

AMENDMENT II TO AGREEMENT

THIS AMENDMENT is made and entered into this 20th day of June, 2017, by and between the COUNTY OF FRESNO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and each Provider listed in Exhibit A, "List of Providers" attached hereto and by this reference incorporated herein, collectively hereinafter referred to as "CONTRACTORS", and such additional CONTRACTORS as may, from time to time during the term of this Agreement, be added by COUNTY. Reference in this Agreement to "party" or "parties" shall be understood to refer to COUNTY and each CONTRACTOR, unless otherwise specified.

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 15-245, effective July 1st, 2015, as amended by Amendment I, identified as County Agreement No 15-245-1, effective May 24th, 2016, hereafter referred to as the Agreement; and

WHEREAS the parties desire to amend the Agreement, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. That the following text in the Agreement, Page Four (4), beginning with Paragraph Four (4) – COMPENSATION – Line One (1) and ending on Page Seven (7), Line Fifteen with the word "CONTRACTORS" be deleted and the following inserted in its place:

"4. COMPENSATION

A. For claims submitted for services rendered under this Agreement, COUNTY agrees to pay CONTRACTOR(S) and CONTRACTOR(S) agrees to receive compensation for costs associated with the delivery of Residential Detoxification/Stabilization Services provided by CONTRACTOR(S) in accordance with the cost per bed slot, maximum annual compensation and number of allocated bed slots specified in Exhibit C. In no event shall the total compensation for actual services performed under this Agreement for Fiscal Year 2015-16 exceed Two Hundred Sixteen Thousand Seven Hundred Forty-Four and No/100 Dollars (\$216,744.00). In no event shall the total compensation for actual services performed under this Agreement for Fiscal Year 2016-17 exceed Two Hundred Nineteen Thousand Nine Hundred Ninety-Five and No/100 Dollars (\$219,995.00). In no event

1 shall the total compensation for actual services performed under this Agreement for Fiscal Year 2017-18
2 exceed Five Hundred Thousand No/100 Dollars (\$500,000.00). In no event shall the total compensation
3 for actual services performed under this Agreement for Fiscal Year 2018-19 exceed Five Hundred Seven
4 Thousand Five Hundred and No/100 Dollars (\$507,500.00). In no event shall the total compensation for
5 actual services performed under this Agreement for Fiscal Year 2019-20 exceed Five Hundred Fifteen
6 Thousand One Hundred Thirteen and No/100 Dollars (\$515,113.00). Annual reimbursement per bed per
7 day and maximum reimbursement shall not exceed the CONTRACTOR(S) daily rate established in
8 Exhibit C regardless of the total maximum compensation of this Agreement.

9 It is understood that all expenses incidental to CONTRACTOR(S)' performance of
10 services under this agreement shall be borne by CONTRACTOR(S).

11 In no event shall the total compensation for actual services exceed the rate per bed slot
12 established in Exhibit C up to the maximum contract amount listed. Annual increases of no more than
13 1.5% of the previous year's cost per daily bed rate will be reimbursed to CONTRACTOR(S) who
14 requested it per Exhibit B.

15 B. The contract maximum amount as identified in this Agreement may be reduced
16 based upon State, Federal, and local funding availability. In the event of such action, the COUNTY's
17 DBH Director or her designee shall notify the CONTRACTOR in writing of the reduction in the
18 maximum amount within thirty (30) days.

19 In the event that funding for these services is delayed by the State Controller, COUNTY
20 may defer payment to CONTRACTOR. The amount of the deferred payment shall not exceed the
21 amount of funding delayed by the State Controller to the COUNTY. The deferral by COUNTY shall
22 not exceed the period of time of the State Controller's delay of payment to COUNTY plus forty-five
23 (45) days. In addition, if the State of California does not allocate funding for services described in the
24 terms and conditions of this Agreement, DBH-SUD Services shall not be obligated to reimburse
25 CONTRACTOR for services performed.

26 C. PAYMENTS – CONTRACTOR(S) may not exceed the above stated maximum
27 allocated bed days for the department. CONTRACTOR(S) shall complete the year end cost report in
28 accordance with Section Twenty-Eight (28) , RECORDS, subsection C, and Section Twenty-Nine (29)

1 Reports – Substance Use Disorder Services, of this Agreement at the end of the fiscal year to reflect the
2 actual cost and reimbursement for services provided. Regardless of the contract maximum,
3 CONTRACTOR(S) will be reimbursed only for actual costs up to the negotiated bed day rate herein.
4 Within forty-five (45) days of the reconciliation by COUNTY, CONTRACTOR(S) shall make payment
5 to COUNTY or COUNTY shall reimburse CONTRACTOR(S) as appropriate.

6 Payment by COUNTY shall be in arrears, based on CONTRACTOR's monthly
7 invoices submitted for services provided during the preceding month, within forty-five (45) days after
8 receipt and verification of CONTRACTOR's monthly invoices by COUNTY's DBH, Contracts
9 Division – SUD Services. If payment for services are denied or disallowed by State and subsequently
10 resubmitted to COUNTY by CONTRACTOR(S), payments will not be issued to CONTRACTOR(S)
11 until COUNTY has received reimbursement from State for said services.

12 D. QUALITY ASSURANCE – For services rendered herein, CONTRACTOR shall
13 assure that an on-going quality assurance component is in place and is occurring. CONTRACTOR shall
14 assure that clinical records for each participant are of such detail and length that a review of said record
15 will verify that appropriate services were provided. If the record is unclear, incomplete, and/or indicates
16 that appropriate services were not provided, COUNTY reserves the right to withhold payment for the
17 applicable unit(s) of service.

18 E. COMPLIANCE – If CONTRACTOR should fail to comply with any provision of
19 this Agreement, COUNTY shall be relieved of its obligation for further compensation.
20 CONTRACTOR's and COUNTY's obligations under this section shall survive the termination of this
21 Agreement with respect to services provided during the term of this Agreement without regard to the
22 cause of termination of this Agreement.

23 F. PUBLIC INFORMATION – CONTRACTOR shall disclose its funding source in
24 all public information; however, this requirement of disclosure of funding source shall not be required in
25 spot radio or television advertising.

26 G. LOBBYING ACTIVITY – CONTRACTOR shall not directly or indirectly use any
27 of the funds provided under this Agreement for publicity, lobbying, or propaganda purposes designed to
28 support or defeat legislation pending before the Congress of the United States or the Legislature of the

1 State of California.

2 H. POLITICAL ACTIVITY – CONTRACTOR shall not directly or indirectly use any
3 of the funds under this Agreement for any political activity or to further the election or defeat of any
4 candidate for public office.

5 I. FUNDING SOURCES – It shall be the obligation of CONTRACTOR to determine
6 and claim all revenue possible from private pay sources and third party payers. CONTRACTOR shall
7 not use any funds under this Agreement for services covered by Drug Medi-Cal or other health
8 insurance for eligible beneficiaries. CONTRACTOR shall claim all Drug Medi-Cal covered services for
9 eligible beneficiaries through the Drug Medi-Cal claiming process.

10 CONTRACTOR shall not use any funds under this Agreement to the extent that a
11 participant is eligible for Medi-Cal, insurance or other revenue reimbursement for services rendered.

12 Any revenues generated by CONTRACTOR in excess of the amounts budgeted in this
13 Agreement may be utilized to expand/enhance the services during COUNTY's fiscal years in which
14 revenues are collected or in the following COUNTY fiscal year. Additional revenues will be considered
15 separate and distinct from COUNTY's payment to CONTRACTOR. The manner and means of service
16 expansion/enhancement shall be subject to the prior written approval of COUNTY's DBH Director or
17 her designee. CONTRACTOR shall disclose all sources of revenue to COUNTY. Under no
18 circumstances will COUNTY funded staff time be used for fund-raising purposes.

19 J. COST OF LIVING ADJUSTMENTS – CONTRACTOR(S) shall not utilize any
20 funds provided under the Agreement for cost of living adjustments to CONTRACTOR(S)' employee
21 compensation in excess of what is approved in the budget submitted with the RFA response.”

22 2. That the following text in the Agreement, Page Nine (9), beginning with Paragraph
23 Seven (7) – MODIFICATION – Line Four (4) and ending on Page Nine (9) , Line Thirteen with the word
24 “manner” be deleted and the following inserted in its place:

25 “7. **MODIFICATION**

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

28 Notwithstanding the above, changes to Section One (1) SERVICES and Section Four (4)

1 COMPENSATION as needed to accommodate changes in State and Federal Law relating to mental health
2 and substance use disorder treatment services may be made with the signed written approval of COUNTY's
3 DBH Director or designee and CONTRACTOR through an amendment approved by County Counsel and
4 Auditor. Changes to line items in the budget, as set forth in Exhibit B, that do not exceed 10% of the
5 maximum compensation payable to CONTRACTOR, may be made with the written approval of
6 COUNTY's DBH Director or designee, and CONTRACTOR. Changes in the line items in the budget that
7 exceed 10% of the maximum compensation payable to the CONTRACTOR, may be made with signed
8 written approval of the COUNTY's DBH Director or designee and CONTRACTOR through an
9 amendment approved by County Counsel and Auditor. Said budget line item changes shall not result in
10 any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in the
11 agreement.

12 CONTRACTOR further understands that this Agreement is subject to any restrictions, limitations, or
13 enactments of all legislative bodies which affect the provisions, term or funding of this Agreement in any
14 manner."

15 3. That the following text in the Agreement, Page Fifteen (15), beginning with
16 Paragraph Fifteen (15) – COMPLIANCE WITH LAWS AND POLICIES – Line Three (3) and ending
17 on Page Fifteen (15), Line Seventeen (17) with the word "Agreement" be deleted and the following
18 inserted in its place:

19 **"15. COMPLIANCE WITH LAWS AND POLICIES**

20 CONTRACTOR shall comply with all applicable rules and regulations set forth in Titles 9
21 and 22 of the California Code of Regulations, and California Health and Safety Code section 11750 et seq.
22 CONTRACTOR shall comply with any other Federal and State laws or guidelines applicable to
23 CONTRACTOR's performance under this Agreement or any local ordinances, regulations, or policies
24 applicable. Such provisions include, but are not restricted to:

25 A. For renewal of multi-year contracts with non-profit organizations which primarily
26 serve Fresno County and professional services contract where Fresno County is the sole client, the
27 administrative and employee benefits costs should be both reasonable and necessary for the
28 administration of the program.

1 B. CONTRACTOR shall furnish client records in accordance with the applicable
2 Federal and State regulations, and with the Standards for Alcohol and Drug Treatment Programs set forth
3 by the State Department of Alcohol and Drug Programs, including in such records a treatment plan for each
4 client, and evidence of each service rendered.

5 C. CONTRACTOR shall submit accurate, complete and timely claims and cost reports,
6 reporting only allowable costs.

7 D. CONTRACTOR shall comply with statistical reporting and program evaluation
8 systems as provided in State of California regulations and in this Agreement.

9 E. CONTRACTOR shall comply with requirements contained in the State-County
10 Contract with DHCS by this reference incorporated herein, until such time that a new State-County
11 Contract is established. Upon amendment of the State-County Contract, the terms of the amended Contract
12 shall automatically be incorporated into this Agreement.”

13 4. That the entirety of
14 Paragraph Forty-Six (46) – TRAFFICKING IN PERSONS PROVISIONS – PRIVATE ENTITY, added to
15 the Agreement by Amendment I, shall be deleted and the following inserted in its place:

16 **“46. TRAFFICKING IN PERSONS PROVISIONS – PRIVATE ENTITY**

17 CONTRACTOR shall conform to all Federal statutes and regulations prohibiting trafficking
18 in persons, as well as trafficking-related activities, including, but not limited to the trafficking of persons
19 provisions in Section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA) as amended by
20 Section 1702.

21 CONTRACTOR, CONTRACTOR’s employees, subrecipients, and subrecipients’
22 employees may not:

23 A) Engage in severe forms of trafficking in persons during the period of time that the
24 award is in effect;

25 B) Procure a commercial sex act during the period of time that the award is in effect; or

26 C) Use forced labor in the performance of the award or subawards under the award.

27 This agreement may be unilaterally terminated, without penalty, if CONTRACTOR or a
28 subrecipient that is a private entity is determined to have violated a prohibition of the TVPA or has an

1 employee who is determined by the DBH Director or her designee to have violated a prohibition of the
2 TVPA through conduct that is either associated with performance under the award or imputed to the
3 CONTRACTOR or their subrecipient using the standards and due process for imputing the conduct of an
4 individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on
5 Government-wide Debarment and Suspension (Nonprocurement).

6 CONTRACTOR must inform the DBH Director or her designee immediately of any
7 information received from any source alleging a violation of a prohibition of the TVPA.

8 CONTRACTOR must sign a certification annually acknowledging the Trafficking Victims
9 Protection Act of 2000 requirements (TVPA Certification), attached hereto as Exhibit H, incorporated
10 herein by reference and made part of this Agreement and must require all employees to complete annual
11 TVPA training."

12 5. That the following paragraphs are being added to the Agreement as Paragraphs
13 Forty-Seven (47) to Forty-Nine (49) on Page Forty One (41), Line 24. The remaining Paragraph
14 (Paragraph 47 "ENTIRE AGREEMENT") shall be re-numbered sequentially to read as Paragraph
15 Fifty (50).

16 **"47. UNLAWFUL USE OF DRUGS AND ALCOHOL**

17 CONTRACTOR shall ensure that information provided to clients contains a clearly written
18 statement that there shall be no unlawful use of drugs or alcohol associated with CONTRACTOR.
19 Additionally CONTRACTOR shall ensure that no aspect of the program includes any message in materials,
20 curricula, teachings, or promotion of the responsible use, if the use is unlawful, of drugs or alcohol pursuant
21 to Health and Safety Code (HSC) 11999-11999.3. CONTRACTOR shall maintain that any unlawful use of
22 drugs and alcohol is illegal and dangerous.

23 CONTRACTOR must sign the "Unlawful Use of Drugs and Alcohol Certification", attached
24 hereto as Exhibit I, incorporated herein by reference and made part of this Agreement agreeing to uphold the
25 obligations of HSC 11999 – 11999.3.

26 COUNTY shall enforce the requirement of "No Unlawful Use" set forth by DHCS and
27 requires CONTRACTOR to enforce the requirement as well.

28 This agreement may be unilaterally terminated, without penalty, if CONTRACTOR or a

1 subcontractor that is a private entity is determined to have violated a prohibition of the Unlawful Use of
2 Drugs and Alcohol message or has an employee who is determined by the DBH Director or her designee to
3 have violated a prohibition of the Unlawful Use of Drugs and Alcohol message.

4 **48. RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES**

5 CONTRACTOR shall adhere to the State-County Contract requirement that no funds shall
6 be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of
7 any illegal drug unless the DHCS chooses to implement a demonstration syringe services program for
8 intravenous drug users.

9 **49. CONFIDENTIALITY OATH**

10 CONTRACTOR shall ensure that all of its employees sign a written confidentiality oath,
11 attached hereto as Exhibit J, before they begin employment with CONTRACTOR and shall renew said
12 document annually thereafter. CONTRACTOR shall retain each employee's written confidentiality oath
13 for COUNTY and DHCS inspection for a period of six (6) years following the termination of this
14 agreement."

15 6. COUNTY and CONTRACTOR agree that this Amendment II is sufficient to
16 amend the Agreement; and that upon execution of this Amendment II, Agreement 15-245 and
17 Amendment I and Amendment II together shall be considered the Agreement.

18 7. The Agreement, as hereby amended, is ratified and continued. All provisions, terms,
19 covenants, conditions, and promises contained in the Agreement and not amended herein shall remain in
20 full force and effect. This Amendment II shall be effective upon execution.

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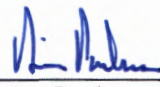
1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement No.
2 15-245 as of the day and year first hereinabove written.
3

4 ATTEST:

5 PROVIDER(S)
6

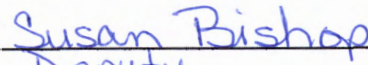
7 SEE EXHIBIT A.

COUNTY OF FRESNO

8
9 By 
10 Brian Pacheco, Chairman
11 Board of Supervisors


12 Date: 6-20-17
13

14
15 BERNICE E. SEIDEL, Clerk
16 Board of Supervisors

17 By 
18 Deputy


19 Date: 6-20-17
20
21
22
23
24
25
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27
28

1 APPROVED AS TO LEGAL FORM:
2 DANIEL CEDERBORG, COUNTY COUNSEL

3 By 


4 Date: _____

5
6 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
7 TREASURER-TAX COLLECTOR

8
9 By 

10 Date: 5/30/17

11
12
13 REVIEWED AND RECOMMENDED FOR
14 APPROVAL:

15 By 
16 Dawan Utecht, Director
17 Department of Behavioral Health

18 Date: 5/19/17

19
20 The following is for COUNTY's use:

21 Fund/Subclass: 0001/10000

22 Organization: 56302081

23 Account/Program: 7295/0
24
25
26

27 jc
28

1 Provider: **COMPREHENSIVE ADDICTION PROGRAMS, INC.**

2
3
4 By 

5 Print Name: JOHN STEWART

6
7 Title: VICE PRESIDENT
8 Chairman of the Board, President, or Vice President

9
10 Date: 5-18-17

11
12
13 By 

14
15 Print Name: JOHN GARMARCO

16
17 Title: SECRETARY
18 Secretary (of Corporation), Assistant Secretary,
19 Chief Financial Officer, or Assistant Treasurer

20 Date: 5/18/17

PROVIDERS

FRESNO COUNTY RESIDENTIAL DETOXIFICATION/STABILIZATION	
1.	Comprehensive Addiction Program, Inc. 2445 W. Whites Bridge Ave Fresno, CA 93706 Attn: Executive Director
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12.	

COUNTY OF FRESNO REQUEST FOR APPLICATION

RESIDENTIAL DETOXIFICATION/STABILIZATION SERVICES

CLOSING DATE OF APPLICATION WILL BE AT 2:00 P.M., ON 03/11/2015

DEPARTMENT OF BEHAVIORAL HEALTH

SUBSTANCE USE DISORDER SERVICES

515 S. CEDAR AVE, BUILDING 320

FRESNO, CA 93702

FAX: (559) 600-6089

ATTN:

JOSE CONCHAS JR., STAFF ANALYST

(559) 600-6059

RESIDENTIAL DETOXIFICATION/STABILIZATION SERVICES

SCOPE OF WORK

ALCOHOL AND DRUG-FREE

RESIDENTIAL DETOXIFICATION/STABILIZATION SERVICES (UP TO 14 DAYS)

(Note: This Request for Application (RFA) is not a competitive bidding process. The County intends to contract with all applicants that meet the requirements of the RFA.)

I Overview

The incidence of substance use in Fresno County is significant. In 2014, Fresno County experienced 8,386 client admissions into substance use disorder treatment programs; of these, 5,459 (65%) were males, 2,925 (35%) females. Clients under 18 years of age represented 20% of all admissions, 18-30 30%, 31-40 22%, 41-50 15%, 51-60 10%, and 61 years and older 2%. The primary drug of choice for the majority of admissions was methamphetamines (29%), followed by marijuana/hashish (24%), heroin (21%), alcohol (17%), other opiates or synthetics (4%), cocaine/crack (2%), and oxycodone/oxycotin (2%).

Research demonstrates that detoxification as a stand alone service is not effective. To produce long-lasting and positive results, detoxification must be considered the entry point to further services. Therefore, the overarching goal and outcome measurement of this program will be to transition the client from detoxification/stabilization to the appropriate next level of care (i.e. residential or outpatient treatment services).

II Target Population

To the greatest extent possible, the target population for this program shall include, but not be limited to:

- Underserved populations such as the disabled and low-income individuals;
- Adults (18 years of age and older) who are substance abusers;
- Adults who have co-occurring substance use/dependence and mental health disorders; and
- Adults referred from local hospital emergency departments and/or Fresno County's mental health crisis/stabilization unit.

III Service Expectations

The County will only contract with non-profit agencies licensed to provide residential substance use disorder treatment services, as well as licensed to provide residential detoxification services. For agencies not currently licensed to provide residential

detoxification services, a plan and timeline in which the agency will obtain licensure for residential detoxification must be included in the response. Residential detoxification licensure must be obtained by the effective date of the agreement which is expected to be July 1, 2015.

The successful applicant(s) will provide licensed residential detoxification and stabilization (up to 14 days) services as described herein. Services provided under this agreement shall be delivered at a site(s) located in Fresno County for alcohol and other drug abusing/dependent adult male and female (18 years of age and older) residents of Fresno County. Applicant must be willing to consider flexibility regarding coordination or co-location with a Sobering Center. The successful applicant(s) will provide program participants with adequate food, a safe environment, and a clean bed and shower facility. Services shall be in compliance with the State of California Alcohol and Other Drug Programs License and Certification Standards published on March 15, 2004:

http://www.dhcs.ca.gov/provgovpart/Documents/AOD_Certification_Standards.pdf.

The County of Fresno is in the process of developing a broad continuum of services at different levels of care. The residential detoxification/stabilization services are one element of that continuum; therefore, agencies must be willing to be flexible with partnering and coordinating with other providers and services which are part of that continuum.

These services are designed to assist adult alcohol/drug using residents of Fresno County by providing:

1. Referrals from the detoxification services to the appropriate level of care and ancillary services;
2. A safe withdrawal from alcohol and other drug(s) of dependence, including 24-hour supervision in a safe and clean environment;
3. Access to resources to maintain good hygiene during the detoxification and stabilization process;
4. Nutritious meals and in-between meal snacks;
5. A withdrawal that is humane and protects the participant's dignity; and
6. Alcohol/drug education and intervention for individuals receiving services.

The level of intoxication, drug(s) of choice and physical impairments will determine a participant's length of stay.

The successful applicant(s) shall have written protocols that prescribe the length of stay derived from the assessment. These protocols shall be included in the application.

The successful applicant(s) shall demonstrate linkages to treatment services, such as residential and outpatient programs. The successful applicant(s) shall have in place Memorandums of Understanding (MOUs) with treatment service providers affirming that clients will be referred for on-going services, if appropriate. These MOUs shall be submitted with the application.

Applicant MUST include with application a specific plan to ensure client transition to next level of care.

The program shall maintain a complete daily census of all participants served and all statistical information required by Fresno County. In addition, the program shall maintain complete records of services, and provide all the data necessary in reporting to the State of California, referral sources and County including waiting list information, records of individual counseling and progress notes.

The program shall fully describe its existing procedure for continuous quality management and improvement with supporting documentation, as well as an evaluation component to determine the effectiveness of the services provided to each participant.

The application shall include costs for both residential detoxification and stabilization services:

(1) Cost per day for Residential Detoxification Phase (day 1-3)

(2) Cost per day for Residential Stabilization Phase (day 4-14)

It is the expectation/assumption that the costs for the stabilization phase would be less than daily costs incurred during the detoxification phase. Reimbursement for services shall not exceed the cost per day established in the executed agreement. Applicants have the option to receive an annual cost of living of no more than 1.5% of the previous year's cost per bed slot. To receive this increase, applicants must request and justify it in their application narrative.

It has been noted that many clients transferring from detoxification services into residential and/or outpatient treatment services are not "ready" to be fully engaged in the treatment program, due to the debilitating effects of their recent alcohol and other drug use and their subsequent lifestyle, including deprivation of adequate and nutritious food and sufficient sleep/rest. Therefore, the stabilization phase shall be designed to provide the client with adequate and nutritious food and plenty of sleep and rest, while providing sufficient intervention activities that promote the desired goal of a successful transfer to the next level of care.

IV AWARD CRITERIA:

CAPABILITY AND QUALIFICATIONS

- A. The County will contract with all applicants that meet the RFA requirements for a total of approximately 6-8 Residential Detoxification/Stabilization beds, and will determine the allocation for each agency. In addition, the County may contract for four (4) supplementary beds to be used exclusively for clients referred from local Hospital Emergency Departments and/or Fresno County's mental health crisis/stabilization unit. Providers must address the following:
- 1) Do the service descriptions address all the areas identified in the RFA? Will the proposed services satisfy County's needs and to what degree (see Sections I, II, and III for County's needs)? Does the application include a specific plan ensuring the transition of clients into the next appropriate level of care?
 - 2) Applicants' knowledge or awareness of the problems associated with providing the services proposed and knowledge of laws, regulations, statutes and effective operating principles required to provide this service. Applicant must possess a license number issued by the effective date of the agreement.
 - 3) The amount of demonstrated experience in providing the services desired in a California County.

COPIES: Submit one original, and one copy, of your request for application no later than the RFA closing date and time as stated on the front of this document to County of Fresno Department of Behavioral Health, Contracts Division - Substance Use Disorder Services (DBH – SUDS), 515 S. Cedar Ave., Building 320, Fresno, CA 93702.

ISSUING AGENT: This RFA has been issued by County of Fresno Department of Behavioral Health, Contracts Division – Substance Use Disorder Services (DBH-SUDS). DBH-SUDS shall be the vendor's sole point of contact with regard to the RFA, its content, and all issues concerning the RFA.

INTERPRETATION OF RFA: Vendors must make careful examination of the requirements, specifications and conditions expressed in the RFA and fully inform themselves as to the quality and character of services required. Any change in the RFA will be made only by written addendum, duly issued by DBH-SUDS. DBH-SUDS will not be responsible for any other explanations or interpretations.

RIGHT TO REJECT REQUEST FOR APPLICATION: DBH-SUDS reserves the right to reject any and all RFA'S and to waive informalities or irregularities in the RFA.

PROCEDURE FOR REQUEST FOR APPLICATION: The Fresno County Alcohol and Drug Program Administrator, or designee, will implement the following process by which County staff will solicit and accept new applications from prospective Residential Detoxification/Stabilization program providers.

On an annual basis prior to July 1, DBH-SUDS will review applications and program activity to determine whether a need exists for additional program services and/or providers for Residential Detoxification/Stabilization.

TERM: The initial agreement shall begin July 1, 2015 through June 30, 2018 with two (2) additional twelve (12) month renewal periods upon mutual consent of the parties.

TERMINATION: This agreement may be terminated by the County at any time upon a 30-day written notice.

APPLICATION FOR RESIDENTIAL DETOXIFICATION/STABILIZATION SERVICES
County of Fresno, Department of Behavioral Health, Contracts Division - Substance Use
Disorder Services

Applicant Name: <u>Comprehensive Addiction Programs Inc</u>		Mailing Address (if different):	
Address: <u>2445 W. Whites Bridge Ave</u>		Address: _____	
City: <u>Fresno</u>	State: <u>CA</u>	City: _____	State: _____
Telephone: <u>559-264-5096</u>	Zip Code: <u>93706</u>	Telephone: _____	Zip Code: _____

Application Filed by (check all that apply):			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> For-Profit	
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> County-Operated	

Provider shall agree to comply with the Request for Application Residential Detoxification/Stabilization Services scope of work and requirements of the RFA.

Please attach a narrative response to A, found in Exhibit B - Section IV Award Criteria.

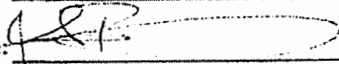
RESIDENTIAL DETOXIFICATION/STABILIZATION SERVICES	FOR COUNTY USE ONLY
Proposed number of beds available per day: <u>9</u>	Amount requested by provider: \$ <u>-</u>
Number of proposed annual bed days (Units of Service): <u>3285</u>	Approved maximum contract amount for FY 2015-16: _____
Cost per bed day (Units of Service): <u>\$65.98</u>	

PROGRAM INFORMATION

Program Name: <u>Comprehensive Addiction Programs</u>		Remit to Address (if different):	
Address: <u>2445 W. Whites Bridge Ave.</u>		Address: _____	
City: <u>Fresno</u>	State: <u>CA</u>	City: _____	State: _____
Telephone: <u>559-264-5096</u>	Zip Code: <u>93706</u>	Telephone: _____	Zip Code: _____

Name(s) and location(s) of other proposed residential detoxification/stabilization service sites owned or operated by the applicant(s):				
Name	Address	City	State	Zip Code
Not Applicable				
Name	Address	City	State	Zip Code
Not Applicable				

Program Director: Mike Roth Telephone: (559) 264-5096 X19

Signature:  Date: March 10, 2015

Comprehensive Addiction Programs, Inc.

SERVICE EXPECTATIONS II

RESIDENTIAL DETOXIFICATION STABILIZATION SERVICES

1. Service Description

The detoxification and stabilization program ("detox") is designed to address the needs of individuals seeking to withdraw from alcohol and/or drug addiction and prepare for entry into a treatment and recovery program. All services will be provided in the context of a safe, health-promoting environment with qualified care and monitoring 24 hours per day, 7 days per week. The facility, staff and services will be in full compliance with the State of California Alcohol and Other Drug Programs License and Certification Standards, as are all CAP programs.

A. Facility, Staffing and Services

The facility will consist of two 4-bed rooms for each women and men, each with a full shower and bathroom, separated by a community day room. The space includes a staff office, waitingroom, kitchen/dining area and laundry facilities. The site is on the same property as CAP's residential treatment program and is gated chain link fence with privacy slats will separate detox from the other two programs, physically and visually. Clients and family members arriving on property for detox will be escorted from the parking lot into the detox waiting room.

Maintenance of the facility, client safety and cleanliness at all times will be the responsibility of on-duty staff. Duties will include cleaning up spills, handling and replacing soiled clothing and linens assuring a serene environment that includes low lighting, quiet sounds, no visitors, and limiting sensory stimulation while clients are withdrawing from alcohol and other drugs dependence.

Staffing will consist of a Case Manager, scheduled Monday through Friday during the work day, and total of ten trained monitors on combined shifts. All staff will report to a designated CAP management for weekly staff meetings. First aid, CPR, basic health and safety procedures, and operational trainings such as confidentiality, ethics risk management, emergency response, and crisis de-escalation will be required.

Services and length of stay at each stage of the detox and stabilization process will be determined by intake and assessment processes. Clinical tools will include:

- 0 Accucare system intake, admission, and treatment plan components
- 0 AOD Health Screening Questionnaire
- 0 CalOMS Admission and Discharge forms
- 0 Addiction Severity Index
- 0 Daily monitoring and status evaluation logs

The timeline included in (Attachment 1) illustrates the expected continuum of care from initial intake through transition to community-based services. However, the timing of service activities will vary according to each client's level of intoxication, physical status, and ability to participate in the intake, admission, and withdrawal management process. Completion of the activities below may occur in variable order and over a period of time, dependent upon the client's abilities. All staff will be trained to conduct all client contacts with respect, dignity, and the maximum amount of confidentiality. When more than one bed in the room is occupied, folding screens will be used to assure privacy during exams and interviews.

Detoxification:

- 0 Initial intake: gathering demographic information, appropriate consents, alcohol and other drug screening and baseline testing, and confirmation of medical clearance for detoxification, including medication protocols, if any;
- 0 A body scan to identify and record existing physical issues that may need medical attention;
- 0 Assistance with showering, personal hygiene, and dressing in loose, comfortable clothing provided by the program;
- 0 Review of food allergies and/or intolerances and preparation of a plan for meals, snacks, and supplemental feeding if needed;
- 0 Education about the withdrawal process and expectations; and
- 0 Establishment of a schedule for monitoring and periodic reviews of detox signs, symptoms, and level of intensity.

On every shift, every client will be checked every half hour or every two hours, dependent upon the level of withdrawal intensity, and the observations recorded in the client's personal treatment files. Progress notes (Attachment 2) will also include descriptions

of all activities conducted, e.g. hygiene, meals served, medication management, ambulatory status, client's ability to respond to directions, self-directedness, etc.

On a daily basis the Case Manager will review all progress notes, conduct a face-to-face interview with each client, and determine whether the level of care is still appropriate.

Recommendations for continued detox or transition to stabilization will be included in each client's progress notes and reported to the oncoming monitor during a shift-change briefing.

Changes in each client's routines, if any, will be communicated from shift to shift.

Stabilization and Transition:

When the Case Manager determines that the client is stable and cognizant enough to participate, the Case Manager will assist the client with developing a stabilization and transition plan. Each client will have adequate time for sleep, rest, and nutrition, and will be encouraged to participate in AOD education and intervention activities (see Attachment 2). During the initial transition from detox to stabilization, several activities will occur:

- O An interim assessment will be completed to establish a new schedule for monitoring and daily activities, based on the client's physical and mental status. The Case Manager will utilize Motivational Interviewing techniques to assess the client's readiness for change.
- O Based on the assessment, the Case Manager may schedule additional individual sessions with the client to explore the client's readiness for treatment in further detail.
- O The Case Manager and the client will work together to identify post-completion strategies to meet collateral needs such as housing, medical care, and employment after stabilization is completed.
- O Daily status checks and progress notes will be continued on all shifts.

When daily status checks, individuals/sessions, and progress notes indicate that the client is ready for purposeful transition planning, to determine the most appropriate level of care for the client, residential or outpatient.

- O If residential treatment is recommended, the Case Manager will contact community treatment agencies regarding bed availability and make arrangements for the client's admission as soon as the client's condition permits..
- O If outpatient treatment is recommended, the Case Manager will work with the client to select a provider, based on the client's needs and the resources available through the agencies with whom CAP has an agreement in place (Attachment 3).
- O The Case Manager will contact the agency and make arrangements for an onsite visit with the client. The first outpatient visit will be scheduled and the Case Manager will discuss location, date/time, travel arrangements, etc. with the client. The information will also be provided in writing.

- 0 The Case Manager will discuss Bridging the Gap and/or other sponsorship programs such as AA or NA to determine the client's willingness to accept a sponsor for transition support. If yes, then an appointment with a sponsor will be scheduled prior to discharge.
- 0 Immediately prior to transfer to the next level of care, the Case Manager will provide a satisfaction survey (Sample 1) for the client to complete, complete the final interview for closure, and assist the client with transportation arrangements to residential treatment or housing.

After a client is discharged from the facility, the Case Manager will complete the discharge summary in Accucare and close the record, remove the client's name from the daily census, and store the closed case file in the designated secure location

2. History and Experience

Comprehensive Addiction Programs, Inc. has over 25 years experience with providing detoxification and stabilization services in Fresno County. Until fiscal issues forced the program's closure in September 2009, CAP operated the only free-standing detox unit in the county, a 15-bed facility serving adult men and women in need of a safe environment which they could withdraw from alcohol and/or drug intoxication. On July 1, 2011 CAP open the doors again and is still operating to this day.

The detox facility operated as part of the state-licensed residential addiction treatment program. It was staffed 24 hours per day, seven days per week, by monitoring staff trained to provide the level of monitoring and services necessary for each client, based on the needs identified at the time of intake. The facility housed bathrooms with showers, clean bedding and clothing while they were in detox, and three meals per day plus snacks, delivered from the facility dining hall.

At the time of admission, detox staff initiated an assessment that identified demographic information about the client, history of drug/alcohol use, and current addiction issues. The assessment included client's current social and physical social issues and conditions.

Although the detox program was a non-medical, social rehabilitation model, all incoming clients were required to obtain medical clearance, including clearance for any medications in their possession, from their physicians or from an appropriate medical facility; medications approved by a physician were kept in a locked cabinet and made available to the clients for self-administration at appropriate times.

Clients were monitored at all times and log entries provided ongoing information about each client's condition and treatment plans. Individual client records were created and

maintained as long as the client remained in detox. During the clients' stay in the facility, the monitors worked with each individual to plan for transitioning out of detox into treatment or back to community living.

Dependent upon the client's needs and circumstances, the discharge plan (Attachment C) might also include information about housing, employment, family support networks, and recommended level of continued treatment, e.g. residential treatment or outpatient treatment. Formulation of discharge recommendations included research to determine whether a County-funded residential bed or outpatient treatment slot was available, if appropriate for the client, and linkage to the treatment agency. The monitors often made multiple community contacts, usually by telephone, in an effort to link detox clients to ongoing community-based services.

Data gathering was accomplished through the use of the state's CalOMS form, although the data were only reported to Fresno County for individuals occupying county-funded beds.

The admission and discharge questionnaires were used to capture information from which to develop a plan of care and discharge planning. Detox staff were able to capture and report all information about census, bed utilization, and client demographics as required by the agreement with Fresno County. However, the three to five day limitation on County-funded length of stay in detox often posed a barrier to the staff's ability to complete in-depth assessments and treatment data.

The proposed detox and stabilization program draws upon the experience and lessons learned during the tenure of the previous CAP detox facility, and expands it by using proven policies and practices for transition planning and intensive case management services in the field of addiction treatment and recovery.

3. Data Gathering and Continuous Quality Improvement

The proposed program will utilize the agency's existing online Accucare system for all intake, admission, assessment, progress notes, treatment and transition planning and daily census information. Accucare provides ad hoc reports as needed, whether demographic, administrative or clinical, at the individual client level or in the aggregate. At a minimum, Accucare will be used to gather data regarding client referral sources, alcohol and drug histories, client descriptive information, length of stay data, and data

regarding number of treatment completions, and transfers to other levels of care. The program is capable of storing and reporting all information that may be requested by Fresno County.

CAP will use existing detox policies and procedures for continuous quality management and improvement as the basis for developing performance and effectiveness measures that are specific to stabilization and transfers to lower levels of care. In addition to quantitative data such as the number of intakes and discharges and total days stay, data collection systems will be developed to assess the quality of the care provided (Attachment D, E and F) . Comparative data gathered at intake and at subsequent points along the continuum of care will measure the program's impact on clients' readiness and willingness to continue treatment at the next appropriate level.

Under the authority of signed consents for the release of information, CAP will also work with its partner providers to determine whether clients follow through with recommended services. Information will be requested regarding client participation for a period of six months after discharge in an effort to determine the extent to which clients remained in treatment after stabilization.

4. Summary and Conclusion

As has been described throughout this proposal, we believe that CAP has the history, the experience and the commitment to once again become a qualified provider of detoxification services to the residents of Fresno County. The opportunity to expand services beyond the "revolving door" of three-day detoxification models brings a new, much-needed dimension of addiction treatment and recovery support to the county. CAP's experience with engagement and retention of clients referred to the residential program, with a 80% completion rate, will serve as a strong foundation for engaging detox clients and enhancing their readiness to participate in and benefit from residential and/or outpatient services.

Comprehensive Addiction Programs, Inc. has a history of meeting or exceeding mandates and expectations in all of its services contracted by Fresno County, as evidenced by the compliance report* included as (Attachment G). We have every confidence in our ability to meet the County's needs in the proposed detoxification and stabilization program.



Department of Veterans Affairs
Central California Health Care System
2615 East Clinton Avenue
Fresno, CA 93703-2286

December 18, 2014

To whom it may concern:

For over ten years, the Comprehensive Addiction Program (CAP) has become a valuable asset to the Veteran's Administration Substance Use Disorder Program (SUDP), providing tremendous support to the health and welfare of our veterans.

CAP provides a well-rounded program, touching on a variety of topics to provide our veterans with personal living skills that go beyond addiction, in an effort to insure success in a veteran's road to recovery. CAP has always made itself available to the needs of the SUDP and consistently goes the extra mile to insure the comfort of our veterans during an obvious time of duress.

Understanding that the road to recovery is often a bumpy one that progresses on an individual basis, CAP remains flexible to the needs of our veterans, often extending contracts in an effort to insure the wellbeing of each and every individual.

The staff of CAP have always acted professionally and efficiently, maintaining consistent communications with SUDP Case Managers and providing a positive interaction with our veterans. We look forward to continuing our partnership with CAP.

Respectfully,


Aaron Utendahl, LAADC, ICADC, CA-CCS

Supervisory Addiction Therapist

VA Central California Healthcare System

Substance Use Disorder Program

2615 E. Clinton Avenue

COMPREHENSIVE
ADDICTION
PROGRAMS, INC.



Since 1973

2445 West Whitesbridge Avenue • Fresno, CA 93706 • Ph: 559/264-5096 • Fax: 559/264-1258
www.caprehab.org

Exhibit C

February 27, 2015

To whom it may concern,

On behalf of Comprehensive Addiction Programs, Inc., I am pleased to provide this Letter of Support for Turning Point of Central California. CAP has been providing Substance Use Disorder services in Fresno County for over forty-three years. CAP and Turning Point have worked together for the past twenty years, and that partnership has contributed greatly to the successful outcomes of those individuals who were fortunate enough to be provided services in caring environments. This willingness to work together for the betterment of each individual receiving treatment has enabled both programs to provide a higher level of care.

Comprehensive Addiction Programs, Inc. fully supports Turning Point of Central California's efforts to continue to work and partnership with Comprehensive Addiction Programs to achieve our collective goals; providing those individuals suffering from addictive disorders the absolute opportunity to receive the tools necessary to achieve lasting sobriety and a real sense of purpose.

Respectfully Submitted,

Michael C. Roth
Executive Director
Comprehensive Addiction Programs, Inc.



TURNING POINT

OF CENTRAL CALIFORNIA, INC.

258 North Blackstone Avenue

Fresno, CA 93701

(559) 274-0299 * FAX 268-0473

Exhibit C

**Intensive Community Services & Support Team
(ICSST)**

Comprehensive Addiction Programs, Inc.

Mr. Michael Roth

2445 west Whitesbridge Avenue

Fresno, California 93706

March 3, 2015

Dear Mr. Roth:

It is with great enthusiasm that I am writing a letter for Comprehensive Addiction Programs, Inc. ("CAP"). For over thirty years, CAP and Turning Point of Central California have worked together to serve Fresno County's most vulnerable population. Mental health and substance abuse are often coexisting; therefore it is crucial that a strong and comprehensive relationship exists between the two programs to ensure our mutual clients receive the best possible treatment and services.

CAP has always displayed professionalism and shown a great interest in serving a population that may feel lost, alone and hopeless. CAP provides them with a drug free future, a chance to have a better life and hope.

Despite the mental health challenges that our clients face, CAP has been flexible and accepting of them. It has been an honor to work with CAP and look forward to the future.

Sincerely,

Cheri-Lynn Wortham, MS/JD
Program Director

CAP DETOX UNIT**DAILY CENSUS**

DATE 2/01/2015

DAY: SUNDAY

<u>CLIENT'S NAME</u>	<u>Status</u>	<u>ASI DONE</u>	<u>Refer to:</u>	<u>SEX</u>	<u>TIME LEFT</u>	<u>DAYS IN</u>	<u>DAYS OUT</u>
1.)							
2.)							
3.)							
4.)							
5.)							
6.)							
7.)							
8.)							
9.)							
10.)							
11.)							
12.)							
13.)							
14.)							
15.)							
Non-County Census	Status	Done	Refer to:	SEX	TIME LEFT	DAYS IN	
New Admission	Time Admitted	Age	Race	Sex	D.O.B.	County or PP	Primary
Same Day Discharges			Refer to:		Time Left	Days In	Days Out

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Phone screen	Intake, assessment and monitoring													
				Stabilization and normalization; daily status checks, review of collateral needs. Education and intervention.										
									ASI, Reassessment, recommendation for next level of care, transition plan					
												Transition plan for Bridging The Gap and/or residential or outpatient provider		
														"Warm handoff" to next level of care

Note: these activities may occur more rapidly or more slowly, dependent upon clients' individual needs, desires, responses to treatment.

- | | |
|--------|---|
| 1 - 3: | Intake and initial assessment, data gathering. Continuous monitoring, meals, snacks, showers, medication management (see Exhibit X).
On Day 3, status assessment and recommendation for discharge or stabilization. |
| 4 - 8 | Continued monitoring, feeding, rest, hygiene, and light activities, Case Manager initiates daily activities and status questionnaire (Exhibit X).
Assessment of social and economic needs (housing, employment, transportation, support systems). AOD education and intervention. 9 - 11 ASI, strengths-based reassessment of all domains. Analysis of treatment needs and readiness, recommendation for next level of care. |
| 11- 13 | At CAP, staffing with Bridging The Gap or other sponsor and representative of next care provider. If possible, visit to treatment site.
Review of plan for continuing treatment, return to work, housing, family and community, sobriety support. |
| 14 | Final status questionnaire, satisfaction survey, closure of Case Manager - client relationship, release to community. |

Exhibit C

DATE OF LAST DRINK OR USE: _____

[illegible]

Comprehensive Addiction Program
GROUP ACTIVITY SIGN IN ROSTER

Facilitator: _____
Staff: _____

Group / Topic _____

Type of Group: ☐ Process ☐ Supplemental
Print Name: _____

Date: _____
Start Time: _____
End Time: _____
Length: _____

☐ Substance Abuse / Educational
Signature: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Comments: _____

Notes in general:

Client sitting outside on patio appears to be calm and talking with another client.

Client is viewing a educational video call Addiction in the dayroom.

Client chose not to view educational video but is outside smoking a cigarette.

Client chose not to view educational video but appears to be asleep in bed.

Client was serve oatmeal and ate 100% of breakfast.

Client was serve oatmeal and ate 0% of breakfast due to him/her not liking oatmeal.

Client was serve pancakes and ate 0% of breakfast, client appears to be experiencing heroin withdrawals.

Client is viewing inspirational video call Clean & Sober.

Client chose not to view the video Clean & Sober but is outside smoking a cigarette.

Client appears to be eating snacks in the dayroom.

Client appears to be breathing and asleep in bed on his back.

Client appears to have rolled over to his left side and still sleeping.

Client appears to be restless and not able to sleep due to heroin withdrawals.

Client appears to be shaky and is experiencing alcohol withdrawals.

Opening Notes:

Completed body scan on a 37 year old African American male. He is detoxing from \$20 or more of daily abuse of crack cocaine and his last use was over 12 hours ago. Clients reports he is not on any medication or has any medical problems. He signed all paperwork, given tour of unit, place in bed #3, and place on half hour notes for the next 12hrs.

Residential female staff Nancy V. completed body scan on a 25 year old Caucasian female. She is detoxing for drinking a pint or more of vodka on a daily basis for the last 6 month or more and last drink was 2 days ago. Client is taking 5mg of diazepam and has a medical clearance to enter CAP detox. Her last dosage was taking 3hrs prior before entering detox and her next dosage will be in 5hrs. Client has signed all paperwork, given tour of unit, placed in bed #14, and placed on half hour notes for the next 12hrs.

Completed body scan on a 33 year old caucasian female. She was referred by Social Worker Vicki Luna for a detox from meth. Client last use of ½ gram of meth (injection) was 2 days ago and was daily user for over 3 month now. Client has a medical clearance due to being 3 month pregnant but does not take any medication. Client has signed all paperwork, given tour of unit, placed in bed #13, and place on half hour notes.

Discharges:

Client received and sign for his personal clothing.

Client received and sign for his personal property. She was referred to Spirit of Women for substance abuse problem. Client discharge off the census and was pick up by her sister.

Client received and sign for his personal property. He was referred to CAP orientation for his substance abuse problem. Client is discharge off the census and left property with a bus token.

Leaving APA (Against Program Advice)

Client approach staff and is requesting to leave detox. He states he has to work tomorrow. Client appears to be experiencing heroin withdrawals at this time. Client signed for his personal clothing.

Client signed for his personal property. He is not willing to complete detox and is leaving against program advice. Client is discharge off the census and left CAP property walking.

CENTRALLY STORED MEDICATION										FACILITY NAME: CAP	
INSTRUCTIONS: Centrally stored medications shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals.										FACILITY PHONE NUMBER	
										559-264-5096	
Name: Last- FIRST- MIDDLE -			ADMIN. DATE			ATTENDING PHYSICIAN		STAFF SIGNATURE			
Medication Name	Strength / Quantity	Instructions Control / Custody	Expiration Date	Date Filled	Prescribing Physician	Prescription Number	Number of Refills	Pharmacy Name			

Medication Destruction Record: INSTRUCTIONS: Prescription drugs not taken with the resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the administer or designated representative and witnessed by one other adult who is not a resident.

Medication Name	Strength / Quantity	Prescription Number	Disposal Date	Date Filled	Pharmacy Name	Signature of Administrator	Signature of Witness Adult Non-Resident

Comprehensive Addiction Programs, Inc.

Exhibit C

[illegible]

COMPREHENSIVE ADDICTION PROGRAMS, INC.
APPLICATION: Residential Detoxifications/Stabilization Services

Exhibit C

Regarding the Memorandum of Understanding (MOU) and contacts.

Comprehensive Addiction Programs, Inc. currently has MOU's and contacts with the following:

- Touchstone
- Kaiser – contact
- Westcare
- Spirit of Women
- King of Kings
- Fresno County Hispanic Commission
- DCFS – CPS
- Fresno New Connections
- Mental Health Systems
- PACT/Mental Health
- E.P.U – Exceptional Parents Unlimited
- Veterans Administration – contact
- CalWORKs
- United Way
- Nuestra Casa
- Turning Point
- Eleventh Hour
- Salvation Army
- PATHS
- Poverello House
- Fresno Impact
- STOP
- Marjorie Mason Center
- CRMC

This is an abbreviated list of a few providers that we work with on an ongoing basis for referral purposes. Any clients in need of additional services or services that

Comprehensive Addiction Programs, Inc. cannot accommodate are referred to the most appropriate agency. It is Comprehensive Addiction Programs, Inc. intent and mission to always put the needs of the client first.

CAP DETOX EVALUATION

Exhibit C

DATE: _____ LENGTH OF STAY: _____

Please help us improve our detox program by answering some questions about the services you have received at CAP. We are interested in your honest opinion, both positive and negative. We welcome your comments and suggestions. Thank you for your input, we appreciate your feedback.

1. Were you informed of what to expect daily?

☐ Yes ☐ No

Comments: _____

2. What group(s) did you find most beneficial?

☐ Peer Support ☐ H & I Panel
☐ AOD Education ☐ Book Study

Comments: _____

3. The services I am received at CAP Detox helped me to deal more effectively with my current life situations.

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Somewhat Disagree
☐ Strongly Disagree

Comments: _____

4. My sleeping room was adequate, comfortable and well maintained.

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Somewhat Disagree
☐ Strongly Disagree

Comments: _____

5. The daily menu items provide sufficient food for me and the quality of prepared meals met my satisfaction.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Somewhat Disagree
- ☐ Strongly Disagree

Comments: _____

6. CAP Detox policies are reasonable and fair.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Somewhat Disagree
- ☐ Strongly Disagree

Comments: _____

7. The assessment and intake process was comprehensive, efficient and welcoming.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Somewhat Disagree
- ☐ Strongly Disagree

Comments: _____

8. The counseling team has displayed compassion, knowledge and experience in their treatment approaches.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Somewhat Disagree
- ☐ Strongly Disagree

Comments: _____

13. Which shift was most helpful?

- ☐ Morning (8am - 4pm)
☐ Swing Shift (4pm - 12am)
☐ Overnight (12am - 8am)

14. Which shift was least helpful?

- ☐ Morning (8am - 4pm)
☐ Swing Shift (4pm - 12am)
☐ Overnight (12am - 8am)

15. Overall how would you rate the quality of service you received at CAP Detox Unit?

- ☐ Excellent
☐ Good
☐ Neutral
☐ Fair
☐ Poor

Comments: _____

16. What suggestion would you make to improve the CAP Detox?

Comments: _____

17. Would you refer others to CAP for detox?

- ☐ Yes ☐ No

Explain: _____

For Staff Only

StaffComments: _____

Conducted by: _____

ADDITION _____ DATE _____
PROGRAM _____ DETOX ASSISTANT _____

NEEDS	PLANS (Who? What? Where? When?)
1. FOOD & HOUSING- My arrangements for eating plenty of good food and having a comfortable place to live.	
2. RECOVERY PROGRAM- My arrangements for keeping sober. Having a person or persons I can Trust and talk honestly with about my problems.	

STAFF RECOMMENDATION FOR REFERRAL _____

I ACCEPT AND AGREE TO FOLLOW THROUGH WITH THIS REFERRAL PLAN.

CLIENT SIGNATURE _____ DATE _____

I REFUSE STAFF RECOMMENDATION FOR REFERRAL, THESE ARE MY PLANS:

CLIENT SIGNATURE _____ DATE _____
STAFF SIGNATURE _____ DATE _____

Exit / Referral Plan: (Data, Assessment, Plan)

Client reported that he has his own home and lives with his wife and is currently employed. He appears to have an open mind for treatment for substance abuse problem and shared that he has done programs in the past but never took them seriously. Client is accepting a referral to Fresno New Connection.

Client reported that he is homeless and has no employment. He appears to be resistant to seeking help for substance abuse problem. Client was referred to the Fresno Rescue Mission for food / housing and the Poverello House for substance problem. Client is refusing to accept staff referral.

Client is currently a CPS client and her social worker is Vicki Luna. Her referral after completing detox is to be a direct admit into Spirit of Women. Client has agreed to follow thru with her referral and

American Ambulance:

Client approached Detox staff and requested for American Ambulance to be called. Client stated that he was having breathing problems. Detox Staff called American Ambulance at client's request.

American Ambulance is on property providing emergency medical service for client. E.M.T. were given a copy of client's admission form and alcohol/drug health screen.

American Ambulance is transporting client to Fresno Community Hospital for further emergency medical service. Detox staff instructed client that if receive a prescription for medication that it would need to be fill before coming back to detox.

Called Fresno Community Hospital and spoke with _____ and they stated client has not been seen by hospital staff.

Called Fresno Community and spoke with _____ and they stated that client was being seen by hospital staff.

TRAFFICKING VICTIMS PROTECTION ACT OF 2000

CERTIFICATION

I, Sue Weisenhaus, as an authorized agent of
(Print Name)
Comprehensive Addiction Programs, Inc., acknowledge the requirement to
(Organization Name)
comply with the Trafficking Victims Protection Act of 2000 (TVPA), specifically Section 106(g), which authorizes the County of Fresno to terminate a contract, without penalty, if this organization or its employees, or a subcontractor or its employees:

- Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
- Procures a commercial sex act during the period of time that the award is in effect; or
- Uses forced labor in the performance of the award or subawards under the award.

I understand that the TVPA establishes human trafficking and related offenses as federal crimes and attaches severe penalties to them. I will immediately inform the County of Fresno, Department of Behavioral Health, Contracts Division – Substance Use Disorder (SUD) Services immediately of any information received from any source alleging a violation of the TVPA by either this organization or its employees, or a subcontractor or its employees during the term of this contract.

I understand that this organization is obligated to ensure any subcontractors are informed of the requirements of the TVPA and, if found in violation, will be immediately terminated. I agree to submit this signed certification annually on behalf of the organization acknowledging requirements under the TVPA and attesting that all employees will receive annual TVPA training, and that documentation of training will be placed in personnel files.

Signature: _____

Sue Weisenhaus

Date: _____

5/17/17

Title: Executive Director

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

I, Sue Weisenhaus, as an authorized agent of Comprehensive Addiction Programs, Inc., acknowledge the requirement to comply with California HSC 11999-11999.3, which authorizes the County of Fresno to terminate a contract, without penalty, if this organization or its employees, or a subcontractor or its employees fail to ensure that:

- The program contains a component that clearly explains in written materials that there shall be no unlawful use of drugs or alcohol. No aspect of a drug- or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol;
- All aspects of a drug- or alcohol-related program are consistent with the "no unlawful use" message, including, but not limited to, program standards, curricula, materials, and teachings; and
- The "no unlawful use" of drugs and alcohol message contained in drug- or alcohol-related programs applies to the use of drugs and alcohol prohibited by law.

I understand that the State of California enforces an Unlawful Use policy in which there is zero tolerance for promoting the unlawful use of and drugs or alcohol in an AOD treatment facility. If this organization fails to satisfy the guidelines adopted by the State of California, the drug or alcohol program shall not receive state funds and their contract with Fresno County will be terminated.

I understand that this organization is obligated to ensure any subcontractors are informed of the requirements of HSC 11999-11999.3 and, if found in violation, will be immediately terminated.

Signature: _____



Date: May 17, 2017

Title: Executive Director



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

EXHIBIT J

PRIVACY AND SECURITY AGREEMENT REGARDING AUTHORIZED ACCESS TO CONFIDENTIAL PROTECTED HEALTH INFORMATION FOR FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (DBH) EMPLOYEES AND/OR NON-DBH SUD SERVICES WORKFORCE MEMBERS

OATH OF CONFIDENTIALITY

As a condition of obtaining access to any Protected Health Information (PHI) that is necessary to carry out my function with DBH, I Sue Weisenhaus, agree to not divulge any PHI to unauthorized persons. Furthermore, I maintain that I will not publish or otherwise make public any information regarding persons who receive Substance Use Disorder Services such that the persons who receive or have received such services are identifiable.

Access to such data shall be limited to Fresno County DBH personnel, subcontractors, and subcontractors' personnel who require this information in the performance of their duties and have signed an Oath of Confidentiality with DBH.

By signing this oath, I agree to uphold the security and confidentiality requirements outlined by the Medi-Cal Privacy and Security Agreement signed by DBH, surveillance and safeguarding announcements issued by DHCS, and other applicable terms and stipulations provided by the HIPAA doctrine as well as other relevant state and federal regulations.

I hereby certify my understanding of the need to:

1. Exercise due care to preserve data integrity and confidentiality.
2. Treat passwords and user accounts as confidential information.
3. Take reasonable precautions to ensure the protection of PHI from unauthorized access.
4. Notify CMHDMEDS@dhcs.ca.gov and iso@dhcs.ca.gov of a possible security violation including unauthorized access to PHI.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2, Welfare and Institutions Code Section 5328 et seq. and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further acknowledge that the unauthorized release of confidential information as described in this document may result in disciplinary action up to and including termination of any office of employment or contract.

Comprehensive Addiction Programs, Inc.

Agency Name

Signature:

Sue Weisenhaus

Date:

5/18/2017