## AMENDMENT I TO AGREEMENT

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THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 18th day of June , 2019, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and EXODUS RECOVERY, INC, a for-profit California corporation, whose address is 9808 Venice Blvd, Suite 700, Culver City, CA 90232, hereinafter referred to as "CONTRACTOR" (collectively as the "parties").

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 15-594, effective November 17, 2015, whereby CONTRACTOR agreed to operate an adult sixteen (16) bed acute inpatient psychiatric health facility (PHF) to provide psychiatric services to adult clients who may be admitted on a voluntary basis or involuntary basis and may include Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, indigent/uninsured clients, and jail inmates who are referred by the Department of Behavioral Health (DBH), DBH contract providers, hospital emergency rooms, other COUNTY departments and other agencies. In addition, conservatees of the COUNTY that are placed in other residential settings and attending court in Fresno County will be temporarily placed at the PHF operated by CONTRACTOR until each such conservatee's court proceeding is completed.

WHEREAS, CONTRACTOR has requested greater access to the COUNTY's DBH electronic 18 health record system (Avatar); and

WHEREAS, COUNTY, through DBH, is willing to provide CONTRACTOR with greater access to its electronic health record system; and

WHEREAS, the parties desire to amend COUNTY Agreement No. 15-594, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is 23 hereby acknowledged, the parties agree to amend the Agreement as follows: 24

That the following section shall be inserted into COUNTY Agreement No. 15-594, at 25 1. Page Three (3), Paragraph One (1), Line Thirteen (13): 26

CONTRACTOR shall align programs, services, and practices with the vision, 27 "J. mission, and guiding principles of the DBH, as further described in Exhibit M, "Fresno County 28

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

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

L. CONTRACTOR shall participate in utilizing and integrating the Reaching Recovery and other clinical tools and measures as directed by the DBH.

M. It is the expectation of the COUNTY that CONTRACTOR provide timely access to services that meet the State of California standards for care. CONTRACTOR shall track timeliness of services to clients and provide a monthly report showing the monitoring or tracking tool that captures this data. COUNTY and CONTRACTOR shall meet to go over this monitoring tool on a monthly basis as needed. COUNTY shall take corrective action if there is a failure to comply by CONTRACTOR with the above timely access standards. CONTRACTOR shall also provide tracking tools and measurements for effectiveness, efficiency, and client satisfaction indicators as required by Commission on Accreditation of Rehabilitation Facilities (CARF) standards and as further detailed in Exhibit A.

N. CONTRACTOR may maintain its records in COUNTY's electronic health record (EHR) system (currently Avatar, the preferred EHR system by DBH) in accordance with Exhibit D, "Documentation Standards for Client Records", as licenses become available. The client record shall begin with registration and intake, and include client authorizations, assessments, plans of care, and progress notes, as well as other documents as approved by COUNTY's DBH. COUNTY shall be allowed to review records of services provided, including the goals and objectives of the treatment plan, and how the therapy provided is achieving the goals and objectives. If CONTRACTOR determines to maintain its records in Avatar, it shall provide COUNTY's DBH Director, or his or her designee, with a thirty (30) day notice. If at any time CONTRACTOR chooses not to maintain its records in Avatar, it shall provide COUNTY's DBH Director, with a thirty (30)

days advance written notice and CONTRACTOR will be responsible for obtaining its own system, at its own cost, for electronic health records management.

### <u>Disclaimer</u>

COUNTY makes no warranty or representation that information entered into the COUNTY's DBH EHR system by CONTRACTOR will be accurate, adequate or satisfactory for CONTRACTOR's own purposes or that any information in CONTRACTOR's possession or control, or transmitted or received by CONTRACTOR, is or will be secure from unauthorized access, viewing, use, disclosure, or breach. CONTRACTOR is solely responsible for client information entered by CONTRACTOR into the COUNTY's DBH EHR system. CONTRACTOR agrees that all Private Health Information (PHI) maintained by CONTRACTOR in COUNTY's DBH EHR system will be maintained in conformance with all HIPAA laws, as stated in Paragraph Nineteen (19), "Health Insurance Portability and Accountability Act."

2. That the existing COUNTY Agreement No. 15-594, all text in reference to "Exhibit B" shall be replaced with text "Revised Exhibit B". Revised Exhibit B is attached hereto and incorporated herein by this reference.

3. That the existing COUNTY Agreement No. 15-594, Page Five (5), Paragraph Four (4), beginning with Line Two (2), with the word "The" and ending on Line Fourteen (14) with the word, "Agreement" be deleted and the following inserted in its place:

"The maximum amount for the third period of automatic renewal (July 1, 2018 through June 30, 2019) shall not exceed Four Million Two Hundred Ninety One Thousand Three Hundred Forty Five and No/100 Dollars (\$4,291,345.00).

The maximum amount for the fourth period of renewal (July 1, 2019 through June 30, 2020) shall not exceed Four Million Three Hundred Ninety Seven Thousand Eight Hundred Seventy Seven and No/100 Dollars (\$4,397,877.00).

The maximum amount for the fifth period of renewal (July 1, 2020 through June 30, 2021) shall not exceed Four Million Five Hundred Twenty Five Thousand One Hundred Twenty and No/100 Dollars (\$4,525,120.00).

In no event shall the maximum contract amount for the services provided by the

CONTRACTOR to COUNTY under the terms and conditions of this Agreement be in excess of Twenty Two Million Seven Hundred Seventy Two Thousand Two Hundred Eighty Three and No/100 Dollars (\$22,772,283.00) during the total five (5) year nine month (9) month term of this Agreement."

4. That the following section shall be inserted into COUNTY Agreement No. 15-594 at Page Seven (7), Paragraph Five (5), Line Twenty-Six (26):

"B. COUNTY'S DBH shall invoice CONTRACTOR by the fifth (5th) day of each month for the prior month's expenditures for building maintenance, landscaping, and utilities for the Adult PHF. CONTRACTOR shall provide payment for these expenditures to COUNTY'S Fresno County Department of Behavioral Health, Accounts Receivable, P.O. Box 712, Fresno, Ca. 93717-0712, Attention: Business Office, within forty-five (45) days after the date of receipt by CONTRACTOR of the monthly invoicing provided by COUNTY.

C. COUNTY's DBH shall invoice CONTRACTOR in arrears by the fifth (5th) day of each month for the prior month's fees for hosting, maintenance and applicable licenses for access to Avatar in accordance with the fee schedule provided by COUNTY's DBH. CONTRACTOR shall provide payment for these expenditures to COUNTY's Fresno County Department of Behavioral Health, Accounts Receivable, P.O. Box 712, Fresno, CA 93717-0712, Attention: Business Office, within forty-five (45) days after the date of receipt by CONTRACTOR of the invoicing provided by COUNTY. Should an EHR system not be implemented, CONTRACTOR will not be able make any modifications to budget line items that reference costs for Avatar or an EHR."

5. That the existing COUNTY Agreement No. 15-594 Paragraph 5.B through Paragraph 5.M be renumbered as Paragraph 5.D through Paragraph 5.O.

6. That the following shall be inserted into COUNTY Agreement No. 15-594 at Page Ten(10), Paragraph Five (5), Line Twenty-One (21):

"If CONTRACTOR elects to use their own EHR system, the EHR must have Certification Commission for Healthcare Information Technology (CCHIT) certification for Security Access Control, Audit and Authentication. CONTRACTOR'S billers in the EHR system will need to sign an Electronic Signature Certification (ESR)."

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7. That the existing COUNTY Agreement No. 15-594, Page Twelve (12), Paragraph Seven

(7), beginning with Line Thirteen (13), with the word "Notwithstanding" and ending on Line Eighteen(18) with the word, "herein" be deleted and the following inserted in its place:

"Notwithstanding the above, changes to expense category (i.e., Personnel Expenses, Operating Expenses, Financial Services Expenses, etc.) subtotals in the budget, as set forth in Revised Exhibit B, that do not exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR, and changes to the volume of units/types of service units to be provided, may be made with the signed written approval of COUNTY's DBH Director, or his or her designee, and CONTRACTOR. Changes to the expense category subtotals in the budget that exceed ten percent (10%) of the maximum compensation payable to the CONTRACTOR may be made with the signed written approval of COUNTY's DBH Director, or his or her designee, and CONTRACTOR through an amendment approved by COUNTY's Counsel and COUNTY's Auditor-Controller/Treasurer-Tax Collector's Office. Said expense category subtotal changes shall not result in any change to the annual maximum compensation amount payable to CONTRACTOR, as stated in this Agreement."

8. That the existing COUNTY Agreement No. 15-594, all text in reference to "Exhibit D" shall be replaced with text "Revised Exhibit D". Revised Exhibit D is attached hereto and incorporated herein by this reference.

9. That the existing COUNTY Agreement No. 15-594, all text in reference to "Exhibit F" shall be replaced with text "Revised Exhibit F". Revised Exhibit F is attached hereto and incorporated herein by this reference.

10. That the existing COUNTY Agreement No. 15-594, all text in reference to "Exhibit I" shall be replaced with text "Revised Exhibit I". Revised Exhibit I is attached hereto and incorporated herein by this reference.

11. That the following shall be inserted into COUNTY Agreement No. 15-594 at Page Fifteen(15), Paragraph Twelve (12), Line Twenty-Eight (28):

"All medical records shall be maintained for a minimum of ten (10) years from the date of the end of the Agreement."

12. That the existing COUNTY Agreement No. 15-594, Page Twenty-Four (24), Paragraph Twenty-Three (23), beginning with Line Fourteen (14), with the word "During" and ending on Line

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Seventeen (17) with the word "regulations" be deleted and the following inserted in its place:

"During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. CONTRACTOR shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. CONTRACTOR and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than twenty (24) hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. CONTRACTOR and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.) CONTRACTOR shall include the Non-Discrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement."

13. That the following section shall be inserted into COUNTY Agreement No. 15-594 at Page Twenty-Five (25), Paragraph Twenty-Three (23), Line Twenty-Four (24):

"F. CONTRACTOR shall be responsible for conducting an annual cultural competency self-assessment and provide the results of said self-assessment to the COUNTY'S DBH. The annual cultural competency self-assessment instruments shall be reviewed by the COUNTY and

- 6 -

revised as necessary to meet the approval of the COUNTY.

G. Cultural competency training for CONTRACTOR staff should be substantively integrated into health professions education and training at all levels, both academic and functional, including core curriculum, professional licensure, and continuing professional development programs.
On an annual basis, CONTRACTOR's direct service providers shall complete eight (8) hours of cultural competency training. CONTRACTOR on a monthly basis shall provide COUNTY DBH a monthly monitoring tool/report that shows cultural competency trainings completed.

H. CONTRACTOR shall attend the COUNTY's Cultural Competency Committee monthly meetings, maintain its own cultural competence oversight committee, and develop a cultural competency plan to address and evaluate cultural competency issues."

## "24. AMERICANS WITH DISABILITIES ACT

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

14. That the existing COUNTY Agreement No. 15-594 Paragraph Twenty-Four (24) through Paragraph Thirty-Six (36) be renumbered as Paragraph Twenty-Five (25) through Paragraph Thirty-Seven (37).

15. That the existing COUNTY Agreement No. 15-594, Page Twenty-Six (26), Paragraph Twenty-Five (25), beginning with Line Fifteen (15), with the word "If" and ending on Line Eighteen (18) with the word "A-133", be deleted and the following inserted in its place:

"If CONTRACTOR expends Seven Hundred Fifty Thousand Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of

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Management and Budget (OMB) 2 CFR 200."

16. That the existing COUNTY Agreement No. 15-594, Page Thirty-Two (32), Paragraph Thirty (30), beginning with Line Four (4), with the word "Submissions" and ending on Line Six (6) with the word "Administration", be deleted and the following inserted in its place:

"CONTRACTOR is required to submit a set of fingerprints for any person with a five (5) percent or greater direct or indirect ownership interest in CONTRACTOR. COUNTY may terminate this Agreement where any person with a five (5) percent or greater direct or indirect ownership interest in the CONTRACTOR and did not submit timely and accurate information and cooperate with any screening method required in CFR, title 42, section 455.416. Submissions shall be scanned pdf copies and are to be sent via email to DBHAdministration@co.fresno.ca.us, Attention: Contracts Administration. COUNTY may deny enrollment or terminate this Agreement where any person with a five (5) percent or greater direct or indirect ownership interest in CONTRACTOR has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last (ten) 10 years."

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

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement, and not amended herein, shall remain in full force and effect. This Amendment I shall become effective upon execution by all parties.

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1	EXECUTED AND EFFECTIVE as of the	e date first above set forth.
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3	CONTRACTOR	COUNTY OF FRESNO
4	(Authorized Signature)	Nathan Magsig, Chairman of the Board of
5	Luana Murphy	Supervisors of the County of Fresno
6	Print Name	
7	PRESIDENT/CEO	
8	Title (Chairman of Board, or President, or CEO)	ATTEST: Bernice E. Seidel
9	mind	Clerk to the Board of Supervisors County of Fresno, State of California
10	(Authorized Signature)	
11	LeeAnn Skorohod	By: Susan Bishop
12		Deputy
13	Secretary/CFO/COO Title (Secretary of Corporation, or Chief	
14	Financial Officer/Treasurer, or any Assistant Secretary or Treasurer	
15		
16	MAILING ADDRESS:	
17	Exodus Recovery, Inc. 9808 Venice Boulevard, Suite 700	
18	Culver City, CA 90232 Contact: Luana Murphy, President/CEO	
19	Phone No.: (310) 945-3350	
20	FOR ACCOUNTING USE ONLY:	
21	Fund/Subclass: 0001/10000 Org No.: 56302490	
22	Account No.: 7295	
23	Fiscal Year	
24	FY 2015-16 \$ 2,048,296 FY 2016-17 \$ 3,698,759	
25	FY 2017-18\$ 3,810,886FY 2018-19\$ 4,291,345	
26	FY 2019-20         \$ 4,397,877           FY 2020-21         \$ 4,525,120	
27	Total: \$22,772,283	
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#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery Start-Up/Implementation Budget - October 1, 2015 through June 30, 2016 (9 months)

	r, and janitorial costs at bidders cost)			-			
•	Categories -	Total Proposed Budget Admin. Direct Total					
	ne Item Description (Must be itemized) FTE % Admin. Direct ERSONNEL SALARIES:						
0001	Title Program Director	1.00	\$30,000		\$30,000		
0002	Title Program Support	1.00	\$12,480		\$12,480		
0003	Title Administrator	0.10	\$3,575		\$3,575		
0003	SALARY TOTAL	2.10	\$46,055	\$0	\$46,055		
PAYRO	LL TAXES:						
0030	OASDI		\$414	\$0	\$414		
0031	FICA/MEDICARE		\$3,523	\$0	\$3,523		
0032	U.I.		\$500	\$0	\$500		
	PAYROLL TAX TOTAL		\$4,437	\$0	\$4,437		
EMPLO	YEE BENEFITS:						
0040	Retirement		1842	\$0	\$1,842		
0041	Workers Compensation		2722	\$0	\$2,722		
0042	Health Insurance (medical vision, life, dental)		\$4,606	\$0	\$4,606		
	EMPLOYEE BENEFITS TOTAL		\$9,170	\$0	\$9,170		
	SALARY & BENEFITS GRAND TOTAL				\$59,662		
	TING EXPENSES:						
1060	Telephone				\$0		
1061	Answering Service				\$0		
1062	Postage				\$0		
1063	Printing/Reproduction				\$0		
1064	Publications				\$0		
1065	Legal Notices/Advertising				\$0		
1066	Office Supplies & Equipment				\$0		
1067	Household Supplies				\$0		
1068	Food				\$0		
1069	Program Supplies - Therapeutic				\$0		
1070	Program Supplies - Medical				\$0		
1071	Transportation of Clients				\$0		
1072	Staff Mileage/vehicle maintenance				\$0		
1073	Staff Travel (Out of County)				\$0		
1074	Staff Orientation/Recruitment				\$46,000		
1075	Lodging				\$0		
1076	Other - One Time Costs				\$62,642		
1070	Other - One Time Costs Contingency				\$02,042		
1077	OPERATING EXPENSES TOTAL				<del>پ</del> و \$108,642		
FINANC	IAL SERVICES EXPENSES:						
1080	Accounting/Bookkeeping				\$0		
1081	External Audit				\$0		
1082	Liability Insurance		\$0				
1083	Other - Administrative Overhead		\$30,609				
	FINANCIAL SERVICES TOTAL				\$30,609		

TOTAL PROGRAM EXPENSES \$198,913

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery Start-Up/Implementation Budget- October 1, 2015 through June 30, 2016 (9 months)

(security,	, and janito	orial costs at bidders cost)						
•	Budget Categories - Total Proposed Budget							
Line Item Description (Must be itemized) FTE % Admin. Direct								
PERSON	PERSONNEL SALARIES:							
0001	Title	Program Director (RN)	1.00	\$59,998		\$59,998		
0002	Title	Rehab Specialist Coord (OT/RT)	1.00	\$4,680	\$42,120	\$46,800		
0003	Title	Mental Health Workers	8.40		\$139,776	\$139,776		
0004	Title	LMFT/LCSW	1.00		\$36,400	\$36,400		
0005	Title	Peer Advocate/Counselor	1.00		\$12,480	\$12,480		
0006	Title	Data Specialist	1.00	\$17,680		\$17,680		
0007	Title	Program Support	1.00	\$24,960		\$24,960		
8000	Title	Administrator	0.10	\$7,150		\$7,150		
0009	Title	(MD/NP/Nursing found on Line 1097)				\$0		
		SALARY TOTAL	14.50	\$114,468	\$230,776	\$345,244		
PAYROL	L TAXES:							
0030	OASDI			\$1,030	\$2,077	\$3,107		
0031	FICA/M	EDICARE		\$8,757	\$17,654	\$26,411		
0032	U.I.			\$1,144	\$2,307	\$3,451		
		PAYROLL TAX TOTAL		\$10,931	\$22,038	\$32,969		
EMPLOY	EMPLOYEE BENEFITS:							
0040	Retirem	ent		\$4,579.00	\$9,231	\$13,810		
0041	Workers	s Compensation		\$6,765.00	\$13,639	\$20,404		
0042	Health I	nsurance (medical vision, life, dental)		\$11,447	\$23,078	\$34,525		
		EMPLOYEE BENEFITS TOTAL		\$22,791	\$45,948	\$68,739		
		Y & BENEFITS GRAND TOTAL				\$446,952		
FACILITI	IES/EQUIF	PMENT EXPENSES:						
1010	Rent/Le	ase Building				\$0		
1011	Rent/Le	ase Equipment				\$8,250		
1012	Utilities					\$62,365		
1013	Janitoria		\$42,663					
1014	Mainten	ance (facility)			\$5,331			
1015	Security		\$47,500					
1016	Maintenance (durable medical equipment)							
1017	7 Other							
1018	Other					\$0		
		FACILITY/EQUIPMENT TOTAL				\$166,109		

(security, and janitorial costs at bidders cost)

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery

Start-Up/Implementation Budget- October 1, 2015 through June 30, 2016 (9 months)

-		
1060	Telephone	\$30,000
1061	Answering Service	\$0
1062	Postage	\$1,500
1063	Printing/Reproduction	\$1,250
1064	Publications	\$0
1065	Legal Notices/Advertising	\$1,000
1066	Office Supplies & Equipment	\$10,000
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$3,000
1070	Program Supplies - Medical	\$15,000
1071	Transportation of Clients	\$6,000
1072	Staff Mileage/vehicle maintenance	\$1,250
1073	Staff Travel (Out of County)	\$350
1074	Staff Training/Registration	\$17,500
1075	Lodging	\$0
1076	Other - License/Business Tax	\$750
1077	Other - Recovery 360 Training	\$1,750
	OPERATING EXPENSES TOTAL	\$89,350
FINANC	CIAL SERVICES EXPENSES:	
1080	Accounting/Bookkeeping	\$7,500
1081	External Audit	\$2,500
1082	Liability Insurance	\$5,000
1083	Other - Administrative Overhead	\$241,224
	FINANCIAL SERVICES TOTAL	\$256,224

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery

Start-Up/Implementation Budget- October 1, 2015 through June 30, 2016 (9 months)

SPECIAL EXPENSES (	(Consultant/Etc.):

-		
1087	Consultant (network & data management)	\$15,000
1088	Translation Services	\$900
1089	Medication Supports	\$32,500
1090	Food Service	\$84,000
1091	Laundry service	\$16,200
1092	Medical Waste Disposal	\$1,250
1093	Nutritionist Services	\$0
1094	X-ray and EKG services	\$2,700
1095	Pharmaceutical Consultant	\$0
1096	Medical Services	\$0
1097	Other - Contracted Services	\$728,598
1098	Other - Registry	\$9,600
	SPECIAL EXPENSES TOTAL	\$890,748

#### FIXED ASSETS:

-		TOTAL PROGRAM EXPENSES	\$1 849 383
	FIXED ASSETS TOTAL		\$0
2003	Other		\$0
2002	Other		\$0
2001	Furniture & Fixtures		\$0
2000	Computers & Software		\$0

TOTAL PROGRAM EXPENSES \$1,849,38

DIRECT SERVICE REVENUE:		Vol/Units of Svc	Rate	\$ Amt.
	Mental Health Services			
3000	(Individual/Family/Group Therapy)			\$0
3100	Case Management			\$0
3200	Crisis Services			\$0
3300	Medication Support			\$0
3400	Psychiatric Health Facility Services	2,926	\$632.00	\$1,849,383
3500	other			\$0
	DIRECT SERVICE REVENUE TOTAL	2,926		\$1,849,383

		Medi-cal Revenue Cost Per Unit	\$1,387,038 \$632.00
Funding Stre	ams Reimbursement	Population Served Percentage	
4000	Private Insurance		-
4100	Uninsured	25%	462,346
4200	Medi-Cal FFP	75%	693,519
4300	Behavioral Health Rea	alignment	693,519
	OTHER REVENUE TO	DTAL	\$1,849,383
-		TOTAL PROGRAM REVENUE	\$1,849,383

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery One Time Costs - Details

#### (security, and janitorial costs at bidder cost)

ONE TIME COSTS

Item	Price	Qty	Amount	Notes
Telepsych Equipment	\$12,000.00	2	\$12,000.00	Connection to other Exodus sites
Phone System Upgrade	\$12,000.00	1	\$12,000.00	Module to add PHF phones into existing system
Medical Supplies	\$3,000.00	1	\$3,000.00	Drug testing supplies, syringes, medicine cups
Stock Medications	\$3,000.00	1	\$3,000.00	Initial stock medication supply
Network/Security Equipment	\$4,500.00	1	\$4,500.00	Connection to other Exodus sites
Cabling	\$8,000.00	1	\$8,000.00	Fiber cabling due to distance from program to phone closet in Bldg and Phone System
Computers	\$3,357.00	6	\$20,142.00	Replacement of old desktops, including peripherals/softward
τοτα	L		\$62,642.00	

(security,	and janitor	ial costs at bidder cost)						
Budget Categories - Total Proposed Budge								
	Line Item Description (Must be itemized) FTE % Admin. Direct PERSONNEL SALARIES:							
0001	Title	Program Director (RN)	1.00	\$119,995		\$119,995		
0002	Title	Rehab Specialist Coord (OT/RT)	1.00	\$9,360	\$84,240	\$93,600		
0003	Title	Mental Health Workers	8.40		\$279,552	\$279,552		
0004	Title	LMFT/LCSW	1.00		\$72,800	\$72,800		
0005	Title	Peer Advocate/Counselor	1.00		\$24,960	\$24,960		
0006	Title	Data Specialist	1.00	\$35,360		\$35,360		
0007	Title	Program Support	1.00	\$49,920		\$49,920		
8000	Title	Administrator	0.10	\$14,300		\$14,300		
0009	Title	(MD/NP/Nursing found on Line 1097)				\$0		
		SALARY TOTAL	14.50	\$228,935	\$461,552	\$690,487		
PAYROLI	L TAXES:							
0030	OASDI			\$2,060	\$4,154	\$6,214		
0031	FICA/ME	DICARE		\$17,514	\$35,309	\$52,823		
0032	U.I.			\$2,288	\$4,614	\$6,902		
		PAYROLL TAX TOTAL		\$21,862	\$44,077	\$65,939		
EMPLOY	EE BENEF	ITS:						
0040	Retireme	nt		\$9,157.00	\$18,462	\$27,619		
0041	Workers	Compensation		\$13,530.00	\$27,278	\$40,808		
0042	Health In:	surance (medical vision, life, dental)		\$22,894	\$46,155	\$69,049		
		EMPLOYEE BENEFITS TOTAL		\$45,581	\$91,895	\$137,476		
		& BENEFITS GRAND TOTAL				\$893,902		
FACILITI	ES/EQUIP	MENT EXPENSES:						
1010	Rent/Lea	se Building				\$0		
1011	Rent/Lea	se Equipment				\$16,500		
1012	Utilities							
1013	Janitorial							
1014	14 Maintenance (facility)							
1015	5 Security							
1016	Maintenance (durable medical equipment)							
1017	Other							
1018	Other					\$0		
		FACILITY/EQUIPMENT TOTAL				\$332,215		

OPERA	TING EXPENSES:	
1060	Telephone	\$60,000
1061	Answering Service	\$0
1062	Postage	\$3,000
1063	Printing/Reproduction	\$2,500
1064	Publications	\$0
1065	Legal Notices/Advertising	\$2,000
1066	Office Supplies & Equipment	\$20,000
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$6,000
1070	Program Supplies - Medical	\$30,000
1071	Transportation of Clients	\$12,000
1072	Staff Mileage/vehicle maintenance	\$2,500
1073	Staff Travel (Out of County)	\$700
1074	Staff Training/Registration	\$35,000
1075	Lodging	\$0
1076	Other - License/Business Tax	\$1,500
1077	Other - Recovery 360 Training	\$3,500
	OPERATING EXPENSES TOTAL	\$178,700
FINANC	CIAL SERVICES EXPENSES:	
1080	Accounting/Bookkeeping	\$15,000
1081	External Audit	\$5,000
1082	Liability Insurance	\$10,000
1083	Other - Administrative Overhead	\$482,447
	FINANCIAL SERVICES TOTAL	\$512,447

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery Budget- July 1, 2016 through June 30, 2017 (12 months)

|--|

1087	Consultant (network & data management)	\$30,000
1088	Translation Services	\$1,800
1089	Medication Supports	\$65,000
1090	Food Service	\$168,000
1091	Laundry service	\$32,400
1092	Medical Waste Disposal	\$2,500
1093	Nutritionist Services	\$0
1094	X-ray and EKG services	\$5,400
1095	Pharmaceutical Consultant	\$0
1096	Medical Services	\$0
1097	Other - Contracted Services	\$1,457,195
1098	Other - Registry	\$19,200
	SPECIAL EXPENSES TOTAL	\$1,781,495

#### FIXED ASSETS:

		TOTAL PROGRAM EXPENSES	\$3 698 759
	FIXED ASSETS TOTAL		\$0
2003	Other		\$0
2002	Other		\$0
2001	Furniture & Fixtures		\$0
2000	Computers & Software		\$0

TOTAL PROGRAM EXPENSES \$3,698,759

DIRECT SERVICE REVENUE:		Vol/Units of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group Therapy)			\$0
3100	Case Management			\$0
3200	Crisis Services			\$0
3300	Medication Support			\$0
3400	Psychiatric Health Facility Services	5,843	\$633.00	\$3,698,759
3500	other			\$0
	DIRECT SERVICE REVENUE TOTAL	5,843		\$3,698,759

Medi-cal Revenue	
Cost Per Unit	

\$2,774,069 \$633.00

Funding Streams Reimbursement		Population Served Percentage	
4000	Private Insurance		-
4100	Uninsured	25%	924,690
4200	Medi-Cal FFP	75%	1,387,035
4300	Behavioral Health Reali	gnment	1,387,035
	OTHER REVENUE TOT	ΓAL	\$3,698,759
		TOTAL PROGRAM REVENUE	\$3,698,759

(security, and janitorial costs at Bidder cost)						
Budget Categories -				Proposed Budge		
		n (Must be itemized)	FTE %	Admin.	Direct	Total
PERSON	NEL SALAI	RIES:				
0001	Title	Program Director (RN)		\$122,995		\$122,995
0002	Title	Rehab Specialist Coord (OT/RT)		\$9,594	\$86,346	\$95,940
0003	Title	Mental Health Workers			\$286,541	\$286,541
0004	Title	LMFT/LCSW			\$74,620	\$74,620
0005	Title	Peer Advocate/Counselor			\$25,584	\$25,584
0006	Title	Data Specialist		\$36,244		\$36,244
0007	Title	Program Support		\$51,168		\$51,168
8000	Title	Administrator		\$14,658		\$14,658
0009	Title	(MD/NP/Nursing found on Line 1097)				\$0
		SALARY TOTAL	0.00	\$234,659	\$473,091	\$707,750
PAYROLI	TAXES:					
0030	OASDI			\$2,182	\$4,400	\$6,582
0031	FICA/MEI	DICARE		\$18,491	\$37,280	\$55,771
0032	U.I.			\$2,426	\$4,892	\$7,318
PAYROLL TAX TOTAL			\$23,099	\$46,572	\$69,671	
EMPLOY	EE BENEF	ITS:				
0040	Retireme	nt		\$9,386.00	\$18,924	\$28,310
0041	Workers	Compensation		\$14,291.00	\$28,811	\$43,102
0042	Health Ins	surance (medical vision, life, dental)		\$24,170	\$48,728	\$72,898
		EMPLOYEE BENEFITS TOTAL		\$47,847	\$96,463	\$144,310
SALARY & BENEFITS GRAND TOTAL				\$921,731		
FACILITI	ES/EQUIPN	IENT EXPENSES:				
1010	Rent/Leas	se Building				\$0
1011	Rent/Leas	se Equipment				\$16,995
1012	Utilities					\$128,471
1013	Janitorial					\$87,885
1014	Maintenar	nce (facility)				\$10,981
1015	Security					\$97,850
1016	Maintenar	nce (durable medical equipment)				\$0
1017	Other					\$0
1018	Other					\$0
		FACILITY/EQUIPMENT TOTAL				\$342,182

OPERATING EXPENSES:			
1060	Telephone	\$61,800	
1061	Answering Service	\$0	
1062	Postage	\$3,090	
1063	Printing/Reproduction	\$2,575	
1064	Publications	\$0	
1065	Legal Notices/Advertising	\$2,060	
1066	Office Supplies & Equipment	\$20,600	
1067	Household Supplies	\$0	
1068	Food	\$0	
1069	Program Supplies - Therapeutic	\$6,180	
1070	Program Supplies - Medical	\$30,900	
1071	Transportation of Clients	\$12,360	
1072	Staff Mileage/vehicle maintenance	\$2,575	
1073	Staff Travel (Out of County)	\$721	
1074	Staff Training/Registration	\$36,050	
1075	Lodging	\$0	
1076	Other - License/Business Tax	\$1,545	
1077	Other - Recovery 360 Training	\$3,605	
	OPERATING EXPENSES TOTAL	\$184,061	
FINANC	IAL SERVICES EXPENSES:		
1080	Accounting/Bookkeeping	\$15,450	
1081	External Audit	\$5,150	
1082	Liability Insurance	\$10,300	
1083	Other - Administrative Overhead	\$497,072	
	FINANCIAL SERVICES TOTAL	\$527,972	

#### Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery Budget- July 1, 2017 through June 30, 2018 (12 months)

SPECIAL EXPENSES (Consultant/Etc.):
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1087	Consultant (network & data management)	\$30,900
1088	Translation Services	\$1,854
1089	Medication Supports	\$66,950
1090	Food Service	\$173,040
1091	Laundry service	\$33,372
1092	Medical Waste Disposal	\$2,575
1093	Nutritionist Services	\$0
1094	X-ray and EKG services	\$5,562
1095	Pharmaceutical Consultant	\$0
1096	Medical Services	\$0
1097	Other - Contracted Services	\$1,500,911
1098	Other - Registry	\$19,776
	SPECIAL EXPENSES TOTAL	\$1,834,940

#### FIXED ASSETS:

8		TOTAL PROGRAM EXPENSES	\$3,810,886
	FIXED ASSETS TOTAL		\$0
2003	Other		\$0
2002	Other		\$0
2001	Furniture & Fixtures		\$0
2000	Computers & Software		\$0

TOTAL PROGRAM EXPENSES \$3,810,886

DIRECT SER	RVICE REVENUE:		Vol/Units of Svc	Rate	\$ Amt.
DIRECTOR	Mental Health Services				φ/unc
3000	(Individual/Family/Group Th	erany)			\$0
3100	Case Management	orapy)			\$0
3200	Crisis Services				\$0
3300	Medication Support				\$0
3400	Psychiatric Health Facility S	ervices	5,836	\$653.00	\$3,810,886
3500	other		-,		\$0
	DIRECT SERVICE REVEN	UE TOTAL	5,836		\$3,810,886
			Medi-cal Revenue		\$2,858,164
			Cost Per Unit		\$653.00
Funding Stream	ams Reimbursement	Population Serve	ed Percentage		
4000	Private Insurance				-
4100	Uninsured	2	25%		952,721
4200	Medi-Cal FFP	7	75%		1,429,082
4300	Behavioral Health Realignn	nent			1,429,082
	OTHER REVENUE TOTAL				\$3,810,886

\$3,810,886 TOTAL PROGRAM REVENUE \$3,810,886

Budget	Categories	-		Total F	Proposed Budget	
Line Iter	m Descripti	on (Must be itemized)	FTE %	Admin.	Direct	Total
PERSO	NNEL SAL	ARIES:				
0001	Title	Program Director (RN)	1.00	\$141,288		\$141,288
0002	Title	Rehab Specialist Coord (OT/RT)	1.00		\$68,193	\$68,193
0003	Title	Mental Health Workers	14.59		\$587,888	\$587,888
0004	Title	LMFT/LCSW	1.60		\$117,800	\$117,800
0005	Title	Peer Advocate/Counselor	1.91		\$89,883	\$89,883
0006	Title	Data Specialist	1.00	\$44,589		\$44,589
0007	Title	Program Support	1.00	\$43,331		\$43,331
8000	Title	Administrator	0.10	\$13,300		\$13,300
0009	Title	Program Nurses (RN)	3.58		\$358,827	\$358,827
0009	Title	Program Nurses (LPTN)	1.45		\$62,381	\$62,381
0009	Title	Program Nurses (LVN)	5.98		\$373,028	\$373,028
		SALARY TOTAL	33.21	\$242,508	\$1,657,999	\$1,900,507
PAYRO	LL TAXES	:				
0030	OASDI					\$19,005
0031	FICA/M	EDICARE				\$171,046
0032	U.I.					\$19,005
		PAYROLL TAX TOTAL		\$0		\$209,056
EMPLO	YEE BENE	EFITS:				
0040	Retirem	ent				\$80,500
0041	Worker	s Compensation				\$115,500
0042	Health	nsurance (medical vision, life, dental)				\$154,000
		EMPLOYEE BENEFITS TOTAL		\$0	\$0	\$350,000
		Y & BENEFITS GRAND TOTAL				\$2,459,563
		PMENT EXPENSES:				
1010	Rent/Le	ease Building				\$0
1011	Rent/Le	ease Equipment				\$14,684
1012	Utilities				I	\$155,704

Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery Budget- July 1, 2018 through June 30, 2019 (12 months)	REVISED EXHIBIT B Page 13 of 29
Janitorial	\$63,356
Maintenance (facility)	\$20,942
Security	\$208,734
Maintenance (durable medical equipment)	\$0
Other	\$0
Other	\$0
FACILITY/EQUIPMENT TOTAL	\$463,420
RATING EXPENSES:	
Telephone	\$22,434
Answering Service	\$0
Postage	\$172
Printing/Reproduction	\$0
	<b>A</b> -

1017         Other         \$50           1018         Other         \$463,420           FACILITY/EQUIPMENT TOTAL         \$463,420           OPERATING EXPENSES:           1060         Telephone         \$22,434           1061         Answering Service         \$60           1062         Postage         \$172           1063         Printing/Reproduction         \$50           1064         Publications         \$50           1065         Legal Notices/Advertising         \$1,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$0           1068         Food         \$0           1070         Program Supplies - Therapeutic         \$11,900           1071         Transportation of Clients         \$0           1072         Staff Mileage/vehicle maintenance         \$100           1073         Staff Training/Registration         \$8,523           1075         Lodging         \$0           1076         Other - License/Business Tax         \$13,865           1077         Other - Recovery 360 Training         \$0           1076         Other - Recovery 360 Training	1016	Maintenance (durable medical equipment)	\$0
1018         Other         St           FACILITY/EQUIPMENT TOTAL         \$463,420           OPERATING EXPENSES:         \$22,434           1060         Telephone         \$22,434           1061         Answering Service         \$50           1062         Postage         \$172           1063         Printing/Reproduction         \$00           1064         Publications         \$00           1065         Legal Notices/Advertising         \$1,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$30           1068         Food         \$00           1070         Program Supplies - Therapeutic         \$11,900           1070         Program Supplies - Medical         \$8,611           1071         Transportation of Clients         \$20           1072         Staff Training/Registration         \$8,523           1074         Staff Training/Registration         \$8,523           1075         Lodging         \$30           1076         Other - License/Business Tax         \$1,386           1077         Other - License/Business Tax         \$1,385           1076         Other - License/Busi	1017		\$0
FACILITY/EQUIPMENT TOTAL       \$463,420         OPERATING EXPENSES:       \$22,434         1060       Telephone       \$22,434         1061       Answering Service       \$0         1062       Postage       \$172         1063       Printing/Reproduction       \$0         1064       Publications       \$0         1065       Legal Notices/Advertising       \$1,000         1066       Office Supplies & Equipment       \$39,873         1067       Household Supplies       \$0         1068       Food       \$0         1070       Program Supplies - Therapeutic       \$11,900         1070       Program Supplies - Medical       \$8,611         1071       Transportation of Clients       \$2         1072       Staff Mileage/vehicle maintenance       \$100         1073       Staff Traving/Registration       \$8,523         1074       Staff Training/Registration       \$8,523         1075       Lodging       \$30         1076       Other - License/Business Tax       \$1,388         1077       Other - License/Business Tax       \$1,385         1074       OPERATING EXPENSES TOTAL       \$94,001         FINANCIAL SERVICES EXPENS			
1060         Telephone         \$22,434           1061         Answering Service         \$0           1062         Postage         \$177           1063         Printing/Reproduction         \$0           1064         Publications         \$0           1065         Legal Notices/Advertising         \$1,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$0           1068         Food         \$0           1069         Program Supplies - Therapeutic         \$11,900           1070         Program Supplies - Medical         \$8,611           1071         Transportation of Clients         \$0           1072         Staff Mileage/vehicle maintenance         \$100           1073         Staff Traviel (Out of County)         \$2           1074         Staff Training/Registration         \$8,523           1075         Lodging         \$0           1076         Other - License/Business Tax         \$1,386           1077         Other - License/Business Tax         \$1,386           1077         Other - License/Business Tax         \$1,386           1077         Other - Reovery 360 Training         \$2	1010		\$463,420
1061         Answering Service         \$0           1062         Postage         \$172           1063         Printing/Reproduction         \$0           1064         Publications         \$0           1065         Legal Notices/Advertising         \$1,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$0           1068         Food         \$0           1070         Program Supplies - Therapeutic         \$11,900           1070         Program Supplies - Medical         \$8,611           1071         Transportation of Clients         \$0           1072         Staff Mileage/vehicle maintenance         \$100           1073         Staff Training/Registration         \$8,523           1075         Lodging         \$0           1076         Other - License/Business Tax         \$1,385           1077         Other - License/Business Tax         \$1,385           1077         Other - License/Business ToTAL         \$94,001           FINANCIAL SERVICES EXPENSES TOTAL         \$94,001           1080         Accounting/Bookkeeping         \$1,000           1081         External Audit         \$1000  <	OPERA	TING EXPENSES:	
1062         Postage         \$172           1063         Printing/Reproduction         \$6           1064         Publications         \$0           1065         Legal Notices/Advertising         \$10,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$0           1068         Food         \$0           1070         Program Supplies - Therapeutic         \$11,900           1070         Program Supplies - Medical         \$8,611           1071         Transportation of Clients         \$0           1072         Staff Mileage/vehicle maintenance         \$100           1073         Staff Travel (Out of County)         \$0           1074         Staff Training/Registration         \$8,523           1075         Lodging         \$0           1076         Other - License/Business Tax         \$1,385           1075         Lodging         \$0           0         OPERATING EXPENSES TOTAL         \$94,001           FINANCIAL SERVICES EXPENSES:         \$1,000           1081         External Audit         \$0	1060	Telephone	\$22,434
No.         Printing/Reproduction         \$ 00           1064         Publications         \$ 00           1065         Legal Notices/Advertising         \$ 10,000           1066         Office Supplies & Equipment         \$ 39,873           1067         Household Supplies         \$ 00           1068         Food         \$ 00           1069         Program Supplies - Therapeutic         \$ 11,900           1070         Program Supplies - Medical         \$ 86,611           1071         Transportation of Clients         \$ 00           1072         Staff Training/Registration         \$ 88,523           1075         Lodging         \$ 30           1076         Other - License/Business Tax         \$ 13,865           1077         Other - License/Business Tax         \$ 13,865           1076         Other - License/Business Tax         \$ 13,865           1077         Other - Recovery 360 Training         \$ 30           1080         Accounting/Bookkeeping         \$ 1,000           1081         External Audit         \$ 000	1061	Answering Service	\$0
1064     Publications     \$0       1065     Legal Notices/Advertising     \$1,000       1066     Office Supplies & Equipment     \$39,873       1067     Household Supplies     \$0       1068     Food     \$0       1069     Program Supplies - Therapeutic     \$11,900       1070     Program Supplies - Medical     \$86,611       1071     Transportation of Clients     \$0       1072     Staff Mileage/vehicle maintenance     \$10       1073     Staff Travel (Out of County)     \$0       1074     Staff Training/Registration     \$8,523       1075     Lodging     \$0       1076     Other - License/Business Tax     \$1,385       1077     Other - Recovery 360 Training     \$0       1076     Other - Recovery 360 Training     \$0       1077     Other - Recovery 360 Training     \$0       1080     Accounting/Bookkeeping     \$1,000       1081     External Audit     \$0	1062	Postage	\$172
1065         Legal Notices/Advertising         \$1,000           1066         Office Supplies & Equipment         \$39,873           1067         Household Supplies         \$00           1068         Food         \$00           1069         Program Supplies - Therapeutic         \$11,900           1070         Program Supplies - Medical         \$8,611           1071         Transportation of Clients         \$00           1072         Staff Mileage/vehicle maintenance         \$1000           1073         Staff Travel (Out of County)         \$00           1074         Staff Training/Registration         \$8,523           1075         Lodging         \$00           1076         Other - License/Business Tax         \$1,385           1077         Other - Recovery 360 Training         \$00           FINANCIAL SERVICES EXPENSES         \$94,001           FINANCIAL SERVICES EXPENSES:         \$94,001           1080         Accounting/Bookkeeping         \$1,000           1081         External Audit         \$1000	1063	Printing/Reproduction	\$0
1066Office Supplies & Equipment\$39,8731067Household Supplies\$01068Food\$01069Program Supplies - Therapeutic\$11,9001070Program Supplies - Medical\$8,6111071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Travel (Out of County)\$01075Lodging\$01076Other - License/Business Tax\$1,3851077Other - Recovery 360 Training\$01080Accounting/Bookkeeping\$1,0001081External Audit\$1	1064	Publications	\$0
1067Household Supplies\$01068Food\$01069Program Supplies - Therapeutic\$11,9001070Program Supplies - Medical\$8,6111071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3851077Other - Recovery 360 Training\$0FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1065	Legal Notices/Advertising	\$1,000
1068Food\$61069Program Supplies - Therapeutic\$11,9001070Program Supplies - Medical\$8,6111071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3851077Other - Recovery 360 Training\$0OPERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1066	Office Supplies & Equipment	\$39,873
1069Program Supplies - Therapeutic\$11,9001070Program Supplies - Medical\$8,6111071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3851077Other - Recovery 360 Training\$01078SERVICES EXPENSES TOTAL\$94,0011080Accounting/Bookkeeping\$1,0001081External Audit\$0	1067	Household Supplies	\$0
1070Program Supplies - Medical\$8,6111071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3851077Other - Recovery 360 Training\$0OPERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1068	Food	\$0
1071Transportation of Clients\$01072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$01077Other - Recovery 360 Training\$0FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1069	Program Supplies - Therapeutic	\$11,900
1072Staff Mileage/vehicle maintenance\$1001073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$0OPERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1070	Program Supplies - Medical	\$8,611
1073Staff Travel (Out of County)\$01074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$01077Other - Recovery 360 Training\$01077OPERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:\$1,0001080Accounting/Bookkeeping\$1,0001081External Audit\$0	1071	Transportation of Clients	\$0
1074Staff Training/Registration\$8,5231075Lodging\$01076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$00PERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:1080Accounting/Bookkeeping\$1,0001081External Audit\$0	1072	Staff Mileage/vehicle maintenance	\$100
1075Lodging\$01076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$0OPERATING EXPENSES TOTAL\$94,001FINANCIAL SERVICES EXPENSES:1080Accounting/Bookkeeping\$1,0001081External Audit\$0	1073	Staff Travel (Out of County)	\$0
1076Other - License/Business Tax\$1,3891077Other - Recovery 360 Training\$0OPERATING EXPENSES TOTALFINANCIAL SERVICES EXPENSES:1080Accounting/Bookkeeping\$1,0001081External Audit\$0	1074	Staff Training/Registration	\$8,523
1077       Other - Recovery 360 Training       \$0         OPERATING EXPENSES TOTAL       \$94,001         FINANCIAL SERVICES EXPENSES:       \$1,000         1080       Accounting/Bookkeeping       \$1,000         1081       External Audit       \$0	1075	Lodging	\$0
OPERATING EXPENSES TOTAL       \$94,001         FINANCIAL SERVICES EXPENSES:       1080         Accounting/Bookkeeping       \$1,000         1081       External Audit       \$000	1076	Other - License/Business Tax	\$1,389
FINANCIAL SERVICES EXPENSES:         1080       Accounting/Bookkeeping       \$1,000         1081       External Audit       \$000	1077	Other - Recovery 360 Training	\$0
1080Accounting/Bookkeeping\$1,0001081External Audit\$0		OPERATING EXPENSES TOTAL	\$94,001
1081 External Audit \$0	FINANC	CIAL SERVICES EXPENSES:	
	1080	Accounting/Bookkeeping	\$1,000
1082 Liability Insurance \$9,996	1081	External Audit	\$0
	1082	Liability Insurance	\$9,996

# Acute Inpatient Psychiatric Services (16 bed PHF) Exodus Recovery

## Budget- July 1, 2018 through June 30, 2019 (12 months)

1000		ugn June 30, 2019 (12 months)	<u> </u>
1083	Other - Administrative Overhead FINANCIAL SERVICES TOTAL		\$559,741 \$570,737
SPECIA	AL EXPENSES (Consultant/Etc.):		φ <b>070,7</b> 37
			¢40.540
1087	Consultant (network & data management)		\$10,516
1088	Translation Services		\$32
1089	Medication Supports		\$22,011
1090	Food Service		\$233,205
1091	Laundry service		\$16,402
1092	Medical Waste Disposal		\$13,510
1093	Nutritionist Services		\$0
1094	X-ray and EKG services		\$4,113
1095	Pharmaceutical Consultant		\$0
1096	Medical Services		\$0
1097	Other - Contracted Services		\$378,269
1098	Other - Registry		\$0
	SPECIAL EXPENSES TOTAL		\$678,057
FIXED /	ASSETS:		
2000	Computers & Software		\$5,110
2001	Furniture & Fixtures		\$6,000
2002	Other		\$0
2003	Other - EHR Avatar Cost		\$14,457
	FIXED ASSETS TOTAL		\$25,567
		TOTAL PROGRAM EXPENSES	\$4,291,345

TOTAL PROGRAM EXPENSES \$4,291,345

ental Health Services ndividual/Family/Group Therapy)			
ase Management isis Services edication Support			\$0 \$0 \$0 \$0
sychiatric Health Facility Services her	6,102	\$703.24	\$4,291,344 \$0 \$4,291,344
ł	ychiatric Health Facility Services	ychiatric Health Facility Services 6,102 her	ychiatric Health Facility Services 6,102 \$703.24

\$1,832,404

Funding Stre	ams Reimbursement	Population Served Percentage	
4000	Private Insurance	4%	154,488
4100	Uninsured	11%	472,049
4200	Medi-Cal FFP	43%	1,832,404
4300	Behavioral Health Realignmer	nt 43%	1,832,404
	OTHER REVENUE TOTAL		\$4,291,345
		TOTAL PROGRAM REVENU	E \$4,291,345

## Acute Inpatient Psychiatric Services Exodus Recovery, Inc. 2018-2019 BUDGET NARRATIVE - EXPENSES

#### **PROGRAM EXPENSES**

#### Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001-0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

#### <u>\$2,459,563</u>

Program Director (RN) 1.00 FTE, Administrative Services - proposed annual salary \$141,288 Rehab Specialist Coord (OT/RT) 1.00 FTE Direct Services - proposed annual salary \$68,193 Mental Health Workers FTE 14.59 Direct Services - proposed annual salary \$587,888 LMFT/LCSW FTE 1.60 Direct Services - proposed annual salary \$117,800 Peer Advocate/Counselor Direct Services FTE 1.91 - proposed annual salary \$89,883 Data Specialist FTE 1.00 Administrative Services - proposed annual salary \$44,589 Program Support FTE 1.00 Administrative Services - proposed annual salary \$43,331 Administrator FTE 0.10 Administrative Services - proposed annual salary \$13,300 Program Nurses (RN) FTE 3.58 Direct Services - proposed salary \$358,827 Program Nurses (LPTN) FTE 1.45 Direct Services - proposed salary \$62,381 Program Nurses (LVN) FTE 5.98 Direct Services - proposed salary \$373,028 Salary Total \$1,900,507

Payroll Taxes OASDI \$19,005 FICA/MEDICARE \$171,046 SUI \$19,005 Payroll Taxes Total \$209,056

Employee Benefits Retirement \$80,500 Workers Compensation \$115,500 Health Insurance (medical vision, life, dental) \$154,000 Employee Benefits \$350,000

#### Facilities/Equipment Expenses – Line Items 1010-1014

#### \$463,420

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

Rent/Equipment Leases - Lease cost for computers, printers, copier, and faxes for the program \$14,684 Utilities - Cost for program utilities \$155,704

Janitorial - Cost for janitorial Service for the program \$63,356

Maintenance - Cost for maintenance and repairs for the facility \$20,942

Security - Cost for security personnel for the program \$208,734

#### **Operating Expenses - Line Items 1060-1077**

#### <u>\$94,001</u>

Telephone - Cost of phone usage expense for the program \$22,434 Postage - Program related postage cost \$172

## Acute Inpatient Psychiatric Services

# Exodus Recovery, Inc.

## 2018-2019

## **BUDGET NARRATIVE - EXPENSES**

Legal Notices/Advertising - Cost for advertising for staff recruitment and other program related advertising or legal notices \$1000

Office Supplies & Equipment - Cost for office supplies and equipment for the program \$39,873

Program Supplies - Therapeutic - Cost for medical supplies for the program \$11,900

Program Supplies - Medical - Cost for medical supplies for the program \$8,611

Staff Mileage/Vehicle Maintenance - Cost for mileage, parking, travel expense for program staff \$100

Staff Training/Registration - Cost of ongoing training for staff \$8,523

Other - License/Business Tax \$1,389

#### Financial Services Expenses – Line Items 1080-1085

## <u>\$570,737</u>

Accounting/Bookkeeping - Cost of financial auditing and monthly financial reviews \$1,000 Liability Insurance - Cost of insurance expense for liability, business property and vehicle policy \$9,996 Other Administrative Overhead - Administrative overhead expense related to the program \$559,741

## Special Expenses – Line Items 1090-1092

#### <u>\$678,057</u>

Consultant (network & data mgmt) Cost for consultant IT firm support, network monitoring, and off-site back-up for program IT System \$10,516

Translation Services - Cost for translation services for the program \$32

Medication Supports (Pharmaceuticals) Medication costs for clients \$22,011

Food Service - Cost for food services for program clients \$233,205

Laundry Service - Cost for linen service for the program \$16,402

Medical Waste Disposal - Cost for medical waste disposal service \$13,510

X-ray and EKG services - \$4113

Other - Contracted Services - Personnel related expenses including registry nurses as needed, parking, relocation costs, etc. \$378,269

#### Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

## <u>\$25,567</u>

Furniture & Fixtures \$6,000 Computers & Software \$5,110 Other - HER Avatar Cost \$14,457

TOTAL PROGRAM EXPENSES: <u>\$4,291,345</u>

Budget Categories -				Total	Proposed Budge	t
Line Ite	em Desc	ription (Must be itemized)	FTE %	Admin.	Direct	Total
PERSO	ONNEL S	SALARIES:				
0001	Title	Program Director (RN)	1.00	\$145,527		\$145,527
0002	Title	Rehab Specialist Coord (OT/RT)	1.00		\$70,239	\$70,239
0003	Title	Mental Health Workers	14.59		\$605,525	\$605,525
0004	Title	LMFT/LCSW	1.60		\$121,334	\$121,334
0005	Title	Peer Advocate/Counselor	1.91		\$92,579	\$92,579
0006	Title	Data Specialist	1.00	\$45,927		\$45,927
0007	Title	Program Support	1.00	\$44,631		\$44,631
8000	Title	Administrator	0.10	\$13,699		\$13,699
0009	Title	Program Nurses (RN)	3.58		\$369,592	\$369,592
0009	Title	Program Nurses (LPTN)	1.45		\$64,252	\$64,252
0009	Title	Program Nurses (LVN)	5.98		\$384,218	\$384,218
		SALARY TOTAL	33.21	\$249,783	\$1,707,739	\$1,957,522
PAYRO	OLL TAX			÷ -,	÷ , - ,	+ , ,-
0030	OASD	I				\$19,575
0031	FICA/I	MEDICARE				\$176,177
0032	U.I.					\$19,575
		PAYROLL TAX TOTAL		\$0		\$215,327
EMPLO	DYEE BE	ENEFITS:				
0040	Retire	ment		\$82,915.00		\$82,915
0041	Worke	rs Compensation		\$118,965.00		\$118,965
0042	Health	Insurance (medical vision, life, dental)		\$158,620		\$158,620
		EMPLOYEE BENEFITS TOTAL		\$360,500	\$0	\$360,500
	SALA	RY & BENEFITS GRAND TOTAL				\$2,533,350
FACILI	TIES/EC	QUIPMENT EXPENSES:				
1010	Rent/L	ease Building				\$0
1011	Rent/L	ease Equipment				\$15,124

# Exodus Recovery

# Budget- July 1, 2019 through June 30, 2020 (12 months)

1012 L		
4	Jtilities	\$160,375
1013 J	lanitorial	\$65,256
1014 N	Maintenance (facility)	\$21,571
1015 S	Security	\$214,996
1016 N	Maintenance (durable medical equipment)	\$0
1017 C	Dther	\$0
1018 C	Dther	\$0
	FACILITY/EQUIPMENT TOTAL	\$477,322
OPERATI	ING EXPENSES:	
1060 T	Telephone	\$23,107
1061 A	Answering Service	\$0
1062 P	Postage	\$177
1063 P	Printing/Reproduction	\$0
1064 P	Publications	\$0
1065 L	egal Notices/Advertising	\$1,030
1066 C	Office Supplies & Equipment	\$41,069
1067 H	Household Supplies	\$0
1068 F	Food	\$0
1069 P	Program Supplies - Therapeutic	\$12,257
1070 P	Program Supplies - Medical	\$8,870
1071 T	Fransportation of Clients	\$0
1072 S	Staff Mileage/vehicle maintenance	\$103
1073 S	Staff Travel (Out of County)	\$0
1074 S	Staff Training/Registration	\$8,778
1075 L	_odging	\$0
1076 C	Other - License/Business Tax	\$1,430
1077 C	Other - Recovery 360 Training	\$0
	OPERATING EXPENSES TOTAL	\$96,821

# Exodus Recovery

# Budget- July 1, 2019 through June 30, 2020 (12 months)

1080	Accounting/Pool/kooping				¢1 020
	Accounting/Bookkeeping				\$1,030
1081	External Audit				\$0
1082	Liability Insurance				\$10,296
1083	Other - Administrative Overhead				\$566,286
SPECI	FINANCIAL SERVICES TOTAL AL EXPENSES (Consultant/Etc.):				\$577,612
					¢10.022
1087	Consultant (network & data management)				\$10,832
1088	Translation Services				\$33
1089	Medication Supports				\$22,671
1090	Food Service				\$240,201
1091	Laundry service				\$16,894
1092	Medical Waste Disposal				\$13,916
1093	Nutritionist Services				\$0
1094	X-ray and EKG services				\$4,236
1095	Pharmaceutical Consultant				\$0
1096	Medical Services				\$0
1097	Other - Contracted Services				\$378,269
1098	Other - Registry				\$0
	SPECIAL EXPENSES TOTAL				\$687,051
FIXED	ASSETS:				
2000	Computers & Software				\$5,264
2001	Furniture & Fixtures				\$6,000
2002	Other				\$0
2003	Other - EHR Avatar Cost				\$14,457
	FIXED ASSETS TOTAL				\$25,721
		т	OTAL PROGRA		\$4,397,877
			Vol/Units	<u> </u>	
DIREC	T SERVICE REVENUE:		of Svc	Rate	\$ Amt.
3000	Mental Health Services (Individual/Family/Group Therapy)				\$0

## Exodus Recovery

# Budget- July 1, 2019 through June 30, 2020 (12 months)

		TOT	AL PROGRAM	REVENUE	\$4,397,877
	OTHER REVENUE TOTAL				\$4,397,877
4300	Behavioral Health Realignment	43%			1,877,893
4200	Medi-Cal FFP	43%			1,877,893
4100	Uninsured	11%			483,767
4000	Private Insurance	4%			158,324
Funding St	treams Reimbursement Population	on Served Perce			
		Cos	t Per Unit		÷ · ; • · · ; • • •
		Med	di-cal Revenue		\$1,877,893
	DIRECT SERVICE REVENUE TOTAL		6,083		\$4,397,876
3500	other				\$0
3400	Psychiatric Health Facility Services		6,083	723.01	\$4,397,876
3300	Medication Support				\$0
3200	Crisis Services				\$0
3100	Case Management				\$0

## Acute Inpatient Psychiatric Services Exodus Recovery, Inc. 2019-2020 BUDGET NARRATIVE - EXPENSES

### **PROGRAM EXPENSES**

#### Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001-0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

#### \$2,533,350

Program Director (RN) 1.00 FTE, Administrative Services - proposed annual salary \$145,527 Rehab Specialist Coord (OT/RT) 1.00 FTE Direct Services - proposed annual salary \$70,239 Mental Health Workers FTE 14.59 Direct Services - proposed annual salary \$605,525 LMFT/LCSW FTE 1.60 Direct Services - proposed annual salary \$121,334 Peer Advocate/Counselor Direct Services FTE 1.91 - proposed annual salary \$92,579 Data Specialist FTE 1.00 Administrative Services - proposed annual salary \$45,927 Program Support FTE 1.00 Administrative Services - proposed annual salary \$44,631 Administrator FTE 0.10 Administrative Services - proposed annual salary \$13,699 Program Nurses (RN) FTE 3.58 Direct Services - proposed salary \$369,592 Program Nurses (LPTN) FTE 1.45 Direct Services - proposed salary \$64,252 Program Nurses (LVN) FTE 5.98 Direct Services - proposed salary \$384,218 Salary Total \$1,957,522

Payroll Taxes OASDI \$19,575 FICA/MEDICARE \$176,177 SUI \$19,575 Payroll Taxes Total \$215,327

Employee Benefits Retirement \$82,915 Workers Compensation \$118,965 Health Insurance (medical vision, life, dental) \$158,620 Employee Benefits \$360,500

## Facilities/Equipment Expenses – Line Items 1010-1014

#### <u>\$477,322</u>

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

Rent/Equipment Leases - Lease cost for computers, printers, copier, and faxes for the program \$15,124 Utilities - Cost for program utilities \$160,375 Janitorial - Cost for janitorial Service for the program \$65,256

Maintenance - Cost for maintenance and repairs for the facility \$21,571

Security - Cost for security personnel for the program \$214,996

## **Operating Expenses - Line Items 1060-1077**

<u>\$96,821</u>

Telephone - Cost of phone usage expense for the program \$23,107 Postage - Program related postage cost \$177

## Acute Inpatient Psychiatric Services

Exodus Recovery, Inc.

## 2019-2020

## **BUDGET NARRATIVE - EXPENSES**

Legal Notices/Advertising - Cost for advertising for staff recruitment and other program related advertising or legal notices \$1030

Office Supplies & Equipment - Cost for office supplies and equipment for the program \$41,069

Program Supplies - Therapeutic - Cost for medical supplies for the program \$12,257

Program Supplies - Medical - Cost for medical supplies for the program \$8,870

Staff Mileage/Vehicle Maintenance - Cost for mileage, parking, travel expense for program staff \$103

Staff Training/Registration - Cost of ongoing training for staff \$8,778

Other - License/Business Tax \$1,430

#### Financial Services Expenses – Line Items 1080-1085

#### <u>\$577,612</u>

Accounting/Bookkeeping - Cost of financial auditing and monthly financial reviews \$1,030 Liability Insurance - Cost of insurance expense for liability, business property and vehicle policy \$10,296 Other Administrative Overhead - Administrative overhead expense related to the program \$566,286

## Special Expenses – Line Items 1090-1092

## <u>\$687,051</u>

Consultant (network & data mgmt) Cost for consultant IT firm support, network monitoring, and off-site backup for program IT System \$10,832

Translation Services - Cost for translation services for the program \$33

Medication Supports (Pharmaceuticals) Medication costs for clients \$22,671

Food Service - Cost for food services for program clients \$240,201

Laundry Service - Cost for linen service for the program \$16,894

Medical Waste Disposal - Cost for Medical Disposal Services \$13,916

X-ray and EKG services - \$4,236

Other - Contracted Services - Personnel related expenses including registry nurses as needed, parking, relocation costs, etc. \$378,269

## Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

## <u>\$25,721</u>

Furniture & Fixtures \$6,000 Computers and Software \$5,264 Other - EHR Avatar Cost \$14,457

## TOTAL PROGRAM EXPENSES: <u>\$4,397,877</u>

Budget Categories -				Total Proposed Budget		
Line Ite	Line Item Description (Must be itemized) FTE %				Direct	Total
PERSONNEL SALARIES:						
0001	Title	Program Director (RN)	1.00	\$149,893		\$149,893
0002	Title	Rehab Specialist Coord (OT/RT)	1.00		\$72,346	\$72,346
0003	Title	Mental Health Workers	14.59		\$623,691	\$623,691
0004	Title	LMFT/LCSW	1.60		\$124,974	\$124,974
0005	Title	Peer Advocate/Counselor	1.91		\$95,356	\$95,356
0006	Title	Data Specialist	1.00	\$47,305		\$47,305
0007	Title	Program Support	1.00	\$45,970		\$45,970
8000	Title	Administrator	0.10	\$14,110		\$14,110
0009	Title	Program Nurses (RN)	3.58		\$380,680	\$380,680
0009	Title	Program Nurses (LPTN)	1.45		\$66,180	\$66,180
0009	Title	Program Nurses (LVN)	5.98		\$395,745	\$395,745
		SALARY TOTAL	33.21	\$257,278	\$1,758,971	\$2,016,249
PAYROLL TAXES:						
0030	OASD	I				\$20,162
0031	FICA/MEDICARE					\$181,462
0032	U.I.					\$20,162
PAYROLL TAX TOTAL				\$0		\$221,787
EMPLC	OYEE BI	ENEFITS:				
0040	Retirement		\$85,402.45		\$85,402	
0041	Workers Compensation			\$122,533.95		\$122,534
0042	Health Insurance (medical vision, life, dental)			\$163,379		\$163,379

	EMPLOYEE BENEFITS TOTAL	\$371,315	\$0	\$371,315		
	SALARY & BENEFITS GRAND TOTAL			\$2,609,351		
FACILI	FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building			\$0		
1011	Rent/Lease Equipment			\$15,578		
1012	Utilities			\$165,186		
1013	Janitorial			\$67,214		
1014	Maintenance (facility)			\$22,218		
1015	Security			\$221,446		
1016	Maintenance (durable medical equipment)			\$0		
1017	Other			\$0		
1018	Other			\$0		
	FACILITY/EQUIPMENT TOTAL			\$491,642		
OPERA	ATING EXPENSES:					
1060	Telephone			\$23,800		
1061	Answering Service			\$0		
1062	Postage			\$182		
1063	Printing/Reproduction			\$0		
1064	Publications			\$0		
1065	Legal Notices/Advertising			\$1,061		
1066	Office Supplies & Equipment			\$42,301		
1067	Household Supplies			\$0		
1068	Food			\$0		
1069	Program Supplies - Therapeutic			\$12,625		
1070	Program Supplies - Medical			\$9,136		

1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$106
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$9,041
1075	Lodging	\$0
1076	Other - License/Business Tax	\$1,473
1077	Other - Recovery 360 Training	\$0
	OPERATING EXPENSES TOTAL	\$99,726
FINAN	CIAL SERVICES EXPENSES:	
1080	Accounting/Bookkeeping	\$1,061
1081	External Audit	\$0
1082	Liability Insurance	\$10,605
1083	Other - Administrative Overhead	\$590,233
	FINANCIAL SERVICES TOTAL	\$601,899
SPECI	AL EXPENSES (Consultant/Etc.):	
1087	Consultant (network & data management)	\$11,157
1088	Translation Services	\$34
1089	Medication Supports	\$23,660
1090	Food Service	\$247,407
1091	Laundry service	\$17,401
1092	Medical Waste Disposal	\$14,333
1093	Nutritionist Services	\$0
1094	X-ray and EKG services	\$4,363
1095	Pharmaceutical Consultant	\$0

1096	Medical Services	\$0			
1097	Other - Contracted Services		\$378,269		
1098	Other - Registry		\$0		
	SPECIAL EXPENSES TOTAL			\$696,624	
FIXED	ASSETS:				
2000	Computers & Software \$5,422				
2001	Furniture & Fixtures		\$6,000		
2002	Other		\$0		
2003	Other		\$14,457		
	FIXED ASSETS TOTAL			\$25,879	
	\$4,525,120				
		TOTAL PROGRA		<i>\\\\\\\\\\\\\</i>	
DIREC	T SERVICE REVENUE:	Vol/Units of Svc	Rate	\$ Amt.	
	(Individual/Family/Group			· · · ·	
3000	Therapy)			\$0	
3100	Case Management			\$0	
3200	Crisis Services			\$0 \$0	
3300 3400	Medication Support Psychiatric Health Facility Services	6,088	743.34	\$0 \$4,525,119	
3500	other	0,000	743.34	¢4,525,119 \$0	
0000	DIRECT SERVICE REVENUE TOTAL	6,088		\$4,525,119	
		Medi-cal Revenu	10	\$1,932,226	
		Cost Per Unit		ψ1, <del>3</del> 32,220	
Funding	g Streams Reimbursement Population Serve	ed Percentage			
4000	Private Insurance	4%		162,904	
4100		1%		497,764	
4200		13%		1,932,226	
4300		13%		1,932,226	
	OTHER REVENUE TOTAL			\$4,525,120	
		TOTAL PROGR		\$4,525,120	

# Acute Inpatient Psychiatric Services Exodus Recovery, Inc. 2020-2021 BUDGET NARRATIVE - EXPENSES

## **PROGRAM EXPENSES**

#### Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001-0042

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

#### <u>\$2,609,351</u>

Program Director (RN) 1.00 FTE, Administrative Services - proposed annual salary \$149,893 Rehab Specialist Coord (OT/RT) 1.00 FTE Direct Services - proposed annual salary \$623,691 LMFT/LCSW FTE 1.60 Direct Services - proposed annual salary \$124,974 Peer Advocate/Counselor Direct Services FTE 1.91 - proposed annual salary \$95,356 Data Specialist FTE 1.00 Administrative Services - proposed annual salary \$47,305 Program Support FTE 1.00 Administrative Services - proposed annual salary \$45,970 Administrator FTE 0.10 Administrative Services - proposed annual salary \$45,970 Data Specialist FTE 1.00 Administrative Services - proposed annual salary \$47,305 Program Nurses (RN) FTE 3.58 Direct Services - proposed annual salary \$47,305 Program Nurses (LPTN) FTE 1.45 Direct Services - proposed salary \$380,680 Program Nurses (LVN) FTE 5.98 Direct Services - proposed salary \$395,445 Salary Total \$2,016,249

Payroll Taxes OASDI \$20,162 FICA/MEDICARE \$181,462 SUI \$20,162 Payroll Taxes Total \$221,787

Employee Benefits Retirement \$85,402 Workers Compensation \$122,534 Health Insurance (medical vision, life, dental) \$163,379 **Employee Benefits \$371,315** 

# Facilities/Equipment Expenses – Line Items 1010-1014

#### \$491,642

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

Rent/Equipment Leases - Lease cost for computers, printers, copier, and faxes for the program \$15,578 Utilities - Cost for program utilities \$165,186 Janitorial - Cost for janitorial Service for the program \$67,214 Maintenance - Cost for maintenance and repairs for the facility \$22,218

Security - Cost for security personnel for the program \$221,446

#### **Operating Expenses - Line Items 1060-1077**

#### <u>\$99,726</u>

Telephone - Cost of phone usage expense for the program \$23,800

## Acute Inpatient Psychiatric Services Exodus Recovery, Inc.

#### 2020-2021

## **BUDGET NARRATIVE - EXPENSES**

Postage - Program related postage cost \$182

Legal Notices/Advertising - Cost for advertising for staff recruitment and other program related advertising or legal notices \$1061

Office Supplies & Equipment - Cost for office supplies and equipment for the program \$42,301

Program Supplies - Therapeutic - Cost for medical supplies for the program \$12,625

Program Supplies - Medical - Cost for medical supplies for the program \$9136

Staff Mileage/Vehicle Maintenance - Cost for mileage, parking, travel expense for program staff \$106

Staff Training/Registration - Cost of ongoing training for staff \$9041

Other - License/Business Tax \$1,473

#### Financial Services Expenses – Line Items 1080-1085

#### <u>\$601,899</u>

Accounting/Bookkeeping - Cost of financial auditing and monthly financial reviews \$1,061 Liability Insurance - Cost of insurance expense for liability, business property and vehicle policy \$10,605 Other Administrative Overhead - Administrative overhead expense related to the program \$590,233

#### Special Expenses – Line Items 1090-1092

## <u>\$696,624</u>

Consultant (network & data mgmt) Cost for consultant IT firm support, network monitoring, and off-site backup for program IT System \$11,157

Translation Services - Cost for translation services for the program \$34

Medication Supports (Pharmaceuticals) Medication costs for clients \$23660

Food Service - Cost for food services for program clients \$247,407

Laundry Service - Cost for linen service for the program \$17401

Medical Waste Disposal - Cost for Medical Disposal Services \$14333

X-ray and EKG services - \$4363

Other - Contracted Services - Personnel related expenses including registry nurses as needed, parking, relocation costs, etc. \$378,269

## Fixed Assets – Line Items 1190-1193

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

# <u>\$25,879</u>

Furniture & Fixtures \$6,000 Computers & Software \$5,422 Other - EHR Avatar Cost \$14,457

## TOTAL PROGRAM EXPENSES: \$4,525,120

# **Documentation Standards for Client Records**

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of ten (10) years from the date of the end of the Agreement.

# A. Assessments

- 1. The following areas will be included as appropriate as a part of a comprehensive client record.
  - Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
  - Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
  - Documentation will describe client's strengths in achieving client plan goals.
  - Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
  - Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
  - Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
  - A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
  - For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
  - Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
  - A relevant mental status examination will be documented.
  - A DSM-5 diagnosis, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.
- 2. Timeliness/Frequency Standard for Assessment
  - An assessment will be completed at intake and updated as needed to document changes in the client's condition.
  - Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

# B. Client Plans

- 1. Client plans will:
- have specific observable and/or specific quantifiable goals

- identify the proposed type(s) of intervention
- have a proposed duration of intervention(s)
- be signed (or electronic equivalent) by:
  - the person providing the service(s), or
  - > a person representing a team or program providing services, or
  - > a person representing the MHP providing services
  - when the client plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
  - > a physician
  - > a licensed/ "waivered" psychologist
  - > a licensed/ "associate" social worker
  - > a licensed/ registered/marriage and family therapist or
  - > a registered nurse
- In addition,
  - client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.
  - client signature on the plan will be used as the means by which the CONTRACTOR(S) documents the participation of the client
  - when the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
- The CONTRACTOR(S) will give a copy of the client plan to the client on request.
- 2. Timeliness/Frequency of Client Plan:
  - Will be updated at least annually
  - The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in Item 1.

# C. Progress Notes

- 1. Items that must be contained in the client record related to the client's progress in treatment include:
  - The client record will provide timely documentation of relevant aspects of client care
  - Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions
  - All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable
  - All entries will include the date services were provided
  - The record will be legible
  - The client record will document follow-up care, or as appropriate, a discharge summary

2. Timeliness/Frequency of Progress Notes:

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

- A. Every Service Contact
  - Mental Health Services
  - Medication Support Services
  - Crisis Intervention

# STATE MENTAL HEALTH REQUIREMENTS

# 1. <u>CONTROL REQUIREMENTS</u>

The COUNTY and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

# 2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the COUNTY Mental Health Program (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

# 3. <u>CONFIDENTIALITY</u>

CONTRACTOR shall conform to and COUNTY shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

# 4. <u>NON-DISCRIMINATION</u>

## A. Eligibility for Services

CONTRACTOR shall prepare and make available to COUNTY and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

## B. <u>Employment Opportunity</u>

CONTRACTOR shall comply with COUNTY policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

# C. <u>Suspension of Compensation</u>

If an allegation of discrimination occurs, COUNTY may withhold all further funds, until CONTRACTOR can show clear and convincing evidence to the satisfaction of COUNTY that funds provided under this Agreement were not used in connection with the alleged discrimination.

# D. <u>Nepotism</u>

Except by consent of COUNTY's Department of Behavioral Health Director, or designee, no person shall be employed by CONTRACTOR who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of CONTRACTOR.

# 5. PATIENTS' RIGHTS

CONTRACTOR shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

# STATE CONTRACTOR CERTIFICATION CLAUSES

1. <u>STATEMENT OF COMPLIANCE</u>: CONTRACTOR has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code§ 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)

2. <u>DRUG-FREE WORKPLACE REQUIREMENTS</u>: CONTRACTOR will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

1) the dangers of drug abuse in the workplace;

2) the person's or organization's policy of maintaining a drug-free workplace;

3) any available counseling, rehabilitation and employee assistance programs; and,

4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on this Agreement will:

1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and CONTRACTOR may be

ineligible for award of any future State agreements if the department determines that any of the following has occurred: the CONTRACTOR has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. <u>NATIONAL LABOR RELATIONS BOARD CERTIFICATION</u>: CONTRACTOR certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against CONTRACTOR within the immediately preceding two (2) year period because of CONTRACTOR's failure to comply with an order of a Federal court, which orders CONTRACTOR to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. <u>CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO</u> <u>REQUIREMENT</u>: CONTRACTOR hereby certifies that CONTRACTOR will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

CONTRACTOR agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. <u>EXPATRIATE CORPORATIONS</u>: CONTRACTOR hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

# 6. <u>SWEATFREE CODE OF CONDUCT</u>:

a. All CONTRACTORS contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. CONTRACTOR further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. CONTRACTOR agrees to cooperate fully in providing reasonable access to the CONTRACTOR's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. <u>DOMESTIC PARTNERS</u>: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.3.

8. <u>GENDER IDENTITY</u>: For contracts of \$100,000 or more, CONTRACTOR certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.35.

# DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. <u>CONFLICT OF INTEREST</u>: CONTRACTOR needs to be aware of the following provisions regarding current or former state employees. If CONTRACTOR has any questions on the status of any person rendering services or involved with this Agreement, the awarding agency must be contacted immediately for clarification.

## Current State Employees (Pub. Contract Code §10410):

a). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

b). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

# Former State Employees (Pub. Contract Code §10411):

a). For the two (2) year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the twelve (12) month period prior to his or her leaving state service.

If CONTRACTOR violates any provisions of above paragraphs, such action by CONTRACTOR shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. <u>LABOR CODE/WORKERS' COMPENSATION</u>: CONTRACTOR needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and CONTRACTOR affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. <u>AMERICANS WITH DISABILITIES ACT</u>: CONTRACTOR assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. <u>CONTRACTOR NAME CHANGE</u>: An amendment is required to change the CONTRACTOR's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

# 5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. <u>RESOLUTION</u>: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. <u>AIR OR WATER POLLUTION VIOLATION</u>: Under the State laws, the CONTRACTOR shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. <u>PAYEE DATA RECORD FORM STD. 204</u>: This form must be completed by all contractors that are not another state agency or other governmental entity.

## 9. **INSPECTION and Audit of Records and access to Facilities.**

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of CONTRACTOR or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

## Federal database checks.

Consistent with the requirements at § 455.436 of this chapter, the State must confirm the identity and determine the exclusion status of CONTRACTOR, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of CONTRACTOR through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the CONTRACTOR and take action consistent with § 438.610(c).

The State must ensure that CONTRACTOR with which the State contracts under this part is not located outside of the United States and that no claims paid by a CONTRACTOR to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

# FRESNO COUNTY MENTAL HEALTH PLAN

# **INCIDENT REPORTING**

# PROTOCOL FOR COMPLETION OF INCIDENT REPORT

- The Incident Report must be completed for all incidents involving clients. The staff person who becomes aware of the incident completes the form, and the supervisor co-signs it.
- When more than one client is involved in an incident, a separate form must be completed for each client.

Where the forms should be sent – within 24 hours from the time of the incident or first knowledge of the incident:

• Incident Report should be sent to:

DBHIncidentreporting@fresnocountyca.gov and designated Contract Analyst

# Fresno County Department of Behavioral Health-Incident Report

Send completed forms to <u>dbhincidentreporting@fresnocountyca.gov</u> and designated contract analyst <u>within 24 hours of an</u> incident or knowledge of an incident. **DO NOT COPY OR REPRODUCE/<u>NOT</u>** part of the medical record.

Client Information Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Middle Initial: Click or tap here to enter text. Date of Birth:Click or tap here to enter text. Client ID#:Click or tap here to enter text. Gender: All Male Female County of Origin: Click or tap here to enter text.		
Name of Reporting Party: Click or tap here to enter text.	ame of Facility:Click or tap here to enter text	
	acility Phone Number:Click or tap here to enter	
Incident (check all that apply)         Homicide/Homicide Attempt       Attempted Suicide (resulting in serious injury)       Death of Client       Medical Emergency         Injury (self-inflicted or by accident)       Violence/Abuse/Assault (toward others, client and/or property)         Other- Specify (i.e. medication errors, client escaping from locked facility, fire, poisoning, epidemic outbreaks, other         catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community): Click or tap here to enter text.		
Date of Incident: Click or tap here to enter text. Time of Incident: Click or tap here to enter text. am a pm Location of Incident: Click or tap here to enter text.		
Description of the Incident (Attach additional sheet if needed): Click or tap here to enter text. Key People Directly Involved in Incident (witnesses, staff): Click or tap here to enter text.		
Action Taken (check all that apply)  Consulted with Physician Called 911/EMS First Aid/CPR Administered Law Enforcement Contacted  Client removed from building Parent/Legal Guardian Contacted Other (Specify): Click or tap here to enter text.  Description of Action Taken: Click or tap here to enter text.		
Outcome of Incident (If Known): Click or tap here to enter text.		
Form Completed by: Printed Name	Signature Dat	te
Reviewed by Supervisor/Program Manager:		
Printed Name	Signature	Date
For Internal Use only:		
□ Report to Administration □ Report to Intensive Analysis Committee f □ No Action □ Unusual Occurrence □ Other: Click or tap here to e Revised 08/18	-	rmation

## DBH VISION:

Health and well-being for our community.

#### DBH MISSION:

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

#### **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
- o 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. <u>Principle Two - Strengths-based</u>

- o 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 client values and preferences
- 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 selfidentified 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. <u>Principle Eight - Co-occurring Capable</u>

- 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

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

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

- o 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. <u>Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma</u> <u>Reduction</u>

- 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