Department of Health & Human Services
COUNTY OF HUMBOLDT
507 F Street
Eureka, California 95501
cbeck@co.humboldt.ca.us

COUNTY OF HUMBOLDT

Request for Proposals No. DHHS2020-01

Sub-Acute Transitional Mental Health, Specialty Mental Health and/or Social Rehabilitation Services

Humboldt County, California
Issued: January 3, 2020

Proposals Due: March 13, 2020 (received by 4:00 p.m.)

Humboldt County Department of Health & Human Services
507 F Street
Eureka, California 95501

1.0 Introductory Letter

AJ's Living

PO Box 2562
McKinleyville, CA 95519
(707) 630-3619

e-mail: ajsliving@yahoo.com
website: www.ajsliving.org
EIN: 82-2237679-AJ's Transitional Living

March 12, 2020

Humboldt County DHHS – Mental Health
730 Harris Street
Eureka, CA 95501
Email: jdemlow@co.humboldt.ca.us

Attention: Joseph Demlow, Administrative Analyst II

AJ's Transitional Living, dba AJ's Living is applying to the Request for Proposals No. DHHS2020-01 Grant, Sub-Acute Transitional Health, Specialty Mental Health and/or Social Rehabilitation Services. The services provided by AJ's Living, are essential services. AJ's Transitional Living, EIN 82-2237679, is a 501(c)(3) nonprofit organization providing an innovative solution to recovery from Substance Use Disorders (SUDs) in McKinleyville, CA. This facility can currently serve 18 clients, with 15 beds for men and 3 beds for women.

The priority population for AJ's Living is men and women seeking recovery, who are living with co-occurring SUDs. The clients served are either living on the streets, in shelters or coming from institutions such as jails, prisons, hospitals or treatment programs.

AJ's Living is seeking funding in the amount of $180,400. This is for three personnel positions at competitive, livable wages and other essential operating costs for the non-profit. This funding will allow AJ's Living to support the clients in achieving their healthiest selves.

We are not professional grant writers and have filled out this RFP to the best of our abilities. If you have any questions or concerns please call or email me. Thank you.

Sincerely,

Jeanine Wilson

Jeanine Wilson
Executive Director

2.0 Table of Contents

3.0 Signature Affidavit

REQUEST FOR PROPOSALS – NO. DHHS2020-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	AJ's Transitional Living, dba AJ's Living
STREET ADDRESS:	PO Box 2562
CITY, STATE, ZIP	McKinleyville, CA 95519
CONTACT PERSON:	Jeanine Wilson
PHONE #:	707-630-3619
FAX #:	None
EMAIL:	ajsliving@yahoo.com

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2020-01 and declares that the attached Proposal and pricing are in conformity therewith.

Jeanine Wilson
Signature

March 12, 2020
Date

Jeanine Wilson
Name

March 12, 2020
Date

4.0 Professional Profile

Jeanine Wilson, the Executive Director for AJ's Living, received a Bachelor of Science Degree in Business & Management in 1986 from the University of Maryland, College Park, Maryland. Jeanine has over 30 years' experience working as a financial analyst, accountant and bookkeeper for numerous companies in California, as both an employer and an employee. She has served for the last few years on the Behavioral Health Board's AOD subcommittee. She is responsible for all bookkeeping, payroll, fundraising, grant writing, government compliance, ordering supplies and shopping. She is a liaison with both the Board of Directors and communications with the community. She is also involved with encouraging effective and caring communication between herself and the clients as well as facilitating peer-to-peer counseling between clients, assigning chores, checking clients into the facility, hands-on training on all aspects of chicken farming and ensuring clients have all their needs met while living at AJ's Living.

Art Wilson, the Program Director for AJ's Living has worked in the business field for over 30 years in California, as both an employer and an employee. Art has served on the Behavioral Health Board, as the Chair of the BHB's AOD subcommittee and as Chair of the Humboldt Allies for Substance Abuse Prevention Coalition. Art is also an active member of the Mad River Rotary. He is responsible for all the day to day functioning of the facility and the program, ensuring the safety of the clients, encouraging effective and caring communication between himself and the clients as well as facilitating peer-to-peer counseling between clients, repairs to the facility, transportation services, administering mandatory drug and alcohol testing and provides hands on instruction on all aspects of gardening. He is a liaison to all organizations in the community and helps to ensure clients have all their needs met while living at AJ's Living.

Both Art and Jeanine have extensive involvement with the National Alliance for the Mentally Ill (NAMI). They are both certified Family-to-Family Instructors and have taught the class. This organization provides considerable training on mental illness treatments and resources. Art and Jeanine have both been living the peer-to-peer recovery philosophy since the 1980s.

Ellen Ash, the Peer House Manager, has been living at AJ's Living for 4 years and is uniquely qualified to perform peer-to-peer coaching as she has been actively involved in SUD recovery the entire time she has been living at AJ's Living. The Peer House Manager is vital to the proper functioning of the facility. She performs numerous tasks, such as the following: ensuring the safety of the clients, encouraging effective and caring communication between herself and the clients as well as facilitating peer-to-peer counseling between clients, helps with assigning chores and checking clients into the facility, providing transportation services, administering mandatory drug and alcohol testing and ensuring clients have all their needs met while living at AJ's Living.

5.0 Program Description

The services provided by AJ's Living, are essential services. AJ's Transitional Living, is a 501(c)(3) nonprofit organization providing an innovative solution to recovery from Substance Use Disorders (SUDs) in McKinleyville, CA. This facility can currently serve 18 clients, with 15 beds for men and 3 beds for women. The priority population for AJ's Living is men and women seeking recovery, who are living with co-occurring SUDs. The clients served are either living on the streets, in shelters or coming from institutions such as jails, prisons, hospitals or treatment programs. Individuals in this population are often most at-risk of suffering from SUDs. According to the Surgeon General, SUDs are classified as mental illnesses.

This facility provides all of the support and access to all services that individuals living with SUDs need, to achieve successful recovery. All individuals recover from SUDs at their own pace. That is why AJ's Living does not impose time limits on an individual's stay at the facility. AJ's Living hosts two in-house weekly 12-step recovery meetings and provides optional daily transportation to 12-step recovery programs, the Red Road program, Smart Recovery and other types of recovery models. The Surgeon General has included 12-step programs on its list of evidence based recovery models. On the average, individuals in their early attempts at SUD recovery, relapse several times and need more extensive time to adjust to a clean and sober lifestyle. At AJ's Living, if a client is showing a desire to recover, we believe in second chances. If a client relapses, and they are showing a desire to recover, we impose more extensive parameters designed specifically for that individual's needs. AJ's Living provides transportation to initial and follow-up outpatient and mental health appointments. The program provides transportation to essential services, such as General Relief, Cal-Fresh, the food bank, the Hope Center, appointments with the Employment Development Department and medically assisted treatment (MAT) programs.

In providing these essential services AJ's Living is also contributing to improving public safety. According to the Surgeon General, substance use increases expenses for several community sectors including law enforcement, for many crimes are related to substance use. Additionally, because AJ's Living is willing to accept individuals with SUDs and a desire to stay clean and sober, this facility often provides housing to individuals who are at risk of becoming homeless. Several local medical and social service providers frequently refer clients to AJ's Living. These providers include: Humboldt County's Department of Health & Human Services, Waterfront Recovery Services, Cross Roads, Humboldt Recovery Center, Semper Virens, Humboldt County's Jail & Probation Programs, Redwood Community Action Agency, Eureka & Arcata Shelters, St. Joseph Hospital, Singing Trees Treatment Facility, and numerous other facilities.

Both Jeanine and Art Wilson attended the Mental Health Services Act (MHSA) Leadership training provided by Access California on March 5, 2020. AJ's Living is already compliant with MHSA general standards (9 CCR 3320). AJ's collaborates extensively with the community. Our clientele broadly reflects and respects the various ethnic needs of Humboldt County. We are a client-driven program that supports all aspects of the individual's needs and recovery plan of

5.0 Program Description (continued)

each client. Our recovery model is based on each person's needs and is driven by their personal lived experiences and their individual mental health challenges.

AJ's Living believes that a diagnosis, is not a life sentence. AJ's Living's outcomes include, empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being and the control of symptoms. Our main emphasis is on wellness, recovery and resiliency and as a result, AJ's Living has an integrated service recovery plan. According to the 2012 SAMHSA working definition of recovery: Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

According to the Mental Health Services Act, five percent of the MHSA funds must be used for innovative programs. They include increased access to underserved groups and an increase in the quality and access of services provided, including housing. It also needs to promote interagency and community collaboration. AJ's Living demonstrates its commitment to helping clients with all phases of recovery. Thru peer-to-peer interactions it has a built-in attractive, learning component, with the tradition of passing the knowledge of recovery from SUDs, from older members of the AJ's Living community to the newest members.

AJ's Living also seeks to support clients in building life skills that can be leveraged once they transition to living in the community. At the facility there is a large working, organic garden for the clients to grow their own vegetables and learn farming skills. There is also a chicken farm, with 60 chickens the clients tend to for their eggs and to create human-animal bonds that positively influences the health and well-being of both. Both gardening and farming teach self-sufficiency, responsibility and self-esteem. It demonstrates the success of working as an active member of a team. It also promotes nutritional and well balanced eating habits necessary for a healthy body recovering from SUDs.

AJ's Living has an excellent relationship with employers and businesses in the community. Many individuals come to AJ's Living with a wide variety of skills. Local employers hire AJ's Living's clients to help in their businesses while they are living at AJ's Living and many times it leads to permanent employment.

A future goal of AJ's Living is to provide training for clients to be peer-to-peer, certified counselors in their respective communities, in order to aid in the reduction of suffering in those areas. We plan to work hand-in-hand with the Humboldt County Hope Center, in setting up additional training for these clients in order to accomplish this goal.

6.0 Cost Proposal

Personnel Services (3 Full Time positions)	$163,500
Executive Director $50,000* + $15,906** = $65,906	
Program Director $45,000* + $17,739** = $62,739	
Peer House Manager $25,000* + $ 9,855** = $34,855	
Rent	$ 70,428
Utilities	$ 28,300
Transportation	$ 11,700
Supplies	$ 10,450
Repairs	$ 5,225
Outside Contractors/Business Fees	$ 4,517
Liability & BOD Insurance	$ 4,000
Total Cost	**$298,120**
Program Fees from Clients	($ 80,000)
Fundraisers	($ 32,200)
Other Grants & Contributions	($ 5,520)
Total Income from other Sources	**($117,720)**
Grant needed from RFP No. DHHS2020-01	**$180,400**

Notes: *= Salary **= Taxes, worker's comp and benefits

The funding received from this RFP will be used to fund the Executive Director, Program Director and Peer House Manager positions at a living wage. This is also to support ongoing professional development and opportunities for advancement and the operating expenses needed to ensure proper guidance for the clients at AJ's Living.

Currently the Executive Director earns $13,480, the Program Director earns $12,486 and the Peer House Manager earns $7,135. The yearly total, which includes salaries, taxes, worker's compensation insurance and benefits, equals $33,100. The difference between what these positions earn now verses what they should be earning is $130,400. This is the majority of the funding AJ's Living is asking for. The remaining cost of $50,000 is for all other operating expenses.

To fully recover yearly operating costs, that includes fully compensated positions for AJ's Living, we should be receiving about $1,380/month per person. Multiply this number by 12 months, equals $16,560. Multiply this number by 18 people and that equals about $298,120, the full year budget. That comes out to about $45/day per person.

Given that AJ's Living will be receiving about $117,720 from other sources, the average income received per person will be $545/month ($117,720 divided by 12 months and then divided by 18 people) if we are constantly at full capacity. That equals about $18/day. The shortfall per person for AJ's Living is $835/month ($1380-$545) or $27/day.

6.0 Cost Proposal (continued)

Other Operating Expenses

Rent – The amount AJ's Living pays for rent of the facility and property.

Utilities - PG&E, water, sewer, garbage, internet, phone & cable.

Transportation - Fuel to take residents to appointments & meetings as well as wear and tear on the vehicles.

Supplies – Household, cleaning, organic garden, chicken and office supplies. We also keep an ample supply of food and hygiene products, on hand, for clients in need.

Repairs - Materials and labor needed for maintenance and repairs to the facility or property. When possible AJ's Living hires clients to make needed repairs at competitive rates.

Outside Contractors/Business Fees – This includes accountant fees, legal fees, and business fees incurred by governmental entities.

Insurance - General, auto, social service professional liability insurance and board of directors' insurance.

Income

Program Fees – The amount the clients pay for AJ's Living's services. There is a gap in funds between the actual fee ($400/month) and the amount residents with General Relief pay ($300/month). It can take up to a month from when the resident applies for General Relief and the time we receive the payment. Some clients move out prior to the arrival of their General Relief payment, so the check follows them to their next location and we never receive the funds. This amount considers this financial shortfall.

Fundraisers – Two small and one major fundraising event this year. AJ's Living also raises funds by selling the overabundance of chicken eggs and vegetables/fruits from the garden and thru handmade craft sales.

Other Grants/Contributions – Includes a grant from the McKinleyville Area Foundation and individuals/businesses private contributions.

7.0 Supplemental Documentation

AJ's Transitional Living has experienced two Professional Services Agreements with Humboldt County dated July 24, 2018 for the 2018-2019 fiscal year and dated July 1, 2019 for the 2019-2020 fiscal year. They were both in the amount of $50,000 for the year.

8.0 References

AJ's Living has been in business since January 1, 2016. In the time it has been in operation, they have only dealt with the County of Humboldt, California. Following is a list of respected members of the community, who are knowledgeable of AJ's Living's services and support their mission.

1) Steve Madrone, Current 5th District Supervisor for Humboldt County. Office# 707-476-2395. Email: smadrone@co.humboldt.ca.us. Address: 825 5th Street, Rm. 111, Eureka, CA 95501.

2) Virginia Bass, 4th District Supervisor for Humboldt County. Office# 707-476-2394. Email: vbass@co.humboldt.ca.us. Address 825 5th Street, Rm. 111, Eureka, CA 95501.

3) Ryan Sundberg, General Manager, Cher-Ae Heights Casino. Former 5th District Supervisor for Humboldt County. Office# 707-677-3611. Email: ryansundberg@cheraeheights.com. Address: PO Box 610, Trinidad, CA 95570.

4) Marguerite Story-Baker, LCSW, Former Program Manager of Sacramento County's Alcohol and Drug Services and a board member of Humboldt County's Behavioral Health Board. Phone# 916-396-9486. Email: bakere663@aol.com. Address: 2404 Blackbird Ave., McKinleyville, CA 95519.

9.0 Evidence of Insurability and Business Licensure

For Fiscal Years 2018-2019 and 2019-2020, AJ's Transitional Living had Professional Services Agreements with the County of Humboldt for $50,000. All proof of evidence of insurability were included with those service agreements.

10.0 Exceptions, Objections and Requested Changes

N/A

11.0 Required Attachments

Please look at sections 3.0 (page 4), 6.0 (pages 8-9), 7.0 (page 9) & 8.0 (page 10) for details.

EA FAMILY SERVICES

RESPONSE TO RFP NO. DHHS2020-01

Sub-Acute Transitional Mental Health, Specialty Mental Health, and/or Social Rehabilitation Services

March 12, 2020

EA FAMILY SERVICES

Administrative Office: 455 W. Main St. • P.O. Box 3940 • Quincy, CA 95971 • (530) 283-3330 • (800) 655-8350 • Fax: (530) 283-2150 • OCA # 320316037

March 12, 2020

To: Humboldt County Department of Health & Human Services

EA Family Services is eager to share their successful model of homeless mentally ill housing and treatment services with Humboldt County to address the growing need, as homelessness and mental illness have reached a crisis level in California. The EA model is designed to meet the needs of clients with the highest level service requirement before institutional care. This is intended to save the County a vast amount of resources and expenditures. To date, EA homeless mentally ill programs have reduced ER visits, police intervention and incarceration, court costs, and reduced the need for County Behavioral Health Crisis response and eliminated the need for mental health hospitalizations.

Through a combination of MHSA and Medi-cal billing, EA has assisted Plumas County in stretching MHSA dollars while allowing EA to provide a comprehensive level of care for a difficult population. EA has been able to transition most of the homeless mentally ill clients utilizing EA services to a greater level of autonomy and permanent housing within an average period of approximately one year. EA's program is designed to equip clients with the skills and material goods necessary to live independently with a less involvement with mental health systems. EA provides clients with new household items that they take with them upon graduating. EA's service package is individualized to each client, but has historically leaned heavily towards case management to assist clients in acquiring the ability to access community resources and in skill-building rehabilitation services. EA has formed successful partnerships with County Mental Health and other service organizations to assist clients in forming their "village," the lack of which contributed to their current condition.

Due to the success achieved in Plumas County, it is EA's desire to bring this program to Humboldt County, to form a partnership to help address the needs of the County's homeless mentally ill population.

Our administrative office mailing address is PO Box 3940, Quincy, CA 95971. Both Russ Hansen, MH Program Director, (530) 321-2355, rhansen@ea.org, or Melody King, Executive Director, (530) 518-1889, mking@ea.org, are authorized to communicate with the County on behalf of EA.

Sincerely,

Melody A King

Melody King
Executive Director

2.0 Table of Contents

3.0 Signature Affidavit

REQUEST FOR PROPOSALS NO. DHHS2020-01
SUB-ACUTE TRANSITIONAL MENTAL HEALTH, SPECIALTY MENTAL HEALTH AND/OR SOCIAL REHABILITATION SERVICES

3.0 ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2020-01 SIGNATURE AFFIDAVIT		
NAME OF ORGANIZATION/AGENCY:	EA Family Services	
STREET ADDRESS:	612 G Street, Suite 104	
CITY, STATE, ZIP	Eureka, CA 95501	
CONTACT PERSON:	Russ Hansen	Melody King
PHONE #:	(530) 321-2355	(530) 518-1889
FAX #:	(530) 852-8515	same
EMAIL:	rhansen@ea.org	mking@ea.org

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2020-01 and declares that the attached Proposal and pricing are in conformity therewith.

MelodyAKing
Signature

3/12/20
Date

Melody King
Name

3/12/20
Date

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)
Addendum # [_____] Addendum # [_____] Addendum # [_____] Addendum # [_____]

4.0 Professional Profile

A. Organization Overview

Environmental Alternatives (EA), doing business as EA Family Services, is a non-profit 501(c)(3) charitable organization formed in 1981. EA began as one six-bed group home in Quincy, California, and expanded to a licensed foster family agency in 1983. It operates under the direction of a non-paid Board of Directors and delegates authority, but not responsibility, to an Executive Director. The agency has a thirty-six (39) year history of administrative stability and orderly turnover of executive personnel. The annual budget is now almost $30 million. It has never operated any year with an operational loss and carries current assets of about $17 million. The administrative office is in Quincy, California, with 16 sub-offices located throughout northern California, including Eureka in Humboldt County. EA's vision is to be the agency of choice and trusted partner to support healthy relationships and create opportunities through a community-focused company built on the strengths and dedication of its people.

EA's mission is to support individuals and families in cultivating positive relationships and lifelong connections. It is with this goal in mind that EA structures each of its programs and services. EA strives to coordinate quality services to improve the lives of individuals and families, and empower people with adequate resources to achieve personal goals. EA accomplishes this with 275 hard-working employees in 17 offices and 4 residential facilities, as well as 300 dedicated foster families. At present, EA provides a variety of foster care services to about 700 foster and former foster youth, ages 0-24, with offices in sixteen (16) northern California counties: Nevada, El Dorado, Yuba, Butte, Plumas, Lassen, Shasta, Sacramento, Yolo, Contra Costa, Amador, Calaveras, San Joaquin, Lake, and Humboldt. It is licensed to operate Short-Term Residential Therapeutic Programs (formerly group homes), a Foster Family Agency (Foster Homes and Intensive Services Foster Care), and three transitional-age youth programs (Transitional Housing Programs: THPP, THP+, and THP+FC). EA is Medi-Cal certified in Plumas County and has a contract for specialty mental health services, with applications pending in Butte and San Joaquin Counties. An application for becoming a licensed adoption agency is currently pending.

In addition, EA operates five (5) homeless projects in five (5) counties, serving thirty (30) housing units under five (5) Emergency Housing and Assistance Program Community Development (EHAPCD) grants obtained from the State of California within the past 15 years. Through this opportunity, EA purchased housing units to provide transitional housing for homeless, or in danger of becoming homeless, participants. The agency provides a number of services to promote self-sufficiency skills on a time-limited basis, which is self-directed by the client. EA currently accepts Housing Choice Vouchers and is familiar with the process for clients. Services provided to EHAP clients are similar to those provided to homeless mentally ill clients in that EA is required to make regular visits, help clients learn self-sufficiency skills, provide assistance for compliance with rental lease requirements, assist clients with referrals to permanent housing, and help clients access resources, such as mental health services.

Further, EA owns and operates a 140-space RV park and campground (Lake Francis Resort) located in Yuba County, near Dobbins. The campground site houses an American Camping

Association accredited residential summer camp (Camp Rockin' "U"), which serves almost 400 youth each summer.

In recent years, EA has contracted with two (2) counties to operate Independent Living Skills programs to youth. In addition, EA has contracted with counties to provide foster parent training to relatives and non-relatives licensed by counties to accept foster children. EA has created training curriculum for caregivers, Parenting Expectations and Continuing Education (P.E.A.C.E.), and Youth Empowerment Training Initiative (YETI), a training for transition-age youth. EA also maintains a comprehensive training program of ongoing education for staff. Furthermore, EA utilizes Therapeutic Crisis Intervention (TCI), a crisis prevention and intervention model designed to teach people how to help clients learn constructive ways to handle crisis. TCI focuses on early prevention and intervention through the use of verbal techniques with a focus on active listening.

Many of EA's charitable activities involve foster youth. In that regard, EA operates programs under the jurisdiction of Community Care Licensing Division, California Department of Social Services. Information regarding transparency, good standing, and monitoring of EA can be obtained from that regulatory agency, along with the California Secretary of State. EA earned accreditation by CARF International (Commission on Accreditation of Rehabilitation Facilities) and meets CARF standards in all programs serving foster youth.

In 2017, EA contracted with Plumas County Mental Health to provide housing for and deliver a variety of services to qualifying individuals and families under its MHSA Full-Service Partnership program. The County initially identified EA as a suitable provider for applicable services for a period of one (1) year, with the hope of future extensions based on performance. The contract has since been extended and increased. The contract is for $636,000.00 annually to serve up to 12 clients, however EA has recently acquired additional property to expand to serve additional clients. In addition, EA provides therapeutic services to incarcerated individuals in Plumas County to prevent homeless and recidivism, as well as aid in transition to independent living.

EA currently serves more than 250 clients in supportive living programs, primarily through case management services individualized to each client, including assisting clients in acquiring the ability to access community resources and in skill-building rehabilitation services. Clients live independently in separate EA-owned or co-leased housing units, although may be located on the same property. Accommodations may be made for married or clients in a domestic partnership.

EA has found similar struggles for youth and families throughout its service areas. Due to a wide variety of factors including socio-economic backgrounds, cultural considerations, mental health diagnosis, co-occurring disorders and substance abuse issues, youth and families consistently struggle to obtain stable and affordable housing, steady employment, healthy family relationships, completion of high school or equivalent, enrollment into vocational/trade schools and colleges, positive, lifelong connections, and consistent access to services. While urban, metropolitan and rural areas pose different challenges and provide different resources, youth and

families are often faced with similar needs and challenges, such as the following:

- Access to reliable transportation.
- Access to medical and mental health services
- Access to appropriate educational services
- Safe and stable living environments.
- Traumatic experiences often beginning in early childhood.
- Significant levels of intergenerational family dysfunction.
- Readily available illegal substances.
- Disproportionate level of domestic violence issues.
- Lack of independent living skills.
- Lack of parenting skills, information and childcare resources.

While deficits and struggles are often discussed, clients also possess many strengths and protective factors which have assisted them in surviving and navigating the challenges of their lives. Clients often possess a high level of adaptive skills and strengths which can be the foundation on which they may build additional skills and abilities to aid them in obtaining stability. EA focuses on identifying the strengths of each client and working with them to grow and build on those strengths. The goal of program services is to assess current skills and to assist youth and families in developing independent living skills and connections necessary to ensure they experience more stable and self-sufficient lives.

EA provides client-directed outcome-informed therapeutic services through use of Feedback Informed Treatment (FIT). FIT has been shown to vastly improve outcomes in general, especially with difficult and mandated clients, by increasing engagement. FIT has been demonstrated to assist clinical staff in achieving desired outcomes in as much as a quarter of the usual time, reduces no-shows and treatment drop out, while providing staff with information necessary to improve their performance via deliberate practice. EA also promotes engagement through the use of concurrent or collaborative documentation.

EA has no litigation regarding provision of services equivalent to those described, in the past or current. EA also has no fraud allegations or convictions, debarments, suspensions, or other ineligibility to participate in public contracts. EA has not violated local, state, and/or federal regulatory requirements. EA has no controlling or financial interest in any other organizations, nor is EA owned or controlled by another organization.

B. Overview of Qualifications and Experience

EA strives to maintain the highest quality employees, who excel at meeting the needs of children, youth and families. Staff will include program directors, social worker supervisor, case managers, and administrative staff.

Administrative staff manage all administrative tasks, process claims for Medi-Cal reimbursements, prepare billing information and quarterly reports, submit HSA monthly invoices for services and other data. Administrative staff are typically located in Quincy, at EA's

administrative office. EA's Eureka office employs a full-time Office Manager to manage office operations and maintain client records.

Oversight and supervision of the homeless mentally ill program will be performed by the following positions:

- Executive Director
- Mental Health Program Director
- Clinical Supervisor
- Transitional Housing Program Director
- Social Worker Supervisor
- County Liaison
- Case Manager
- Therapist
- Office Manager

The Executive Director oversees all positions associated with the residential services provided by EA. This position has little personal interaction with the participants and time associated with the specific program is on an as needed basis, available 24/7. Executive Director, Melody King, LMFT, started with EA in 1998 as a Social Worker, and has worked as a Clinician and Social Worker Supervisor prior to her current role. In her current role, Melody provides oversight and leadership of the agency, as well as to the Director and Supervisor teams who oversee over 700 clients in EA's Foster Family Program, Transitional Housing Programs, Mental Health Program and Short-Term Residential Treatment Program. Melody is well-versed in all aspects of the programs offered by EA and maintains consistent availability to all staff within the agency.

The Mental Health Program Director oversees the mental health program and services. Job duties include oversight of Clinical Supervisors, Social Worker Supervisors, Social Workers/Case Managers, and Office Managers. Mental Health Program Director, Russ Hansen, LFMT, provided services as a clinician for EA for more than 20 years, prior to being hired into EA as the Program Director in 2018. In his current role, he provides oversight of the mental health program, as well as oversight to the Clinical Supervisor. His job includes ensuring that EA provides quality services through Feedback Informed Treatment (FIT) and is a certified trainer for that model.

The position of the Clinical Supervisor is to provide clinical supervision for Therapists/Social Workers/Case Managers to ensure the quality of services is being maintained. Erica Baltezore, LMFT, joined EA in 2015 as a Social Worker Supervisor and has since become EA's Clinical Supervisor. Previous to her time with EA, Erica held several positions as a Clinician, dating back to 2005. Her wealth of knowledge and experience in the field of mental health has provided her with the skills and abilities to oversee and guide clinicians working directly with clients who are experiencing mental illness. Erica's passion for the field of mental health guides her decisions and influences her purposeful work with this population of clients.

The position of Transitional Housing Program Director is to provide oversight and consultation regarding any aspects of transitional/supportive housing in programs administered by the Agency. Anna Garrison, M.S.W., started with EA in 2008 as a Social Worker and has since become the Transitional Housing Program Director. She has extensive experience in program development and maintains flexibility within the THP programs to ensure services are adjusted based on client and county needs. She is available to all agency staff to assist as needed and is also well-versed in all other programs offered by the agency. Anna will be available to provide assistance with any client and County needs related to the transitional housing aspect of the mental health program.

The position of Social Worker Supervisor is to oversee Social Workers/Case Managers to ensure all responsibilities are being performed in a professional manner. Social Worker Supervisor, Tami Thompson, started with EA in 2016, and provides oversight and support to Social Workers and Case Managers. She has extensive experience in the Independent Living Program as she was the ILP coordinator and Case Worker for Butte County ILP for 15 years and created the Butte ILP store. Additionally, she started Butte County's first aftercare program. Tami is passionate about providing services which enhance client's abilities to transition to the greatest level of independence which they can personally achieve.

The position of County Liaison is to provide support to the county as needed with regards to placement referrals, county concerns and placement support. Kellon Thompson joined EA in 2018 as a County Liaison and has worked to build relationships with county representatives throughout Northern California. In his role, Kellon is a primary point of contact and support for the County and can assist with a wide variety of services, including mediating County concerns, obtaining information needed by the County and Liaison services for a variety of service providers and stakeholders. Kellon is passionate about customer service and feels County satisfaction and assistance is the primary purpose of his role.

The position of Case Manager is to perform all aspects of case management associated with the MH program, including rehabilitation services. EA employs qualified staff in whose passion and experience matches program and client needs. Currently, there are three Master's level Social Workers/Case Managers employed in the Eureka office location. Should EA be awarded the contract, the specific Case Managers will be identified and/or hired to meet the needs of the clients served by the program.

The position of Therapist is to perform therapeutic speciality mental health services including individual and group counseling. The Therapist employs formal therapeutic interventions (i.e. risk assessment, crisis prevention and stabilization, individualized treatment planning, targeted case management, and access and utilization of formal and informal supports and referrals.) EA provides individual and group services specific to each client's unique needs, including but not limited to, Feedback Informed Treatment (FIT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), and Dialectical Behavioral Therapy (DBT). Should EA be awarded the contract, the specific Therapist will be identified and hired to meet the needs of the clients served by the program.

The position of Office Manager is to assist the Case Manager with all required documentation, reports and the coordination of services as needed. Shawnee O'Neal is the Eureka Office Manager and has been with EA since 2006. Shawnee is well-versed in the policies and procedures of the agency and brings a wealth of knowledge regarding the programs operated by EA. She would be available to assist EA staff with any needs related to the program and would be a point of contact for the County for any needs.

EA Family Services hires and retains qualified staff who meet State standards for applicable regulations, background checks and experience. EA is committed to employing quality staff who are invested in their client's lives and outcomes, as well as a sufficient number of staff who are able to deliver excellent services to clients. The Agency is always open and encouraging of feedback regarding any staffing issues and attempts to rectify any concerns in a quick and thorough manner. EA will always do its best to employ quality staff who deeply care about the success of our clients.

EA adheres to a model of service delivery that recognizes best practices around culturally relevant, trauma-informed care. EA serves a diverse population throughout Northern California, and proudly employs staff who come from diverse cultural, educational, and professional backgrounds, as well as respect and promote cultural diversity. EA works with clients and families from a broad spectrum of cultural, racial, ethnic, religious and socioeconomic backgrounds. As each program participant has their own background, beliefs, values, and cultural considerations, EA staff are trained to do a reasonable exploration of each client's background in order to understand their needs, how to best work with them, and how to structure services and interventions that are most workable for each client and family.

Assessing barriers to a client's motivation to engage in services, their capacity to engage in and meet the program requirements, as well as the opportunity to access each service needed is essential for their success. Staff will be expected to explore each client's motivation, capacity and opportunity in order to help them fully engage in services through utilizing a Motivational Interviewing approach, which is recognized as an evidence-based practice. Addressing client ambivalence, identifying barriers and building on strengths will help empower clients to identify, set, and accomplish their goals. EA understands that if a service does not fit the client's needs, they will not engage. Client goals will also be structured in a manner that is measurable, achievable, specific, and time-limited (MAST goal-setting), which allows for a common understanding of a set goal. Structuring goals in a way that feels manageable for clients is essential if they are expected to engage and be successful. Motivational Interviewing has been utilized in interviews with prospective transitional housing clients as well as in case management practices, and has shown an increase in client engagement and ability to set goals. EA's clinical staff are experienced in multiple modalities, including Trauma-Focused Cognitive Behavioral Therapy (TFCBT) and Dialectical Behavior Therapy (DBT), which have been shown to be effective especially with the populations served by EA. Assisting clients to build skills related to goal-setting is intended to increase their ability to adhere to individualized case plans in order to assist them in having access to, and engaging in, purposeful and meaningful activities. Reducing ambivalence and increasing engagement through the use of these practices has been shown to increase their level of engagement and completion of goals.

Additionally, all EA staff are trained in Therapeutic Crisis Intervention (TCI), a relationship-based, trauma-informed crisis intervention model which promotes positive relationships and relational skill-building. Staff are equipped to work with challenging behaviors and to view such behaviors through a trauma-informed lens. EA workers are trained and encouraged to remain calm and objective when clients are experiencing a crisis, and to provide appropriate support when clients are escalated. Helping clients de-escalate and build coping skills is essential in helping them feel less overwhelmed and more engaged. TCI is currently utilized throughout EA's Foster Family Program, Transitional Housing Programs, Mental Health Program, and Short-Term Residential Treatment Program. TCI assists clients in developing the functional skills needs to help improve self-care, and self-regulation which, in turn, replaces escalated behaviors which may interfere with daily living tasks. TCI also assists clients to develop replacement behaviors by modeling self-regulation (through the use of co-regulation) as well as providing assistance to clients which models healthy interactions and helps clients avoid the behaviors of unhealthy individuals which may lead to their exploitation.

5.0 Program Description

A. Description of Services

EA proposes to provide specialty mental health services,which include individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency, to homeless mentally ill referred by Humboldt County, similar to the program EA currently operates in Plumas County under Mental Health Services Act (MHSA) Full-Service Partnership (FSP) to reduce inpatient hospitalization days, homelessness, days incarcerated, emergency room visits, and to increase the quality of life, including vocational and educational achievement. EA proposes to provide transitional housing for and delivery of a variety of supports and clinical services to qualifying individuals and families. These support services include rehabilitative mental health services, crisis intervention, medication support services, and targeted case management.

In addition, EA is prepared to provide therapeutic services for mentally ill offenders delivered in the Humboldt County Jail. At the direction of County, EA will provide twenty (20) hours per week, or any amount determined by the county, of jail-based mental health services, including assessment, treatment, and transitional planning from the jail to the community, in order to reduce risk of homelessness and recidivism. Incarcerated individuals in need of the Homeless Mentally Ill Outreach and Treatment Program (HMIOT – SB840) may be transitioned for EA services post-incarceration at the discretion and authorization of the County. It is the intent to partner with the County to provide participants an orderly, well-prepared transition from incarceration, in order to reduce recidivism and to promote a healthy adjustment.

The goal of this program is to provide qualified individuals who meet eligibility with a single-occupancy residence and a broad array of services to promote:

- a stable and secure living arrangement
- progressively increased normalcy and integration in accord with participant capacities
- sustained periods of non-incarceration and non-hospitalization
- optimal use of existing community resources
- accommodations for mental and physical disabilities
- a better quality of health and life
- increased success with independent living skills

The qualifying population has been identified as needing special help and services because of higher than average risk factors for homelessness, incarceration, hospitalization and/or failure to respond favorably to normal intervention efforts. It is therefore important for this program to maintain a tolerance for and understanding of participant setbacks. For example, participants who have been previously discharged from the program should not be automatically rejected for future services. Rather, it challenges the program to develop alternative strategies and practices for handling especially difficult cases. Flexibility, innovation, and making exceptions are hallmarks of the program's orientation.

Success for the targeted population is best measured by identifying small gains and evolving stability, as viewed against a background of less desirable outcomes for these individuals. Program tolerance for non-conformity and abnormality is the norm, while attempting to implement program and community standards for greater participant acceptance.

It is the program's belief that participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. Assigned staff assume the complex role of an advocate, facilitator, coordinator and guide to participants. Thus, this program intends to blend the role of a standard case manager with characteristics of an emotionally invested mentor. The interpersonal bond becomes a foundational resource in assisting participants to sustain progress and stability. These relationships are specifically intended to provide role modeling and encouragement to clients to pursue goals and activities which will promote wellness and be most personally meaningful and rewarding to them. Case Managers will conduct regular meetings with clients sufficient to meet their needs. Frequency of visits will be dependent on individual client needs and County requests.

EA staff will work collaboratively with the County and clients to develop individualized client plans which will structure interventions to address behaviors (both decreasing maladaptive behaviors and increasing positive, adaptive behaviors), as well as structure goals intended to increase the skills of each client in targeted domains. These individualized, written case plans will take into account the unique life circumstances of each client, and will focus on supporting clients to increase and develop needed skills which will assist them in transitioning to a less restrictive level of care in the shortest time frame possible. The client case plans will identify maladaptive behavior patterns and will focus on developing alternative methods of managing life stressors. The domains may include (but will not be limited to) the following:

- Education needs
- Training needs
- Personal hygiene and grooming needs
- Household management and tenancy skills and needs
- Recreational and leisure skills and needs
- Health history
- Medical, dental, and mental health conditions and needs, including prescribed medications (and medically necessary, skill-based interventions)
- Money management and budgeting skills and needs
- Identification of emotional and behavioral concerns and needs
- History of client involvement in the justice system and needs related to their involvement
- Substance use and co-occurring disorders needs and services

This program is not designed to provide meals and snacks. The intent of the program is to provide the least restrictive level of care necessary, and the Agency will accomplish this by providing structured training to clients regarding menu planning, budgeting, shopping, meal preparation, and health and safety practices regarding the sanitization of dishes. EA staff will

mentor clients with regards to nutritional decisions, and will assist clients in connecting with medical professionals for any special dietary needs or considerations.

This program is also not designed to provide 24-hour supervision, however, EA on-call staff will be available 24 hours per day, seven days per week to ensure clients have access to the support they need, including meeting clients in the emergency room who are in crisis. Response staff may include case managers, rehabilitation counselors, therapists, and peer support staff. EA provides emergency contact information to clients at the time they enter the program, which consists of contact information for their assigned worker and the local EA office. EA maintains a number of on-call workers who are able to assist clients, and utilizes an answering service for after-hours calls who are trained to call up to, and including, the Executive Director if warranted. EA staff are available to respond on a 24/7 basis, and will also work with the client in any emergency situations to ensure they receive the care needed. EA staff are trained to contact emergency services on behalf of a client if necessary.

All determinations and final authority regarding applicant admission qualifications and continued program standing are determined by the Humboldt County Behavioral Health. In that regard, the County shall use State guidelines for admission qualifications, which include, but may not be limited to:

- Persons with mental illness who are chronically homeless, at-risk of chronic homelessness or homeless (using the criteria of unsuitability for living in places that are emergency shelters or arrangements not meant for human habitation),
- People with a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury or chronic physical illness or disability,
- Those who have been residing in a jail, or a substance abuse or mental health treatment facility for fewer than 90 days and meet all above criteria (and were, or are homeless),
- A family whose head-of-household has been or is at risk for being homeless,
- Those jailed and were homeless prior to admission in jail,
- Transition age youth (under 25) experiencing homelessness or significant housing instability,
- Those who are about to lose their residence within 30 days and lack the ability to obtain other permanent housing,
- An individual or family who is fleeing domestic violence or sexual assault, or has no resources to obtain permanent housing,
- Persons arrested or convicted of crimes,
- Veterans as set forth in the Welfare and Institutions Code, Section 5600.3(B) 5.

Services for the Homeless Mentally Ill Outreach and Treatment Program (HMIOT – SB840) will be provided in the same manner and extent as for other targeted populations. Authorization for treatment and continued participation in the program remain under the authority of County.

Wraparound services will include formal therapeutic interventions (i.e. risk assessment, crisis prevention and stabilization, individualized treatment planning, targeted case management, and

access and utilization of formal and informal supports and referrals.) EA provides individual and group services specific to each client's unique needs, including but not limited to:

- Feedback Informed Treatment (FIT)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Dialectical Behavioral Therapy (DBT)
- Substance Use Disorder support and intervention
- Motivational Interviewing (MI)
- Seeking Safety

EA will consistently encourage clients to access individual or group therapy as needed, and will work with participants to establish themselves with mental health services and providers both within, and outside of, EA. EA will provide support for participants by providing information regarding mental health, medical and dental providers, assisting them with scheduling appointments, as well as tracking appointments and transporting clients when needed. EA will also provide this same assistance with referrals to alcohol and other drug treatment programs. EA staff assist participants with linkage to and coordinate supports with primary care physician and conservator, if assigned. When approved by the participant, EA will utilize a Release of Information (ROI) with medical and mental health providers, when applicable, and will share information intended to improve services to the client. All information will be documented in case notes and the participant file.

While the program is not designed to administer prescribed medications, EA staff will ensure clients are educated regarding the self-administration of prescribed medications and will provide oversight to ensure clients are appropriately taking medications. EA staff will work with clients to address any medication related concerns and will communicate with medical and mental health professionals as needed to resolve these concerns. It is EA's intent to assist clients in developing the skills needed to improve the self-management of their symptoms, which includes a thorough understanding of their prescribed medications, dosages and how to self-administer. Case management staff will consistently discuss prescription medications, and their appropriate use, with clients.

Consistent outreach and engagement strategies are utilized to enable each client to find and live in their own residence, as well as find and maintain meaningful activities in their community, to better manage symptoms of their illness and to receive support in maintaining optimism that recovery is achievable. Case managers work with clients to determine and re-evaluate at three-month intervals each client's strengths, challenges, interests, risk indicators, and life goals.

EA staff also ensure clients are able to identify and develop meaningful life activities and roles within their community. EA works with county representatives and clients to identify and develop positive, family and community relationships. In the past, EA staff have assisted clients in finding family members whom they had previously not met, or had not been in contact with for a significant period of time. EA has assisted clients with logistical planning and emotional support throughout the process of meeting, or reconnecting with family members. EA commonly holds "socials" for participants who enjoy spending time with other clients, and have hosted events such as art nights (consisting of spoken word, rap, singing, poetry, drawing, etc.), evenings at the park, and participation at "midnight madness" basketball games. Additionally,

EA staff work with clients to identify community groups with which they may have an interest in connecting, and have often attended these groups with participants in order to provide support.

EA staff provide clients with the following housing retention support strategies:

1. Assistance with obtaining federal housing subsidies as available
2. Training in skills necessary to maintain acquired housing
3. Timely linkage with utility resources
4. Payment of rental and utility obligations
5. Housing repair and maintenance
6. Unit turnover at time of move out
7. Budget skill development
8. Client rental share of cost to build skills in self sufficiency

EA staff are experienced in identifying appropriate housing options for clients, as well as assisting them with obtaining appropriate housing to meet their needs, which includes a safe and supportive environment for the client, as well as access to laundry facilities. EA staff routinely counsel participants on appropriate behavior which assists them in obtaining a unit, and the lease requirements for maintaining the unit. EA staff also work to develop relationships with property managers and landlords to help navigate any housing concerns. EA staff are experienced in assisting clients with setting up utilities and accessing any programs which help with deposits, etc. EA prioritizes building positive relationships with property managers and landlords in order to alleviate concerns and navigate any housing issues which may arise. EA staff are required to contact landlords and property managers on a monthly basis to determine how the housing arrangement is progressing. EA signs ROI's with participants and property managers/landlords in order to share information regarding the tenancy and better assist clients in upholding lease agreements. EA staff will also advocate for clients if their housing rights are being violated in any way. EA staff consistently focus case management services to client behaviors which are interfering with their ability to achieve a stable and permanent independent living situation. Lease violations and violations of housing rules are the primary factors which jeopardize housing, and clients are educated and supported regarding their housing responsibilities.

EA case management consistently focuses on building good tenancy skills through hands-on training and assistance. EA staff discuss tenancy and lease requirements on a consistent basis, provide reminders, accompany clients to speak with property managers, and help clients learn to advocate for themselves with regards to tenant rights. EA staff also work with clients to help them develop appropriate health and safety standards for their housing units and conduct bi-weekly inspections to ensure the unit meets those standards. EA staff also assist clients with developing healthy housekeeping and laundry skills, as well as educating clients on what constitutes clean and sanitary housing conditions.

A budget will be created with the client, and the focus will be learning to pay other bills and financial obligations during this time. EA will also assess any income the client has and will develop a rent payment schedule which incrementally increases so the client is paying a higher percentage of rent each month from their income. While amounts will need to be structured on a case by case basis to allow for increases and decreases in income, the goal is to have clients pay

an increase of five percent rent each month from their non-program income. By the end of their time in the program, the goal is for clients to independently pay their rent.

EA provides vocational readiness support and training to all clients, including:

1. Developing employment resources in the community through linkage and partnerships
2. Assisting clients with developing job skills
3. Provide on-the-job skill building training (if possible, given setting) and supportive services during employment for at least six (6) months while the client orients to a new job

As needed, EA workers assist clients in understanding the educational system and match client goals with needed educational services. EA consistently works to develop relationships with educational and vocational programs in order to better assist clients with enrollment, attendance, and completion of classes or programs. EA encourages clients to pursue education in a manner in which they will be most successful, including considering their needs and resources. EA workers encourage clients to build confidence and success over time, and will provide information for educational and vocational institutions as needed, and may also help clients navigate individual campuses and services. EA workers also monitor educational progress and make suggestions regarding educational supports (i.e. individual and group counseling, tutoring, study habits, etc.) which may be beneficial to the client. Educational advocacy, support and progress of ongoing enrollment, attendance and completion of classes or programs will be documented in case notes.

EA staff assist clients in developing employment skills in a number of ways, which may include coaching them on appropriate attire and conduct for interviews, working with them to fill out applications and build resumes, providing job readiness training, and assisting them with navigating available employment resources. Training material may also be provided and reviewed with the client, and activities are structured around concepts related to employment, education, and independent living which are intended to address behaviors which may interfere with seeking and maintaining stable and permanent employment, such as . EA staff will assist participants with visits to employment centers or work training programs (linkages to WIA partners including One-Stop career centers or equivalent). Measurement of outcomes will occur through documentation of attendance, amount of resumes and job applications submitted, and through obtaining employment.

After-care services for clients transitioning to permanent housing:

1. Case management, titrating to less frequency, as appropriate to need
2. Therapy at least one (1) time per month
3. Service delivery type, duration and frequency to be determined

It is EA's goal to obtain housing for clients that is both affordable, and in which they will be able to remain after discharge from the program. EA has found the best transitions occur when clients are able to maintain their same housing unit. EA has ample experience in working with property management companies to be removed from leases (where applicable) at the time clients discharge from the program, providing opportunities for long-term, stable housing. If

clients are unable or unwilling to remain in the same housing unit after discharge, EA will work with each client to identify appropriate and affordable housing by exploring options in their desired area. EA will also work with clients if continued support is needed by referring them to other supportive housing options or by assisting them in obtaining Housing Choice Vouchers if needed, as well as submitting any required financial documentation.

At least 90 days prior to the anticipated discharge date, EA staff will revisit needs assessments to determined if any needed services have not yet been accessed. Based on this assessment, the last few months of case management will be spent on transitioning the client to any needed supports or community resources. All efforts will be documented in case notes, and in the discharge summary for the client. Throughout a client's time in the program, EA will identify and document support groups and community resources intended to assist clients with a smooth transition from the Mental Health program.

When applicable, EA would assist clients in obtaining and utilizing Housing Choice Vouchers to identify and secure appropriate housing units. EA staff will assist clients in navigating the leasing process and identifying landlords and property managers who are willing to rent to those utilizing the HCV's. Once a housing unit is found which meets this criteria, as well as the needs of the family, EA staff will assist clients in submitting a request for tenancy approval (RFTA) to the public housing agency (PHA) within the allotted time frame.

EA offers ongoing support to former clients in the form of access to information regarding their time in program, assistance with referrals to needed services, and provision of documents contained in their files for up to seven years after exit. Additionally, EA will attempt to track participant outcomes for up to two years after discharge and will provide incentives in the form of gift cards to clients who provide information after exit.

EA will track and report monthly a census which includes client names, dates of admission and discharge, with total number of clients served. Monthly performance reports will include: attendance and/or participation of all programs and activities made available to clients; updates regarding treatment plans and activities relating to accomplishments; notification and explanation of any placements accepted, denied, delayed, and/or discharged; notification of any client admissions to psychiatric and/or medical hospitals; notification of any current or anticipated difficulty in providing services, or if the services to not appear to result in the anticipated benefit to the client.

In addition to monthly reports, EA will notify the DHHS - Mental Health within 24 hours after admission of a client to a psychiatric or medical hospital. EA will notify DHHS - Mental Health when a client requires either enhanced services or acute psychiatric or medical hospitalization or is incarcerated. EA will also notify appropriate parties and agencies anytime client needs change.The Agency will also develop client treatment and wellness recovery action plans with the collaboration of the County to ensure clients are utilizing community resources, supports, peer support, and other services such as individual and group counseling depending on the client's individualized needs. EA will utilize and may provide County upon request with client Feedback Informed Treatment (FIT) trajectories. Bi-annual Adult Needs and Strengths (ANSA) and Milestones of Recovery Survey (MORS) will be completed for each client, as well as

development of the participant's Individual Services and Supports Plan (ISSP). Additional indicators of effectiveness and timeliness of engagement strategies, including:

1. Stability and tenure of community-based housing
2. Participation in non-mental health activities in the community
3. Service utilization (e.g., groups)
4. Each clients' self-report

EA will cooperate with Humboldt County Behavioral Health to become a Medi-Cal certified Provider in Humboldt County. EA will obtain and maintain certification as an organizational provider of Medi-Cal specialty mental health services. EA will offer regular hours of operation and will offer Medi-Cal clients the same hours of operation as it offers to non-Medi-Cal clients. EA will document and maintain all clients' electronic health records (EHR) to comply with all Medi-Cal regulations.

While not a signatory to the contract, various community agencies are expected to be actively involved, as applicable, and will have a significant role in fulfillment of project goals. A list of agencies anticipated to be involved include, but are not limited to, the following:

- Superior Court
- District Attorney
- Public Defenders
- Child Support Services
- Probation
- Sheriff
- Alcohol and other drug services
- Public Health Agency
- Social Services
- Hospitals and physicians
- Transportation Commission
- Veterans Affairs
- Community College
- Employment Center
- Self-help groups, such as AA and NA
- Attractions, such as the Library and Museum
- Community recreation programs

B. Quality Assurance Capabilities

EA's Quality Assurance and Improvement Committee consists of the Executive Director, the Mental Health Director, Chief Financial Officer, IT Supervisor, STRTP Director, THP Supervisor, and Operations Director. Although meetings of the Quality Assurance and Improvement Committee occur monthly, committee members respond to issues of quality as needed on a daily basis 24/7.

In the service of continuous quality improvement and assurance, EA undergoes tri-annual CARF accreditation. This process ensures that EA maintains measures to provide the highest level of

program oversight and accountability. EA is prepared to conduct a quarterly Utilization Management meeting to ensure the appropriate level of service delivery and to identify caseload and outcome trends. EA also conducts a quarterly Comprehensive Documentation Quality Review to ensure that documentation standards are clear to all mental health staff and no discrepancies exist with earlier reviewed documentation. EA reports regularly to the County the amount of time it takes to begin service delivery, and the issuance of NOABDs. It is proposed EA mental health staff participate in all required County Documentation training from the County, in addition to any other required trainings.

A licensed clinician reviews and approves all Medi-Cal documentation within seven calendar days of completion by the EA mental health service provider. The reviewer ensures the elements required by the county in documentation of services are present, that treatment appears effective and free of anything that could be construed as fraudulent. EA conducts weekly group supervision which includes peer review of documentation. EA employs concurrent or collaborative documentation to ensure the highest level of adherence to ethical standards and as a verification of service delivery through client case note co-signature.

EA clerical staff attached to mental health programs conduct a review of monthly Medi-Cal billing to ensure that case notes accurately reflect the amount of time billed to Medi-Cal. Clerical staff refer any noted discrepancies in documentation review to the clinical supervisor and program manager. Clinical Supervisors and Program Manager shall report any serious discrepancies, breaches of confidentiality or suspicion of fraud to the Mental Health Director. The Mental Health Director is responsible for seeing that an investigation of Fraud or breach of confidentiality occurs. The Mental Health Director shall report any investigative findings to the ED and the County, and sees that requisite state forms are completed within the required timeline. Clerical staff also review the license status of every licensed and waivered mental health provider monthly, and report this status to the County.

EA will participate in all County QA reviews as well as required audits. EA shall intain all of the required documentation in each client's mental health chart. Client records shall be kept in EA archived charts for seven years after the last date of service or for seven years after an investigation or audit.

All charts will be maintained in adherence with the highest level of confidentiality. In cases where standards vary, EA will adhere to the most stringent level, for example in SUDS. All hard copies of confidential documentation will be stored in EA offices under triple lock. EA EHR records are encrypted. Transportation of confidential documents shall occur only as necessary, in a locked box in the trunk of staff vehicle during transport and with staff at all other times. Staff shall never store confidential documents in a vehicle.

6.0 Cost Proposal

The variety and changing nature of service expectations provided to participants makes detailed accountability unnecessarily burdensome and costly for both parties. Therefore, the intent is to bundle an inclusive service package and determine a rate of reimbursement based on estimated costs per participant. That practice has long been in use by the State Department of Social Services for foster care clients.

A comprehensive list of bundled services are as follows:

- finding and securing a residence
- assistance with move in and move out of residence
- payment for rent and utilities
- renting or leasing a one-bedroom or studio for individuals and a 2-bedroom unit for families
- financial assistance for security deposit and advance rent payment
- a TV, if needed, and programming access, where feasible
- internet service, when feasible, but not the loan or gift of a computer
- assistance with upkeep for normal wear and tear to the residence and furnishings
- payment of utilities (water, power, sewer, gas, and garbage)
- payment of utility deposits
- all necessary furniture, cooking equipment and utensils
- participant ownership of supplied furniture and TV after two (2) years of enrollment
- assistance in obtaining a phone and phone service
- emergency and occasional financial assistance for needed food
- emergency and occasional financial assistance for needed clothing
- emergency and occasional financial assistance for needed living incidentals and toiletries
- transportation assistance and/or transportation for ordinary program obligations
- a monthly county transportation bus pass
- liability insurance, as needed, for agency and County protection
- temporary storage of participant property at discharge, as requested by the County, and in accordance with State law
- intensive case management and coordination services, including interfacing with the community
- crisis intervention assistance and referral
- phone and/or in-person crisis response availability on a 24/7 basis
- independent living skills training, including budgeting and banking assistance
- employment-readiness training
- referral and assistance with appointments (job, financial, medical, legal, educational, etc.)

EA will provide a monthly invoice to Humboldt County for direct services under separate description and line item for both jail-based therapeutic services and direct therapeutic services and housing and supportive services. Federal Financial Participation (FFP) will be reimbursed to MHSA for Medi-Cal billable direct services based on the EA's interim rate for actual costs, should that be desired.

For homeless mentally ill therapeutic, housing, and supportive services, EA will bill a monthly bundled rate of $6,900.00 per participant. This reflects an array of "whatever it takes" therapeutic and case management services, including but not limited to tracking medication supply and availability, psychiatric and therapy appointments, attorney, probation, and/or court obligations, and medical treatment coordination. Staff to participant ratio is 1:5 in accordance with need for heightened participant monitoring.

In some cases, participants who may have difficulty transitioning to an EA therapist may continue to receive therapy from the existing County provider until such time as a transition is suitable. In such cases, the fee for bundled care shall be reduced by $600 per month, from $6,900.00 to $6,300.00. In a manner and form determined by Humboldt County Behavioral Health based on state reporting requirements, EA shall report on program outcomes to the County on a quarterly basis, that EA has satisfactorily completed deliverables and services described.

Billing for comprehensive jail-based therapeutic services provided to mentally ill offenders and delivered at the Humboldt County Jail, at the direction of County, will be separately delineated in the invoice at a flat monthly rate of $4,538.00 for a minimum of half-time work (20 hours per week), or proportionately more if additional time is requested by County.

This fee structure is based on EA's projected operating costs for Medi-Cal reimbursable direct therapeutic and case management services, as well as, for housing, basic needs, ancillary service costs, transportation, and administration of the program.

The budget is based on 10 clients and can be expanded accordingly at a rate of $6900 per client for a total annual contract of $828,000.

Administrative Salaries & 10% of Costs ($57,467 + $75,285 = $132,752)

Program Director, Executive Director, Chief Financial Officer, Support Staff, and Bookkeepers/Administrative staff are included.

Program Staff (Salaries + Taxes/Benefits = Total $360,000)

Salary amounts are based on actual salaries. Payroll Taxes are calculated at 19% of salaries.

Benefits, including health, dental, and vision insurance, are calculated at 21% of salaries.

County Liaison & THP Coordinator salaries are in-kind personnel.

Case Manager & Therapist are full-time positions which provide therapeutic services, case management, participant support, service coordination, and resource referral.

Office Manager is a part-time position which provides office functions, such as data entry, filing, check writing, and receptionist.

Operational Costs (Total $141,067)

Agency vehicles will be provided for use by direct care staff. If staff utilize their personal vehicles for work purposes, mileage is reimbursed at $0.40 per mile.

Computer equipment, printer, and copier are provided for staff use.

If employees utilize personal cell phones, they are reimbursed at $30 per month. An office cell phone is provided if a staff does not desire to use their personal cell phone or does not have one.

This also includes maintenance of units, food and clothing for participants as needed, furniture ownership for clients, and other incidentals.

Client Rent, Utilities, and Repairs (Total $194,320 for 10 participants)

7.0 Supplemental Documentation

See attached CARF Accreditation.

carf INTERNATIONAL

July 18, 2018

Vivian Wilkinson
EA Family Services
455 West Main Street
Quincy, CA 95971

Dear Mrs. Wilkinson:

It is my pleasure to inform you that EA Family Services has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Foster Family and Kinship Care (Children and Adolescents)
Group Home Care (Children and Adolescents)
Governance Standards Applied

This accreditation will extend through August 31, 2021. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (*customerconnect.carf.org*), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Shar Whitmire by email at swhitmire@carf.org or telephone at (888) 281-6531, extension 7154.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

Brian J. Boon, Ph.D.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

8.0 References

REQUEST FOR PROPOSALS NO. DHHS2020-01
SUB-ACUTE TRANSITIONAL MENTAL HEALTH, SPECIALTY MENTAL HEALTH AND/OR SOCIAL REHABILITATION SERVICES

ATTACHMENT C – REFERENCE DATA SHEET
(Submit with Proposal)

REFERENCE DATA SHEET

Provide a minimum of three (3) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.

NAME OF AGENCY: County of Del Norte, Social Services Branch

STREET ADDRESS: 880 Northcrest Drive

CITY, STATE, ZIP: Crescent City, CA, 95531

CONTACT PERSON: Julie Cain, Program Manager **EMAIL:** jcain@co.del-norte.ca.us

PHONE #: (707) 464-3191;2716 **FAX #:** (707) 465-1783

Department Name:

Approximate County (Agency) Population:

Number of Departments:

General Description of Scope of Work:

NAME OF AGENCY: County of Plumas, Behavioral Health

STREET ADDRESS: 270 County Hospital Road, Suite 109

CITY, STATE, ZIP: Quincy, CA, 95971

CONTACT PERSON: Tony Hobson, Director **EMAIL:** thobson@pcbh.services

PHONE #: (530) 283-6307;1007 **FAX #:** (530)283-6045

Department Name:

Approximate County (Agency) Population:

Number of Departments:

General Description of Scope of Work:

Applicant Tracking System Implementation Date:	
NAME OF AGENCY:	Department of Child, Family, and Adult Services, Sacramento County
STREET ADDRESS:	925 Del Paso Blvd, Suite 500
CITY, STATE, ZIP:	Sacramento, CA, 95815
CONTACT PERSON:	Stephanie Sandmeier, Program Planner
EMAIL:	sandms@saccounty.net
PHONE #:	(916) 875-6993
FAX #:	
Department Name:	
Approximate County (Agency) Population:	
Number of Departments:	
General Description of Scope of Work:	

9.0 Evidence of Insurability and Business Licensure

See attached sample insurance certificate.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
InterWest Insurance Services
License #0B01094
P.O. Box 8110
Chico CA 95927-8110

License#: 0B01094

CONTACT NAME: Susan Lee, CISR
PHONE (A/C, No, Ext): 530-897-3118 **FAX (A/C, No):** 530-895-1313
E-MAIL ADDRESS: slee@iwins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nonprofits' Insurance Alliance of California	11845
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Environmental Alternatives,Inc
EA Family Services
P O Box 3940
Quincy CA 95971

ENVIR-B

COVERAGES **CERTIFICATE NUMBER:** 416220731 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	201904502NPO	8/31/2019	8/31/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	X Improper Sexual						MED EXP (Any one person)	$ 20,000
	X Conduct $2M/$1M						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER						Empl Benefits	$ Included
A	AUTOMOBILE LIABILITY	Y	Y	201904502NPO	8/31/2019	8/31/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			201904502AUMB	8/31/2019	8/31/2020	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Social Services Professional			201904502NPO	8/31/2019	8/31/2020	Aggregate Occurrence	3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Orange, its elected and appointed officials, officers, agents and employees are named a additional insureds as respects to liability per the attached policy form(s). RE" Written Contract

SAMPLE

CERTIFICATE HOLDER

SAMPLE
Orange County Social Services Agency
Attn: Jessica Nguyen, Contract Services, 5th Floor
200 N. State College Blvd., Ste. 100
Orange CA 92868

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Michele Carter

10.0 Exceptions, Objections, and Requested Changes

None, other than those already stated within the proposal.

11.0 Required Attachments

Attachments included in Sections 3.0, 6.0, 7.0, and 8.0.

EXHIBIT A

WILLOW GLEN CRISIS RESIDENTIAL TREATMENT

SCOPE OF WORK

The CRT will provide a clinically-effective and cost- efficient alternative to inpatient psychiatric hospitalization.

1. Provider Responsibilities:

Provider shall operate a safe, supervised and home-like 10-bed Crisis Residential Treatment (CRT) facility in _____ County, for adult consumers who require mental health crisis services with community-based treatment as an alternative to institutional placements. The CRT will primarily serve consumers of _____ County; however, Provider may contract with other counties for available beds not reserved for County.

The facility will be a 24-hour, 7 day a week Community Care Licensed crisis residential program that provides Medi-Cal eligible services. The maximum length of stay is expected to be 30 days, but extensions may be granted on a case-by-case basis.

Provider will make available mental health services designed to:

1. Meet the needs of voluntary consumers;

2. Intervene with the psychiatric crises;

3. Stabilize and maintain the mental health condition;

4. Improve the functioning abilities of the consumer; and

5. Coordinate discharge planning and provide activities to help clients transition to lower levels of care.

The CRT will focus on:

- symptom management,

- crisis stabilization,

- medication evaluation and management,

- behavioral management and monitoring,
- community reintegration,
- interpersonal skill building,
- peer support, and socialization

- In addition, the Provider will offer education to families about mental health conditions and how to support the family member in treatment. Provider shall provide services to consumers that meet the Program Objectives, including:

- Intervention with the emotional or behavioral episode, stabilizing and maintaining the mental health condition and improving the functioning abilities of the consumer.
- Preventing consumers who are having a psychiatric crisis from needing an acute psychiatric intervention.
- Reducing recidivism to higher levels of psychiatric care.
- Providing programs focused on communication & behavior management that assists consumers in developing coping skills, social skills, and daily living skills in order to return home.
- Assisting the consumer to actively participate in their treatment through education, support and encouragement of self-care and self-responsibility, social normalization, symptom management, medication monitoring, access of community resources, interpersonal skill building, peer support and socialization.
- Promoting the optimal level of functioning and stabilization for each consumer.
- Providing Coordinated Case Management Services with the County Behavioral Health to ensure continuity of care and

discharge planning.

- Developing program components, methods and systems to meet the needs of adults as a result of behavioral health or psychiatric crises.

- Recruiting and developing qualified professional, para-professional, consumer and volunteer staff who are experienced with the needs of the mentally ill adult.

- Preparing and maintaining an environment supportive of program principles.

- Developing and monitoring quality standards appropriate to the efficacy of care of consumers that meet all regulatory, legal and program requirements; consumer and family member satisfaction surveys.

- Developing and monitoring Quality Management criteria to meet consumer and program goals.

- Maintaining consumer, agency and provider relations for the benefit of the consumer and their family.

- **A. Referrals:**

- Referrals will be made through appropriate channels including the County Crisis Phone Team and the Willow Glen Access team

- Referrals may be made 7 days per week, and 24 hours per day.

- The Provider will communicate bed availability or scheduled discharges to the County once a day, at a mutually agreed upon time.

- Provider staff must receive a complete referral packet on all potential clients prior to considering for admission.

- Notifications regarding acceptances/denials or the need to assess in person will typically be made within four admission hours of the Provider receiving a complete referral packet.

- For any referral, provider may request to meet with the consumer prior to acceptance.

- Any consumers who appear acutely intoxicated, currently under the influence of a substance, or who may be going through detoxification will be examined carefully, and their admission may be delayed at the sole discretion of the Provider and the Provider's Medical Director.

- Provider representatives will attend relevant county staff meetings when appropriate.

B. Admission

- Admission shall be limited to voluntary adults 18 years or older who have a qualified mental health diagnosis or have been dually diagnosed and who may have a stable environment to return to after discharge; however, no one will be refused due to homelessness or being at risk of homelessness.

- Individuals admitted shall not have any prohibited health condition, as defined by the California Department of Social Services, California Department of Health Care Services and Health and Safety Code (Title 22, Regulation 81092), and must not need a higher level of medical or psychiatric care.

- Admission hours will typically be 8:00am-10:00pm.

- County may transport clients to the Crisis Stabilization Unit (CSU) during the referral and review process.

- In some instances, if the consumer is a currently admitted to the County's Psychiatric Health Facility (PHF) or CSU, Provider's staff will meet County staff and consumer at the County site and accompany consumer to the CRT. County staff may accompany CRT staff and consumer on a case-by-case basis.

- At the time of admission, appropriate Provider staff shall conduct a comprehensive intake assessment with the client. Based on this assessment, both a treatment plan and discharge plan will be developed.

The treatment plan will focus on crisis intervention services necessary to stabilize and restore the

individual to a level of functioning that does not require hospitalization.

- Provider's prescribing staff may confer with consumer's current doctor regarding the client's current medication regimen.

- Provider staff and County will coordinate/share consumer clinical information, including, but not limited to medications, psychosocial history, diagnosis, treatment planning and discharge planning in order to best serve the client in their recovery.

- County will provide transportation for County clients being admitted to the CRT

- **C. Staffing:** Provider will ensure the CRT program is appropriately staffed based on the census and acuity of the milieu. The CRT will at all times be staffed in a manner consistent with both Title 9 and Title 22 regulations. Specifically, the CRT will employ a qualified Program Director, Activities Director, and a sufficient number of qualified direct care staff (including LVNs and LPTs as shift supervisors). In addition, the CRT program will have access to a Psychiatrist and Physician via telephone 24 hours per day, and will contract with other prescribers for on-site medical and psychiatric oversight. **D. Documentation:** Program documentation will be in compliance with all Title 22 and Title 9 regulations. Documentation will be made available to County representatives when appropriate. A qualified Provider representative will conduct regular and as needed Documentation and Utilization Reviews. County trainings and technical support may be available to Provider staff as necessary. **E. Services:** Services are individually targeted and focused on comprehensive life skills development, to reduce the consumer's dependence on higher levels of 24-hour care and emergency psychiatric services, and to maintain an independent living arrangement. Structured services and activities are offered to consumers during day and evening hours, seven days per week. A general outline of the services is as follows:

- Crisis Intervention – This intervention method is used when a consumer presents with behavior or emotions out of control, or when situations arise that have the potential to be out of control. The intervention will

involve individual counseling/intervention techniques that allow the consumer to be expressive in a safe environment, to engage in problem solving and to participate in rational decision- making activity. The intervention may involve active participation by qualified CRT staff to resolve emergency health and safety needs, and conduct other mental health assessments. This element is available to consumers twenty-four (24) hours, seven days per week.

- Medication Evaluation and Management – Prior to admission, all consumers (or consumer documents) will be assessed by an appropriate prescriber for current and continued pharmacological needs. Additional needs for medication will be handled by the facility's Medical Director or will be referred to the consumer's family physician or a consulting primary care physician. All medication used at the CRT will be ordered by a physician and monitored by qualified CRT staff. Consumers will self- administer medications under CRT staff supervision. Medications will not be used as a substitute for staff or for limiting or restricting consumers' rights.

- Wellness and Recovery Services – The CRT adopts the principles of Wellness and Recovery into its program model and service delivery. Consumers will participate in co-authoring needs plans utilizing a strength based approach to identify and develop skills that assist the consumer in managing their illness, including behavioral and symptom management, medication monitoring and interpersonal coping skills. Family participation is encouraged in helping the consumer to restore hope, self- responsibility, empowerment and a meaningful role in their recovery.

- Medical Service Referral – Consumers with medical conditions or emergent medical needs will be referred to appropriate medical services or assisted with making arrangements with their primary physician or other health care providers. When appropriate, professional care may be provided in the

CRT by qualified consultants or other qualified providers. If a higher level of care is indicated and the consumer needs temporary placement outside of the CRT, every attempt will be made to secure the consumer's return placement.

- Community/Peer Support Groups – consumers and their families will be

aided by both internal and external participation in groups which may include: Alcoholics Anonymous, Narcotics Anonymous, Al Anon, California Alliance for Mentally Ill, and others as necessary and as available to the consumers of the CRT. Some of the groups may be held at the CRT for the benefit of the consumer. Most meetings will be in the community and involve others besides the consumers of the CRT. The goal of this element is to link consumers and their families with community support systems.

- Consumer Advocacy – Advocacy services are offered to all consumers and their families in general through scheduled information meetings at the CRT. Consumers with special needs will be coordinated with proper county agencies such as Adult Protection Services, the County Conservator and the County Mental Health Case Manager. Information may include, but is not limited to, assistance with living arrangements, financial aid, treatment referrals, medical services, legal advice, and disability services.

- Community Socialization – Community interaction is a key program element for consumers. Planned community involvement is scheduled regularly to involve consumers with community activities related to normal daily living skills, recreation, social gatherings, education, and spiritual services. Consumer abilities are assessed and goals are established for each individual to determine the most appropriate activity. Family participation is encouraged in many activities.

- Therapeutic Community – Consumers will participate in decisions related to their individual needs plans, as well as, the small community in which they reside. Daily meetings are planned to deal with problems of the consumers living together, plan activities, assign duties, address complaints, and support each other.

- Planned Activities – A planned activity schedule will be posted on the consumers' bulletin board which represents the efforts of the consumers and staff to design activities that will best meet the needs of the consumers. The activities will represent the social, recreational, educational, and spiritual needs of the consumers, both individually and collectively. Special efforts will be made to allow for family participation in the activity schedule. Therapeutic activities may include arts and crafts, physical activities, exercise class, music

therapy, gardening, shopping, cooking, community events, spiritual services, picnics, movies and games.

- Daily Living Skills – Consumers are expected to participate in normal daily living responsibilities at the CRT. Meal preparation, cleaning personal and common spaces, personal laundry, grooming, and hygiene are activities that most consumers will be able to engage in without much assistance from staff. However, if consumers are not able to perform the routine tasks of daily living because of a debilitation or disability, staff will assist the consumer with these tasks and work to help the consumer work through the debilitation or provide ongoing assistance to those with disabilities that will not be corrected during their stay at the CRT.

- Coordinated Case Management – All consumers will be supported with on-site case management services during their stay at the CRT. These services will coordinate with all external agencies that are involved with the consumers. The primary focus is to provide a collaborative process of assessment, planning, facilitation and advocacy in order to meet the consumer's ongoing health needs. Special cooperation will be given to the County Case Manager assigned to the consumer. Each consumer will be afforded the opportunity to participate in the development of their needs plan. The consumer's family will also be given the opportunity to provide input into the plan of care when appropriate.

- Discharge Planning – Active discharge planning will begin at the time the consumer is admitted into the program, which will include scheduling an appointment with the referred County clinic and communication with the site regarding the discharge plan. Assessment, planning, identification of barriers to discharge and strategies to ensure the continuity of care will be tailored to each consumer utilizing a strength-based approach. Additionally, the consumer will be given a plan for continued care which describes how to access further treatment support groups, assistance from other agencies, and information on relapse prevention.

2. County Responsibilities:

- Emergency response teams will make their best effort to help provider deescalate situations in time of crisis.

- Shall facilitate transportation of County consumers to CRT.
- Coordinate case management of County consumers.
- Technical support and training, which includes but not limited to HIPAA compliance, documentation, and cultural compliance training.
- Utilization Review and Quality Assurance
- County will maintain first right of refusal for County's annual dedicated beds and will reevaluate each fiscal year. County will communicate the dedicated capacity needs to Provider 60 days prior to contract termination each fiscal year. Provider may, on an annual basis, contract separately with other counties for the remaining available bed days not dedicated to County.

Sample Budget – See Page 10

EXPENSES	
ACTIVITY SUPPLIES	1,800.00
ADMINISTRATIVE SERVICES	110,000.00
BANK CHARGES	0.00
COMMOM AREA MAINTENANCE	0.00
CONTRACT SERVICES	200,000.00
DECLARATION SERVICES	0.00
DIETARY	0.00
DEPRECIATION EXPENSE	0.00
EQUIPMENT RENTAL	5,621.28
FACILITY LEASE	68,694.04
FOOD & SUPPLIES	54,000.00
HOUSEKEEPING SUPPLIES	13,200.00
INSURANCE	35,990.04
INSURANCE - WORKER'S COMP.	48,452.80
INTEREST EXPENSE	0.00
LEGAL AND ACCOUNTING	0.00
LICENSING & CERTIFICATION	1,200.00
MAINTENANCE & GROUNDS	4,000.00
MEALS & ENTERTAINMENT	300.00
MEDICAL EXPENSES	1,800.00
MISCELLANEOUS	120.00
OFFICE EXPENSE	9,600.00
OTHER SUPPLIES	1,200.00
PAYROLL TAXES	40,924.56
PERSONNEL EXPENSE	600.00
PROPERTY TAX	850.00
REPAIRS	0.00
SEMINARS & EDUCATION	0.00
STAFF APPRECIATION	1,800.00
SUBSCRIPTIONS	0.00
TAXES	0.00
TELEPHONE	0.00
TELEPHONE LEASE	0.00
TRAVEL	4,000.00
UTILITIES	22,000.00
VEHICLE LEASE	7,094.76
WAGES	534,961.58
TOTAL EXPENSES	$ 1,168,209.05

Willow Glen Care Center
Response to Humboldt County
RFP No. DHHS2020-01
March 13, 2020

Jeff Payne, MBA
Executive Director

Willow Glen Care Center

1547 Plumas Court, Yuba City, CA 95991 (530) 751-9900 (530) 751-9915 – Fax License # 515001963

March 13, 2020

Humboldt County DHHS- Mental Health
Attention: Joseph Demlow, Administrative Analyst II
730 Harris Street
Eureka, CA 95501
Email: Jdemlow@co.humboldt.ca.us

RE: RFP No. DHHS2020-01

Dear Mr. Demlow,

Willow Glen Care Center (WGCC) is pleased to submit this proposal to operate a 16-bed Adult Residential Facility in Eureka, California, serving Humboldt County clients referred by ASOC and the County's FSP. Willow Glen Care Center is a non-profit organization that has over 20 years of experience serving rural California counties in the north state (including Humboldt County) and the central valley with a variety of different services and levels of care. In preparation for this proposal we have reviewed RFP DHHS2020-01 and are prepared to implement a plan that maintains the highest quality of client care while providing efficacious use of county resources.

WGCC provides administrative expertise, system infrastructure, and a comprehensive continuum of care to support a variety of county and client mental health needs. WGCC serves over 30 California counties with services dedicated to promoting wellness and recovery for the severely and persistently mentally ill (SMI) adult. WGCC is the culmination of years of experience, study, and reflection on ways to conduct county mental health business with a unique community-based approach. At our organizational core, we operate with the belief that we are an "extension" of the county and an integral part of the county's system of care. We are a committed county partner and choose to work with counties to meet the needs of the underserved.

Executive and clinical personnel from WGCC have been county partners in California for more than 25 years and have focused primarily on serving small and rural counties. Because of our experience, we believe we have a unique perspective on rural county mental health needs. Willow Glen is familiar with the shifting challenges County Mental Health Agencies encounter as we have been a long-time collaborator and partner. Willow Glen is aware of the persistent problem counties face of increasing client need in the face of diminishing resources available for services. Throughout the years we have listened

to county concerns, responded with creative solutions, and earned a reputation as problem solvers who consistently provide high quality services that fit the county challenge of "doing more with less."

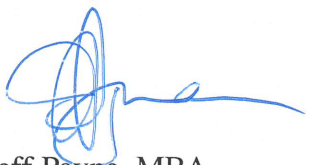
WGCC understands that transitioning this RFP to a new provider may be a daunting process. However, we believe that our enhanced mental health programming can offer the County some concrete and measurable benefits, such as: Reducing the number inpatient hospitalizations required for Humboldt County clients, increasing the ARF's ability to accept and manage difficult clients who may have previously been placed out of county at higher-levels of care, and improving client reports of satisfaction with their living situation and their well-being in general.
We look forward to your review and hope that we have the opportunity to describe our proposal in further depth.

The primary contact for this proposal is Jeff Payne, Executive Director for Willow Glen Care Center:

Name of contractor:	Willow Glen Care Center
Address:	1547 Plumas Court, Yuba City, CA 95991
Tax ID:	68-0386402
Contact person:	Jeff Payne, MBA
Title contact person:	Executive Director
Phone:	530.751.9904
Fax:	530.751.9915
Email:	jpayne@wgcc.us

We thank you for your consideration of Willow Glen Care Center.

Sincerely,



Jeff Payne, MBA
Executive Director

Section 2

(Table of Contents)

REQUEST FOR PROPOSALS NO. DHHS2020-01
SUB-ACUTE TRANSITIONAL MENTAL HEALTH, SPECIALTY MENTAL HEALTH AND/OR SOCIAL REHABILITATION SERVICES

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Section 3

(Signature of Affidavit)

Section 3: Signature of Affidavit

REQUEST FOR PROPOSALS NO. DHHS2020-01
SUB-ACUTE TRANSITIONAL MENTAL HEALTH, SPECIALTY MENTAL HEALTH AND/OR SOCIAL REHABILITATION SERVICES

ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2020-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Willow Glen Care Center
STREET ADDRESS:	1547 Plumas Court
CITY, STATE, ZIP	Yuba City CA 95991
CONTACT PERSON:	Jeff Payne
PHONE #:	530 751 9904
FAX #:	530 751 9915
EMAIL:	jpayne@wgcc.us

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2020-01 and declares that the attached Proposal and pricing are in conformity therewith.

Signature	**Date** 3-2-2020
Name J. Payne	**Date** 3-2-2020

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)
Addendum # [ ] Addendum # [ ] Addendum # [ ] Addendum # [ ]

Section 4

(Professional Profile)

Section 4: Professional Profile

Professional Profile/Qualifications

Willow Glen Care Center is a non-profit 501(c)(3) organization serving rural California counties in the north state and the central valley. WGCC provides administrative expertise, system infrastructure, and a comprehensive continuum of care to support a variety of county and client mental health needs. Its continuum of care serves over 30 California counties with programs and services dedicated to promoting wellness and recovery for the severely and persistently mentally ill (SMI) adult.

The leadership of WGCC has shaped its skills over several decades of experience working with rural county mental health agencies in California. The management team has over 150 years of collective professional experience including public and private sector leadership; county mental health administration and clinical leadership; management of crisis services, hospitals, clinics, and residential care facilities; systems of care development for all ages; and leadership in managed care enterprises. Members of the group have been county partners in California for more than twenty-five years.

Willow Glen Care Center's sponsoring agency, the Family Life Foundation, was founded in 1988 as a nonprofit corporation to support mental health education, advocacy, and direct care activities. It was awarded a federal tax-exempt status as a 501(c)(3) charitable organization in 1989.

Since then, the organization has established a history of service to its community and to the northern California region for quality, integrity and value. Its mission is to serve the poor and underserved affected by severe and persistent mental illness and/or other social problems. The organization provides resources to initiate new and alternative programs to County agencies that provide competent professional care at a cost that represents a significant value. A volunteer Board of Directors, composed of interested community citizens and professionals from the mental health field, governs the Foundation.

Since 1988, the Foundation has endeavored to accomplish its mission of serving the mentally ill. The Foundation began direct care services in northern California in 1994. The Walnut Grove Treatment Center was opened in November 1994 as a crisis residential program for mentally ill adults. In 1996, the Foundation licensed Family Solutions, a foster care agency in Butte County for neglected or mentally ill children, and sponsored Willow Glen Care Center, a long-term residential care center for the elderly and severely and persistently mentally ill. In 1999, the Foundation implemented a "specialty foster home" program for adolescent boys in the juvenile justice system and was awarded the certification to develop a Community Treatment Facility (CTF) for the Superior Region of California. The Foundation sponsored Rosewood Care Center, a mental health rehabilitation program for severely and persistently mentally ill adults, in 2000, and also

began WorkNET, an award winning "welfare to work" program, for non-custodial parents who were delinquent in child support to their children. In 2001, the Foundation was approached by several Mental Health Directors from the Superior and Small Counties region to expand the residential care provided by Willow Glen Care Center and to develop psychiatric emergency and acute care programs in response to northern California needs. After 16 months of education, research, and site acquisition, this expansion project broke ground in 2003. North Valley Behavioral Health was completed and operational in 2005, the newly expanded Willow Glen Care Center in 2006, and Sequoia Psychiatric Center in 2007.

In 2008 Willow Glen Care Center began responding to county requests to provide community-based residential living centers whose focus was to "bring clients home." Since that time, WGCC has been awarded four RFPs for in-county Community Living Centers (CLC) to serve small rural county mental health agencies in northern and central California. These programs opened between 2009 and 2011 as alternatives to traditional board and care facilities, providing in-county services for SMI clients, focusing on wellness, recovery, and a return to independent living. CLC facilities work as an extension of the county, participating in the county's active treatment models while remaining connected to the Willow Glen Care Center system of care. The implementation of these programs, along with the existing Willow Glen system of care, has demonstrated the ability of a provider to act as an integral extension of the county system of care. In 2011, Willow Glen Care Center was approached by several counties to research and develop a certified Mental Health Rehabilitation Center (MHRC). Sequoia Treatment Center opened in 2013, providing a 16-bed secured facility to the system of care. Most recently, each of Willow Glen Care Center's four Community Living Centers began education and research into the possibility of developing independent living and supervised housing apartments in their host counties. The Center's first supervised living apartments opened in March 2014 in a building adjacent to our Kings County Community Living Center. It is expected that three of the Center's four Community Living Centers will have independent or supervised living apartments available by April 2014.

The current Willow Glen Care Center system of care is comprised of the following levels of care and services:

- Sequoia Treatment Center—16 bed MHRC
- Intensive Residential Care—30 bed secured residential care (RCFE)
- Willow Glen Care Center—30 bed secured geropsychiatric residential care (RCFE)
- Rosewood Care Center—20 bed delayed-egress residential care (ARF)
- Sequoia House—20 bed community reintegration residential care (ARF)
- Trinity Pines—12 bed Community Living Center, Butte County (ARF)
- Alpine House—6 bed Community Living Center, Trinity County (ARF)
- Redwood Creek—16 bed Community Living Center, Mendocino County (ARF)
- Casa Del Rio—14 bed Community Living Center, Kings County (ARF)

- Lotus House—5 bed Supervised Housing, Kings County.

In addition to the above services, Willow Glen has obtained the APS emergency placement waiver for some CLC facilities to expedite the admission process for clients who do not meet acute care admission criteria but are unable to return to their current living arrangement. The "respite bed" service provides an alternative to acute care placements and assists counties to keep clients in a community-based level of care.

Planned services for 2020:

- MHRC Yuba City- 42 bed facility
- PHF Yuba City – 16 bed facility
- Small County "Out of County Continuum of Care Placement Project"

Continuum of Care Partners:

- North Valley Behavioral Health—16-bed PHF
- Priorities, Incorporated—15-bed DDMI delayed-egress residential program
- North Valley Behavioral Health Transportation Service
- Horizon Management & Consulting Group—Administrative, Financial and Compliance services

Commitment to Quality Staff

Finally, Willow Glen believes that an organization is only as strong as its staff. Recruitment, development, and retention of staff are critical to the success of serving clients and the County. Leadership in the WGCC organization has a vested interest in the development and retention of every member of the team. A majority of executive, professional, supervisory, and direct care staff have a work history with Willow Glen exceeding 5 years, many in excess of 10 years. The proximity of Humboldt County to Willow Glen Care Center's main campus in Sutter County ensures that quality staff will be hired, trained, and prepared to help clients on the first day of program implementation. Though staffing levels may fluctuate based on census and milieu acuity, all Title 22 staffing regulations will be met or exceeded.

Section 5

(Program Description)

Section 5: Program Description

Proposed Program

The proposed program will allow clients to maximize their optimum potential by developing hope, encouraging empowerment and providing support and education for identifying and practicing the skills necessary to safely transition to and maintain community re-entry.

To Initiate Skills Development:

The proposed program will utilize the social work concept of "starting where the client is at". To meet the primary goal of assisting with the development of skills necessary to transition from residential care to independent living, support services will be provided 7 days a week including evenings, weekends and holidays. There will be program flexibility in the provision of support services and skills development so clients are able to have consistent, ongoing contact and services with ASOC staff including case managers, clinicians, psychiatrists and the client's conservator or legal guardian.

Upon admission to the ARF, clients will receive facility and program orientation, which includes but is not limited to the following:

- Client rights and responsibilities
- House rules
- Medication Schedules
- Group and Activity Schedule
- Care coordination and authorization to release confidential information
- Goal Setting
- Notice of Resident council
- Notice of upcoming community events

The initial proposed program will evolve as the facility matures with peer-to-peer discussions and the emergence of the core peer resident leadership group. The underpinnings of the program are based on an environment that is a safe, nurturing learning place where people with common treatment experiences can talk freely and be understood.

To Increase Independence and Self-Care Skills:

The method of skills development will be via group and individual experiences in the ARF and within the community. Field trips, outings and guest speakers will be included and are essential aspects of skills development. Program goals include but are not limited to the following:

- To increase independence in self-care skills, there will be training to facilitate skills building in activities of daily living, clothing care and laundering, dietary, education and meal preparation, medication management, money budgeting, use of public transit and other skills necessary to foster the client's sense of autonomy.

  Activities of daily living are "real life" learning experiences presenting the client with choices. Initially, life skills will be facilitated by staff to ensure the client's successful completion of the task. For example: Meal planning will be facilitated by staff to determine a menu, determine a budget, plan a trip to the market, purchase items, prepare meal and to clean after the meal is done.

  Repeated practice over time with these activities will foster increased competency in these basic but vital life skills. It is the expectation that clients will become increasingly self-supportive and depend less on staff for facilitation of these activities.

- Staff-facilitated support/education for recognizing and reporting abuse, identifying chemical dependency issues, promoting self-advocacy, recognizing symptomology and accessing medical and mental health services.

- Transportation resource and actual "hands on" travel experiences within the county are valuable tools and important to continued independent living. As discussed above, clients will have exposure to the transit system through a number of life skills opportunities including but not limited to the following: community outings, life skills training for meal preparation and leisure activities. In addition, clients ability to "master" public transit will increase their success with community re-entry in that they will have the necessity means to follow up with schedule treatment appointments.

  Transportation services will be made available for client needs when the program identifies that the need is essential and the consumer is unable to provide their own transportation. Transportation will include, but is not limited to: transportation to outpatient mental health, medical, dental and other related appointments; vocational interests such as job interviews, initial training, etc; community events and activities, life skills training, and other events and activities essential to the wellness of the client.

  <u>To Increase Pre-Vocational Skills and Knowledge of Community Resources:</u>

- Goal: To increase pre vocational skills and knowledge of community resources through vocational exploration, volunteer activities, and work related behaviors (following instruction, punctuality, grooming and performing job tasks in a timely manner) and other skills necessary to contribute to the client's sense of belonging and personal value.

To meet this goal there will be pre vocational opportunities in the ARF and in the community. For example, clients will be involved in developing a household chore list then assigned various work related activities (dishwashing, sweeping, table setting, etc.). Additional opportunities for positive vocational learning experiences may include the following: guest relations, reception and message taking, management of community resource information (phone lists, filing, etc.), mutual support specialist, etc. Volunteering activities will be explored and utilized as appropriate.

The activity and structure of work enhances reality testing and can be a stabilizing factor during the transitions to independent living. Also, work related behaviors such as punctuality, grooming and following instructions are transferable behaviors to other skill development learning sets (for instance life skills). Redundancy in work activities and pre vocational experience will build client's competency and self-esteem. Vocational explorations of community resources (supportive employment, vocational rehabilitation services, etc.) will be available and referral linkage considered in coordination with Humboldt County staff.

Community linkage and referrals to vocational programs, services and funding will be in collaboration with the multi-disciplinary team.

<u>To Increase Participation in Leisure Skill Development:</u>

- Socialization and leisure activities and events are very important to clients who often have limited incomes and have the tendency to be self absorbed and isolated. Socialization is important to successful recovery outcomes. To increase participation in leisure skill development, client interests will be discussed and their input requested in the development of activities and events. Field trips, community outings and exposure to a variety of expressive arts and cultural activities will be offered. Community offerings such as music in the park, holiday fairs, art exhibitions, etc. will be opportunities for leisure skill development. Relaxation and stress management will be individualized and available through group and individual programming (e.g., exercise classes, sensory integration activities, etc.).

<u>To Practice Communication and Social Skills:</u>

- Opportunities to practice communication and social skills are inherent in the structure of the ARF, including but not limited to the various skills development groups, community outings, peer culture, therapeutic milieu, client rights and responsibilities, etc. ARF staff will interface with Humboldt County staff and supportively reinforce short and long term goals. During the referral/step

down process from out-of-county placements to the ARF, specific client coping strategies will be addressed and a client "safety plan" developed.

Additional Services and Supports:

The proposed program will provide the additional supports as follows:

1. The ARF will provide 24-hour supportive care via a social rehabilitative model that integrates psychosocial rehabilitation, medication management and milieu therapy. The ARF will be licensed and have the capacity to participate in Medi-Cal reimbursement per County direction. Mental Health Service Act principles of recovery and wellness will enhance supportive care. The ongoing development of a "healthy" peer culture will be utilized to reinforce service delivery.
2. Direct and timely access to physician care will be facilitated by Willow Glen Care Center. Recent studies have objectively qualified that the life expectancy of individuals with chronic persist mental illness is 25 years less than the general population. The possibility of co-occurring physical medical issues will be ruled out or treated and monitored over time.
3. Dietary consults will be arranged by Willow Glen Care Center as ordered by a physician.
4. Weekly small group therapy will be scheduled and part of the structured daily program of skills development activities and classes.
5. Medication Administration protocols including storage and self-administration will be practiced in accordance with CCL regulatory requirements.
6. The staffing plan will promote quality resident care through the CCL staffing requirements, recruitment and retention of culturally competent mental health staff and consultation with Willow Glen Care Center staff.
7. Assistance with daily living activities will be ongoing and consistent with the residents needs. Training in use of community resources and the public transit system is integrated in the program and offers opportunities for skills development. Transportation for medical, dental and vision care as well as to other appointments are essential services critical to successful community re-entry and will be provided by the ARF.
8. Collaborative working relationships and partnerships with all member of the diverse treatment team is expected and is critical to the delivery of services and the successful movement of clients through the various stages of recovery to stable community living.
9. Experienced and culturally competent behavioral health staff will be recruited and will receive comprehensive orientation and specific training prior to starting work. Training will be ongoing and specific to behavioral management as well as de-escalation of aggressive behavior and crisis intervention techniques.

Collaboration with Humboldt County and other Service Providers:

Quality treatment services will depend on collaboration between the agencies that serve to support the clients in the program. The ARF will work collaboratively with all relevant providers of care and significant others, as appropriate, including ASOC staff, the FSP, representatives from the Public Guardian's office, community based organizations and family members.

Client consent, via appropriate and timely releases of information and authorizations will be required prior to sharing any confidential medical records and client information. Services are client driven and client involvement in their own treatment is critical to the recovery process. As discussed above, coordination of care and collaboration among the providers of care are key design elements in the delivery of purposeful, comprehensive, integrative services and supports. As clients move through the various stages and phases of treatment and transition to least restrictive community living arrangements, clear, consistent communications and planning with the entire treatment team (including the client) will enhance clients opportunities for success.

The ARF staff will be available to attend and participate in a variety of collaborative team meetings including but not limited to the following: Case Management Team, Placement Committee and Multi-Disciplinary Team. In addition, ARF staff will be available to participate in conference calls.

The ARF will welcome the opportunities to collaborate with Humboldt County staff and as a member of the continuum of care of residential services considers itself an extension of the county.

Unique Qualifications:

Experienced & Accomplished Start-Up Team

Willow Glen Care Center has developed a Start-up Team consisting of key members from the organization that are specialists in facility renovation, community education and acceptance, licensing, regulatory compliance, program implementation and clinical oversight.

This team has been together since 2004. Their most recent accomplishments were the openings of: Sequoia House; a16 bed community preparation facility for community re-entry (2009), Trinity Pines; a 12 bed community re-entry ARF in Butte County for consumers returning home from out of county placements (2009), Alpine House; a six bed community re-entry ARF in Alpine County (2010), Redwood Creek; a 28 bed ARF in Mendocino County, Casa Del Rio; a twelve bed ARF in Kings County (2010), and Lotus House; a five bed Supervised Living complex in Kings County (2014).

Licensing and Regulatory Expertise

Willow Glen Care Center has long term positive collaborative relationships with all licensing and certification agencies (Community Care Licensing, State Department of

Mental Health, Department of Health Care Services, etc.). Willow Glen Care Center facilities have never had a Community Care Licensing survey deficiency during start-up site surveys in its 17-year history.

Quality Management Plan

Willow Glen Care Center strives to achieve the highest quality of service in its 24 hour Continuum of Care. The Compliance Officer is authorized to develop and maintain the Quality Management Plan. The Quality Management Plan describes the organization's approach for compliance, quality assurance and performance improvement, including the necessary mechanisms and processes. It addresses the design, measurement, assessment and improvement approach for quality client care organizational functions. The goals are as follows:

- Collaboration and coordination among clients, Humboldt County Mental Health, and WGCC.
- Collection and use of client feedback and measurement of outcomes for improvement;
- Prioritization of areas selected of these functions;
- Assessment of WGCC competence and performance, including peer review, when appropriate.

Quality Improvement

Willow Glen Care Center's Quality Improvement program coordinates quality improvement activities throughout the WGCC continuum of care. The WGCC QI Program is designed to provide Quality Improvement oversight function with a focus on continuous improvements in service delivery. The QI program also assures periodic assessment of client care and satisfaction in an effort to improve services. The QI Program focus areas are categorized as follow:

- Service Delivery Capacity
- Meaningful Clinical Issues
- Service Accessibility
- Continuity of Care & Coordination
- Beneficiary Satisfaction
- Clinical & Fiscal Outcomes

Willow Glen Care Center QI program is client focused in the context of wellness and recovery. We believe that most performance concerns are process issues. WGCC subscribes to a system that is data driven in guiding, evaluating and defining our success.

We focus on improvement and going beyond accepted standards of care. All levels of our organization are required to participate in organizational improvement.

Utilization Management Program

Willow Glenn Care Center Utilization Management provides guidelines to ensure that each client receives the services and supports at the right time and in the right amount for as long as the service is needed. UM focuses on identifying whether the service is:

- Medically necessary
- Clinically appropriate
- Provided at the least restrictive level

WGCC collects data regarding over-utilization, under-utilization or otherwise inappropriate utilization of resources as these can have a direct impact on both the quality and level of risks associate with care delivery.

Consumer Rights

The screening of a prospective WGCC consumer into a treatment or service program shall not result in the consumer being deprived of any rights, privileges, or benefits, which are guaranteed to individuals by state and federal law. Services will be provided in a safe, sanitary, least restrictive and humane environment. All consumers have the right to be treated with dignity and respect. WGCC will work with the Patient's Rights Advocate and Ombudsman to assure proper client interactions and interventions.

Section 6

(Cost Proposal)

Section 6: Cost Proposal

Willow Glenn Care Center (WGCC) is pleased to present this Cost Proposal in support of the services described in the narrative portion of the Sub-Acute Transitional Mental Health, Specialty Mental Health and/or Social Rehabilitation Services RFP response for mentally ill adults. WGCC has taken great care in preparing the information in this proposal and understands that the proposed costs **may not be exceeded** during the term of the agreement. The prepared information is based on both the public information provided by the County and the information provided from our program experience of being the primary 24-hour care specialty mental health provider for adults from similar size counties for many years.

WGCC understands that per statue, the role of County mental health services is to assist adults and older adults with severe and persistent mental illness and children with serious emotional disturbances to access services, manage their illness, and develop skills necessary for recovery. For persons with Medi-Cal coverage, mental health services are largely provided by a managed care agreement (Mental Health Plan) that is overseen by the State Department of Mental Health/Healthcare Services and monitored by the use of a Cost Report. WGCC understands that the Cost Report is required to be completed by all Legal Entities furnishing local community Medi-Cal and non-Medi-Cal Specialty Mental Health Services.

WGCC is committed to fiscal integrity and accountability and is prepared to manage all aspects the contracted services in a responsible fiduciary manner.

ATTACHMENT B – COST PROPOSAL

Itemize all costs that will be incurred by the County for the provision of Services set forth in RFP No. DHHS2020-01. Price Quotes shall include any and all costs associated with the provision of such Services. A narrative should be attached to clarify any pricing data submitted.

All projected costs are based on existing operations within the WGCC system of care, including Community Living Centers in Kings, Butte, Trinity and Kings counties, and the projected cost(s) of operating a like or similar program in Humboldt County. Please see below:

EXPENSES	
ACTIVITY SUPPLIES	4,800.00
ADMINISTRATIVE SERVICES	84,000.00
BANK CHARGES	180.00
COMMOM AREA MAINTENANCE	0.00
CONTRACT SERVICES	36,000.00
DECLARATION SERVICES	0.00
DIETARY	0.00
DEPRECIATION EXPENSE	0.00
EQUIPMENT RENTAL	0.00
FACILITY LEASE	63,000.00
FOOD & SUPPLIES	96,000.00
HOUSEKEEPING SUPPLIES	7,200.00
INSURANCE	39,593.88
INSURANCE - WORKER'S COMP.	39,557.38
INTEREST EXPENSE	0.00
LEGAL AND ACCOUNTING	0.00
LICENSING & CERTIFICATION	562.50
MAINTENANCE & GROUNDS	10,700.00
MEALS & ENTERTAINMENT	1,150.00
MEDICAL EXPENSES	1,200.00
MISCELLANEOUS	120.00
OFFICE EXPENSE	7,200.00
OTHER SUPPLIES	3,600.00
PAYROLL TAXES	31,528.37
PERSONNEL EXPENSE	1,200.00
PROPERTY TAX	0.00
REPAIRS	12,000.00
SEMINARS & EDUCATION	900.00
STAFF APPRECIATION	3,000.00
SUBSCRIPTIONS	600.00
TAXES	0.00
TELEPHONE	6,000.00
TELEPHONE LEASE	1,800.00
TRAVEL	7,200.00
UTILITIES	48,000.00
VEHICLE LEASE	6,012.00
WAGES	412,135.58
TOTAL EXPENSES	$ 925,239.71

Section 7

(Supplemental Documentation)

Section 7: Supplemental Documentation

(Available upon direct request or during negotiation due to size of document)

Section 8

(Reference Data Sheet)

Section 8: References

ATTACHMENT C – REFERENCE DATA SHEET (Submit with Proposal)

REFERENCE DATA SHEET

Provide a minimum of three (3) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.

NAME OF AGENCY: Butte County Behavioral Health

STREET ADDRESS: CITY, STATE, ZIP: CONTACT PERSON:

Scott Kennelly, LCSW (Director)

3217 Cohasset Road

Chico, CA 95973

PHONE #: Department Name: Butte County Behavioral Health

(530) 895-6549

Approximate County (Agency) Population: 226,000

Number of Departments: Behavioral Health

General Description of Scope of Work: Crisis Residential, Intensive Residential Care (Social Rehabilitation Services), MHRC, Supportive Living

Email: skennelly@buttecounty.net

Fax #: (530) 895-8649

NAME OF AGENCY: Yolo County Health & Human Services Agency

STREET ADDRESS: CITY, STATE, ZIP: CONTACT PERSON:

Sandra Sigrist, LCSW (Director of Adult Services)

137 N. Cottonwood St.

Woodland, CA 95695

PHONE #: Department Name: Health & Human Services Agency

(530) 666-8516

Approximate County (Agency) Population: 215,820

Number of Departments:

General Description of Scope of Work: MHRC, Willow Glen Care Center, (Continuum of Care Services)

EMAIL: sandra.sigrist@yolocounty.org

FAX #: (530) 666-8294

NAME OF AGENCY: STREET ADDRESS: CITY, STATE, ZIP: Kings County Behavioral Health

Lisa Lewis, PhD (Director)

450 Canyon Drive, Suite 104

Hanford, CA 93230

PHONE #: Department Name: Behavioral Health

(559) 582-3211

Approximate County (Agency) Population: 149,785

Number of Departments: Behavioral Health

General Description of Scope of Work: MHRC, Intensive Residential Care, Supportive Housing.

Email: lisa.lewis@co.kings.ca.us

Fax#: (559) 589-6916

Section 9

(Evidence of Insurability and Business Licensure)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Goodin Insurance Agency 400 Evans Street, PO Box 2 Sloan IA 51055	CONTACT NAME: PHONE (A/C, No, Ext): 712-428-1555 FAX (A/C, No): 712-428-1553 E-MAIL ADDRESS: SloanOffice@GoodinIns.com
INSURED Willow Glen Care Center 1547 Plumas Court Yuba City CA 95991	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : NonProfits' Insurance Alliance of California — 11845 INSURER B : Cypress Insurance Company — 10855 INSURER C : Hiscox Insurance Company — 10200 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 20200103145521674 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	N	2020-05287	01/01/2020	01/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	N	N	2020-05287	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	N	N	2020-05287-UMB	01/01/2020	01/01/2021	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WIWC112439	01/01/2020	01/01/2021	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Cyber Liability	N	N	MPL2027252.19	08/04/2019	08/04/2020		$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured with respects to liability arising out of activities performed by or on behalf of the Named Insured per Blanket Additional Insured endorsement CG 20 10 04 13.

CERTIFICATE HOLDER

The Marlborough One Family LP, a California Limited Partnership, and The 49th One Family Limited Partnership,and The 51st One Family Limited Partnership, and Willow Glen CC LP
3483 Canyon Creek Dr
San Jose CA 95132

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Section 10

(Exceptions, Objections, and Requested Changes)

Section 10: Exceptions, Objections and Requested Changes:

EXCEPTIONS TO RFP

Company Name: Willow Glen Care Center

Representative: Jeff Payne

Title: Executive Director

Address: 1547 Plumas Court, Yuba City, CA 95991

Phone: (530) 751-9904 Email: jpayne@wgcc.us

I have reviewed the RFP and General Contract Terms and have no exceptions, objections or requested changes.

Section 11

(Required Attachments)

Section 11: Required Attachments

ATTACHMENT 1 – RFP Signature Affidavit

REQUEST FOR PROPOSALS NO. DHHS2020-01
SUB-ACUTE TRANSITIONAL MENTAL HEALTH, SPECIALTY MENTAL HEALTH AND/OR SOCIAL REHABILITATION SERVICES

ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2020-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Willow Glen Care Center
STREET ADDRESS:	1547 Plumas Court
CITY, STATE, ZIP	Yuba City CA 95991
CONTACT PERSON:	Jeff Payne
PHONE #:	530 751 9904
FAX #:	530 751 9915
EMAIL:	jpayne@wgcc.us

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2020-01 and declares that the attached Proposal and pricing are in conformity therewith.

Signature	**Date** 3-2-2020
Name J. Payne	**Date** 3-2-2020

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)
Addendum # [ ] Addendum # [ ] Addendum # [ ] Addendum # [ ]

ATTACHMENT 2 – Cost Proposal /Budget

EXPENSES	
ACTIVITY SUPPLIES	4,800.00
ADMINISTRATIVE SERVICES	84,000.00
BANK CHARGES	180.00
COMMOM AREA MAINTENANCE	0.00
CONTRACT SERVICES	36,000.00
DECLARATION SERVICES	0.00
DIETARY	0.00
DEPRECIATION EXPENSE	0.00
EQUIPMENT RENTAL	0.00
FACILITY LEASE	63,000.00
FOOD & SUPPLIES	96,000.00
HOUSEKEEPING SUPPLIES	7,200.00
INSURANCE	39,593.88
INSURANCE - WORKER'S COMP.	39,557.38
INTEREST EXPENSE	0.00
LEGAL AND ACCOUNTING	0.00
LICENSING & CERTIFICATION	562.50
MAINTENANCE & GROUNDS	10,700.00
MEALS & ENTERTAINMENT	1,150.00
MEDICAL EXPENSES	1,200.00
MISCELLANEOUS	120.00
OFFICE EXPENSE	7,200.00
OTHER SUPPLIES	3,600.00
PAYROLL TAXES	31,528.37
PERSONNEL EXPENSE	1,200.00
PROPERTY TAX	0.00
REPAIRS	12,000.00
SEMINARS & EDUCATION	900.00
STAFF APPRECIATION	3,000.00
SUBSCRIPTIONS	600.00
TAXES	0.00
TELEPHONE	6,000.00
TELEPHONE LEASE	1,800.00
TRAVEL	7,200.00
UTILITIES	48,000.00
VEHICLE LEASE	6,012.00
WAGES	412,135.58
TOTAL EXPENSES	$ 925,239.71

ATTACHMENT 3 – Supplemental Documentation

(Available upon direct request or during negotiation due to size of document)

ATTACHMENT 4 – Reference Data Sheet

REFERENCE DATA SHEET

Provide a minimum of three (3) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.

NAME OF AGENCY: Butte County Behavioral Health

STREET ADDRESS: CITY, STATE, ZIP: CONTACT PERSON:

Scott Kennelly, LCSW (Director)

3217 Cohasset Road

Chico, CA 95973

PHONE #: Department Name: Butte County Behavioral Health

(530) 895-6549

Approximate County (Agency) Population: 226,000

Number of Departments: Behavioral Health

General Description of Scope of Work: MHRC, Crisis Residential, Intensive Residential Care (Social Rehabilitation Services)

Email: skennelly@buttecounty.net

Fax #: (530) 895-8649

NAME OF AGENCY: Yolo County Health & Human Services Agency

STREET ADDRESS: CITY, STATE, ZIP: CONTACT PERSON:

Sandra Sigrist, LCSW (Director of Adult Services)

137 N. Cottonwood St.

Woodland, CA 95695

PHONE #: Department Name: Health & Human Services Agency

(530) 666-8516

Approximate County (Agency) Population: 215,820

Number of Departments:

General Description of Scope of Work: MHRC, Willow Glen Care Center, (Continuum of Care Services)

EMAIL: sandra.sigrist@yolocounty.org

FAX #: (530) 666-8294

NAME OF AGENCY: STREET ADDRESS: CITY, STATE, ZIP: Kings County Behavioral Health

Lisa Lewis, PhD (Director)

450 Canyon Drive, Suite 104

Hanford, CA 93230

PHONE #: Department Name: Behavioral Health

(559) 582-3211

Approximate County (Agency) Population: 149,785

Number of Departments: Behavioral Health

General Description of Scope of Work: MHRC, Intensive Residential Care, Supportive Housing.

Email: lisa.lewis@co.kings.ca.us

Fax#: (559) 589-6916