a Drug Medi-Cal Organized
25 Delivery System contractor to the extent applicable for the services described herein throughout the
26 term of this Agreement pursuant to Section Three (3), TERMINATION, of this Agreement.

27 G. CONTRACTOR may maintain records and data related to the operation of the
28 services described within this agreement in COUNTY's electronic health record (EHR) system.

1 COUNTY shall be allowed to review such records and data in the performance and monitoring of this
2 agreement.

3 1) Disclaimer

4 COUNTY makes no warranty or representation that information entered into the
5 COUNTY's EHR system by CONTRACTOR will be accurate, adequate or satisfactory for
6 CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or
7 transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing, use,
8 disclosure, or breach. CONTRACTOR is solely responsible for client information entered by
9 CONTRACTOR into the COUNTY's EHR system. CONTRACTOR will be held harmless for any decision
10 made based on information obtained by COUNTY's EHR which may be inaccurate. CONTRACTOR
11 agrees that all Private Health Information (PHI) maintained by CONTRACTOR in COUNTY's EHR
12 system will be maintained in conformance with all HIPAA laws, as stated in Section Twenty-Nine (29) -
13 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

14 **2. TERM**

15 The term of this Agreement shall be for a period of three (3) years, commencing on July 1,
16 2022 through and including June 30, 2025. This Agreement may be extended for two (2) additional
17 consecutive twelve (12) month periods upon written approval of both parties no later than thirty (30) days
18 prior to the first day of the next twelve (12) month extension period. The DBH Director, or his or her
19 designee, is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR's
20 satisfactory performance.

21 **3. TERMINATION**

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

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

- 28 1) An illegal or improper use of funds;

- 1 2) A failure to comply with any term of this Agreement;
- 2 3) A substantially incorrect or incomplete report submitted to the COUNTY; or
- 3 4) Improperly performed service.

4 In no event shall any payment by the COUNTY constitute a waiver by the COUNTY of any
5 breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither
6 shall such payment impair or prejudice any remedy available to the COUNTY with respect to the breach or
7 default. The COUNTY shall have the right to demand of the CONTRACTOR the repayment to the
8 COUNTY of any funds disbursed to the CONTRACTOR under this Agreement, which in the judgment of
9 the COUNTY were not expended in accordance with the terms of this Agreement. The CONTRACTOR
10 shall promptly refund any such funds upon demand.

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

14 D. Voluntary Termination of Intergovernmental Agreement - The COUNTY may
15 terminate its Agreement with DHCS at any time, for any reason, by giving sixty (60) days written notice
16 to DHCS. In the event the Intergovernmental Agreement is terminated, COUNTY may terminate this
17 contractor agreement. CONTRACTOR shall be paid for services provided to beneficiaries up to the date
18 of termination.

19 **4. COMPENSATION**

20 A. Contingent upon confirmation of funding by the California Department of Health
21 Care Services, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
22 compensation in accordance with Exhibit C, "Budget," attached hereto and by this reference
23 incorporated herein, for each term of the Agreement. Monthly invoices shall be submitted in accordance
24 with Section Five (5), INVOICING, of this Agreement.

25 The maximum compensation amount under this Agreement for the period of July 1, 2022
26 through June 30, 2023 shall not exceed One Million Two Hundred Thirty One Thousand Three Hundred
27 Twenty and No/100 Dollars (\$1,231,320).

28 The maximum compensation amount under this Agreement for the period of July 1, 2023

1 through June 30, 2024 shall not exceed One Million Two Hundred Sixty Six Thousand One Hundred
2 Fifty Seven and No/100 Dollars (\$1,266,157).

3 The maximum compensation amount under this Agreement for the period of July 1, 2024
4 through June 30, 2025 shall not exceed One Million Three Hundred Four Thousand Eight Hundred Sixty
5 and No/100 Dollars (\$1,304,860).

6 The maximum compensation amount under this Agreement for the period of July 1, 2025
7 through June 30, 2026 shall not exceed One Million Three Hundred Forty Four Thousand Three
8 Hundred Sixty Six and No/100 Dollars (\$1,344,366).

9 The maximum compensation amount under this Agreement for the period of July 1, 2026
10 through June 30, 2027 shall not exceed One Million Three Hundred Eighty Five Thousand One and
11 No/100 Dollars (\$1,385,001).

12 The maximum compensation amount under this Agreement for the term July 1, 2022
13 through June 30, 2027 shall not exceed Six Million Five Hundred Thirty One Thousand Seven Hundred
14 Four and No/100 Dollars (\$6,531,704).

15 B. It is understood that all expenses incidental to CONTRACTOR's performance of
16 services under this Agreement shall be borne by CONTRACTOR. If CONTRACTOR fails to comply with
17 any material provision of this Agreement after written notice to CONTRACTOR of the alleged failure and
18 CONTRACTOR's failure to cure after no less than 14 days, COUNTY shall be relieved of its obligation
19 for further compensation.

20 C. Payments shall be made by COUNTY to CONTRACTOR in arrears, for services
21 provided in the preceding month, within forty-five (45) days after the date of receipt and approval by
22 COUNTY of the monthly invoicing as described in Section Five (5), INVOICING, herein. Payments shall
23 be documented to COUNTY on a monthly basis by the twentieth (20) day of the month following the
24 month of said expenditures.

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

28 All final invoices shall be submitted by CONTRACTOR within sixty (60) days following the

1 final month of service for which payment is claimed. No action shall be taken by COUNTY on invoices
2 submitted beyond the sixty (60) day closeout period.

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

9 F. It is understood by CONTRACTOR and COUNTY that this Agreement is funded
10 with Drug Medi-Cal Administrative and/or Realignment Funds. It is further understood by
11 CONTRACTOR and COUNTY that funds shall be used to support appropriate SUD 24/7 Access Line
12 Services.

13 **5. INVOICING**

14 A. CONTRACTOR shall invoice COUNTY by the twentieth (20th) of each month.
15 Total reimbursement cannot exceed the maximum annual contract amount. Invoices shall be submitted
16 via email to the assigned staff analyst and to sas@fresnocountyca.gov.

17 B. COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of
18 the month for the prior month's hosting fee for access to COUNTY's electronic information system in
19 accordance with the fee schedule set forth in Exhibit D, "Electronic Health Records Software Charges,"
20 attached hereto and incorporated herein by this reference and made part of this Agreement. COUNTY
21 shall invoice CONTRACTOR annually for the annual maintenance and licensing fee for access to
22 COUNTY's electronic information system in accordance with the fee schedule as set forth in Exhibit D.
23 CONTRACTOR shall provide payment for these expenditures to COUNTY's Department of Behavioral
24 Health, Accounts Receivable, P.O. Box 712, Fresno, CA 93717-0712, Attention: Business Office, within
25 forty-five (45) days after the date of receipt by CONTRACTOR of the invoicing provided by COUNTY.

26 C. At the discretion of COUNTY's DBH Director or designee, if an invoice is incorrect
27 or is otherwise not in proper form or substance, COUNTY's DBH Director or designee shall have the
28 right to withhold payment as to only that portion of the invoice that is incorrect or improper with five (5)

1 days prior notice of intent to withhold funds to CONTRACTOR. CONTRACTOR agrees to continue to
2 provide services for a period of ninety (90) days after notification of an incorrect or improper invoice. If
3 after the ninety (90) day period, the invoice(s) is still not corrected to the satisfaction of COUNTY DBH,
4 COUNTY's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the
5 termination provisions stated in Section Three (3), TERMINATION, of this Agreement. COUNTY's DBH,
6 at the discretion of COUNTY's DBH Director or designee, shall have the right to deny payment of any
7 additional invoices received ninety (90) days after the expiration of each term of this Agreement or
8 termination of this Agreement. If invoices are not submitted within ninety (90) days after each twelve
9 (12) month period expires or this Agreement is terminated, COUNTY's DBH Director or her designee
10 shall have the right to deny payment on such invoices.

11 D. CONTRACTOR shall maintain financial records for a period of ten (10) years or
12 until any dispute, audit or inspection is resolved, whichever is later. CONTRACTOR is responsible for
13 any disallowances related to inadequate documentation.

14 E. CONTRACTOR is responsible for collection and managing data in a manner to be
15 determined by DHCS and the Fresno County Drug Medi-Cal Organized Delivery System in accordance
16 with applicable rules and regulations.

17 **6. LICENSING-CERTIFICATES**

18 Throughout each term of this Agreement, CONTRACTOR and CONTRACTOR's staff shall
19 maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the
20 provision of the services hereunder and required by the laws and regulations of the United States of
21 America, State of California, the County of Fresno, and any other applicable governmental agencies.
22 CONTRACTOR shall notify COUNTY immediately in writing of its inability to obtain or maintain such
23 licenses, permits, approvals, certificates, waivers and exemptions irrespective of the pendency of any
24 appeal related thereto. Additionally, CONTRACTOR and CONTRACTOR's staff shall comply with all
25 applicable laws, rules or regulations, as may now exist or be hereafter changed.

26 **7. PROHIBITION ON PUBLICITY**

27 None of the funds, materials, property or services provided directly or indirectly under this
28 Agreement shall be used for CONTRACTOR's advertising, fundraising, or publicity (i.e., purchasing of

1 tickets/tables, silent auction donations, etc.) for the purpose of self-promotion. Notwithstanding the above,
2 publicity of the services described in Section One (1), SERVICES, of this Agreement shall be allowed as
3 necessary to raise public awareness about the availability of such specific services when approved in
4 advance by the DBH Director, or his or her designee, and at a cost to be provided for such items as
5 written/printed materials, the use of media (i.e., radio, television, newspapers) and any other related
6 expense(s). Communication products must follow DBH graphic standards, including typefaces and
7 colors, to communicate our authority and project a unified brand. This includes all media types and
8 channels and all materials on and offline that are created as part of DBH's efforts to provide information
9 to the public.

10 **8. NO THIRD-PARTY BENEFICIARIES**

11 It is understood and agreed by and between the parties that the services provided by
12 CONTRACTOR for COUNTY herein are solely for the benefit of the COUNTY, and that nothing in this
13 Agreement is intended to confer on any person other than the parties hereto any right under or by reason of
14 this Agreement.

15 **9. INDEPENDENT CONTRACTOR**

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

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

27 Because of its status as an independent contractor, CONTRACTOR shall have absolutely
28 no right to employment rights and benefits available to COUNTY employees. CONTRACTOR shall be

1 solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee
2 benefits. In addition, CONTRACTOR shall be solely responsible and save COUNTY harmless from all
3 matters relating to payment of CONTRACTOR'S employees, including compliance with Social Security
4 withholding and all other regulations governing such matters. It is acknowledged that during the term of this
5 Agreement, CONTRACTOR may be providing services to others unrelated to the COUNTY or to this
6 Agreement.

7 **10. NON-ASSIGNMENT / SUBCONTRACTS**

8 Neither party shall assign, transfer or sub-contract this Agreement nor their rights or duties
9 under this Agreement without the prior written consent of the other party.

10 CONTRACTOR shall be required to assume full responsibility for all services and activities
11 covered by this Agreement, whether or not CONTRACTOR is providing services directly. Further,
12 CONTRACTOR shall be the sole point of contact with regard to contractual matters, including payment of
13 any and all charges resulting from this Agreement.

14 If CONTRACTOR should propose to subcontract with one or more third parties to carry out
15 a portion of services covered by this Agreement, any such subcontract shall be in writing and approved as
16 to form and content by COUNTY's DBH Director, or his or her designee, prior to execution and
17 implementation. COUNTY's DBH Director, or his or her designee, shall have the right to reject any such
18 proposed subcontract. Any such subcontract together with all activities by or caused by CONTRACTOR
19 shall not require compensation greater than the total budget contained herein. An executed copy of any
20 such subcontract shall be received by COUNTY before any implementation and shall be retained by
21 COUNTY. CONTRACTOR shall be responsible to COUNTY for the proper performance of any
22 subcontract. Any subcontractor shall be subject to the same terms and conditions that CONTRACTOR is
23 subject to under this Agreement.

24 **11. CONFLICT OF INTEREST**

25 No officer, agent, or employee of COUNTY who exercises any function or responsibility for
26 planning and carrying out the services provided under this Agreement shall have any direct or indirect
27 personal financial interest in this Agreement. CONTRACTOR shall comply with all Federal, State of
28 California, and local conflict of interest laws, statutes, and regulations, which shall be applicable to all

1 parties and persons served under this Agreement and any officer, agent, or employee of COUNTY.

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3 **12. DISCLOSURE OF SELF-DEALING TRANSACTIONS**

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

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

15 **13. ASSURANCES**

16 In entering into this Agreement, CONTRACTOR certifies that it is not currently excluded,
17 suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs; that it has
18 not been convicted of a criminal offense related to the provision of health care items or services; nor has it
19 been reinstated to participation in the Federal Health Care Programs after a period of exclusion,
20 suspension, debarment, or ineligibility. If COUNTY learns, subsequent to entering into a contract, that
21 CONTRACTOR is ineligible on these grounds, COUNTY will remove CONTRACTOR from responsibility
22 for, or involvement with, COUNTY's business operations related to the Federal Health Care Programs and
23 shall remove such CONTRACTOR from any position in which CONTRACTOR's compensation, or the
24 items or services rendered, ordered or prescribed by CONTRACTOR may be paid in whole or part, directly
25 or indirectly, by Federal Health Care Programs or otherwise with Federal Funds at least until such time as
26 CONTRACTOR is reinstated into participation in the Federal Health Care Programs. Further the
27 CONTRACTOR agrees to the Disclosure of Criminal History and Civil Actions and Certification regarding
28 debarment suspension and other responsibility matters primary covered transactions; CONTRACTOR

1 must sign an appropriate "Certification Regarding Debarment, Suspension, and Other Responsibility
2 Matters," attached hereto as Exhibit F, incorporated herein by reference and made part of this Agreement.

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

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

16 1) In the event the potential employee or subcontractor informs
17 CONTRACTOR that he or she is excluded, suspended, debarred or otherwise ineligible, or has been
18 convicted of a criminal offense relating to the provision of health care services, and CONTRACTOR hires
19 or engages such potential employee or subcontractor, CONTRACTOR will ensure that said employee or
20 subcontractor does not work, either directly or indirectly relating to services provided to COUNTY.

21 2) Notwithstanding the above, COUNTY at its discretion may terminate this
22 Agreement in accordance with Section Four (4), TERMINATION, of this Agreement, or require adequate
23 assurance (as defined by COUNTY) that no excluded, suspended or otherwise ineligible employee or
24 subcontractor of CONTRACTOR will perform work, either directly or indirectly, relating to services provided
25 to COUNTY. Such demand for adequate assurance shall be effective upon a time frame to be determined
26 by COUNTY to protect the interests of COUNTY persons served.

27 C. CONTRACTOR shall verify (by asking the applicable employees and
28 subcontractors) that all current employees and existing subcontractors who, in each case, are expected to

1 perform professional services under this Agreement (1) are not currently excluded, suspended, debarred,
2 or otherwise ineligible to participate in the Federal Health Care Programs; (2) have not been convicted of a
3 criminal offense related to the provision of health care items or services; and (3) have not been reinstated to
4 participation in the Federal Health Care Program after a period of exclusion, suspension, debarment, or
5 ineligibility. In the event any existing employee or subcontractor informs CONTRACTOR that he or she is
6 excluded, suspended, debarred or otherwise ineligible to participate in the Federal Health Care Programs,
7 or has been convicted of a criminal offense relating to the provision of health care services,
8 CONTRACTOR will ensure that said employee or subcontractor does not work, either direct or indirect,
9 relating to services provided to COUNTY.

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

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

21 D. CONTRACTOR agrees to cooperate fully with any reasonable requests for
22 information from COUNTY which may be necessary to complete any internal or external audits relating to
23 this Agreement.

24 E. CONTRACTOR agrees to reimburse COUNTY for the entire cost of any penalty
25 imposed upon COUNTY by the Federal Government as a result of CONTRACTOR's violation of the terms
26 of this Agreement.

27 **14. MODIFICATION**

28 Any matters of this Agreement may be modified from time to time by the written consent of

1 all the parties without, in any way, affecting the remainder.

2 Notwithstanding the above, changes to services, staffing, and responsibilities of the
3 CONTRACTOR, as needed to accommodate changes in State and Federal Law relating to mental health
4 and substance use disorder treatment may be made with the signed written approval of COUNTY's DBH
5 Director, or his or her designee, and respective CONTRACTOR(S) through an amendment approved by
6 COUNTY's Counsel and the COUNTY's Auditor-Controller's office.

7 **15. INSURANCE**

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

12 A. Commercial General Liability

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

18 B. Automobile Liability

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

22 C. Professional Liability

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

26 D. Worker's Compensation

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

1 E. Cyber Liability

2 Cyber Liability Insurance, with limits not less than \$2,000,000 per occurrence or claim,
3 \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is
4 undertaken by CONTRACTOR in this Agreement and shall include, but not be limited to, claims involving
5 infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade
6 dress, invasion of privacy violations, information theft, damage to or destruction of electronic information,
7 release of private information, alteration of electronic information, extortion and network security. The policy
8 shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit
9 monitoring expenses with limits sufficient to respond to these obligations.

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

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

22 Within thirty (30) days from the date CONTRACTOR signs and executes this Agreement,
23 CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the
24 foregoing policies, as required herein, to the assigned analyst at the County of Fresno, Department of
25 Behavioral Health, Contracts Division at 3133 N Millbrook Avenue, Fresno, California, 93703, stating that
26 such insurance coverages have been obtained and are in full force; that the County of Fresno, its officers,
27 agents and employees will not be responsible for any premiums on the policies; that for such worker's
28 compensation insurance the CONTRACTOR has waived its right to recover from the COUNTY, its officers,

1 agents, and employees any amounts paid under the insurance policy and that waiver does not invalidate
2 the insurance policy; that such Commercial General Liability insurance names the County of Fresno, its
3 officers, agents and employees, individually and collectively, as additional insured, but only insofar as the
4 operations under this Agreement are concerned; that such coverage for additional insured shall apply as
5 primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents
6 and employees, shall be excess only and not contributing with insurance provided under CONTRACTOR's
7 policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30)
8 days advance, written notice given to COUNTY.

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

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

15 **16. HOLD HARMLESS**

16 CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY'S request,
17 defend the COUNTY, its officers, agents, and employees from any and all costs and expenses (including
18 attorney's fees and costs), damages, liabilities, claims, and losses occurring or resulting to COUNTY in
19 connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents, or
20 employees under this Agreement, and from any and all costs and expenses (including attorney's fees and
21 costs), damages, liabilities, claims, and losses occurring or resulting to any person, firm, or corporation who
22 may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers,
23 agents, or employees under this Agreement.

24 CONTRACTOR agrees to indemnify COUNTY for Federal, State of California audit
25 exceptions resulting from noncompliance herein on the part of the CONTRACTOR.

26 The provisions of this Section Sixteen (16), HOLD HARMLESS, shall survive termination
27 of this Agreement.

28 **17. SINGLE AUDIT**

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

15 B. A single audit report is not applicable if CONTRACTOR's Federal contracts do not
16 exceed the Seven Hundred Fifty Thousand Dollars (\$750,000.00) requirement or CONTRACTOR's only
17 funding is through Drug Medi-Cal. If a single audit is not applicable, a program audit must be performed and
18 a program audit report with management letter shall be submitted by CONTRACTOR to COUNTY as a
19 minimum requirement to attest to CONTRACTOR's solvency. Said audit report shall be delivered to
20 COUNTY's Department of Behavioral Health, Business Office for review, no later than nine (9) months after
21 the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to
22 comply with this Act may result in COUNTY performing the necessary audit tasks or contracting with a
23 qualified accountant to perform said audit. All audit costs related to this Agreement are the sole
24 responsibility of CONTRACTOR who agrees to take corrective action to eliminate any material
25 noncompliance or weakness found as a result of such audit. Audit work performed by COUNTY under this
26 section shall be billed to the CONTRACTOR at COUNTY's cost, as determined by COUNTY's Auditor-
27 Controller/Treasurer-Tax Collector.

28 C. CONTRACTOR shall make available all records and accounts for inspection by

1 COUNTY, the State of California, if applicable, the Comptroller General of the United States, the Federal
2 Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a minimum of
3 ten (10) years, in accordance with 42 CFR Part 438.3(h), from the finalized cost settlement process or, if an
4 audit by the Federal government or DHCS has been started before the expiration of the ten (10) year
5 period, records shall be maintained until completion of the audit and final resolution of all findings.

6 **18. AUDITS AND INSPECTIONS**

7 The CONTRACTOR shall at any time during business hours, and as often as the COUNTY
8 may deem necessary, make available to the COUNTY for examination all of its records and data with
9 respect to the matters covered by this Agreement. The CONTRACTOR shall, upon request by the
10 COUNTY, permit the COUNTY to audit and inspect all electronic or print books and records as well as
11 inspection of the premises, physical facilities and equipment where Medicaid-related activities are
12 conducted to ensure CONTRACTOR'S compliance with the terms of this Agreement.

13 The refusal of CONTRACTOR to permit access to, and inspection of, electronic or print
14 books and records, physical facilities, and/or refusal to permit interviews with employees, as described in
15 this part, constitutes an express and immediate material breach of this Agreement and will be sufficient
16 basis to terminate the Agreement for cause or default.

17 The right to audit under this section exists for ten (10) years from the final date of the
18 agreement period or from the date of completion of any audit, whichever is later.

19 Notwithstanding the provisions stated in Section Two (2), TERM, of this Agreement, it is
20 acknowledged by the parties hereto that this Agreement shall continue in full force and effect until all audit
21 procedures and requirements as stated in this Agreement have been completed to the review and
22 satisfaction of COUNTY. CONTRACTOR shall bear all costs in connection with or resulting from any audit
23 and/or inspections including, but not limited to, actual costs incurred and the payment of any expenditures
24 disallowed by either COUNTY, State, or Federal governmental entities, including any assessed interest and
25 penalties.

26 CONTRACTOR shall make available all records and accounts for inspection by COUNTY,
27 the State of California, if applicable, the Comptroller General of the United States, the Federal Grantor
28 Agency, or any of their duly authorized representatives, at all reasonable times for a minimum of ten (10)

1 years, in accordance with 42 CFR Part 438.3(h), from the finalized cost settlement process or, if an audit by
2 the Federal government or DHCS has been started before the expiration of the ten (10) year period,
3 records shall be maintained until completion of the audit and final resolution of all findings.

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

7 **19. EVALUATION – MONITORING**

8 CONTRACTOR shall participate in a review of the program at least yearly or more
9 frequently, or as needed, at the discretion of COUNTY. The CONTRACTOR agrees to supply all
10 information requested by the COUNTY, DHCS, and/or the subcontractor during the program evaluation,
11 monitoring, and/or review.

12 COUNTY's DBH Director, or his or her designee, and DHCS or their designees shall
13 monitor and evaluate the performance of CONTRACTOR under this Agreement to determine to the best
14 possible degree the success or failure of the services provided under this Agreement. At the discretion of
15 the COUNTY, a subcontractor may be obtained by the COUNTY to independently evaluate and monitor the
16 performance of the CONTRACTOR. CONTRACTOR shall participate in the evaluation of the program as
17 needed, at the discretion of COUNTY.

18 COUNTY shall recapture from CONTRACTOR the value of any services or other
19 expenditures determined to be ineligible based on the COUNTY or State monitoring results. At the
20 discretion of the COUNTY, CONTRACTOR shall enter into a repayment agreement with the COUNTY, with
21 total monthly payments not to exceed twelve (12) months from the date of the repayment agreement, to
22 recover the amount of funds to be recouped. The monthly repayment amounts shall be netted against the
23 CONTRACTOR's monthly billing for services rendered during the month. COUNTY reserves the right to
24 forgo a repayment agreement and recoup all funds immediately.

25 **20. REPORTS—SUBSTANCE USE DISORDER SERVICES**

26 CONTRACTOR(S) shall submit all information and data required by COUNTY and State.
27 Reporting requirements may be revised periodically to reflect changes to State mandated reporting.
28 CONTRACTOR(S) that are not in compliance with reporting deadlines are subject to payment

1 withholding until reporting compliance is achieved. Reporting requirements include, but are not limited
2 to, the following:

3 A. ASAM Level of Care (LOC) – Submit ASAM LOC data in a format determined by
4 DBH, on a schedule as determined by the COUNTY which complies with State requirements;

5 B. Access Form – CONTRACTOR shall enter access information into COUNTY’s
6 EHR at time of first contact with person served;

7 C. Ineligible Person Screening Report – format provided by COUNTY DBH and due
8 by the fifteenth (15th) day of each month to comply with State requirements;

9 D. Logic Manager Incident Reporting – as needed, when incidents occur and as
10 instructed in Exhibit G, Protocol for Completion of Incident Report.

11 E. Grievance Log - due by the fifteen (15th) day of each month;

12 F. Cultural Competency Survey – completed annually in a format to be determined
13 by DBH;

14 G. Americans with Disabilities (ADA) – Annually, upon request by COUNTY DBH,
15 CONTRACTOR(S) shall complete a system-wide accessibility survey in a format determined by DBH for
16 each service location and modality and shall submit an ADA Accessibility Certification and Self-
17 Assessment, including an Implementation Plan, for each service location;

18 H. Culturally and Linguistically Appropriate Services (CLAS) - Annually, upon request
19 by COUNTY DBH, CONTRACTOR(S) shall complete an agency CLAS survey in a format determined by
20 COUNTY DBH and shall submit a CLAS Self-Assessment, including an Implementation Plan;

21 I. Network Adequacy Certification Tool (NACT) – Annually, upon request,
22 CONTRACTOR shall submit NACT data as requested by COUNTY DBH;

23 J. Cost Reports – On an annual basis for each fiscal year ending June 30th
24 CONTRACTOR(S) shall submit a complete and accurate detailed cost report(s). Refer to Section
25 Twenty-four (24), Cost Reporting, for cost reporting requirements.

26 K. Outcome Reports – CONTRACTOR and COUNTY shall agree to standard reports
27 within 30 days of the execution of this agreement. CONTRACTOR shall deliver the reports according to
28 the timeframes agreed to by CONTRACTOR and COUNTY. Non-standard reports shall be delivered

1 according to a mutually agreed-to timeline after full specifications are received and confirmed by
2 CONTRACTOR and approved by COUNTY.

3 **21. PROPERTY OF COUNTY**

4 A. CONTRACTOR shall submit purchase invoices for the purchase of any fixed assets
5 with their monthly invoices. All purchases over Five Thousand and No/100 Dollars (\$5,000.00), and certain
6 purchases under Five Thousand and No/100 Dollars (\$5,000.00) such as fans, calculators, cameras,
7 VCRs, DVDs and other sensitive items as determined by COUNTY's DBH Director, or his or her designee,
8 made during the life of this Agreement shall be identified as assets that can be inventoried and maintained
9 in COUNTY's DBH Asset Inventory System. These assets shall be retained by COUNTY, as COUNTY
10 property, in the event this Agreement is terminated or upon expiration of this Agreement. CONTRACTOR
11 agrees to participate in an annual inventory of all COUNTY fixed assets and shall be physically present
12 when fixed assets are returned to COUNTY's possession at the termination or expiration of this Agreement.
13 CONTRACTOR is responsible for returning to COUNTY all COUNTY owned fixed assets, or the monetary
14 value of said fixed assets if unable to produce the fixed assets at the expiration or termination of this
15 Agreement.

16 B. The purchase of any equipment by CONTRACTOR with funds provided
17 hereunder shall require the prior written approval of COUNTY's DBH Director or his or her designee,
18 shall fulfill the provisions of this Agreement as appropriate, and must be directly related to
19 CONTRACTOR's services or activity under the terms of this Agreement. COUNTY's DBH Director, or
20 his or her designee, may refuse reimbursement for any costs resulting from equipment purchased,
21 which are incurred by CONTRACTOR, if prior written approval has not been obtained from COUNTY.

22 C. The terms and conditions described in this Section are not applicable to the
23 leasing of vehicles by CONTRACTOR with the funds provided under this Agreement.

24 **22. RECORDS**

25 A. RECORD ESTABLISHMENT AND MAINTENANCE –CONTRACTOR shall
26 establish and maintain records in accordance with State and Federal rules and regulations in addition to
27 those requirements prescribed by COUNTY with respect to all matters covered by this Agreement.
28 Except as otherwise authorized by COUNTY, CONTRACTOR shall retain all other records for a period

1 of ten (10) years from the finalized cost settlement process, or from the date of completion of any audit,
2 whichever is later.

3 B. DOCUMENTATION – CONTRACTOR shall maintain adequate records in
4 sufficient detail to make possible an evaluation of services and contain all the data necessary in
5 reporting to the State of California and/or Federal agency. All persons served records shall be
6 maintained pursuant to applicable State of California and Federal requirements concerning
7 confidentiality. In the event of contract termination or expiration, all original copies of clinical records,
8 including clinical charts, group sign-in sheets, and fiscal records, including original receipts, for a period
9 of ten (10) years shall be delivered to COUNTY.

10 C. REPORTS – CONTRACTOR shall submit to COUNTY periodic fiscal and all
11 program reports as further described in Section Twenty (20) REPORTS – Substance Use Disorder
12 Services. CONTRACTOR shall submit a complete and accurate year-end cost report for each fiscal year
13 affected by this Agreement, following the end of each fiscal year affected by this Agreement.
14 CONTRACTOR shall also furnish to COUNTY such statements, records, reports, data, and information
15 as COUNTY may request pertaining to matters covered by this Agreement. All reports submitted by
16 CONTRACTOR to COUNTY must be typewritten.

17 D. SUSPENSION OF COMPENSATION – In the event that CONTRACTOR fails to
18 provide reports specified in this Agreement, it shall be deemed sufficient cause for COUNTY to withhold
19 payments until there is compliance.

20 E. PERSON SERVED CONFIDENTIALITY – CONTRACTOR shall conform to and
21 COUNTY shall monitor compliance with all State and Federal statutes and regulations regarding
22 confidentiality, including but not limited to confidentiality of information requirements of 42 CFR § 2.1 et
23 seq., Welfare and Institutions Code §§ 5328, 10850 and 14100.2, Health and Safety Code §§ 11977
24 and 11812, Civil Code, Division 1, Part 2.6, and CCR Title 22 § 51009.

25 **23. DATA SECURITY**

26 For the purpose of preventing the potential loss, misappropriation or inadvertent access,
27 viewing, use or disclosure of COUNTY data including sensitive or personal person served information;
28 abuse of COUNTY resources; and/or disruption to COUNTY operations, individuals and/or agencies that

1 enter into a contractual relationship with the COUNTY for the purpose of providing services under this
2 Agreement must employ adequate data security measures to protect the confidential information provided
3 to CONTRACTOR by the COUNTY, including but not limited to the following:

4 A. CONTRACTOR-OWNED MOBILE, WIRELESS, OR HANDHELD DEVICES

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

- 7 1) CONTRACTOR has received authorization by COUNTY for telecommuting
8 purposes;
- 9 2) Current virus protection software is in place;
- 10 3) Mobile device has the remote wipe feature enabled; and
- 11 4) A secure connection is used.

12 B. CONTRACTOR-OWNED COMPUTERS OR COMPUTER PERIPHERALS

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

19 C. COUNTY-OWNED COMPUTER EQUIPMENT

20 CONTRACTOR or anyone having an employment relationship with the COUNTY
21 may not use COUNTY computers or computer peripherals on non-COUNTY premises without prior
22 authorization from the COUNTY's Chief Information Officer, and/or designee(s).

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

25 E. CONTRACTOR shall be responsible to employ strict controls to ensure the integrity
26 and security of COUNTY's confidential information and to prevent unauthorized access, viewing, use or
27 disclosure of data maintained in computer files, program documentation, data processing systems, data
28 files and data processing equipment which stores or processes COUNTY data internally and externally.

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

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

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

13 **24. COMPLIANCE WITH LAWS, POLICIES AND RULES**

14 CONTRACTOR shall comply with all applicable rules and regulations set forth in CCR Titles
15 9 and 22, and California Health and Safety Code § 11750 et seq., with the exception of regulations waived
16 by the Centers for Medicare and Medicaid Services and DHCS, as stated within the DMC-Organized
17 Delivery System (ODS) Special Terms and Conditions (STCs) and the DMC Intergovernmental Agreement.
18 CONTRACTOR shall comply with any other Federal and State laws or guidelines applicable to
19 CONTRACTOR's performance under this Agreement or any local ordinances, regulations, or policies
20 applicable. Such provisions include, but are not restricted to:

21 A. CONTRACTOR shall comply with 42 CFR Part 438.

22 B. CONTRACTOR shall furnish person served records in accordance with the
23 applicable Federal, State and local regulations and requirements, including in such records a treatment
24 plan for each person served, and evidence of each service rendered.

25 C. CONTRACTOR shall comply with statistical reporting and program evaluation
26 systems as provided in State of California regulations and in this Agreement.

27 D. CONTRACTOR shall comply with requirements contained in the DMC
28 Intergovernmental Agreement with DHCS by this reference incorporated herein, until such time that a new

1 DMC Intergovernmental Agreement is established. Upon amendment of the DMC Intergovernmental
2 Agreement, the terms of the amended Contract shall automatically be incorporated into this Agreement.

3 E. CONTRACTOR shall inform every person served of their rights regarding Grievance
4 and Appeals according to state and federal law.

5 F. CONTRACTOR shall file an incident report for all incidents involving persons served
6 and CONTRACTOR staff, using COUNTY's Incident Reporting System, following the Protocol for
7 Completion of Incident Report.

8 G. In the event any law, regulation, or policy referred to in this Agreement is amended
9 during the term thereof, the parties hereto agree to comply with the amended provision as of the effective
10 date of such amendment. Exhibits will be updated as needed and no formal amendment of this contract is
11 required for new rules to apply.

12 **25. NON-DISCRIMINATION PROVISION**

13 ELIGIBILITY FOR SERVICES – CONTRACTOR shall prepare, prominently post in its
14 facility, and make available to the DBH Director, or his or her designee, and to the public all eligibility
15 requirements to participate in the program funded under this Agreement. CONTRACTOR shall not
16 unlawfully discriminate in the provision of services because of sex, race, religion, color, national origin,
17 ancestry, ethnic group identification, physical disability, mental disability, medical condition, genetic
18 information, sexual orientation, marital status, age, gender, gender identity, gender expression, or
19 military or veteran status as provided by State of California and Federal law in accordance with Title VI
20 of the Civil Rights Act of 1964 (42 USC § 2000(d)); Age Discrimination Act of 1975 (42 USC § 1681);
21 Rehabilitation Act of 1973 (29 USC § 794); Education Amendments of 1972 (20 USC § 1681);
22 Americans with Disabilities Act of 1990 (42 USC § 12132); 45 CFR, Part 84; provisions of the Fair
23 Employment and Housing Act (California Government Code § 12900); and regulations promulgated
24 thereunder (CCR Title 2, § 7285.0); Title 2, Division 3, Article 9.5 of the California Government Code
25 commencing with section 11135; and CCR Title 9, Division 4, Chapter 6 commencing with section
26 10800.

27 A. EQUAL OPPORTUNITY – CONTRACTOR shall comply with California Government
28 Code, § 2990 and CCR Title 2, Division 4, Chapter 5, in matters related to the development,

1 implementation, and maintenance of a nondiscrimination program. CONTRACTOR shall not discriminate
2 against any employee or applicant for employment because sex, race, religion, color, national origin,
3 ancestry, ethnic group identification, physical disability, mental disability, medical condition, genetic
4 information, sexual orientation, marital status, age, gender, gender identity, gender expression, or military
5 or veteran status. Such practices include retirement, recruitment, advertising, hiring, layoff, termination,
6 upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms
7 and conditions of employment. CONTRACTOR agrees to post in conspicuous places, notices available to
8 all employees and applicants for employment setting forth the provisions of the Equal Opportunity Act (42
9 USC § 2000(e)) in conformance with Federal Executive Order No. 11246. CONTRACTOR agrees to
10 comply with the provisions of the Rehabilitation Act of 1973 (29 USC § 794).

11 B. SUSPENSION OF COMPENSATION – If an allegation of discrimination occurs,
12 DBH may withhold all further funds, until CONTRACTOR can show by clear and convincing evidence to the
13 satisfaction of DBH that funds provided under this Agreement were not used in connection with the alleged
14 discrimination.

15 C. NEPOTISM – Except by consent of the DBH Director, or his or her designee, no
16 person shall be employed by CONTRACTOR who is related by blood or marriage to or who is a member of
17 the Board of Directors or an officer of CONTRACTOR.

18 D. NEW FACILITIES AND DISABILITY ACCESS – New facilities shall be wheelchair
19 accessible and provide access to the disabled, consistent with CCR Title 9, § 10820. If a new facility will be
20 utilized, a plan ensuring accessibility to the disabled must be developed. DBH shall assess, monitor, and
21 document CONTRACTOR's compliance with the Rehabilitation Act of 1973 and Americans with Disabilities
22 Act of 1990 to ensure that recipients/persons served and intended recipients/beneficiaries of services are
23 provided services without regard to physical or mental disability and that CONTRACTOR has provided a
24 facility accessible to the physically disabled.

25 **26. COMPLIANCE**

26 CONTRACTOR(S) shall comply with all requirements of the “Fresno County Behavioral
27 Health Compliance Program Contractor Code of Conduct and Ethics” as set forth in Exhibit H. Within
28 thirty (30) days of entering into this Agreement with the COUNTY, new CONTRACTOR(S) shall have all

1 of CONTRACTOR(S) employees, agents and subcontractors providing services under this Agreement
2 complete General Compliance training and certify in writing, that they have received, read, understood,
3 and shall abide by the requirements set forth in Exhibit H. CONTRACTOR(S) shall ensure that within
4 thirty (30) days of hire, all new employees, agents and subcontractors providing services under this
5 Agreement complete General Compliance training and certify in writing that they have received, read,
6 understood, and shall abide by the requirements set forth in Exhibit H.

7 CONTRACTOR(S) will require all employees, agents and subcontractors providing
8 services under this Agreement to complete General Compliance training annually thereafter and
9 appropriate employees, agents and subcontractors shall complete Substance Use Disorder
10 Documentation Billing or billing/reimbursement training. CONTRACTOR(S) understands that the
11 promotion of and adherence to such requirements is an element in evaluating the performance of
12 CONTRACTOR(S) and its employees, agents and subcontractors.

13 CONTRACTOR(S) employees, agents and subcontractors will submit written
14 certifications upon completion of General Compliance training to the COUNTY's Compliance Officer.

15 CONTRACTOR(S) and its employees, agents and subcontractors will promptly report
16 any suspected violation(s) of the Code of Conduct and Ethics or report any activity that they believe may
17 violate the standards of the Compliance Program through the DBH Compliance Hotline: (888) 262-4174.

18 CONTRACTOR(S) agrees to reimburse COUNTY for the entire cost of any penalty
19 imposed upon COUNTY by the Federal Government as a result of CONTRACTOR(S) violation of the
20 terms of this Agreement.

21 **27. COMPLAINTS**

22 CONTRACTOR shall log complaints and the disposition of all complaints from a persons
23 served or a person served's family. CONTRACTOR shall provide a summary of the complaint log entries
24 concerning COUNTY-sponsored persons served to COUNTY at monthly intervals by the fifteenth (15th)
25 day of the following month, in a format that is mutually agreed upon. CONTRACTOR shall post signs
26 informing person served of their right to file a complaint or grievance. CONTRACTOR shall notify COUNTY
27 of all incidents reportable to state licensing bodies that affect COUNTY persons served within twenty-four
28 (24) hours of receipt of a complaint.

1 Within fifteen (15) days after each incident or complaint affecting COUNTY-sponsored
2 persons served, CONTRACTOR shall provide COUNTY with information relevant to the complaint,
3 investigative details of the complaint, the complaint and CONTRACTOR's disposition of, or corrective
4 action taken to resolve the complaint.

5 **28. CULTURAL COMPETENCY**

6 As related to Cultural and Linguistic Competence:

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

13 B. Policies and procedures for ensuring access and appropriate use of trained
14 interpreters and material translation services for all LEP persons served, including, but not limited to,
15 assessing the cultural and linguistic needs of its persons served, training of staff on the policies and
16 procedures, and monitoring its language assistance program. The CONTRACTOR's procedures must
17 include ensuring compliance of any sub-contracted providers with these requirements.

18 C. CONTRACTOR assurance that minors shall not be used as interpreters.

19 D. CONTRACTOR shall provide and pay for interpreting and translation services to
20 persons participating in CONTRACTOR's services who have limited or no English language proficiency,
21 including services to persons who are deaf or blind. Interpreter and translation services shall be provided as
22 necessary to allow such participants meaningful access to the programs, services and benefits provided by
23 CONTRACTOR. Interpreter and translation services, including translation of CONTRACTOR's "vital
24 documents" (those documents that contain information that is critical for accessing CONTRACTOR's
25 services or are required by law) shall be provided to participants at no cost to the participant.
26 CONTRACTOR shall ensure that any employees, agents, subcontractors, or partners who interpret or
27 translate for a program participant, or who directly communicate with a program participant in a language
28 other than English, demonstrate proficiency in the participant's language and can effectively communicate

1 any specialized terms and concepts peculiar to CONTRACTOR's services.

2 E. In compliance with the State-mandated Culturally and Linguistically Appropriate
3 Services standards as published by the Office of Minority Health, new CONTRACTOR must submit to
4 COUNTY for approval, within 60 days from date of contract execution, CONTRACTOR's plan to address
5 all fifteen national cultural competency standards as set forth in the "National Standards on Culturally and
6 Linguistically Appropriate Services" (CLAS), attached hereto as Exhibit I, and incorporated herein by this
7 reference. County's annual on-site review of CONTRACTOR shall include collection of documentation to
8 ensure all national standards are implemented. As the national competency standards are updated,
9 CONTRACTOR's plan must be updated accordingly.

10 F. CONTRACTOR shall complete and submit county-issued CLAS self-assessment
11 annually. CONTRACTOR shall update CLAS plan as necessary.

12 G. CONTRACTOR shall ensure staff complete a CLAS training annually.
13 CONTRACTOR shall update CLAS program description as necessary.

14 **29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

15 COUNTY and CONTRACTOR each consider and represent themselves as covered
16 entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law
17 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

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

20 COUNTY and CONTRACTOR intend to protect the privacy and provide for the security of
21 Protected Health Information (PHI) pursuant to the Agreement in compliance with HIPAA, the Health
22 Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and
23 regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA
24 Regulations) and other applicable laws.

25 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
26 CONTRACTOR to enter into a contract containing specific requirements prior to the disclosure of PHI,
27 as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code
28 of Federal Regulations (CFR).

1 **30. CHILD ABUSE REPORTING**

2 CONTRACTOR shall utilize a procedure acceptable to the COUNTY to ensure that all of
3 CONTRACTOR's employees, volunteers, consultants, subcontractors or agents performing services under
4 this Agreement shall report all known or suspected child abuse or neglect to one or more of the agencies
5 set forth in Penal Code § 11165.9. This procedure shall include having all of CONTRACTOR's employees,
6 volunteers, consultants, subcontractors or agents performing services under this Agreement sign a
7 statement that he or she knows of and will comply with the reporting requirements set forth in Penal Code §
8 11166. The statement to be utilized by CONTRACTOR for reporting is set forth in Exhibit J, "Notice of Child
9 Abuse Reporting," attached hereto and by this reference incorporated herein.

10 **31. RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES**

11 CONTRACTOR shall adhere to the requirement that no funds shall be used to carry out any
12 program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug unless
13 DHCS chooses to implement a demonstration syringe services program for intravenous drug users.

14 **32. DISCLOSURE OF OWNERSHIP AND/OR CONTROL INTEREST**
15 **INFORMATION**

16 This provision is only applicable if CONTRACTOR is a disclosing entity, fiscal agent, or
17 managed care entity as defined in 42 CFR § 455.101, 455.104, and 455.106(a)(1)(2).

18 In accordance with 42 CFR §§ 455.101, 455.104, 455.105 and 455.106(a)(1)(2), the
19 following information must be disclosed by CONTRACTOR by completing Exhibit K "Disclosure of
20 Ownership and Control Interest Statement," attached hereto and by this reference incorporated herein.

21 CONTRACTOR shall submit this form to COUNTY DBH within thirty (30) days of the effective date of
22 this Agreement and at any time in which the status changes. Submissions shall be scanned pdf copies
23 and are to be sent via email to SAS@fresnocountyca.gov and the assigned analyst at the County of
24 Fresno, Department of Behavioral Health, Contracts Division. <mailto:>

25 A. Name and address of any person(s) whether it be an individual or corporation with
26 an ownership or controlling interest in the disclosing entity or managed care entity.

27 1) Address must include the primary business address, every business
28

1 location and P.O. Box address(es).

2 2) Date of birth and Social Security Number for individuals.

3 3) Tax identification number for other corporations or entities with ownership
4 or controlling interest in the disclosing entity.

5 B. Any subcontractor(s) in which the disclosing entity has five (5) percent or more
6 interest.

7 C. Whether the person(s) with an ownership or controlling interest of the disclosing
8 entity is related to another person having ownership or controlling interest as a parent, spouse, sibling or
9 child. Including whether the person(s) with ownership or controlling interest of the disclosing entity is
10 related to a person (parent, spouse, sibling or child) with ownership or has five (5) percent or more
11 interest in any of its subcontractors.

12 D. Name of any other disclosing entity in which an owner of the disclosing entity has
13 an ownership or control interest.

14 E. The ownership of any subcontractor with whom CONTRACTOR has had business
15 transactions totaling more than twenty-five thousand dollars (\$25,000) during the 12-month period
16 ending on the date of the request; and

17 F. Any significant business transactions between CONTRACTOR and any wholly
18 owned supplier, or between CONTRACTOR and any subcontractor, during the five (5) year period
19 ending on the date of the request.

20 G. Any person(s) with an ownership or control interest in CONTRACTOR, or agent or
21 managing employee of CONTRACTOR; and

22 1) Has been convicted of a criminal offense related to that person's
23 involvement in any program under Medicare, Medicaid, or the Title XX services program since the
24 inception of those programs.

25 H. The ownership of any subcontractor with whom CONTRACTOR has had
26 business transactions totaling more than twenty-five thousand dollars (\$25,000) during the 12-month
27 period ending on the date of the request; and

28 I. Any significant business transactions between CONTRACTOR and any wholly

1 owned supplier, or between CONTRACTOR and any subcontractor, during the five (5) year period
2 ending on the date of the request.

3 **33. CHANGE OF LEADERSHIP/MANAGEMENT**

4 Any and all notices between COUNTY and CONTRACTOR(S) provided for or permitted
5 under this Agreement or by law, shall be in writing and shall be deemed duly served when personally
6 delivered to one of the parties, or in lieu of such personal service, when deposited in the United States Mail,
7 postage prepaid, addressed to such party.

8 In the event of any change in the status of CONTRACTOR's leadership or management,
9 CONTRACTOR shall provide written notice to COUNTY within thirty (30) days from the date of change.
10 Such notification shall include any new leader or manager's name, address and qualifications. "Leadership
11 or management" shall include any employee, member, or owner of CONTRACTOR who either a) directs
12 individuals providing services pursuant to this Agreement; b) exercises control over the manner in which
13 services are provided; or c) has authority over CONTRACTOR's finances.

14 **34. NOTICES**

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

17 COUNTY

18 Director, Fresno County
19 Department of Behavioral Health
1925 E Dakota Ave
Fresno, CA 93726

CONTRACTOR

Exodus Recovery, Inc.
Luana Murphy, CEO
9808 Venice Blvd. Suite 700
Culver City, CA 90232

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

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

7 **35. SEPARATE AGREEMENT**

8 It is mutually understood by the parties that this Agreement does not, in any way, create
9 a joint venture among CONTRACTOR(S). By execution of this Agreement, CONTRACTOR(S)
10 understands that a separate Agreement is formed between each individual CONTRACTOR and
11 COUNTY.

12 **36. GOVERNING LAW**

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

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

17 **37. SEVERABILITY**

18 The provisions of this Agreement are severable. The invalidity or unenforceability of
19 any one provision in the Agreement shall not affect the other provisions.

20 **38. ELECTRONIC SIGNATURE**

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

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

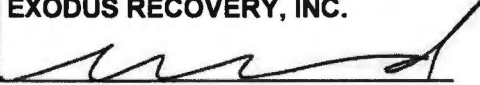
9 **39. ENTIRE AGREEMENT**

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

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

EXODUS RECOVERY, INC.



(Authorized Signature)

LeeAnn Skorohod, COO


Print Name & Title

9808 Venice Blvd Ste 700

Culver City, CA 90232-6824

Mailing Address

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

FOR ACCOUNTING USE ONLY:
Fund:0001
Subclass:10000
ORG:56302081, 5630####
Account:7295

Access Line
Substance Use Disorder And Mental Health Services
Scope Of Work

Organization: Exodus Recovery, Inc.
Corporate Address: 9808 Venice Blvd. Suite 700, Culver City, CA 90232 4441 E.
Service Address: Kings Canyon Road, Fresno, CA 93702 (Bldg. 319)
Program Director: Ana Monreal, RN
Phone Number: (559) 453-6271
Contract Period: July 1, 2022, through June 30, 2027

Background:

Counties participating in the DMC – ODS are required to establish a 24/7 access line to respond to SUD calls from county beneficiaries. The Fresno Mental Health Plan (MHP) is required to operate a state-mandated toll-free answering service in accordance with Title 42, Part 438.

The access line is required to log all calls including at a minimum the following: date of call, caller name, and disposition. The access line is required to be HIPAA and 42 CFR Part 2 compliant and provide for language line capabilities to all callers. A database will be developed and implemented to provide for a written call log and to capture measurable data required by DHCS, Fresno County, and External Quality Review Organization (EQRO – Mental Health/Substance Use Disorders) as well as other locally determined measurable outcomes for system improvements.

Services Start Date:

These services will begin July 1, 2022 and be effective for up to five fiscal years through June 30, 2027. The agreement structure will be for a three-year base period with two optional one-year extensions.

Target Population:

The 24/7 access line will be available to all callers seeking information or access to SUD or MH treatment and prevention services. Exodus must be familiar with Fresno County DBH's SUD system of care and Mental Health Plan in order to provide the most appropriate information to callers. DBH will provide technical assistance where appropriate to ensure that Exodus understands all available services and resources offered by DBH.

Location of Services:

The physical location of these services may be anywhere within the state of California. However, Exodus must be familiar with Fresno County as well as the SUD system of care and the Mental Health Plan network currently in place in order to provide the most accurate information to callers.

Description of Services:

The 24/7 access line for DMC-ODS services will be the same toll-free number currently used for Fresno County DBH: 1-800-654-3937. Exodus will be required to have their own number established. DBH will work with Fresno County's Internal Services Department to forward all calls made to the 1-800-654-3937 number to Exodus's established number.

To ensure timely access to services, client flow is designed with a “No Wrong Door” approach. Any member of the community may contact Fresno County through its 24/7 access line.

Services will be available in all languages through telephonic interpreting and TTY for those who are hard of hearing. During the call an initial screening will be conducted to identify immediate clinical needs based on an assessment for potential risk, crisis, and safety issues. Callers presenting with emergency conditions or who are in crisis will be connected to emergency services immediately with Exodus remaining on the line to ensure that the call is transferred successfully.

Exodus will maintain a resource guide that will be used to direct callers seeking mental health, SUD, and other community resources.

All calls will be logged into DBH’s Electronic Health Record (EHR) using a form/system developed by DBH. DBH will provide access to our EHR to Exodus and offer training and technical assistance on how to use the form/system. At a minimum, Exodus will be required to log the following: name of caller, phone number, reason for call (services, grievance, request for provider list), narrative/disposition of call. Additional items may be added by DBH to meet DHCS requirements or improve quality of services. All grievances will also be logged in the EHR to allow DBH to follow up in a timely manner. All requests for beneficiary handbooks, provider directories, or other informational materials will also be logged. DBH will work with Exodus to implement any additional future requirements imposed by DHCS that apply to the access line.

All calls will be logged within 24 hours. The log will record information of all calls made to the access line. The database will be reviewed by DBH to ensure compliance with all local, state, and federal requirements. DBH may also use the database to follow up on calls requesting additional information, grievances, or other requests which could not be immediately resolved at the access line.

Exodus will be required to identify calls that need a call back. If a call is disconnected, Exodus will attempt to call the caller back immediately. DBH staff may also call the caller back if the disposition of the call requires further investigation. Exodus must use a phone system that allows for multiple users simultaneously. Phone scripts will be developed in partnership with DBH and approved by DBH which addresses SUD, mental health, crises, and community resources. Exodus must ensure that the phone system used can connect to emergency services while the operator remains on the line. All calls will be recorded, and a log will be provided that categorizes calls. All necessary demographic information will be recorded/logged.

Access line staff will provide information on the grievance, appeal, and expedited appeal processes to those callers who request such services. Access line staff will log the grievances, appeals, and expedited appeals and provide the information to DBH. During business hours, the access line will offer to connect the caller directly to DBH’s Managed Care division to file the grievance appeal, or expedited appeals and provide DBH’s Managed Care Division’s contact information.

Periodic test calls will be conducted by DBH staff and designated test callers posing as service seekers to determine the quality of the access line. A minimum of seven SUD test calls will be made by DBH per month with at least two calls made in threshold languages. A minimum of 15 Mental Health test calls will be made by DBH per month with at least two calls made in threshold languages. Summaries of the test calls will be reported at the Quality Improvement and Access Committee monthly meetings to help initiate necessary training and correct deficiencies. Test calls will be monitored for the following:

- Accurate name, date, phone number logged;

- Whether the caller was assessed for crisis;
- Whether the appropriate information was given on how to access SUD services;
- Whether free language assistance was offered.

A report of all findings related to the test calls will be provided to Exodus. A corrective action plan will be completed by Exodus and provided to DBH for approval detailing steps taken to remedy any issues related to service delivery.

The access line will also participate in any Performance Improvement Project (PIP) that affects access to behavioral health services as determined by DBH. Fresno County's Quality Improvement Committee (QIC) will set standards, review performance, and monitor phone response and waiting times to ensure that the access line is appropriately meeting the needs of the community. Exodus will participate in the monthly QIC meetings and its subcommittees, including the Access Committee, in-person, by phone, or by teleconference.

DBH is exploring options to determine if any services provided via the access line are Medi-Cal billable. This may entail having Exodus provide the service directly or developing a strong partnership with existing DBH treatment service providers. If it is determined that any services are billable to Medi-Cal, Exodus will work with DBH to implement any processes that are required to comply with Medi-Cal treatment standards. This may include changes to documentation of calls/services, staffing changes, licenses and certifications, and training. All efforts will be made to ensure that callers contacting the access line are linked to services as soon as possible.

The access line will also handle requests for continuous care, cases in which a person has started services in another county, but now resides in Fresno County. In those cases, the access line will log the call along with the disposition and link the caller to our Managed Care division for further information.

Exodus will also be knowledgeable about existing state lines or other county lines that callers may be connected to such as a WARM, Suicide Prevention, or 211 lines. Exodus will be expected to keep a listing of these lines available and connect callers to these services to ensure that callers receive appropriate services. Exodus will also maintain a listing of all access lines in place for all counties in California to be able to direct callers who reside in another county appropriately.

DBH has also worked with surrounding hospitals and agencies to implement a pilot project to help Emergency Departments identify persons who are receiving behavioral health services from DBH. Emergency Department staff may contact the access line and inquire if a person has received behavioral health services from DBH. If the person has received behavioral health services, information is provided to the Emergency Department to help with discharge planning for the person which may include connecting them to their service provider. If the person is not receiving any services from DBH, the person may be linked to the established access points to begin services such as the Urgent Care Wellness Center or Youth Wellness Center. At this time, this pilot project is only in place for mental health, however, in the future it may expand to SUD. Exodus should plan for this pilot project to continue for the foreseeable future.

Exodus must participate in any committee meetings hosted by DBH or performance improvement projects that involve the access line. Meetings are hosted at least quarterly but may be more frequent if necessary. Participation can either be in person or via videoconference. Currently, the access line providers participate in the Quality Improvement and Access Committees. The current access line providers have also participated in past performance improvement projects related to access and Exodus may be asked to participate in future projects as needed.

SUD

All calls for SUD services will be screened using DBH's standardized American Society of Addiction Medicine (ASAM)-based screening tool to determine the appropriate level of care to which callers will be linked. All clinical staff providing services through the Access Line will be trained in ASAM to ensure consistent application of the criteria. When making referrals to providers after ASAM screenings, access line staff will consider distance traveled, language capability of the program, and the preference of the caller. DBH intends the access line to eventually have the ability to schedule appointments with providers using DBH's EHR. The appointment making process will be discussed and implemented as DBH continues to develop its SUD EHR and the appropriate functionality becomes available. In the meantime, the access line will provide a warm handoff to providers during business hours and allow the provider to schedule appointments. The process will involve the access line contacting a treatment provider while the caller is on the line and ensuring that the caller is successfully connected to a provider. In cases where a treatment provider is not available, access line staff may provide the contact information for the treatment provider to the caller.

The access line will provide afterhours (Monday through Friday 5pm-8am and weekends) care to community members. All calls will receive the same level of service during both business and after hours except for connecting callers to treatment providers who may not operate during afterhours. The access line will triage for emergencies or crises and connect callers to emergency services. If no emergency or crises is present, then the access line will screen and link the caller to a provider. If a treatment provider is not available, the access line will provide the contact information to a treatment provider.

Access line staff will screen callers to ensure that they are Fresno County beneficiaries to the extent possible. Should a caller not have Medi-Cal or out-of-county Medi-Cal and request services they will be directed as follows:

- To DBH's Urgent Care Wellness Center, Youth Wellness Center, or an DBH contracted provider services;
- To emergency services if they have an emergency condition;
- To the Fresno County Department of Social Services (DSS) if they do not have Medi-Cal and would like to address their eligibility.
- If the beneficiary has out of county Medi-Cal, the beneficiary will be directed back to their "home" county for services and be provided with the "home" county's access line information.
- If a determination cannot be made as to whether a caller has Fresno County Medi-Cal, the call will be handled as though they were a Fresno County beneficiary and linkage made to a DBH contracted provider. Eligibility will be confirmed by the DBH contracted provider.
- Every reasonable effort will be made to offer a screening and linkage to an appropriate program to any individual who calls the access line regardless of eligibility status.

Mental Health

All calls for mental health services will be triaged for emergency or crisis situations and connected with emergency services as appropriate. While assessments are not conducted for mental health calls, callers are screened to determine any immediate needs that need to be addressed. Exodus will speak with the caller to determine whether they are seeking treatment services, prevention resources, filing a grievance, or any other information about mental health services. The call will be logged along with a disposition and contact information for the caller. The caller will be provided with information on where they can

begin their mental health services. Adults will be directed to DBH's Urgent Care Wellness Center and youth will be directed to DBH's Youth Wellness Center. Callers seeking to file a grievance or request a provider directory will be directed to DBH's Managed Care division. Callers seeking mental health services will be informed that a DBH clinician or contracted provider will contact them to schedule an assessment or follow up appointment. Callers who are already receiving services from DBH, may also call the access line to leave a message for their assigned clinician. In these cases, Exodus will log the call including the disposition so that DBH staff can review the information and take the appropriate action.

Staffing

The access line will be staffed by licensed practitioners of the healing arts (LPHA) as defined by DHCS, Alcohol and Other Drug (AOD) certified counselors or other clinical staff working within their scope of work. All staff providing clinical services will be required to be credentialed by DBH. Credentialing applications can be found on DBH's webpage at the following location: <https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers/become-a-provider>

Non-clinical staff may be utilized to support services with administrative duties such as data entering, Medi-Cal eligibility determination, and other general clerical functions. All staff must provide services consistent with DBH's Guiding Principles of Care.

Exodus must implement a staffing pattern that allows for both mental health and substance use disorder calls to be addressed appropriately for all needs that a caller may have. DBH prefers that the person who receives the initial call is able to address both mental health and substance use disorder needs. However, Exodus may also propose an interdisciplinary approach as long as the caller's experience is as seamless as possible. In all cases, the access line will be staffed to handle co-occurring callers and ensure that they receive the services that they need and for which they qualify.

Exodus must also ensure that the services have appropriate clinical leadership and provide supervision to the clinical staff working at the program so that all SUD and mental health calls for service are handled with the utmost care.

All staff must complete the following trainings either annually or as frequently as necessary to remain current with applicable requirements:

- DBH's General Compliance Training
- DBH's Documentation and Billing Training
- Cultural Competency Training
- Administrative staff must receive training prior to entering information into DBH's electronic health information systems
- Customer service training

Clinical staff must complete the following trainings either annually or as frequently as necessary to remain current with applicable requirements:

- Motivational Interviewing
- One of the following four evidence-based practices (EBPs):

- Psychoeducation
- Trauma Informed Treatment
- Cognitive Behavioral Therapy
- Relapse Prevention
- American Society of Addiction Medicine (ASAM) trainings (for those staff providing SUD services):
 - Multidimensional Assessment
 - From Assessment to Service Planning and Level of Care
 - Introduction to The ASAM Criteria
- Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

Goals/Outcomes

Exodus will track all outcomes and data as required by the DMC ODS 1115 Waiver, CMS, DHCS, and DBH. DBH may require additional outcomes and data to be tracked and reported. Measures are based on DBH's three "Value Drive" philosophies: engagement, timeliness, and matching person served needs to appropriate services. DBH reflects the Commission of Accreditation of Rehabilitation Facilities (CARF) domains comprising of Effectiveness, Efficiency, Access, Satisfaction & Feedback of Persons Served and Stakeholders. To determine effectiveness and efficiency of services provided, Fresno County DBH will measure performance outcomes/results achieved. Exodus will be required to submit measurable outcomes on an annual basis or as requested by DBH, as identified in the DBH Policy and Procedure Guide (PPG) 1.2.7 "Performance Outcome Measures." Performance outcomes measures must be approved by DBH and satisfy all state and local mandates. DBH will provide technical assistance and support in defining measurable outcomes.

The access line will record and track at least the following information:

- Number of calls received
- Hold/wait times
- Number of dropped calls
- Length of calls
- Call abandonment
- Name of caller/date/initial disposition
 - Reason for call
- Time to answer calls
- Referrals/linkage to service

- Non-English calls
 - Foreign language line requests by language

All test calls will be monitored for the following:

- Accurate name, date, phone number logged
- Whether the call was assessed for crisis or emergency services
- Whether the appropriate information was given on how to access SUD or MH services
- Whether free language assistance was offered

Exodus will assess caller satisfaction in the form of a survey. The survey may be automated and be administered immediately following the call for services/information if callers choose to participate.

Substance Use Disorder

DBH will conduct a minimum of seven test calls (at least two in threshold languages) per month with designated test callers posing as people seeking services/information to determine the quality of the access line. Summaries of the test calls will be reported at either the Quality Improvement or Access Committee meetings hosted by DBH to help initiate necessary training or correct deficiencies.

Mental Health

DBH will conduct a minimum of 15 test calls per month (at least three in threshold languages) with designated test callers posing as people seeking services/information to determine the quality of the access line. Summaries of the test calls will be reported at either the Quality Improvement or Access Committee meetings hosted by DBH to help initiate necessary training or correct deficiencies.

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

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

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 through 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 through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

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

**SUD & MH ACCESS LINE
 EXODUS RECOVERY, INC.
 Fiscal Year (FY) 2022-23**

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Director	0.20	\$ 29,744	\$ -	\$ 29,744
1102	Crisis Team Supervisor	1.00	74,880	8,320	83,200
1103	Crisis Treatment Team Member	9.20	-	693,680	693,680
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		10.40	\$ 104,624	\$ 702,000	\$ 806,624
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ 4,185	\$ 28,080	\$ 32,265
1202	Worker's Compensation		6,277	42,120	48,397
1203	Health Insurance		8,370	56,160	64,530
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Employee Benefits Subtotal:			\$ 18,832	\$ 126,360	\$ 145,192
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ 1,570	\$ 10,530	\$ 12,100
1302	FICA/MEDICARE		7,585	50,895	58,480
1303	SUI		1,570	10,530	12,100
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 10,725	\$ 71,955	\$ 82,680
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 134,181	\$ 900,315	\$ 1,034,496

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,680
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	250
3004	Advertising	-
3005	Staff Development & Training	2,500
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
OPERATING EXPENSES TOTAL:		\$ 4,430

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 168
4002	Rent/Lease Building	6,000
4003	Rent/Lease Equipment	675
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	2,405
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 9,248

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount

5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System) - County Avatar Access	8,339
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,200
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,539

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 160,607
6002	Professional Liability Insurance	10,000
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 170,607

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 3,000
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
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		\$ 3,000

TOTAL PROGRAM EXPENSES		\$ 1,231,320
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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	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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	\$ 1,231,320
REALIGNMENT TOTAL		\$ 1,231,320

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	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,231,320
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NET PROGRAM COST:	\$ -
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**SUD & MH ACCESS LINE
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: SALARIES & BENEFITS		1,034,496	
Employee Salaries		806,624	
1101	Program Director	29,744	Overall Program Direction
1102	Crisis Team Supervisor	83,200	Day-to-day supervision/training/back-up coverage
1103	Crisis Treatment Team Member	693,680	Staff responsible for performing the comprehensive screening of all calls
1104	0	-	
1105	0	-	
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
1116	0	-	
1117	0	-	
1118	0	-	
1119	0	-	
1120	0	-	
Employee Benefits		145,192	
1201	Retirement	32,265	Based upon current rate of 4%
1202	Worker's Compensation	48,397	Based upon current rate of 6%
1203	Health Insurance	64,530	Based upon current rate of 8%
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Payroll Taxes & Expenses:		82,680	
1301	OASDI	12,100	Based upon current rate of 1.5%
1302	FICA/MEDICARE	58,480	Based upon current rate of 7.25%
1303	SUI	12,100	Based upon current rate of 1.5%
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	
2000: CLIENT SUPPORT		-	
2001	Child Care	-	
2002	Client Housing Support	-	
2003	Client Transportation & Support	-	
2004	Clothing, Food, & Hygiene	-	
2005	Education Support	-	
2006	Employment Support	-	
2007	Household Items for Clients	-	
2008	Medication Supports	-	
2009	Program Supplies - Medical	-	
2010	Utility Vouchers	-	
2011	Other (specify)	-	
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	
3000: OPERATING EXPENSES		4,430	
3001	Telecommunications	1,680	Voice/Data services
3002	Printing/Postage	-	
3003	Office, Household & Program Supplies	250	General Office supplies: paper, pens, toner
3004	Advertising	-	
3005	Staff Development & Training	2,500	Ongoing staff development and training costs
3006	Staff Mileage	-	
3007	Subscriptions & Memberships	-	
3008	Vehicle Maintenance	-	
3009	Other (specify)	-	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	

4000: FACILITIES & EQUIPMENT		9,248		
	4001	Building Maintenance	168	New location. Based upon other existing locations of similar size.
	4002	Rent/Lease Building	6,000	Allocated portion for this program. 800 sq ft or 14% of total space
	4003	Rent/Lease Equipment	675	Allocated portion for this program at 14% of total costs
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	2,405	Allocated portion for this program at 14% of total costs
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: SPECIAL EXPENSES		9,539		
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System) - County Avatar Access	8,339	Based upon rates furnished in RFP for 10 staff annually
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,200	Translation services as needed average of 26 hours annually
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: ADMINISTRATIVE EXPENSES		170,607		
	6001	Administrative Overhead	160,607	15% of Direct Costs
	6002	Professional Liability Insurance	10,000	General/Professional Liability insurance
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (specify)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	

7000: FIXED ASSETS		3,000		
	7001	Computer Equipment & Software	3,000	Year one only cost for Supervisor Computer/TTY setup
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	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	
	8003	Crisis Services	
	8004	Medication Support	
	8005	Collateral	
	8006	Plan Development	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,231,320
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,231,320
BUDGET CHECK:	-

**SUD & MH ACCESS LINE
 EXODUS RECOVERY, INC.
 Fiscal Year (FY) 2023-24**

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Director	0.20	\$ 30,636	\$ -	\$ 30,636
1102	Crisis Team Supervisor	1.00	77,126	8,570	85,696
1103	Crisis Treatment Team Member	9.20	-	714,490	714,490
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		10.40	\$ 107,762	\$ 723,060	\$ 830,822
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ 4,310	\$ 28,922	\$ 33,232
1202	Worker's Compensation		6,466	43,384	49,850
1203	Health Insurance		8,621	57,845	66,466
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 19,397	\$ 130,151	\$ 149,548
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ 1,616	\$ 10,846	\$ 12,462
1302	FICA/MEDICARE		7,813	52,422	60,235
1303	SUI		1,616	10,846	12,462
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 11,045	\$ 74,114	\$ 85,159
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 138,204	\$ 927,325	\$ 1,065,529

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,680
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	250
3004	Advertising	-
3005	Staff Development & Training	2,500
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (Specify)	-
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 4,430

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 168
4002	Rent/Lease Building	7,680
4003	Rent/Lease Equipment	675
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	2,477
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 11,000

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount

5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System) - County Avatar Access	8,347
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,200
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,547

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 165,151
6002	Professional Liability Insurance	10,500
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 175,651

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
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		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,266,157
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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	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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	\$ 1,266,157
REALIGNMENT TOTAL		\$ 1,266,157

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	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,266,157
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NET PROGRAM COST:	\$ -
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**SUD & MH ACCESS LINE
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: SALARIES & BENEFITS			1,065,529	
Employee Salaries			830,822	
	1101	Program Director	30,636	Overall Program Direction
	1102	Crisis Team Supervisor	85,696	Day-to-day supervision/training/back-up coverage
	1103	Crisis Treatment Team Member	714,490	Staff responsible for performing the comprehensive screening of all calls
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
Employee Benefits			149,548	
	1201	Retirement	33,232	Based upon current rate of 4%
	1202	Worker's Compensation	49,850	Based upon current rate of 6%
	1203	Health Insurance	66,466	Based upon current rate of 8%
	1204	Other (Specify)	-	
	1205	Other (Specify)	-	
	1206	Other (Specify)	-	
Payroll Taxes & Expenses:			85,159	
	1301	OASDI	12,462	Based upon current rate of 1.5%
	1302	FICA/MEDICARE	60,235	Based upon current rate of 7.25%
	1303	SUI	12,462	Based upon current rate of 1.5%
	1304	Other (Specify)	-	
	1305	Other (Specify)	-	
	1306	Other (Specify)	-	
2000: CLIENT SUPPORT			-	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	-	
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Specify)	-	
	2012	Other (Specify)	-	
	2013	Other (Specify)	-	
	2014	Other (Specify)	-	
	2015	Other (Specify)	-	
	2016	Other (Specify)	-	
3000: OPERATING EXPENSES			4,430	
	3001	Telecommunications	1,680	Voice/Data services
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	250	General Office supplies: paper, pens, toner
	3004	Advertising	-	
	3005	Staff Development & Training	2,500	Ongoing staff development and training costs

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (Specify)	-	
	3010	Other (Specify)	-	
	3011	Other (Specify)	-	
	3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		11,000		
	4001	Building Maintenance	168	New location. Based upon other existing locations of similar size.
	4002	Rent/Lease Building	7,680	Allocated portion for this program. 800 sq ft or 14% of total space
	4003	Rent/Lease Equipment	675	Allocated portion for this program at 14% of total costs
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	2,477	Allocated portion for this program at 14% of total costs
	4007	Other (Specify)	-	
	4008	Other (Specify)	-	
	4009	Other (Specify)	-	
	4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		9,547		
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System) - County Avatar Access	8,347	Based upon rates furnished in RFP for 10 staff annually
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,200	Translation services as needed average of 26 hours annually
	5005	Other (Specify)	-	
	5006	Other (Specify)	-	
	5007	Other (Specify)	-	
	5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		175,651		
	6001	Administrative Overhead	165,151	15% of Direct Costs
	6002	Professional Liability Insurance	10,500	General/Professional Liability insurance
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (Specify)	-	
	6009	Other (Specify)	-	
	6010	Other (Specify)	-	
	6011	Other (Specify)	-	
	6012	Other (Specify)	-	

7000: FIXED ASSETS		-		
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	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)	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDICAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,266,157

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,266,157

BUDGET CHECK: -

SUD & MH ACCESS LINE
 EXODUS RECOVERY, INC.
 Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Director	0.20	\$ 31,555	\$ -	\$ 31,555
1102	Crisis Team Supervisor	1.00	79,440	8,827	88,267
1103	Crisis Treatment Team Member	9.20	-	735,925	735,925
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		10.40	\$ 110,995	\$ 744,752	\$ 855,747
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ 4,440	\$ 29,790	\$ 34,230
1202	Worker's Compensation		6,659	44,685	51,344
1203	Health Insurance		8,881	59,580	68,461
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 19,980	\$ 134,055	\$ 154,035
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ 1,665	\$ 11,171	\$ 12,836
1302	FICA/MEDICARE		8,047	53,995	62,042
1303	SUI		1,665	11,171	12,836
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 11,377	\$ 76,337	\$ 87,714
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 142,352	\$ 955,144	\$ 1,097,496

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,730
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	250
3004	Advertising	-
3005	Staff Development & Training	2,500
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (Specify)	-
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 4,480

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 173
4002	Rent/Lease Building	8,640
4003	Rent/Lease Equipment	695
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	2,551
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 12,059

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount

5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System) - County Avatar Access	8,356
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,250
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,606

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 170,199
6002	Professional Liability Insurance	11,020
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 181,219

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
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		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,304,860
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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	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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	\$ 1,304,860
REALIGNMENT TOTAL		\$ 1,304,860

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	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,304,860
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NET PROGRAM COST:	\$ -
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**SUD & MH ACCESS LINE
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: SALARIES & BENEFITS			1,097,496	
Employee Salaries			855,747	
	1101	Program Director	31,555	Overall Program Direction
	1102	Crisis Team Supervisor	88,267	Day-to-day supervision/training/back-up coverage
	1103	Crisis Treatment Team Member	735,925	Staff responsible for performing the comprehensive screening of all calls
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
Employee Benefits			154,035	
	1201	Retirement	34,230	Based upon current rate of 4%
	1202	Worker's Compensation	51,344	Based upon current rate of 6%
	1203	Health Insurance	68,461	Based upon current rate of 8%
	1204	Other (Specify)	-	
	1205	Other (Specify)	-	
	1206	Other (Specify)	-	
Payroll Taxes & Expenses:			87,714	
	1301	OASDI	12,836	Based upon current rate of 1.5%
	1302	FICA/MEDICARE	62,042	Based upon current rate of 7.25%
	1303	SUI	12,836	Based upon current rate of 1.5%
	1304	Other (Specify)	-	
	1305	Other (Specify)	-	
	1306	Other (Specify)	-	
2000: CLIENT SUPPORT			-	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	-	
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Specify)	-	
	2012	Other (Specify)	-	
	2013	Other (Specify)	-	
	2014	Other (Specify)	-	
	2015	Other (Specify)	-	
	2016	Other (Specify)	-	
3000: OPERATING EXPENSES			4,480	
	3001	Telecommunications	1,730	Voice/Data services
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	250	General Office supplies: paper, pens, toner
	3004	Advertising	-	
	3005	Staff Development & Training	2,500	Ongoing staff development and training costs

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (Specify)	-	
	3010	Other (Specify)	-	
	3011	Other (Specify)	-	
	3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT				
			12,059	
	4001	Building Maintenance	173	New location. Based upon other existing locations of similar size.
	4002	Rent/Lease Building	8,640	Allocated portion for this program. 800 sq ft or 14% of total space
	4003	Rent/Lease Equipment	695	Allocated portion for this program at 14% of total costs
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	2,551	Allocated portion for this program at 14% of total costs
	4007	Other (Specify)	-	
	4008	Other (Specify)	-	
	4009	Other (Specify)	-	
	4010	Other (Specify)	-	

5000: SPECIAL EXPENSES				
			9,606	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System) - County Avatar Access	8,356	Based upon rates furnished in RFP for 10 staff annually
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,250	Translation services as needed average of 26 hours annually
	5005	Other (Specify)	-	
	5006	Other (Specify)	-	
	5007	Other (Specify)	-	
	5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES				
			181,219	
	6001	Administrative Overhead	170,199	15% of Direct Costs
	6002	Professional Liability Insurance	11,020	General/Professional Liability insurance
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (Specify)	-	
	6009	Other (Specify)	-	
	6010	Other (Specify)	-	
	6011	Other (Specify)	-	
	6012	Other (Specify)	-	

7000: FIXED ASSETS				
			-	
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	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)				

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDICAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	1,304,860
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	1,304,860
BUDGET CHECK:	-

**SUD & MH ACCESS LINE
EXODUS RECOVERY, INC.
Fiscal Year (FY) 2025-26**

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Director	0.20	\$ 32,502	\$ -	\$ 32,502
1102	Crisis Team Supervisor	1.00	81,823	9,092	90,915
1103	Crisis Treatment Team Member	9.20	-	758,003	758,003
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		10.40	\$ 114,325	\$ 767,095	\$ 881,420
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ 4,573	\$ 30,684	\$ 35,257
1202	Worker's Compensation		6,860	46,026	52,886
1203	Health Insurance		9,146	61,368	70,514
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 20,579	\$ 138,078	\$ 158,657
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ 1,715	\$ 11,506	\$ 13,221
1302	FICA/MEDICARE		8,289	55,615	63,904
1303	SUI		1,715	11,506	13,221
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 11,719	\$ 78,627	\$ 90,346
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 146,623	\$ 983,800	\$ 1,130,423

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,730
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	300
3004	Advertising	-
3005	Staff Development & Training	2,750
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (Specify)	-
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 4,780

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 178
4002	Rent/Lease Building	9,120
4003	Rent/Lease Equipment	695
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	2,628
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 12,621

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount

5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System) - County Avatar Access	8,365
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,250
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,615

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 175,352
6002	Professional Liability Insurance	11,575
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 186,927

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
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		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,344,366
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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	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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	\$ 1,344,366
REALIGNMENT TOTAL		\$ 1,344,366

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	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,344,366
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NET PROGRAM COST:	\$ -
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**SUD & MH ACCESS LINE
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: SALARIES & BENEFITS			1,130,423	
Employee Salaries			881,420	
	1101	Program Director	32,502	Overall Program Direction
	1102	Crisis Team Supervisor	90,915	Day-to-day supervision/training/back-up coverage
	1103	Crisis Treatment Team Member	758,003	Staff responsible for performing the comprehensive screening of all calls
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
Employee Benefits			158,657	
	1201	Retirement	35,257	Based upon current rate of 4%
	1202	Worker's Compensation	52,886	Based upon current rate of 6%
	1203	Health Insurance	70,514	Based upon current rate of 8%
	1204	Other (Specify)	-	
	1205	Other (Specify)	-	
	1206	Other (Specify)	-	
Payroll Taxes & Expenses:			90,346	
	1301	OASDI	13,221	Based upon current rate of 1.5%
	1302	FICA/MEDICARE	63,904	Based upon current rate of 7.25%
	1303	SUI	13,221	Based upon current rate of 1.5%
	1304	Other (Specify)	-	
	1305	Other (Specify)	-	
	1306	Other (Specify)	-	
2000: CLIENT SUPPORT			-	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	-	
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Specify)	-	
	2012	Other (Specify)	-	
	2013	Other (Specify)	-	
	2014	Other (Specify)	-	
	2015	Other (Specify)	-	
	2016	Other (Specify)	-	
3000: OPERATING EXPENSES			4,780	
	3001	Telecommunications	1,730	Voice/Data services
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	300	General Office supplies: paper, pens, toner
	3004	Advertising	-	
	3005	Staff Development & Training	2,750	Ongoing staff development and training costs

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (Specify)	-	
	3010	Other (Specify)	-	
	3011	Other (Specify)	-	
	3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		12,621		
	4001	Building Maintenance	178	New location. Based upon other existing locations of similar size.
	4002	Rent/Lease Building	9,120	Allocated portion for this program. 800 sq ft or 14% of total space
	4003	Rent/Lease Equipment	695	Allocated portion for this program at 14% of total costs
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	2,628	Allocated portion for this program at 14% of total costs
	4007	Other (Specify)	-	
	4008	Other (Specify)	-	
	4009	Other (Specify)	-	
	4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		9,615		
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System) - County Avatar Access	8,365	Based upon rates furnished in RFP for 10 staff annually
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,250	Translation services as needed average of 26 hours annually
	5005	Other (Specify)	-	
	5006	Other (Specify)	-	
	5007	Other (Specify)	-	
	5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		186,927		
	6001	Administrative Overhead	175,352	15% of Direct Costs
	6002	Professional Liability Insurance	11,575	General/Professional Liability insurance
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (Specify)	-	
	6009	Other (Specify)	-	
	6010	Other (Specify)	-	
	6011	Other (Specify)	-	
	6012	Other (Specify)	-	

7000: FIXED ASSETS		-		
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	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)	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDICAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,344,366

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,344,366

BUDGET CHECK: -

**SUD & MH ACCESS LINE
EXODUS RECOVERY, INC.
Fiscal Year (FY) 2026-27**

PROGRAM EXPENSES

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101	Program Director	0.20	\$ 33,477	\$ -	\$ 33,477
1102	Crisis Team Supervisor	1.00	84,278	9,364	93,642
1103	Crisis Treatment Team Member	9.20	-	780,743	780,743
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
Personnel Salaries Subtotal:		10.40	\$ 117,755	\$ 790,107	\$ 907,862
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ 4,710	\$ 31,604	\$ 36,314
1202	Worker's Compensation		7,065	47,406	54,471
1203	Health Insurance		9,421	63,209	72,630
1204	Other (Specify)		-	-	-
1205	Other (Specify)		-	-	-
1206	Other (Specify)		-	-	-
Employee Benefits Subtotal:			\$ 21,196	\$ 142,219	\$ 163,415
Payroll Taxes & Expenses:					
Acct #	Description		Admin	Direct	Total
1301	OASDI		\$ 1,766	\$ 11,852	\$ 13,618
1302	FICA/MEDICARE		8,537	57,283	65,820
1303	SUI		1,766	11,852	13,618
1304	Other (Specify)		-	-	-
1305	Other (Specify)		-	-	-
1306	Other (Specify)		-	-	-
Payroll Taxes & Expenses Subtotal:			\$ 12,069	\$ 80,987	\$ 93,056
EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 151,020	\$ 1,013,313	\$ 1,164,333

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

3000: OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,730
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	300
3004	Advertising	-
3005	Staff Development & Training	2,750
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (Specify)	-
3010	Other (Specify)	-
3011	Other (Specify)	-
3012	Other (Specify)	-
OPERATING EXPENSES TOTAL:		\$ 4,780

4000: FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 178
4002	Rent/Lease Building	10,032
4003	Rent/Lease Equipment	695
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	2,707
4007	Other (Specify)	-
4008	Other (Specify)	-
4009	Other (Specify)	-
4010	Other (Specify)	-
FACILITIES/EQUIPMENT TOTAL:		\$ 13,612

5000: SPECIAL EXPENSES		
Acct #	Line Item Description	Amount

5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System) - County Avatar Access	8,374
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	1,250
5005	Other (Specify)	-
5006	Other (Specify)	-
5007	Other (Specify)	-
5008	Other (Specify)	-
SPECIAL EXPENSES TOTAL:		\$ 9,624

6000: ADMINISTRATIVE EXPENSES		
Acct #	Line Item Description	Amount
6001	Administrative Overhead	\$ 180,652
6002	Professional Liability Insurance	12,000
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation <i>(Provider-Owned Equipment to be Used for Program Purposes)</i>	-
6008	Other (Specify)	-
6009	Other (Specify)	-
6010	Other (Specify)	-
6011	Other (Specify)	-
6012	Other (Specify)	-
ADMINISTRATIVE EXPENSES TOTAL		\$ 192,652

7000: FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
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		\$ -

TOTAL PROGRAM EXPENSES		\$ 1,385,001
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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	-	-
Estimated Specialty Mental Health Services Billing Totals:		0		\$ -
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
MEDI-CAL FFP TOTAL				\$ -

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	\$ 1,385,001
REALIGNMENT TOTAL		\$ 1,385,001

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	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ 1,385,001
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NET PROGRAM COST:	\$ -
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**SUD & MH ACCESS LINE
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: SALARIES & BENEFITS			1,164,333	
Employee Salaries			907,862	
	1101	Program Director	33,477	Overall Program Direction
	1102	Crisis Team Supervisor	93,642	Day-to-day supervision/training/back-up coverage
	1103	Crisis Treatment Team Member	780,743	Staff responsible for performing the comprehensive screening of all calls
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
	1116	0	-	
	1117	0	-	
	1118	0	-	
	1119	0	-	
	1120	0	-	
Employee Benefits			163,415	
	1201	Retirement	36,314	Based upon current rate of 4%
	1202	Worker's Compensation	54,471	Based upon current rate of 6%
	1203	Health Insurance	72,630	Based upon current rate of 8%
	1204	Other (Specify)	-	
	1205	Other (Specify)	-	
	1206	Other (Specify)	-	
Payroll Taxes & Expenses:			93,056	
	1301	OASDI	13,618	Based upon current rate of 1.5%
	1302	FICA/MEDICARE	65,820	Based upon current rate of 7.25%
	1303	SUI	13,618	Based upon current rate of 1.5%
	1304	Other (Specify)	-	
	1305	Other (Specify)	-	
	1306	Other (Specify)	-	
2000: CLIENT SUPPORT			-	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	-	
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (Specify)	-	
	2012	Other (Specify)	-	
	2013	Other (Specify)	-	
	2014	Other (Specify)	-	
	2015	Other (Specify)	-	
	2016	Other (Specify)	-	
3000: OPERATING EXPENSES			4,780	
	3001	Telecommunications	1,730	Voice/Data services
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	300	General Office supplies: paper, pens, toner
	3004	Advertising	-	
	3005	Staff Development & Training	2,750	Ongoing staff development and training costs

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (Specify)	-	
	3010	Other (Specify)	-	
	3011	Other (Specify)	-	
	3012	Other (Specify)	-	

4000: FACILITIES & EQUIPMENT		13,612		
	4001	Building Maintenance	178	New location. Based upon other existing locations of similar size.
	4002	Rent/Lease Building	10,032	Allocated portion for this program. 800 sq ft or 14% of total space
	4003	Rent/Lease Equipment	695	Allocated portion for this program at 14% of total costs
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	2,707	Allocated portion for this program at 14% of total costs
	4007	Other (Specify)	-	
	4008	Other (Specify)	-	
	4009	Other (Specify)	-	
	4010	Other (Specify)	-	

5000: SPECIAL EXPENSES		9,624		
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System) - County Avatar Access	8,374	Based upon rates furnished in RFP for 10 staff annually
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	1,250	Translation services as needed average of 26 hours annually
	5005	Other (Specify)	-	
	5006	Other (Specify)	-	
	5007	Other (Specify)	-	
	5008	Other (Specify)	-	

6000: ADMINISTRATIVE EXPENSES		192,652		
	6001	Administrative Overhead	180,652	15% of Direct Costs
	6002	Professional Liability Insurance	12,000	General/Professional Liability insurance
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-	
	6008	Other (Specify)	-	
	6009	Other (Specify)	-	
	6010	Other (Specify)	-	
	6011	Other (Specify)	-	
	6012	Other (Specify)	-	

7000: FIXED ASSETS		-		
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	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)	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDICAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP.	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,385,001

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 1,385,001

BUDGET CHECK: -

ELECTRONIC HEALTH RECORD SOFTWARE CHARGES

CONTRACTOR(S) understand that COUNTY utilizes NetSmart's Avatar for its Electronic Health Records Management. CONTRACTOR(S) agree to reimburse COUNTY for all user license fees for accessing NetSmart's Avatar, as set forth below.

Description	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
General Users					
Avatar Named User Hosting (per active user per month; every Avatar "active" log on ID is a named user)	\$37.00	\$37.00	\$37.00	\$37.00	\$37.00
Avatar Named User Maintenance* (per active user per month)	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
Cloud Hosting- Perceptive Disaster Recovery (per active user per month)	\$4.66	\$4.66	\$4.66	\$4.66	\$4.66
eRx Users					
Full Suite Prescriber (per active user per month; applicable to an active Prescriber user)	\$104.00	\$104.00	\$104.00	\$104.00	\$104.00
ePrescribing Controlled Substances Tokens (per active user per month; applicable to an active Prescriber user of Controlled Substances)	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
Non-Prescribing User (per active user per month; applicable to an active Non-Prescriber user)	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
Reaching Recovery Users					
Reaching Recovery (per adult client/person served per year; applicable to adult treatment programs except contracted triage/CI, CSU or PHF)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
ProviderConnect Users					
Individual Subscription¹ (per user per month; applicable to provider-user whose claims are reviewed and posted by Managed Care)	\$41.25	\$41.25	\$41.25	\$41.25	\$41.25

Should CONTRACTOR(S) choose not to utilize NetSmart's Avatar for its Electronic Health Records management, CONTRACTOR(S) will be responsible for obtaining its own system for Electronic Health Records management.

*Annual Maintenance increases by 3% each FY on July 1st.

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:	

DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS:

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as “Bidder”):

- Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
 - 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 a federal or state antitrust statute;
 - embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - false statements or receipt of stolen property
- Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

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

Any Bidder who is awarded a contract must sign an appropriate Certification Regarding Debarment, Suspension, and Other Responsibility Matters, pages 2 and 3 of this Exhibit, Additionally, the Bidder awarded the contract must immediately advise the County in writing if, during the term of the agreement: (1) Bidder 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://sam.gov>); or (2) any of the above listed conditions become applicable to Bidder. The Bidder will indemnify, defend and hold the 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.

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) 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: _____

(Printed Name & Title)

Date: _____

(Name of Agency or Company)

INCIDENT REVIEWER ROLE – User Guide

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of clients, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, your responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify DBHIncidentReporting@fresnocountyca.gov if there is addition information you need to report that you are unable to add in Logic Manager.
- Contact DBHIncidentReporting@fresnocountyca.gov if you have any concerns, questions or comments with Logic Manager or incident reporting.

Below is the link to report incidents

<https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

The link will take you to reporting screen and you may begin your incident submission:

Incident Report

Please complete this form

Client Information

Name of Facility*

Name of Reporting Party*

Facility Address*

Facility Phone Number*

Mental Health or Substance Use Disorder Program?*

Client First Name*

Client Last Name*

Client Date of Birth

Client Address

Client ID

Gender*

County of Origin*

Summary

Subject

Incident (check all that apply)*

If Other-specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community):

Description of the incident*

Similar to the paper version, you can select multiple incident categories.

Incident (check all that apply)*

Medical Emergency Death of Client

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

fresnodbh.logicmanager.com/incidents/?t=0&p=1&k=1&2be0c5cdcd5072bb1b64cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
24 Hr Time

Location of Incident*
Please enter

Key People Directly Involved in Incident (witnesses, staff)*
Please enter

Did the Injured Party seek Medical Attention?
Default: yes/no

Attach any additional details
Add File or Drop File Here

Reported By Name*
Please enter

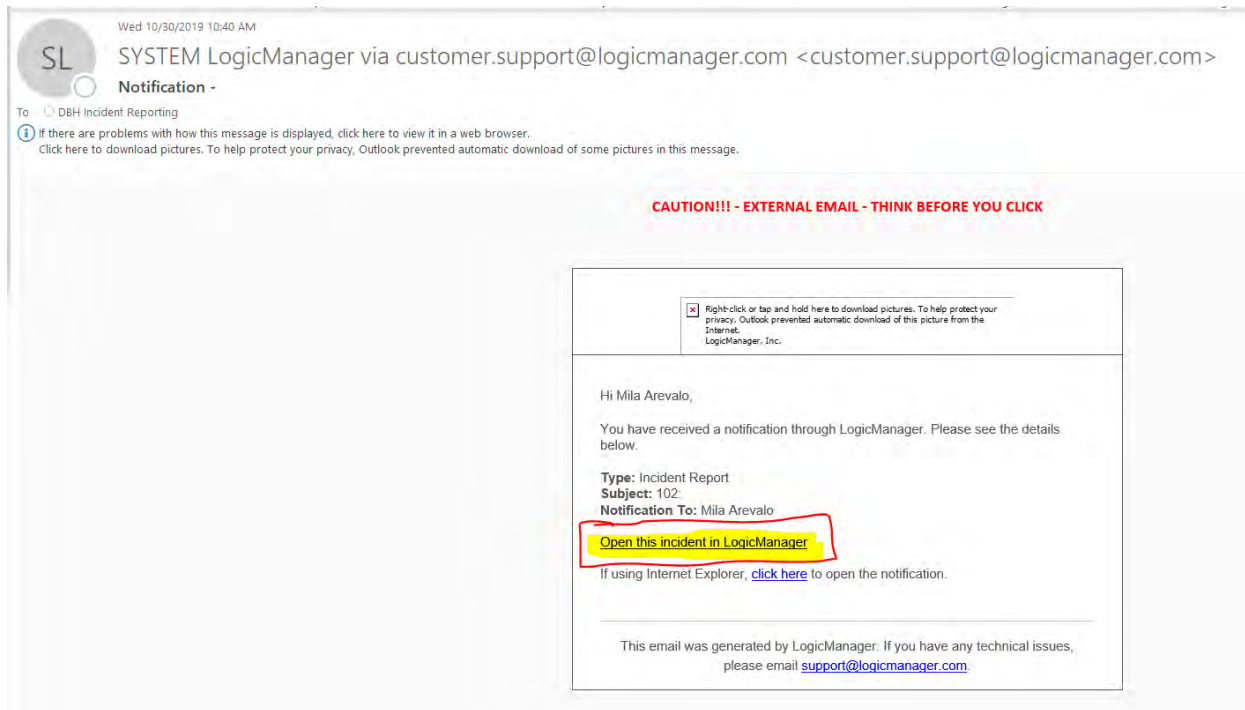
Reported By Email*
Please enter

Reported On
10/30/2019

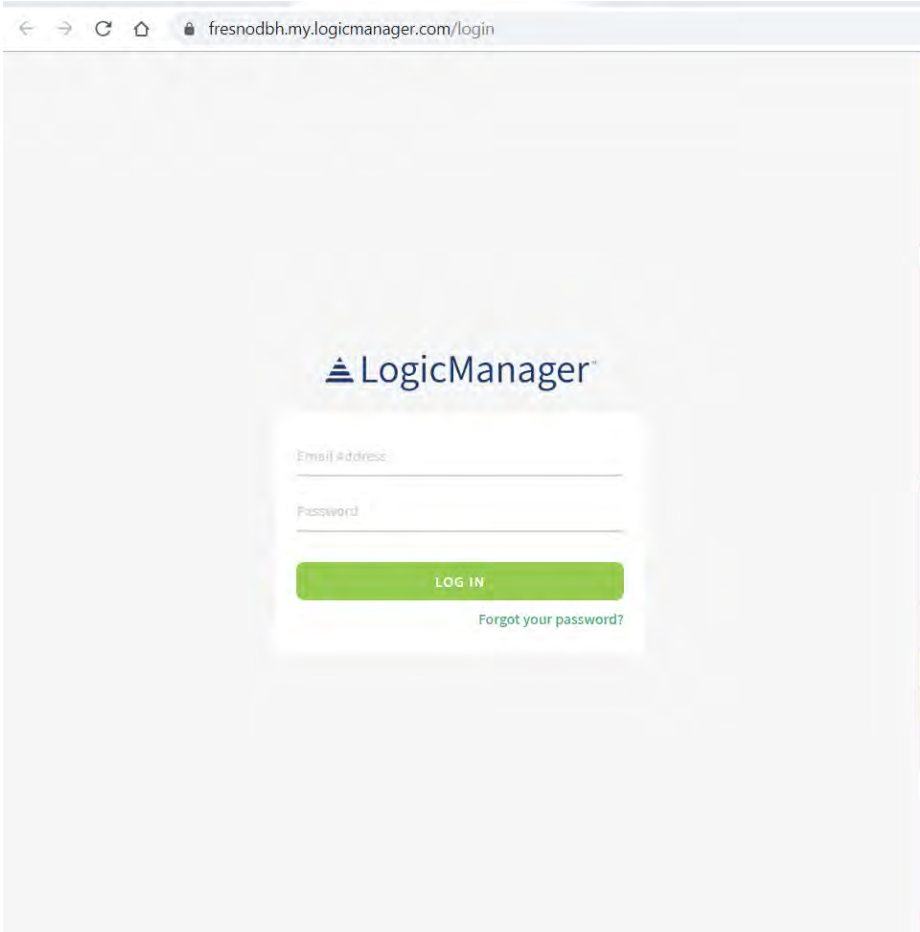
Thank you for your submission!

RELOAD THE FORM

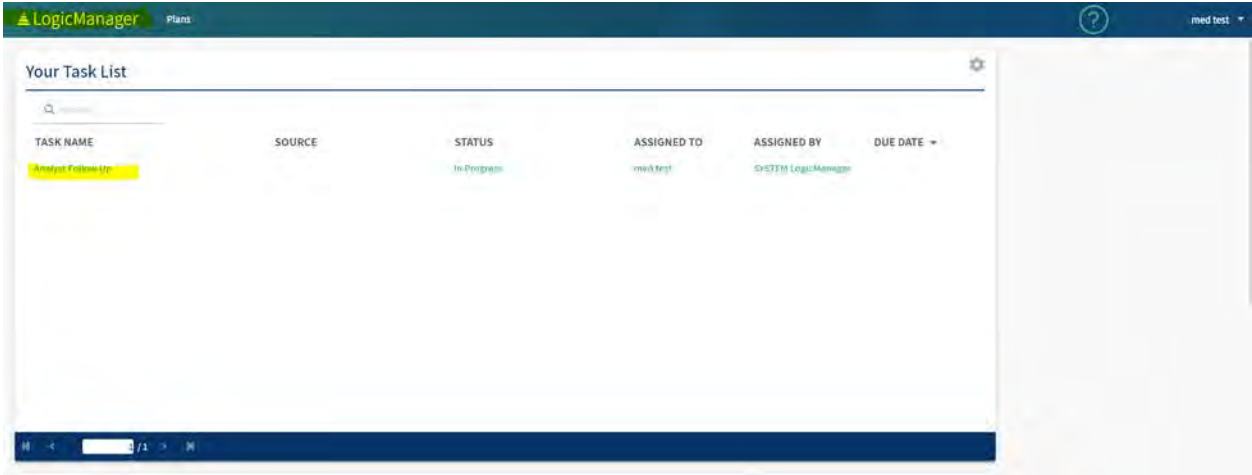
You will receive a Notification email when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and this will take you to the Logic Manager login screen.



Enter in your email address and password. First time users will be prompted to set up a password.



Once you log in, the main screen will show your task (incidents to review). Click on analyst/supervisor follow up to view the incident.



This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show you the client and facility information. No edits can be made to this section.

Analyst Follow Up

Task Details: **Client Information** Summary Follow Up Documents

Name of Facility: AM TEST FACILITY/AA

Name of Reporting Party:

Facility Address:

Facility Phone Number:

Mental Health or Substance Use Disorder Program:

Client First Name:

Client Last Name:

Client Middle Initial:

Task ID: 113 Source: 103@mail

CANCEL SAVE SUBMIT

The next tab is **Summary**: This section can be edited. You can add on to the areas below or make corrections to these fields. Be sure to click **SAVE** when you made edits. Then **Cancel** to exit out of the incident.

Analyst Follow Up

Task Details: Client Information **Summary** Follow Up Documents

Subject:

Incident (check all that apply):

Death of Client

If Other, specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophic events that jeopardize the welfare and safety of clients, staff and/or members of the community):

Description of the incident:

Date of Incident: 10/30/2019

Time of Incident:

Location of Incident:

Task ID: 113 Source: 103@mail

CANCEL SAVE SUBMIT

The next tab is **Follow up**: This section can be edited. You can add on to the areas below or make corrections to these fields. Be sure to click **SAVE** when you made edits. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary **Follow Up** Documents

Action Taken (check all that apply)
Law Enforcement Contacted

Please specify if other

Description of Action Taken

Outcome

added information
cause of death - cancer per coroner 10-31-14

Task ID: 313 Source: 103: null


CANCEL SAVE SUBMIT

The next tab is **Documents**: You can view and add attachments to the incident. Be sure to click *SAVE* when adding documents. Then *Cancel* to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow-Up **Documents**

Search Add Document

Name	Type	Source	Upload Date	Uploaded By
				

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

If all tasks are followed up with and the incident no longer needs further review/information, you will click *SUBMIT*. Once you click Submit the incident will be removed from your task list and no further edits can be made. Notice the *SUBMIT* button is on every tab.

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the CONTRACTOR can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the CONTRACTOR can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the CONTRACTOR's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.
- Employees involved in a crisis incident should be offered appropriate Employee Assistance Program (EAP) or similar related wellness and recovery assistance. In conjunction with the DBH's Guiding Principles of Care Delivery and wellness of the workforce, CONTRACTOR shall align their practices around this vision and ensure needed debriefing services are offered to all employees involved in a crisis incident. Employees shall be afforded all services to strengthen their recovery and wellness related to the crisis incident. Appropriate follow-up with the employee shall be carried out and a plan for workforce wellness shall be submitted to DBH.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the CONTRACTOR should be emailed to DBHIncidentReporting@fresnocountyca.gov and the assigned contract analyst.

FRESNO COUNTY BEHAVIORAL 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 behavioral health services. Behavioral 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, contractor's employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County DBH. After completion of this training, each contractor, contractor's employee and subcontractor must sign the Behavioral Health Compliance Training 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 behavioral 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, beneficiaries, and other behavioral 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 behavioral 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.
12. Immediately contact the DBH Business Office inbox using the DBHADPBusinessOffice@fresnocountyca.gov and your assigned DBH analyst and report any overpayment.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

CONTRACTOR shall adhere to and develop written procedures in accordance with the below standards adapted from the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care:

Culturally Competent Care:

1. Organizations must ensure that beneficiaries receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Organizations must implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Organizations must ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services:

4. Organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to beneficiaries with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Organizations must provide to beneficiaries in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Organizations must assure the competence of language assistance provided to limited English proficient beneficiaries by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on the request of the beneficiary).
7. Organizations must make available easily understood beneficiary-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports:

8. Organizations must develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

9. Organizations must conduct initial and ongoing organizational self-assessments of CLAS related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, beneficiary satisfaction Assessments, and Outcomes-Based Evaluations.
10. Organizations must ensure that data on the individual beneficiary's race, ethnicity, and spoken and written language are collected in program records, integrated into the organizations management information systems, and periodically updated.
11. Organizations must maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Organizations must develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and beneficiary involvement in designing and implementing CLAS-related activities.
13. Organizations must ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by beneficiaries.
14. Organizations must regularly make available to the public information about their progress and successful innovations in implementing these standards and to provide public notice in their communities about the availability of this information.
15. Organizations must ensure communication regarding the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and general public.

CONTRACTOR shall develop written procedures in accordance with the above standards. The provisions of this Agreement are not intended to abrogate any provisions of law or regulation existing or enacted during the term of this Agreement.

NOTICE OF CHILD ABUSE REPORTING LAW

The undersigned hereby acknowledges that Penal Code section 11166 and the contractual obligations between County of Fresno (COUNTY) and PROVIDER(S) related to provision of alcohol and drug abuse treatment services for Fresno County residents, require that the undersigned report all known or suspected child abuse or neglect to one or more of the agencies set forth in Penal Code (P.C.) section (§) 11165.9.

For purposes of the undersigned's child abuse reporting requirements, "child abuse or neglect" includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in P.C. §11165.1, neglect as defined in P.C. §11165.2, willful cruelty or unjustifiable punishment as defined in P.C. §11165.3, and unlawful corporal punishment or injury as defined in P.C. §11165.4.

A child abuse report shall be made whenever the undersigned, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the undersigned knows or reasonably suspects has been the victim of child abuse or neglect. (P.C §11166.) The child abuse report shall be made to any police department or sheriff's department (not including a school district police or security department), or to any county welfare department, including Fresno County Department of Children and Family Services' 24 Hour CARELINE. (See PC §11165.9.)

For purposes of child abuse reporting, a "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. The pregnancy of a child does not, in and of itself, constitute a basis for reasonable suspicion of sexual abuse. (P.C. §11166(a)(1).)

Substantial penalties may be imposed for failure to comply with these child abuse reporting requirements.

Further information and a copy of the law may be obtained from the department head or designee.

I have read and understand the above statement and agree to comply with the child abuse reporting requirements.

SIGNATURE

DATE

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) / Social Security Number	Telephone Number ()		

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list all names and addresses (primary, every business location, and P.O. Box address) of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- | | | |
|--|------------|--------------------------|
| <p>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?</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <p>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?</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <p>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)</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |

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 (primary, every business location, and P.O. Box address) 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	DOB	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	DOB	ADDRESS	PROVIDER

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

INSTRUCTIONS FOR COMPLETING DISCLOSURE OF CONTROL AND INTEREST STATEMENT

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under the Remarks Section on page 2, referencing the item number to be continued. If additional space is needed use an attached sheet.

DETAILED INSTRUCTIONS

These instructions are designed to clarify certain questions on the form. Instructions are listed in question order for easy reference. No instructions have been given for questions considered self-explanatory.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

Item I - Under "Identifying Information" specify in what capacity the entity is doing business as (DBA) (e.g. name of trade or corporation).

Item II - Self-explanatory

Item III - List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Direct ownership interest - is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health related services under the social services program.

Indirect ownership interest - is defined as ownership interest in an entity that has direct or hospital-based home health agencies, are not indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported in the facility now and the previous be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest - is defined as the operational direction or management of disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Item IV-VII - (Changes in Provider Status) For Items IV-VII, if the yes box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.

Change in provider status - is defined as any change in management control. Examples of such changes would include; a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any change of ownership.

Item IV - (A & B) If there has been a change in ownership within the last year or if you anticipate a change, indicate the date in the appropriate space.

Item V - If the answer is yes, list name of the management firm and employer identification number (EIN), or the name of the leasing organization. A management company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility.

Item VI - If the answer is yes, identify which has changed (Administrator, Medical Director, or Director of Nursing) and the date the change was made. Be sure to include name of the new Administrator, Director of Nursing or Medical Director, as appropriate.

Item VII - A chain affiliate is any free-standing health care facility that is either owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.