**DIVISION OF ADMINISTRATIVE SERVICES**
**OFFICE OF BUSINESS SERVICES**
9838 Old Placerville Road, Suite B
Sacramento, CA 95827

May 8, 2026

**TO: PROSPECTIVE PROPOSER**

**RE: REQUEST FOR PROPOSAL (RFP) NUMBER C5613147-D**
**SERVICE: SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING (STOP)**
**ADDENDUM NUMBER: 4**

This RFP package has been revised. You may view or download a copy of the revised RFP document(s) by accessing Cal eProcure at: https://caleprocure.ca.gov/event/5225/0000037715. The following is included in Addendum 4:

A. The California Department of Corrections and Rehabilitation (CDCR) received questions for RFP C5613147-D. The questions and answers have been compiled, posted, and are attached.

B. Exhibit A, Scope of Work, Addendum 3, has been revised and replaced.

C. Exhibit B-1.1 – B-1.5, Budget Proposal Rate Sheet, Addendum 3, has been revised and replaced.

D. Exhibit B-2, Budget Proposal Rate Sheet Summary, Addendum 3, has been revised and replaced.

E. Attachment 4, Data Requirements and Reporting Timeframes, has been revised and replaced.

**All other terms and conditions for this RFP remain the same.**

Please utilize the updated documents provided in Addendum 4 of RFP C5613147-D within all proposal submissions.

If you have any questions or need assistance from this office, please do not hesitate to contact me at kelly.perri@cdcr.ca.gov.

Sincerely,

*Kelly Perri*

Kelly Perri
Contract Analyst
Service Contracts Section
Office of Business Services

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Specialized Treatment for Optimized Programming
RFP Number C5613147-D
Answers to Letters of Inquiry
Addendum 4

**Inquiry 1: Addendum 1, Response 69.a** states that site inspections will be conducted pre-award, and **Attachment 15, Site Inspection, Stop Placement Office** was incorporated into the RFP.

a. After the Proposal Submission date, what is the expected timeframe for when CDCR will conduct Placement Office site inspections?

**Response 1:** Site inspections may occur as early as 30 calendar days after proposal submission.

**Inquiry 2: Addendum 1, Response 131** states that Business Resumes are only required for subcontractors listed in Exhibit B-1.1 through B-1.5 Budget Proposal Rate Sheet, Category B, Subcontractors Costs (Excluding Section F. Service Modalities and Section G. RHWH). Additionally, **Addendum 3, Response 1** states that for purposes of this RFP, submission of a Business Resume from subcontractors is not required.

a. Similarly, please confirm that Proposers are ***not required*** to list Exhibit B-1.1 through B-1.5 Section F. Service Modalities subcontractors or Section G. RHWH subcontractors under **Bidder Declaration (GSPD-05-105), Section 2**? Service Modality and RHWH subcontractor information has not been required for the Bidder Declaration in previous STOP procurements. Additionally, this information represents hundreds of network providers in each Program Area and would significantly increase the volume of Proposer submissions. Finally, requiring Service Modality and RHWH subcontractor information on the Bidder Declaration could create an unfair disadvantage for Proposers that are bidding on a Program Area where they are not the incumbent Contractor, and therefore are not familiar with the current CBP network in that area.

**Response 2:** Refer to Exhibit B-1.1-B-1.5, Budget Proposal Rate Sheet, section B**;** Proposers are not required to list subcontractors. Service Modality and RHWH subcontractor information is not required to be added to the Bidder Declaration (GSPD-05-105). All other subcontractors are required to be listed on the Bidder Declaration (GSPD-05-105).

**Inquiry 3: Addendum 2** extended the Request for Access to Vendor RFP Upload Portal to June 19, 2026.

a. Do Proposers need to submit new portal access requests for the Program Area(s) they would like to bid on?

**Response 3:** Yes, Proposers are required to submit a new request for access to the Vendor RFP Upload Portal.

**Inquiry 4: RFP Exhibit A, Scope of Work, Addendum 3, Page 13 of 50, Section B. Rate Methodology Plan, Item 3** requires Proposers to provide cost information for Federal Probation Services equivalent to each of the six Service Modalities in Exhibit B-1.1 through B-1.5, Section F and Section G, where applicable.

a. Since the Judicial Branch, including Federal Probation Services, is not subject to the Freedom of Information Act (FOIA)—and therefore rates are not publicly available information—will CDCR please remove this requirement from the Rate Methodology Plan?

**Response 4:** Refer to Exhibit A. Scope of Work, section VII. Network of Community-Based Provider Facility Requirements, Subsection B. Rate Methodology, number 3; the language has been removed.

**Inquiry 5: RFP Exhibit A, Scope of Work, Addendum 3, Page 50 of 50, Section XVI. Contract Term** states that the Agreement Term is for the period of July 1, 2026 through June 30, 2029.

a. Will CDCR please revise this language to reflect the updated Agreement Term of July 1, 2027 through June 30, 2030?

**Response 5**: Refer to Exhibit A, Scope of Work, Section XVI. Contract Term; the language has been updated and included in Addendum 4.

**Inquiry 6: Addendum 3** revised and replaced **Attachment 2, Site and Funding Limit Requirements**. Is CDCR aware that for at least some Program Areas, the budget has been significantly increased and the Estimated Daily Capacities has been decreased?

a. In order to fully utilize the budgets allocated by the legislature, will CDCR consider requiring Proposers to state how many participants they could serve within the maximum budget—and evaluating the budget proposal based on an estimated cost per participant basis (the total budget divided by the maximum number of participants served) ?
b. Alternatively, if CDCR wants Proposers to submit a budget based on the Program Area's Estimated Daily Capacity—will there be opportunities to ramp up the census numbers, and associated budget, during the contract negotiations, in order to fully utilize the maximum budget amount?

**Response 6:** Refer to Attachment 2, Site and Funding Limit Requirements, Addendum 3, budget amounts.

a. No, CDCR will not consider a change to its budget evaluation methodology at this time.

b. The budget is not negotiable during the RFP process or after. The budget submitted at the time of proposal will not be negotiated or changed.

**Inquiry 7: Budget Proposal Rate Sheet Work Sheet, Addendum 3** states that the Contractor and/or its affiliates may provide services of no more than 25% of the total funds utilized in the Budget Proposal Rate Sheet per month, without prior written approval from DRP.

a. Will CDCR consider keeping, or lowering, the 25% limit that is in place for all providers? This limit was put in place to ensure that the STOP administrators act with integrity when making placement decisions and do not put their company's interests above what is best for participants**.**

**Response 7:** No, the language will not be revised.

**Inquiry 8: Exhibit B-2 Budget Proposal Rate Sheet Summary, Addendum 3** includes a "Total Amount" field.

a. Should Proposers complete this "Total Amount" field by including the total amount of all five contract years (three year initial term, plus two optional one year terms)? Or should

Proposers complete the "Total Amount" field by only including the total amount of the two optional years?

**Response 8:** The two (2) one (1) year optional terms will be included in the scoring and evaluation process. Refer to Exhibit B-2, Budget Proposal Rate Sheet Summary; the language has been updated to remove the "Total Amount" for the 2 (two) one (1) year optional terms.

**Inquiry 9: RFP Page 14 of 19, Evaluation of Budget Proposal** states that the lowest budget proposal will be awarded the maximum amount of cost points. However, in our experience as a STOP Contractor, CDCR has historically tried to maximize the funding allocated by the legislature.

a. Will CDCR consider an alternative method of evaluating budget proposals, to promote maximum utilization of the Program Area's specified funding?

**Response 9:** The language will stay as written. CDCR will evaluate budget proposals as described in the Request for Proposal, Evaluation of Budget Proposal, page 14 of Addendum 3.

**Inquiry 10:** There is more than a year between the Proposal Submission date of June 29, 2026 and the contract start date of July 1, 2027. Will CDCR please allow Proposers to switch from the Placement Office location originally proposed, to avoid unnecessary costs related to holding a facility for such a long duration?

a. If yes, what is the process for notifying CDCR of a proposed change in the STOP Placement Office location?

**Response 10:** Prior to Contract award, a STOP Placement Office, where no direct services to participants are provided, may be changed but must remain within the STOP area and be available for the site inspection process. Relocation of the STOP Placement Office after Contract execution is handled via a Contract amendment, refer to Exhibit A, Scope of Work, Section VI, STOP Placement Office Requirements.

**Inquiry 11:** Will CDCR please require that all Proposers provide proof—such as a Real Estate Letter of Intent (LOI)—of their proposed Placement Office location? A required LOI, or similar document, would also demonstrate that Proposers have included reasonable real estate costs in their proposed budgets.

**Response 11:** CDCR will not require a Real Estate Letter of Intent for the proposed STOP Placement Office.

**Inquiry 12:** To facilitate the contract transition process from an incumbent Contractor to a new Contractor, will CDCR provide the awarded Contractor with access to the applicable participant and CBP data that is in ARMS—including historical information regarding CBP performance (PAR audit results, incident reports, etc.) ? Providing the awarded Contractor with this information prior to the contract start date will significantly streamline the implementation and transition process.

**Response 12:** Until the contract is executed, no data will be shared due to provisions of the Data Sharing Agreement, information cannot be shared between prior and new providers, including historical information. The ramp up and ramp down process will be facilitated by the assigned DRP program analyst. For details on the transition to successor, please refer to Exhibit A. Scope of Work, Section XIV, Transition of the Agreement to a Successor, Subsection A. Transition of the Agreement to a Successor Plan.

**Inquiry 13:** Please clarify if the Live Scan form will be submitted during the "Provisional Clearance" process OR the "Security Clearance and Live Scan" process. It is currently required (in the SOW) for both processes, which is redundant. *Response 110 in Addenda 1 & 3 do not answer this previously asked question; RFP updates still contain the same issue.*

**Response 13:** Refer to Exhibit A. Scope of Work, Section X. Personnel, Subsection H. Provisional Clearance and Live Scan; the language has been updated.

**Inquiry 14:** Please clarify if the Background Security Clearance Application will be submitted during the "Provisional Clearance" process OR the "Security Clearance and Live Scan" process. It is currently required (in the SOW) for both processes, which is redundant. *Response 110 in Addenda 1 & 3 do not answer this previously asked question; RFP updates still contain the same issue.*

**Response 14:** Refer to Exhibit A. Scope of Work, Section X. Personnel, Subsection H. Provisional Clearance and Live Scan; the language has been updated.

**Inquiry 15: Follow-up to Addendum 1 Inquiry 119 and Inquiry 85. These inquiries and responses state:**
Inquiry 119: Projected Timeline (RFP pdf p. 6) – The projected timetable for C5613147-D lists a submission date for Letters of Inquiry as January 27, 2026. However, the Timetable does not indicate a date by which responses to submitted questions will be posted. Will CDCR provide a response timeline and assure a minimum of 3 weeks from the posting of responses to the Proposal Submission deadline?

Response 119: Please refer to response 85 above.
Inquiry 85: Will CDCR please ensure that there are least 10 business days between the date when CDCR releases their responses to the Letters of Inquiry and the Proposal Submission due date? This will provide Proposers with the time needed to thoroughly review and incorporate CDCR clarifications and will ensure that CDCR receives the most compliant and responsive proposals.

Response 85: The timeline will not be extended.

**Question:** The questions are not about **extending** the deadline or timeline, but instead, can we receive responses to the questions asked, with at least 10 working days (question 85) or 3 weeks (question 119) so that we can adequately incorporate your responses into the proposal? Now that the timeline has been extended to 6/29/26, a solution would be to post responses to questions no later than June 5th, which gives CDCR 7 weeks to answer these questions, and applicants 15 working days to incorporate responses.

**Response 15:** Please see the LOI responses for Addendum 4.

**Inquiry 16: Follow up to Addendum 1 Inquiry 87, Inquiry 121 and Inquiry 11 and many other similar questions about the bidder's checklist:**

Inquiry 87: Attachment 14, Scoring Criteria and Summary (page 1; PDF page 200) states:
"Proposals shall be organized in the order of the scoring criteria." However, the scoring criteria does not include the majority of the items in the Proposal Checklist or other items including the Cover Letter and Table of Contents. Could you please clarify that the narrative should follow the order of the scoring criteria and that the other required attachments and forms should follow the proposal checklist?

Response 87: Yes, the narrative should follow the order of the scoring criteria, and the other required attachments and forms should follow the proposal checklist.

Inquiry 121: Attachment 14 Scoring Criteria Paragraph 2. Supporting Documentation (RFP PDF p. 200) states that “Required supporting documentation such as business licenses, certifications, resumes, organizational charts or other required forms...shall not count toward the page limit requirement listed above for that item. Please confirm that ALL non-narrative items that are listed bidders checklist with the exception of the Transportation Coordination Plan, (Item 4, #8), Rate Methodology Plan (Item 5, #2), Staffing Plan (Item 8, #3), Data Requirements and Reporting Timeframes Plan (Item 9, #3) and Transition of the Agreement to a Successor Plan (Item 10) are NOT included in the page count.

Response 121: Refer to Attachment 14, Scoring Criteria and Summary; the language has been updated and included in Addendum 1.

Inquiry 11: In this RFP, there are three separate sections that describe the required contents and order of the proposal package – Proposal Elements (pg. 7), Proposal Submittal Checklist (pg. 19), and Scoring Criteria and Summary / General Proposal Response Requirements (Attachment 14 / pg. 200). Each of these sections describes different required documents in a different order. Could you please provide a final, definitive list of all required documents and their correct order?

Response 11: All documents outlined on the checklists are required. The Proposal Submittal Checklist does not require a specific order for submittal. The order of the proposal should match Attachment 14, Scoring Criteria and Summary, Specialized Treatment for Optimized Programming, which has been updated and included in Addendum 1.

**Question:** These questions clearly indicate that there is considerable confusion of the order of the whole PROPOSAL PACKAGE, which remains unclear. The Bidder’s Checklist lists items that are not in the narrative, as well as included in the NARRATIVE, and so it creates confusion to have multiple directions about the order of the whole PROPOSAL PACKAAGE. The order found on page 7 is also duplicative of the checklist AND the narrative but not comprehensively so. It is extremely important for CDCR to have clarity that all proposals will be in the same order for your scoring purposes, and avoids the need to include items from the checklist again, even though they are included in the narrative. Duplications from the Bidders Checklist and the Narrative include Data Requirements and Reporting Timeframes Plan, Transition of Agreement to Successor, Operations Manual, etc. **A possible solution** is to provide the following order of 1. Cover Letter, 2. Table of Contents, 3. NARRATIVE Responses (Items 1-10) (instead of General Approach Summary and Methodology, which does not make reference to Items 1-10), 4. Budget Proposal, 5. Attachments 6. Bidder’s Checklist, and then all of the remaining items on the Bidder’s Checklist. It would also be helpful if sections that are scored in the NARRATIVE (Items 1-10), are removed from the Bidder’s Checklist as it is clear they are already required in the NARRATIVE as a scored section. Can you please offer clarification of the order of the proposal package that would avoid duplication and confusion described above?

**Response 16:** The documents do not have to follow the order in the Proposal Submittal Checklist, however all documents must be included, unless they are marked “if applicable.” The order of the proposal should match Attachment 14, Scoring Criteria and Summary, Specialized Treatment for Optimized Programming, Addendum 3.

**Inquiry 17: Follow up to Addendum 1 Inquiry and Response 139**

Inquiry 139: Budget Rate Sheets B –1.1 through B-1.5 we note that there are only a couple of formulas inserted in the form. Without consistent formulas across all proposals, we are concerned that each bidder could calculate the total differently. Was this intentional? Can formulas be added in order to ensure consistency as to how bids were calculated?

Response 139: This has been corrected. Please see Exhibit B-1.1-B-1.5, Budget Proposal Rate Sheet, included in Addendum 1, and added as an attachment to the solicitation.

**Question:** The excel sheets provided in Addendum 3 do not contain calculating formulas. It is important for CDCR to include the formulas in the excel sheets in order to ensure that applicants calculate the totals in the same way. If not, it leaves room for interpretation about what should be added in or calculated. A solution here is to add in formula calculations for all cells requiring calculations, and tie them to the Bidder's Summary B-2 so that all bidder's are using the same calculations across the board. This would also help ensure that the RHWH lines do not get added into the totals or other errors.

**Response 17:** All formulas have been removed from the Exhibit B-1.1-B-1.5, Budget Proposal Rate Sheets.

**Inquiry 18: Follow-up on Addendum 1 Inquiry and Response 146**

Inquiry 146: Budget Rate Sheets B –1.1 through B-1.5 have the following statement at the bottom of each form: *"All required positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed."* The RFP STOP Placement Office Key Staff Positions starting on RFP page 57 - the RFP it indicates that several positions have the option to be part-time or full-time (Licensed Clinician, Community Service Representatives, Administrative Staff, employment Development Liaisons, Housing Navigators, Transportation coordinator and Data Entry Coordinator).

Which is correct, the RFP description or the Budget Rate Sheet?

Response 146: Refer to Exhibit B-1.1 through B-1.5 for the proposed program area; the asterisk has been updated.

[ADDED FROM RATE SHEET] All required positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Required [Emphasis added] full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. [Emphasis added]. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal

Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

**Question 4A:** Per the RFP page 57, several required positions have the **OPTION** to be part-time or full-time (Licensed Clinician, Community Service Representatives, Administrative Staff, employment Development Liaisons, Housing Navigators, Transportation coordinator and Data Entry Coordinator). The solution would be to either correct **BOTH the RFP AND the Rate sheets** to say required positions MUST be full-time, OR, clearly state that CDCR will allow the flexibility of part-time and full-time for those required positions OR, say at least one of the required positions (per title of position) must be full time and additional positions of the same title can be full time or part time. Right now, **the rate sheets and the RFP contradict each other**. Can you please make the adjustment so that the rate sheet and the RFP are not contradicting each other?

**Question 4B:** The second issue arising from this question is that there is a leap year that goes beyond 2080 hours (2028). Should all bidders be required to account for the leap year? If so, the solution would be to correct the rate sheets for the impacted years to 2088 (add 2088 to the column I-J "Hours per year") to ensure that the leap year is accounted for. Otherwise all bidders should bid at 2080, knowing that they will potentially be short, and therefore potentially unresponsive).

**Response 18:** Refer to Exhibit B-1.1 - B-1.5 Budget Proposal Rate Sheet, Program Areas 1-6; the language has been updated.

**Inquiry 19: Follow-up to Addendum 1 Inquiry and Response 149**

Inquiry 149: ITEM 4 STOP Placement Office Required Position – Per the STOP RFP: The Contractor shall provide transportation to participants from designated CDCR institutions to the STOP modality locations (within the contracted Program Area as identified in Exhibit A-1, Placement Location) and upon completion of STOP services to the participant's parole unit. Given this transportation requirement, are Drivers considered a required position for the STOP Placement Office staffing plan?

Response 149: No. Refer to Exhibit A. Scope of Work, Section X. Personnel, Subsection C. Staffing Plan.

**Question 5:** We ask you to reconsider making Drivers mandatory positions on the contract, simply because there are entire scored sections of this proposal that hinge on the provision of transportation across the state and within the region, not just Transportation Coordination. Would you please add Drivers as mandatory positions?

**Response 19:** No, the language will not be revised.

**Inquiry 20: Follow-up to Addendum 3 Page 73 126 states:** The Contractor shall provide a plan and a line item budget for the transportation of participants. The transportation budget will be incorporated into the overall budget. The CDCR reserves the right to amend any and all transportation plans to facilitate efficient operation throughout the State. The transportation budget will be utilized in accordance with the Exhibit B-1, Line Item Budget Guide.

**Question:** There is not a place to add in a line item for transportation on the existing budget sheets. All operating costs are lumped into one line and not differentiated. Should we create a line item for transportation somehow on the budget sheets? If not, how should this line item be reflected?

**Response 20:** Budget structure and details must be determined by the Proposer. If transportation is included in the operating costs, it should not be differentiated, and should be included in the operating cost total.

**Inquiry 21: Follow-up to Addendum 3 Inquiry and Response 41 and 42 :** Is the funding of the FOTEP modality a requirement for Regions that don't have FOTEP beds?

Response 41: Yes, the awarded contractor must have the funds available to provide FOTEP services if needed.

Inquiry 42: Is there a minimum number of beds per month that need to be funded in the FOTEP modality as a requirement of the STOP RFP?

Response 42: No, however, the Contractor is expected to maintain flexibility within the program network to adapt to fluctuations in participant needs.

**Question 7A**: If a Region does not have an operating FOTEP, and bidders are still required to have funds available to provide FOTEP, it is imperative that you define the minimum number of FOTEP beds a bidder would be required to have funding for so that bidders can bid appropriately. **Given the information above, a bidder could technically bid on 1 single FOTEP bed.** Would that be responsive? A solution would be to define the number of FOTEP beds that could potentially be needed such as 5 or 10 beds, so that bidders are not low-bidding this. Can you please define the number of STOP FOTEP beds that need to be bid on in each region?
**Question 7B:** If a If a Region does not have an operating FOTEP, and bidders are still required to have funds available to provide FOTEP, would bidders be required to place FOTEP eligible women in another region's FOTEP?

**Response 21:** 7a and 7b: FOTEP is a required modality. Participants eligible for FOTEP must receive services within the relevant STOP area. The Contractor is expected to maintain flexibility within the program network to adapt to fluctuations in participant needs.

**Inquiry 22: Follow-up to Addendum 3 Inquiry and Response 43:**

Inquiry 43: For outpatient services, how many sessions per week are required to count an outpatient client in the Daily Capacity count?

Response 43: There is no minimum session requirement, as outpatient services are determined based on assessed need.

**Question:** Would you please define the projected number or percentage of clients in OOP needing Intensive Outpatient SUD (over 9 hours required by licensing), the number of clients needing Outpatient SUD (up to 9 hours required by licensing) and the number of clients just receiving non-SUD Outpatient (undefined number of hours since licensing is not required)?

**Response 22:** There is not a minimum session requirement. Outpatient services are determined based on assessed need. There is no projected breakdown of intensive outpatient SUD vs. non-SUD outpatient services.

**Inquiry 23: Data Requirements and Reporting Timeframes (Attachment 4) (RFP PDF page 180-190)** is from 10/1/2024 and is not the most current version of the DRRT, which we know was revised in November 2025. The November 2025 version has many updates to timelines and content. If

bidders respond in their narratives regarding data using the DRRT information you provided for reference in the RFP, the responses will not be accurate.

**Question:** Can you please clarify if you will accept and appropriately score responses that reflect the most current DRRT timeframes and data? And will you ALSO accept and appropriately score responses that reflect the timeframes and data from the DRRT you provided in the RFP for reference? A solution would be to provide an updated DRRT in the RFP for reference for clarity.

**Response 23:** Refer to Attachment 4, Data Requirements and Reporting Timeframes; the language has been updated and included in Addendum 4.

**Inquiry 24: VI. STOP PLACEMENT OFFICE REQUIREMENTS, F. Referral page 30 of RFP PDF**

The second and third paragraphs state: To maximize services and funding provided, the Contractor is responsible for establishing subcontracts or non-contractual partnerships with community-based organizations that are certified to provide Drug Medi-Cal (DMC) funded services. The Contractor shall refer eligible participants to DMC providers at the beginning of their STOP treatment episode. The Subcontractor or non-contractual partner shall provide assistance to participants who are identified as eligible with securing such services, or presumed as eligible, or other county level services at the beginning of their STOP treatment episode. Documentation of the referral to DMC must be entered into ARMS according to the External Referral process as outlined in the Data Requirements and Reporting Timeframes (Attachment 4).

**Once DMC funded services, or other county-level assistance is exhausted, the participant may continue to receive services through STOP until they have completed their treatment episode** [EMPHASIS ADDED], have reached 365 days of service, or are discharged from supervision. Participants that are receiving Outpatient SUD (OPS) treatment via DMC may remain enrolled in STOP services to address their criminogenic needs. STOP services shall not be duplicative of DMC services. The rates for DMC-level services are MUCH higher than STOP services. So once DMC funding is exhausted, the provider of DMC would likely want to continue at the same funding rate, which is far more expensive than typical STOP rates, and would need to discharge the participant to a non-DMC STOP provider.

1) Is the intent to discharge from DMC and move the participant to a new provider, which is not clinically advisable?
2) Or is CDCR expecting STOP Providers to continue to reimburse the DMC provider at the same rate that matches the HIGHER DMC rate?
3) Or is CDCR expecting to continue to reimburse the DMC provider at a LOWER, more typical STOP rate, which providers will not likely agree to do?

**Response 24:** Questions 1, 2, and 3: If a Medi-Cal transfer is required, the STOP contractor is required to assist the participant in initiating the transfer request with the appropriate county agencies. If DMC services are not available or are delayed by the transfer request, services may be provided by STOP. If a participant's services are being provided through STOP, the rates for those services must conform to the STOP agreement.

**Inquiry 25:** In the responses CDCR provides in an addendum, is it possible for the changes made within the RFP documents be highlighted or redlined so that they are easily identifiable to all?

**Response 25:** All inquiries will be responded to within Addendum 4, but track changes will not be included within the RFP documents.

**Inquiry 26:** In the new budget sheets from Addendum 3, there is a new line added that says “RHWH Wrap Around Services” There is not any mention of this anywhere in the RFP. Can you please define what services are precisely included in that line?

**Response 26:** RHWH Wrap Around services include services that do not include substance use disorder treatment, such as life skills, family reunification, and any other non-SUD assessed needs. Refer to Exhibit A., Scope of Work, Section VII. Network of Community-Based Provider Facility Requirements, Subsection C. Facility Types, Number 5. Returning Home Well Housing (RHWH); the language has been updated.

**Inquiry 27:** If a bidder already requested the access to Vendor RFP Upload Portal, and received access, does the bidder need to request it again? Or is the current access still available?

**Response 27:** Please see response 3 above.

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**

## I. INTRODUCTION

The goal of the Specialized Treatment for Optimized Programming (STOP) is to establish and oversee a network of Community-Based Providers (CBP) that provide comprehensive services to the participant population, during their transition into the community in order to support a successful reentry. The California Department of Corrections and Rehabilitation (CDCR) and the Division of Rehabilitative Programs (DRP) have developed reentry strategies that target incarcerated persons who are nearing their release with Substance Use Disorder (SUD) treatment, enhanced academic and vocational programs, and pre-employment transitional services. The CDCR is extending this network of reentry services into the community through this Agreement. The Agreement is intended to provide the Contractor with guidelines and requirements to oversee the network of providers. Individuals who have been released from incarceration and are under parole supervision will be eligible for these services. Priority will be given to those within their first year of release, assessed with a medium to high risk to reoffend and need for SUD treatment, as measured by the California Static Risk Assessment (CSRA) and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), respectively. Temporary housing services shall be offered to participants who have an identified need for housing, via Returning Home Well Housing (RHWH). If funding for the purposes of RHWH is added, reduced, or deleted for any fiscal year by the California State Budget Act, the CDCR shall have the option to offer an Agreement Amendment to the Contractor reflecting the reduced funding amount.

The Contractor is responsible for establishing and maintaining one Placement Office within the contracted Program Area, as outlined in Exhibit A-1, Placement Office Location. The Placement Office will manage referrals, initial placement, transportation, assessments, and case management services, in accordance with this Agreement. The Contractor will provide technical assistance, oversight, and contract compliance monitoring for a network of subcontracted CBP's offering modality services.

The Contractor shall design, develop, and implement evidence-based, gender-responsive, trauma-informed, culturally competent, family-focused, and strength-based programs using Motivational Interviewing (MI) techniques. The Contractor shall provide policies and procedures describing each component identified in this section at the time of the proposal submission. All programming must incorporate the following:

### A. Evidence-Based Programs (EBP)

The Contractor shall ensure the provision of integrated programming approaches based on theories that fit the psychological, social, and developmental needs through EBP. These areas include physical, sexual and emotional abuse, family relationships, trauma, substance use disorders, co- occurring disorders, educational, and vocational skills.

The Contractor shall ensure the utilization of EBP through appropriate training and technical assistance to ensure programming is implemented with fidelity to the model to achieve the desired outcomes. The Contractor shall bear all costs related to implementing and maintaining the integrity and delivery of programming.

### B. Evidence-Based Curriculum

All primary program components delivered by the Contractor shall utilize evidence-based curricula selected from the Results First Clearinghouse Database that shows positive effects or promising practices at the intervention or curricula level. If the Contractor determines to use curriculum

outside of the Results First Clearinghouse, substantiated proof of evidence-based documentation must be provided to the DRP.

Only approved curriculum shall be used in the program components. Secondary or supplemental curriculum does not have to be listed in the Results First Clearinghouse Database, or evidence-based, but shall only be delivered in conjunction with an evidence-based primary curriculum. Evidence-Based Curriculum Change Request Form (Attachment 16) must be completed within thirty (30) calendar days upon execution of this Agreement.

**C. Gender Responsivity**

Gender Responsivity is defined as creating an environment through site selection, staff selection, program development, content, and materials that reflect an understanding of the realities of specific genders and addresses the issues facing the participants.

Gender responsive approaches are multi-dimensional and are based on theoretical perspectives that acknowledge gender specific pathways into the justice-involved system. These approaches address social and cultural factors.

**D. Cultural Competence**

The Contractor shall ensure all program services encompass, at a minimum, the following: the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation, and other diversity factors. Cultural competence requires such responses in a manner that recognize, affirm, and value the worth of individuals, families, and communities, while protecting and preserving the dignity of each.

**E. Trauma-Informed Services**

Trauma is the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence, or the witnessing of violence, terrorism, or disasters. Trauma and addiction are interrelated issues in the lives of individuals incarcerated or on parole supervision. The Contractor shall ensure all programming services are provided with the understanding of trauma-informed principles and how deviations from these principles may trigger trauma related responses.

**F. Family-Focused**

The Contractor shall ensure that program services are provided to strengthen family systems by encouraging families to become self-reliant, promote healthy family reunification, and positive parenting, while providing a course specific to developing effective parenting skills.

**G. Strength-Based**

The Contractor shall ensure that program services are provided that build upon the participant's strengths to raise motivation for treatment by empowering participants to recognize personal responsibility and accountability, while providing positive behavior support through peers or mentors with the use of positive reinforcements.

**H. Motivational Interviewing Techniques**

The Contractor shall utilize MI techniques to initiate and maintain participants' behavior changes throughout the duration of programming services.

## II. GENERAL INFORMATION

The Contractor agrees to provide the CDCR with STOP program services as described herein.

All program service components shall be in accordance with this Agreement and all applicable local, city, county, state and federal statues, regulations, and ordinances.

### A. Business License

A valid business license is required and shall be submitted at the time of proposal submission.

### B. Location and Capacity

The Contractor shall provide services to participants within contracted Program Areas outlined in the STOP Program Areas (Attachment 1) and Site and Funding Limit Requirements (Attachment 2).

### C. Ownership

All materials and products resulting from this Agreement will be owned by the CDCR.

## III. COMPLIANCE INFORMATION

The Contractor agrees to adhere to all of the CDCR's rules and policies, including the California Code of Regulations (CCR), Title 15, Division 3, Chapter 1. Rules and Regulations of Adult Operations and Programs; Department Operations Manual (DOM); and the Exhibit B-1, Line Item Budget Guide.

The Contractor shall be responsible for managing, operating and maintaining the security of the facility as required by law and pursuant to the regulations and direction of the CDCR, including the CCR, Title 15, Division 3. The CCR, Title 15 can be found at: Regulations and Policy Corrections and Rehabilitation.

The Contractor shall comply with the instructions, terms and conditions provided in this Exhibit A, Scope of Work.

## IV. ORGANIZATIONAL QUALIFICATIONS

The Contractor's organization is defined as the entity identified on the STD 204, Payee Data Record, and is directly responsible for the delivery of services. The Contractor shall provide, at the time of proposal submission, policies and procedures describing each component and all required documents identified in this section.

### A. Experience and Knowledge

The Contractor's administrative experience shall include all administrative functions of a project, including fiscal, accounting and budgeting, personnel, and contract or grant management. The Contractor shall:

1. Possess a minimum of three (3) years of experience with overseeing community-based organizations that provide services to individuals transitioning from state incarceration. This includes experience delivering rehabilitative programming that utilizes evidence-based curricula for SUD, Cognitive Behavioral Interventions (CBI), life skills development, or other comparable interventions. In addition, the Contractor shall have experience providing treatment services in a residential setting and connecting program participants to community-based resources to support a successful reentry into the community, including supportive housing, employment readiness, financial literacy, family reunification, and housing

assistance. Experience will be verified through review of the Proposer's References and the Business Resumé required at the time of proposal submission.

2. Provide one of the following to show sufficient funding reserves to cover at least one (1) month of expenses as identified by the amounts submitted in the Fiscal Year 26/27, Exhibit B-1.1, Budget Proposal Rate Sheet, Total Operational Budget.

    a. Financial statements for the most recently completed fiscal year (i.e. 2024) that reflect a cash or cash equivalent account balance of at least one (1) month of funding, or that show a current ratio of one (1) or more.
    b. Proof of an approved line of credit or multiple lines of credit that equal at least one (1) month of funding.

        1. **Note:** Pursuant to the California Prompt Payment Act, state agencies pay properly submitted, undisputed invoices within forty-five (45) days of receipt.

3. Have all debts paid in full or entered into an approved payment plan to resolve all debts to the CDCR, prior to submission of the proposal and will be verified through the CDCR's Accounting Services Branch and/or Office of Audits and Court Compliance. Debt is any funds paid to the Contractor in excess of the amount to which the Contractor is entitled, and which has an outstanding invoice from the CDCR that is not fully paid or does not have an approved payment plan in place.

**B. Structure**

The Contractor shall maintain a policy and organizational chart, outlining the structure of authority and responsibility within the STOP, and within the Contractor's organization. The CDCR reserves the right to request a copy of the Contractor's organizational chart at any time. The Contractor shall provide the organizational chart to the DRP at the time of proposal submission and within thirty (30) calendar days of any changes.

## V. GENERAL AGREEMENT COMPONENTS

**A. Operating Hours**

The Contractor shall maintain operating hours that allow for twenty-four (24) hour oversight of the CBP network while also facilitating referrals, placements, transportation, and contact with the CDCR.

**B. Fiscal Systems and Responsibilities**

The Contractor shall establish and maintain an adequate accounting and internal administrative control system. All purchases made during the term of this Agreement shall be pre-approved, in writing, by the CDCR and shall be included in the Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet in accordance with the Exhibit B-1, Line Item Budget Guide. The Contractor shall submit monthly invoices using the Automated Reentry Management System (ARMS) Provider Invoice TouchPoint Response. This TouchPoint shall be used for monthly invoices as well as supplemental and close-out invoices.

The Contractor will be responsible for any cost overruns that occur after the Agreement has been awarded. The Contractor is responsible for remaining within their proposed contract amounts listed on the Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet and shall not exceed the total proposal award amount.

The Contractor is required to establish and maintain an accounting system that, at a minimum, includes the general ledger accounting structure and subsidiary accounting records.
The accounting records must identify the receipt and the expenditure of all contract funds. Overall, the accounting systems shall conform to Generally Accepted Accounting Principles. Accounting systems for this contract may be on an accrual basis.

Accrual basis revenue is recognized in the accounts when the transaction occurs (when earned), regardless of the period in which the related cash is collected. Expenses are recognized and matched with the revenue of the period to which it relates, regardless of when it is paid.

The accounting system must provide accurate and current financial reporting information. All accounting records and supporting documentation must maintain a clear audit trail.

All general ledger account entries must be supported by the subsidiary records and the original source documentation. The format of the subsidiary records is determined by the Contractor.

The Contractor is required to maintain accurate, complete, and orderly records. All Agreement records and documents must be adequately protected from fire, theft, and other damage or loss. If the Contractor does not store records at the Placement Office, then the Contractor must maintain a written index of the records and ensure the files can be easily accessed.

The Contractor shall ensure all program books, documents, papers, and records are accessible to the CDCR and its authorized representatives.

The Contractor shall retain all Agreement records for three (3) years from the end of the contract term. If the Agreement's source documentation records are retained in a database system, it must cover the contract term and be retrievable. If an audit, investigation, review, litigation, or any other action occurs during the Agreement's three (3) year retention period, the Contractor shall retain the records until the resolution of such process, or until the end of the three (3) year period, whichever is longer.

Any costs associated with the management of the Agreement shall be included in the Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet, in accordance with the Exhibit B-1, Line Item Budget Guide, to be reimbursed by the State. Failure to meet the established reporting deadlines or program requirements may result in the CDCR withholding invoice payments or affect participant intake until the facility is in compliance.

The following shall be provided to the DRP within thirty (30) calendar days of Agreement execution, and within thirty (30) calendar days of any revisions:

1. Insurance coverage to assure compliance with the Contract requirements, as outlined in Exhibit D, Special Terms and Conditions.

2. All lease Agreement terms and specifications including facility, vehicles, etc.

3. Cost allocation plan for shared space, staff, indirect cost, staff benefits, etc., as outlined in the Exhibit B-1, Line Item Budget Guide.

## VI. STOP PLACEMENT OFFICE REQUIREMENTS

At the time of proposal submission, and within twenty-four (24) hours of any revisions, the Contractor shall provide a current operations manual describing each component identified in this section, including the STOP's purpose, philosophy, programs, services, policies, and procedures. The manual shall detail how the STOP will ensure that designated staff members are available to the network twenty-four (24) hours per day, seven (7) days per week, and shall be maintained at each STOP Placement Office where it is accessible to staff, volunteers, and CDCR designee(s).

If an incident or unforeseen event creates a health and safety risk for participants and staff, a change in the address or physical location of the facility may be approved by the DRP. The Contractor must provide written notification to the DRP Chief immediately upon discovery of the incident or event. Written notification shall include a description of the event and any available supporting documentation (e.g., fire report, insurance claim, Occupational Safety and Health Administration complaint), as well as the proposed new contact information and physical address. The Contractor shall obtain written approval from the DRP prior to initiating any relocation, and the CDCR reserves the right to approve or deny any such move. Any disruption to services resulting from relocation must be minimized, and the Contractor shall provide a transition plan to the CDCR.

### A. Administrative Oversight

The Contractor shall:

1. Ensure participants are provided programming and services according to evidence-based principles as stated throughout this Agreement and as determined by individual risk and needs assessments.

2. Implement performance measures for each of the program components and measure the progress of the participant's adherence to the items listed in their Case Management Plan (CMP).

3. Document programming services, referrals, changes in risk and needs, and program progress for all participants in the participant's CMP. The CMP shall document all program and services delivered, including the number of hours of participation in each area.

4. Actively engage participants in programming services. Non-participation shall be reported to the Agent of Record (AOR).

5. Maintain an accurate and verifiable data server as required by the CDCR guidelines.

6. The CDCR may require additional performance measures with a minimum of thirty (30) calendar days written notice.

7. Ensure that all Subcontractors employed pursuant to this Agreement adhere to all requirements of the Agreement.

### B. Communications

The Contractor shall:

1. Collaborate with state and local government agencies, faith-based organizations, other community non-profit organizations, and other entities identified by the CDCR to enhance program services.

2. Conference in person or by telephone and attend meetings as often as necessary, with the CDCR staff, and participants in order to share information regarding participants or program related activities.

3. Notify the CDCR of any complaint against staff and facilities that have been reported to the Department of Health Care Services (DHCS).

**C. Community Transition Contacts and Outreach**

The Contractor is responsible to ensure community transition contacts and outreach activities are performed within the contracted Program Area (reference Section IX. CBP Service Delivery, Subsection T. Community Partnerships for outreach expectations).

A Statewide Reentry Presentation describing and defining all community programs offered to participants shall be collectively created by a consortium of STOP Contractors. The Contractor shall work collaboratively with all STOP Contractors to ensure accurate information is disseminated regarding the CDCR programming. The Contractor shall provide a copy of the Statewide Reentry Presentation to the DRP for review and approval sixty (60) calendar days prior to use.

At a minimum, the STOP staff shall be responsible for providing the outreach presentations as follows:

1. Presented quarterly at all of the CDCR institutions within the awarded Program Area as identified on STOP Program Areas (Attachment 1), or locations deemed appropriate by the CDCR.

2. Scheduling of the outreach presentations must be coordinated through the In-Prison Programs Contractor, or staff identified by the CDCR.

3. Documented at the STOP Placement Office with sign-in sheets to include the following:
   a. Name of the institution
   b. Date and time of presentation
   c. Name and signature of the STOP presenter
   d. Name, CDCR number, and signature of each attendee

The Contractor shall notify the DRP within five (5) calendar days of any issues or concerns related to outreach presentations or associated requirements.

**D. Eligibility**

All supervised persons are eligible for the programs and services available through STOP; however, the CDCR shall have the final decision regarding program placements and retains the right to remove participants from the program at any time. The Contractor shall provide reasonable accommodations for participants with disabilities who are eligible to receive services. The CDCR shall deny placement for facilities with children residing on site under the following circumstances:

1. Individuals with current or past convictions for Penal Code (PC) 273a, Cruelty to Children with Great Bodily Injury; and

2. Individuals required registering as sex offenders under PC § 288 or who have a history of crimes against children.

The CDCR shall consider placement under the following circumstances on a case-by-case basis:

3. Participants who are designated high notoriety.

4. Participants who are required to register pursuant to PC § 290 (Sex Offense) or PC 457.1 (Arson).

5. Participants in custody with pending local misdemeanor charges, which could result in county jail time.

6. Participants with case factors considered to be a danger to others, including, a participant documented as an enemy of a person(s) in the program; a participant whom a current program participant has a restraining order against; a participant with rival Security Threat Group affiliation, etc.

7. Participants who are identified as members of the CDCR Security Threat Group I or II.

8. Participants classified as Enhanced Outpatient Program (EOP).

**E. Pre-Release Referral**

The Contractor shall accept referrals and coordinate placement from the Division of Adult Parole Operations (DAPO) Community Transition Program staff on behalf of incarcerated persons during pre-release from the CDCR institutions.

The STOP Placement Office shall initiate program placements upon receipt of a BPH Form 3005, Parole Verification Document, and shall provide a conditional approval of placement which is subject to change. A “Conditional Approval” shall mean the STOP Placement Office has secured placement into a specified CBP facility. If, upon release, the specified CBP facility does not have availability, the participant will be given priority placement to a comparable CBP facility.

The STOP Placement Office shall have a policy to ensure individuals being released from an institution after normal business hours or during the weekend are admitted to a STOP CBP facility without a delay.

Upon release from custody, the AOR shall generate and provide a CDCR 1502, Activity Report (Attachment 3) referral to the Contactor.

**F. Referral**

The Contractor shall accept referrals from the CDCR and the participant and coordinate placement. Upon receipt of a referral, the Contractor’s STOP Placement Office shall initiate the participant admission process. All referrals shall be confirmed with a CDCR 1502, Activity Report (Attachment 3).

To maximize services and funding provided, the Contractor is responsible for establishing subcontracts or non-contractual partnerships with community-based organizations that are certified to provide Drug Medi-Cal (DMC) funded services. The Contractor shall assist the participant, as needed, to complete the application to determine eligibility. The Contractor shall refer eligible participants to DMC providers at the beginning of their STOP treatment episode. The Subcontractor or non-contractual partner shall provide assistance to participants who are identified as eligible with securing such services, or presumed as eligible, or other county level services at

the beginning of their STOP treatment episode. Documentation of the referral to DMC must be entered into ARMS according to the External Referral process as outlined in the Data Requirements and Reporting Timeframes (Attachment 4).

Once DMC funded services, or other county-level assistance is exhausted, the participant may continue to receive services through STOP until they have completed their treatment episode, have reached 365 days of service, or are discharged from supervision. Participants that are receiving Outpatient SUD (OPS) treatment via DMC may remain enrolled in STOP services to address their criminogenic needs. Participants enrolled in DMC residential services shall not receive STOP services until residential DMC services have been exhausted. STOP services shall not be duplicative of DMC services.

**G. Participant Transportation**

The Contractor shall provide transportation to participants from designated CDCR institutions to the STOP modality locations (within the contracted Program Area as identified in Exhibit A-1, Placement Office Location and upon completion of STOP services to the participant's parole unit. Transportation must be Americans with Disabilities Act (ADA) accessible when necessary. Each STOP Placement Office must coordinate transportation services within their contracted Program Area.

Contractors must coordinate with other STOP Contractors to ensure statewide coverage. Prior written authorization is required when more than one Contractor is involved in transporting a participant. If transportation from a remote institution requires overnight accommodation, the STOP Contractor shall request prior written approval from the DRP.

Public transportation can also be utilized by the Contractor for those participants enroute to their county of parole. If a participant utilizes personal funds for public transportation from a designated CDCR location directly to the STOP location, the Contractor shall reimburse the participant for the cost of the transportation within thirty (30) calendar days of consecutive programming. The participant shall be required to submit verification of transportation for reimbursement by the Contractor within fifteen (15) calendar days of the date the transportation was completed.

**H. Transportation Coordination Plan**

The Contractor shall submit a Transportation Coordination Plan at the time of proposal submission, describing how transportation will be managed within the contracted Program Area and between the CDCR institutions, STOP locations, and parole units. The plan must outline methods for scheduling, routing, and communication to ensure timely and efficient transport of participants. It shall also describe how the Contractor will monitor and track participant movement, address contingencies such as delays or cancellations, and ensure ADA-compliant vehicles are available when necessary. In addition, the plan must specify how the Contractor will coordinate with other Program Areas and STOP Contractors to facilitate transportation between program locations, support continuity of services, and ensure seamless participant transfers. Finally, the plan shall include protocols for working with institutions on release schedules and requesting prior approvals for overnight accommodations when required.

**I. Initial Placement**

The Contractor shall ensure each referral is administratively processed within three (3) business days of receipt, based on information received from the CDCR. The participant shall receive initial placement upon release or as defined by the referral documents. If appropriate placement documentation is not received, it is the Contractor's responsibility to contact the AOR to determine appropriate initial placement. The CDCR reserves the right to approve or deny any placement.

**J. Secondary Assessment**

The Contractor shall ensure that the CBP's and Reentry Assessment Coordinators are utilizing an evidence-based assessment tool for the secondary assessment. The CBP is responsible for the interpretation and administration of their selected assessment tool. The tool should be comparable to evidence-based assessments used in institutional settings.

The CBP shall ensure an evidence-based assessment is conducted to determine the most appropriate level of programming for each participant. The results of the assessment shall be used to develop the CMP. The CBP shall ensure the assessment results and its significance in the development of the CMP are understood by staff and retained in the participant's case file.

The Contractor shall ensure that all participants have a CMP. Participants shall be involved in creating and updating the CMP with their assigned STOP Case Manager.

The CMP shall document all program services delivered, including the number of hours of participation in each area. A copy of the CMP shall be maintained in the participant's file, unless otherwise approved by the DRP in writing.

**K. Length of Stay/Extension**

A treatment episode begins when an individual is removed from reception in ARMS and placed into a designated treatment modality based on their assessed needs. For any extensions or additional program time beyond one hundred eighty (180) calendar days, an extension request must be approved in writing by the DRP. No participant shall be allowed to remain in the program for more than three hundred sixty-five (365) calendar days unless approved in writing by the DRP. The Female Offender Treatment Employment Program (FOTEP) is an exception to the three hundred sixty-five (365) cumulative calendar day rule, as participants can reside at the FOTEP facility for up to fifteen (15) cumulative months. FOTEP extensions shall not exceed fifteen (15) cumulative months, unless approved in writing by the DRP.

Any participant who is re-referred to the program within ninety (90) calendar days of program discharge or exit is not considered a new participant and shall be subject to program extension approval. If a participant is enrolled in the fifty-two (52) week batterer's program and/or vocational employment program, an extension request to complete the program is not required.

The Contractor shall accept all participants for placement at the facility and manage any participant referred by the CDCR. In cases where a referral is denied, the Contractor shall submit written justification to the DRP who will determine if the justification is sufficient and/or in compliance with the Agreement. Examples of justification would be if placement of the participant in the program would be a violation of local and/or state laws or ordinances.

**L. Case Management One-on-One**

One-on-one counseling sessions shall be conducted for each participant, and allow for private, individualized, focused discussions with the participant. These sessions shall address the participant's individual reentry goals, identify and build upon personal strengths and assess high-risk situations.

**M. Case Management Plan**

Staff shall utilize the CMP to track participant's progress. The CMP outlines goals, tasks, services, and activities necessary for each participant to successfully achieve those goals. To determine

what services and activities the CMP will require, it shall be written in response to all outcomes of the individualized and approved evidence-based secondary assessment.

**N. Case Management Plan Review (CMPR)**

Participants shall contribute and participate in their CMPR. Administration of the CMPR shall include notifying the participant as to whom the committee members are, and the purpose of the review. The Program procedures on CMPR shall be inclusive of the following components:

1. A committee consisting of the Program Director, Case Manager, Job Developer, and AOR, if available.

2. The Case Manager and Job Developer (if applicable) are encouraged to work with the AOR to develop collective goals, objectives, and tasks for the participant to achieve.

3. Documentation of the review shall be placed in the participant's case file.

**O. Discharge Plan**

The Contractor is responsible to ensure that all participants have a Discharge Plan. Participants shall be involved in creating and updating Discharge Plans with their assigned STOP Case Manager. A copy of the discharge plan shall be maintained in the participant's file, unless otherwise approved by the DRP in writing.

All Discharge Plans shall include the following:

1. Residency accommodations

2. Mental health/medical information (that impacts discharge, if applicable)

3. Employment

4. Continued education (if applicable)

5. Transportation options

6. SUD Treatment (SUDT) and/or other related treatment maintenance to include, at a minimum:
   a. List of local area self-help group meetings
   b. Relapse prevention information.

## VII. NETWORK OF COMMUNITY-BASED PROVIDER FACILITY REQUIREMENTS

The Contractor is responsible for ensuring services are provided using a network of CBP facilities. The Contractor shall subcontract with these CBP's and ensure that the subcontracts adhere to the Exhibit A, Scope of Work and the provisions detailed in this Agreement. The Contractor shall ensure the daily capacity listed within the Exhibit A, Scope of Work, Section II. General Information, Subsection B. Location and Capacity is available through the network of CBP facilities throughout the term of this Agreement, unless changes are authorized by the DRP in writing. The Contractor shall provide policies and procedures, at the time of proposal submission, describing each component in this section and how each will be maintained.

The Contractor shall request prior written approval from the DRP before adding an affiliated subsidiary CBP to the network. The CDCR defines an affiliate as "an organization that is a member

of another organization" (refer to Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet Worksheet for affiliate definition). The Contractor and/or its affiliates may provide services of no more than twenty-five percent (25%) of the total funds utilized in the Budget Proposal Rate Sheet (Exhibit B-1.1 through B-1.5, Categories F and G, Service Modalities) per month, without prior written approval from the DRP.

The Contractor shall provide a copy of the template contract used for subcontractor CBPs at the time of proposal submission and within twenty-four (24) hours of any revisions. Revisions shall be approved by the DRP prior to use. The CBP packet Modality Cost Sheet (Attachments 5-10 and Exhibit B-4) described below are not required at the time of proposal submission. The Contractor shall ensure all executed CBP packets are uploaded in the ARMS prior to placing any participant at the CBP facility. The CBP packets shall consist of the following:

1. Modality Cost Sheet (as appropriate) which includes:
    a. Community-Based Provider Modality Cost Sheet- Licensed Residential Treatment (LSUDT/LRT) (Attachment 5)
    b. Residential Modality Cost Sheet (Attachment 6)
    c. Outpatient Modality Cost Sheet (Attachment 7)
    d. Community-Based Provider Modality Cost Sheet- Non-SUD Outpatient Treatment Services- Other Outpatient/Outpatient Non-SUD (OOP/OPNS) (Attachment 8)
    e. Community-Based Provider Modality Cost Sheet- Female Offender and Employment Program (FOTEP) (Attachment 9)
    f. Community-Based Provider Modality Cost Sheet- SUD Outpatient Treatment Services- Certified Substance Use Disorder Treatment/Outpatient SUDT (CSUDT/OPS) (Attachment 10)
    g. Provider Directory Information Sheet (Exhibit B-4)
2. DHCS license and/or certification (if applicable)
3. Business License
4. Liability Insurance
5. Pest Control Contract – Signed
6. Subcontract Agreement – Signed
7. Lease Agreement – Signed and/or Proof of Ownership

If any CBP Packets are revised, or a new CBP is added to the network, the Contractor shall ensure the CBP Packet is uploaded to ARMS and is finalized prior to placing any participants. No retroactive placements will be approved, unless approved by the DRP. Subcontractor or Consultant expenditures, as defined in Exhibit B-1, Line Item Budget Guide, will be disputed if subcontractor Agreements are not on file with the DRP. The CDCR reserves the right to request a detailed cost allocation plan of all programs operating at the CBP facilities to ensure funding is allocated to STOP programs and ensure compliance with CDCR requirements for the safety of all participants.
The Contractor shall conduct annual site inspections of all non-affiliated CBP facilities, documented by a report, to ensure compliance with the provisions of this Agreement. During the review process, the Contractor shall observe programming and review participant documentation to monitor the quality of the services contracted. The Contractor shall review case file material to ensure that

adequate documentation is being maintained. The Contractor shall upload in ARMS the site inspection reports annually within sixty (60) calendar days of the site inspection.

**A. Quality Assurance**

CBPs are required to have a Quality Assurance (QA) inspection performed annually by the STOP Contractor, however a program will become inactive if the program does not obtain a placement within six (6) months of the QA visit. In order to become active once deemed inactive, the STOP QA staff will be required to conduct another inspection.

The Contractor shall document annual QA inspections of all non-affiliated CBP facilities, by a report, to ensure compliance with the provisions of this Agreement. During the review process, the Contractor shall observe programming and review participant documentation to monitor the quality of the services contracted. The Contractor shall review case file material to ensure that adequate documentation is being maintained. The Contractor shall upload the QA inspection reports in ARMS, annually within sixty (60) calendar days of the QA inspection.

**B. Rate Methodology Plan**

The Contractor shall submit, at the time of proposal submission, a Rate Methodology Plan that includes both the Minimum and Maximum Participant Daily/Session Rate for each of the six (6) modality types. The plan shall provide a detailed description of the methodology used to determine these rates. For proposals covering program areas with more than one county, the plan shall also describe how rates will remain competitive across all counties. The plan shall additionally identify how affiliate CBPs are incorporated into the rate structure, consistent with the limitation that affiliates may provide no more than twenty-five percent (25%) of the total funds identified in Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet, Section F and Section G, Service Modalities, unless prior written approval is received from the DRP.

At a minimum, the Rate Methodology Plan shall include the following elements:

1. Cost information for County Probation Services is equivalent to each of the six (6) Service Modalities in Exhibit B-1.1 through B.1-5, Section F and Section G.

2. Cost information for Medi-Cal Services equivalent to each of the six (6) Service Modalities in Exhibit B-1.1 through B-1.5, Section F and Section G, where applicable.

3. Cost information for Private Pay Services equivalent to each of the six (6) Service Modalities in Exhibit B-1.1 through B-1.5, Section F and Section G, where applicable.

4. A description of the methodology used to determine both minimum and maximum rates for each of the six (6) Service Modalities in Exhibit B-1.1 through B-1.5, Section F and Section G, including any role of affiliates in rate setting.

**C. Facility Types**

The Contractor shall develop and maintain a network of CBP facilities as follows:

**1. Licensed Substance Use Disorder Detoxification (LSUDD)**

The Contractor shall provide a DHCS LSUDD facility within the network of CBPs. Admission and length of stay in a LSUDD facility shall be based upon assessed need. A participant shall be considered to have completed detoxification services when symptoms of physical withdrawal process are no longer present. Upon completion of the detoxification period, the

Contractor shall make arrangements for the participant to attend appropriate programming or implement a Discharge Plan, and shall provide twenty-four (24) hour, non-medical services. Detoxification services shall include:

a. Intake/admission
b. Food/housing
c. Withdrawal assessment
d. Detoxification observation, monitoring and supervision
e. Medical care referral
f. Crisis intervention referrals

**2. Licensed Substance Use Disorder Treatment (LSUDT)**

The Contractor shall provide LSUDT residential facilities licensed by DHCS. The LSUDT facilities shall provide twenty-four (24) hour, non-medical services. Services shall include SUDT, SUD Education (SUDE), group and individual sessions, recovery, and treatment planning services. Comprehensive SUDT services shall be provided to participants who have been assessed with a medium to high need for SUDT services.

The activities shall involve face-to-face interaction between designated program staff and participants. Attendance shall be according to a specified schedule. The scope of activities within LSUDT residential services shall include:

a. Rehabilitative services
b. Counseling - Individual/Family/Group
c. SUD assessment and treatment planning
d. Services focused on developing cognitive and behavioral skills for management of stress, anger, and violence related to criminality.
e. Preventative and primary health care services referrals
f. Health education services referrals
g. Employment and educational services and/or referrals
h. Life Skills program and/or referrals
i. Community referrals
j. Social and recreational activities

**3. Female Offender Treatment Employment Program (FOTEP)**

The Contractor shall provide twenty-four (24) hour, non-medical services to participants through a DHCS licensed female with children only residential treatment facility. The FOTEP facility shall have the ability to house participants' dependent children.

Services shall include SUDT, SUDE, group and individual sessions, detoxification service, recovery, and treatment planning services. Comprehensive treatment services shall be provided to participants who have been assessed with a medium- to- high need for SUDT. The activities shall involve face-to-face interaction between designated program staff and participants. Attendance shall be according to a specified schedule.

The scope of activities within FOTEP residential services shall include:

a. Rehabilitative services
b. Counseling - Individual/Family/Group
c. SUD assessment and treatment planning
d. Services focused on developing cognitive and behavioral skills for management of stress, anger, and violence related to criminality.

e. Preventative and primary health care services referrals
f. Health education services referrals
g. Employment and educational services and/or referrals
h. Life Skills program and/or referrals
i. Community referrals
j. Social and recreational activities

**4. Reentry Recovery Housing (RRH)**

The Contractor shall provide short term RRH facilities with minimal barriers to enrollment, so that periods of sobriety, income requirements, clean records, or clear eviction histories are not required, subject to safety and security of other housing participants, state law, or conditions of parole. Participants voluntarily reside in the RRH housing setting which is targeted toward individuals in recovery with an abstinence focus. Participants engaged in services shall be offered resources to help achieve goals focused on stable income, employment, permanent housing, and housing stability. Holistic services and peer-based recovery support are available to participants while enrolled in the RRH facility. Services shall align with the participant's choice and prioritization of personal goals of sustained recovery and abstinence from substance use. The Contractor shall ensure the following:

a. RRH shall be made available to participants who have a self-identified need for housing and an assessed need for treatment, as measured by COMPAS.
b. Contractors are encouraged to provide RRH to PC 290 participants.
c. RRH facilities may be occupied by tenants other than the CDCR referrals.
d. RRH services shall be documented and kept on file at the STOP Placement Office.
e. Participants shall be provided with personal privacy space, twenty-four (24) hour seven (7) days per week access to the residence, and community space for resident gatherings and meetings, subject to residency guidelines or rules.
f. Participants at RRH facilities shall be provided with prepared meals, provisions, or the ability to secure the provisions to prepare three (3) nutritionally balanced meals per day, seven (7) days per week. Upon written request and with adequate justification and verifiable support from a representative of an established and recognized religion, participants shall be provided with provisions for special diets related to their religious preferences and practices. Participants shall be provided with provisions for special diets for medical reasons with a medical practitioner's written instructions.
g. The RRH Subcontractor shall designate an RRH House Manager and an alternative RRH House Manager to ensure the coverage detailed below. Any staffing is for the purpose of property maintenance and assuring adherence to the rules of residence only.
h. All RRH facilities shall have a House Manager available seven (7) days per week. The House Manager shall be onsite during evening hours through the morning hours from 10:00 PM to 6:30 AM. The House Manager, or an approved designee, shall be available by telephone, seven (7) days per week and twenty-four (24) hours per day or when not on site.
i. Participants may be discharged if their behavior conflicts with the guidelines of the RRH or disrupts or impacts the welfare and recovery of other participants that reside at the RRH. Substance use and relapse shall not be treated as an automatic cause for discharge from RRH. Instead, a participant may be referred to a level of care appropriate to their assessed need.
j. Participants may be re-referred to the RRH if they express a renewed commitment to participating in treatment and living in a housing setting targeted to individuals in recovery.

All placements are subject to the availability of program slots and funding. Participants who are discharged or determine they are no longer interested in residing in an RRH setting, will be offered linkages and/or referrals to other housing service options, including housing operated with harm reduction principles.

**5. Returning Home Well Housing (RHWH)**

Subject to the approval of the California State Budget Act, the Contractor shall establish and operate a service modality known as RHWH. RHWH shall serve as an initial stabilization phase designed to provide short-term housing and basic necessities for eligible individuals, while assessments are conducted to determine appropriate service placement.

RHWH shall be available to individuals within twelve (12) months of release from incarceration. This modality is intended to be a first point of reentry engagement, supporting stabilization, assessment, resource navigation, and connections to treatment and housing services.

Upon placement into RHWH, participants shall be assessed for criminogenic needs, including but not limited to SUD, behavioral health, and housing insecurity. Based on assessment outcomes, individuals shall be referred to the appropriate STOP service modality or contract type aligned with their identified needs.

DMC services funded through the county shall be leveraged as the primary treatment option, where available. If DMC services are not immediately accessible, individuals may stay within the RHWH modality until a spot becomes available. If DMC services are not available for placement, then the participant may be placed into other STOP modalities, contingent on their assessed needs and available resources.

RHWH facilities shall not provide direct treatment services. Instead, their function is to offer short-term housing that supplies individuals with meals, hygiene products, and other basic living necessities. RHWH shall also provide wrap around services such as life skills, family reunification, transportation, stabilization resources, and any other non-SUD assessed needs.

All RHWH facilities shall have a designated House Manager present onsite seven (7) days per week during overnight hours, from 10:00 PM to 6:30 AM. The House Manager, or an approved designee, must also be accessible via telephone twenty-four (24) hours per day, seven (7) days per week, to ensure continuous support and supervision. Staff shall be responsible solely for facility oversight and ensuring compliance with residence expectations — not for the delivery of treatment services.

**6. Outpatient (OP)**

OP Services are provided to participants through face-to-face interaction with program staff outside of the participant's residence. Placement shall be determined based on the primary assessed need (SUDT, criminogenic). OP facilities shall be supervised during operating hours. The facility may be utilized by participants other than the CDCR referrals.

The Contractor shall provide participants who have a low to medium assessed SUDT need with OPS services. The Contractor may also engage a participant in OPS as a step-down once residential treatment is completed.

OPS may be provided through either of the following:

a. **Certified Substance Use Disorder Treatment (CSUDT)**
The Contractor shall provide CSUDT facilities certified by DHCS. CSUDT services are organized, non-residential services provided by staff in regularly scheduled sessions outside of the participant's residence. CSUDT staff shall provide professionally directed evaluation, treatment, and recovery services to participants under a defined set of policies and procedures. The following scope of activities provided shall address the objectives of the participant's treatment plan:

i. Rehabilitative services
ii. Counseling - Individual/Family/Group
iii. SUD assessment and treatment planning
iv. Services focused on developing cognitive and behavioral skills for management of stress, anger and violence related to criminality
v. Preventative and primary health care services and/or referrals
vi. Health education services and/or referrals
vii. Employment and Educational services and/or referrals
viii. Practical life skills counseling, education, and training services and/or referrals
ix. Advocacy and referrals

b. **Other Outpatient (OOP)**
OOP Services are non-residential professional services which shall be evidence-based interventions to encourage participants to adopt a pro-social, law-abiding lifestyle and help them obtain the skills necessary to function as productive members of society. The services shall focus on helping participants to interpret social cues, identify and compensate for distortions and errors in thinking, generate alternative solutions, and make decisions about appropriate behavior. Such services are provided in regularly scheduled sessions and services function under a defined set of policies and procedures. OOP Services may include the following:

i. Cognitive Behavioral Therapy (CBT) based interventions
ii. Employability and job development
iii. Education and Literacy
iv. Life Skills
v. Individual counseling (Non-SUDT)

**D. Physical Requirements**

The Contractor shall provide, at the time of proposal submission, policies and procedures describing each component identified in this section. The Contractor shall ensure all facilities are maintained in a clean, safe, secure, and sanitary living environment and remain compliant in accordance with federal, state, and local laws and licensure requirements. All repairs which affect the health and safety of participants shall be completed within twenty-four (24) hours of discovery.

The Contractor shall ensure facilities providing services under the terms of this Agreement comply with the following:

a. Title II of the American Disabilities Act (ADA), 42 U.S.C., § 12131, et seq. Reasonable accommodations shall be made for participants with disabilities. If on-

site parking is available, space shall be reserved for parking, in accordance with the ADA statute.

b. Ensure public transportation is available within one (1) mile from the CBP facility or transportation shall be provided for medical, employment, or other external support services.
c. Ensure no participants are locked down in the facility at any time.
d. The Contractor shall ensure all emergency and safety equipment is tested monthly and quarterly drills are performed with results documented and available for review by the DRP.
e. Develop and maintain written policies and procedures to ensure the safety and security of participants, staff, visitors, and the facility. Ensure the written policies and procedures include, at a minimum, instructions for the following:

    i. Fire prevention safety requirements
    ii. Evacuation plan
    iii. Alerting the local fire department
    iv. Alert notification and/or evacuation of all occupants
    v. Emergency evacuation training
    vi. Quarterly emergency evacuation drills

f. Develop and maintain clear, concise and site-specific emergency evacuation diagrams and ensure they are posted throughout the facility and include the following:

    i. Identifies the “You Are Here” location that is compatible with the building floor plan.
    ii. Includes the location of building exits, fire extinguishers, and first aid supplies.

g. Ensure all facilities are equipped with regularly tested smoke detectors and fire extinguishers. At a minimum, both smoke detectors and fire extinguishers shall be placed in:

    i. Common areas
    ii. Kitchen/break rooms (excluding Outpatient facilities)
    iii. Sleeping area(s) (excluding Outpatient facilities)
    iv. Laundry (excluding Outpatient facilities)
    v. Maintenance and storage area(s) (excluding Outpatient facilities)

h. Ensure all facilities are equipped with emergency lighting, at a minimum, in the main lobby and exit corridors and such equipment shall be operational at all times.
i. Ensure all facilities have fully stocked first aid kits readily available throughout the facility. The telephone numbers of all local emergency service agencies shall be posted and readily available.
j. Smoking is prohibited in accordance with state law. The Contractor shall post “NO SMOKING” signs in all sleeping areas, common areas, designated visiting areas, and in the main office of the facility in full view of participants, staff, and visitors.
k. A list of nearby Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or non-secular equivalent meetings shall be maintained and available at all times in the common area (excluding RHWH facilities).
l. Ensure all facilities’ furnishings, equipment, and appliances are operational and are replaced when necessary.

m. Ensure all facilities have adequate classroom/treatment space for program activities (excluding RRH and RHWH facilities).
n. Ensure all facilities maintain monthly pest control services.
o. Ensure all facilities maintain the written policy for inventory, use, storage, and disposal of all hazardous, toxic, and volatile substances in accordance with the Hazardous Substances Information and Training Act, Chapter 2.5 (commencing with Section 6360), Part 1 of Division 5 of the Labor Code. Safety Data Sheets (SDS) shall be maintained on-site for all hazardous materials used in the facility. The SDS shall be posted and immediately accessible to staff and participants wherever these substances are used. Rooms designated for the storage of hazardous materials shall be identified with hazardous material signage. Hazardous, toxic and volatile substances shall not be stored in sleeping rooms, furnace areas, kitchens, dining areas, or in close proximity to stored food or kitchen supplies.
p. Ensure all facilities have a secured maintenance room for the storage of cleaning supplies, tools, and equipment. Flammable substances such as gasoline, kerosene, and paint thinner shall be stored outside the facility's main structure in approved containers behind locked, properly ventilated and labeled fireproof cabinets.
q. The facilities shall be equipped with temperature control for heating and air conditioning units. At no point should kerosene or propane space heaters be utilized at the facility due to health risks and fire hazards. The Contractor shall comply with all relevant California Building Codes (CBC) of the most recently released CBC regulations. Facilities shall also be compliant with the Building Heating and Cooling System section of the State Administrative Manual § 1805.3 - https://www.dgs.ca.gov/Resources/SAM/TOC/1800/1805-3.

The Contractor shall ensure residential facilities providing services under the terms of this Agreement comply with the following:

r. All LSUDD, LSUDT, and FOTEP facilities must possess a valid license, in good standing, with DHCS as defined in Title 9 §10505 of the California Code of Regulations. The license shall indicate the ability to operate as a SUDT residential facility for the contracted capacity of participants to reside on site with sufficient living, eating, and treatment space.
s. All LSUDT and FOTEP participants shall sign in and out of the facility indicating specific destinations. Participants shall not leave the facility prior to 6:00 am or return later than 10:00 pm, without prior approval in writing by the AOR, and as outlined in the Participant's Orientation Program Handbook. The AOR may also place additional time restrictions on a case-by-case basis.
t. RRH and RHWH participants sign a residency agreement that clearly establishes rules, guidelines, and policy and procedures. A copy of the most current residency agreement, for each participant, shall be maintained on site. All RRH and RHWH participants shall be given the CDCR Housing First flyer (Attachment 11) upon intake and must receive one again upon dismissal from the RRH.
u. Searches of the facility for and securing of contraband shall be in compliance with STOP policies and procedures and shall be documented. Any findings of contraband shall be reported as required by the incident reporting protocol.
v. Adequate sleeping space to include bed frame, box spring, mattress, plastic mattress cover, pillow, and linens. Such items shall be replaced as they degrade or become damaged.
w. Adequate space for the storage of participant(s) personal items.

x. All issued linens shall be laundered on a weekly basis or sooner as needed. At a ratio of sixteen (16) to one (1) (16:1), access to an operational large-load washer, dryer, and detergent, shall be available at no cost to participant(s).
y. Dining room areas shall be adequately furnished.
z. Participants shall be provided with a wholesome and nutritionally balanced diet of three (3) meals per day. Sack lunches shall be provided to participants enrolled in LSUDT/FOTEP who are off-site during the day on authorized activities.
aa. Menus shall be posted in locations accessible to participants. Upon written request and with adequate justification and verifiable support from a representative of an established and recognized religion, participants shall be provided with special diets related to their religious preferences and practices. With a doctor's or acceptable medical practitioner's written directions, participants shall be served special diets for medical reasons.
bb. Food preparation shall be completed in a kitchen with adequate workspace and a functional stove, microwave oven, refrigerator, and freezer. Staff and participants preparing food shall be cleared for food handling and instructed in the requirements for sanitation and cleanliness before handling food.
cc. Daily food services that are subcontracted shall meet the same requirements of food prepared on-site. Subcontracted food service providers shall: 1) adhere to all state and local health and sanitation codes; 2) have a valid business license; and 3) be notified in writing that the provider is subject to CDCR inspection and approval.
dd. All food items shall be kept off the floor and stored in accordance with packaging instructions. All cleaning solutions, detergents and supplies shall be stored separately and away from food, cooking supplies, and serving utensils.
ee. Kitchen and dining room trash shall be stored in properly sealed containers.
ff. Staff shall conduct documented inspections of the kitchen, dining room, and food storage room to ensure that all food service equipment, furnishings, utilities, and handling practices are maintained in a safe and hygienic manner.
gg. Ensure all facilities have secured file storage space and availability of private office space for the CDCR staff use, excluding RRH and RHWH facilities.

## VIII. PROGRAMMING COMPONENTS

The Contractor shall ensure the administration of curriculum, management of the program, and reporting for each participant enrolled. The Contractor shall provide, at the time of proposal submission and within twenty-four (24) hours of any revisions, policies and procedures describing in detail how programming services at the community level will be monitored to ensure successful programming and contract compliance.

Participants shall only be placed into programming services that will address their assessed needs. Program services are to be offered on an open entry/open exit basis at various times of the day, including evenings and weekends, to accommodate participant work schedules. The Contractor shall ensure that an alternate program track is made available for those participants who have already completed a treatment regimen while incarcerated. The Contractor shall ensure all materials (e.g., workbooks, videos) utilized for the required programming are made available to the participants. Development and implementation of programming services to include the following:

### A. CBT Based Interventions

The Contractor shall provide evidence-based interventions based on the principles of CBT to encourage participants to adopt a pro-social, law-abiding lifestyle and help them obtain the skills necessary to function as productive members of society. The CBT curricula shall be geared toward

helping participants to interpret social cues, identify and compensate for distortions and errors in thinking, generate alternative solutions, and make decisions about appropriate behavior. At a minimum, the Contractor shall ensure the provision of CBT curricula for the following:

1. **Substance Use Disorder Treatment (SUDT)**
   SUDT program services are delivered to participants working to overcome addiction to alcohol and/or other drugs. Treatment shall include, at a minimum, substance abuse education, relapse prevention and recovery, and treatment planning services. Attendance shall be according to a planned and specified schedule as identified in the participant's Individual Treatment Plan (ITP).

2. **Anger Management**
   Anger Management program services are delivered to address participants that have aggressive and anti-social behavior. The goal is to help replace out-of-control destructive behaviors with constructive pro-social behavior.

3. **Criminal Thinking**
   Criminal Thinking program services are delivered to address participants that have anti-social thinking and criminal behavior. The curricula shall include, at a minimum, moral development, narcissism, low self-esteem, resistance to change, defensive attitudes, reasoning, and behavioral traits that lead to justice-involved activity.

4. **Family Relationships**
   Family Relationships program services are delivered to address participants that are estranged from and/or have dysfunctional family relationships. The curricula shall include at a minimum, family and parenting skills. The Contractor shall provide liaison services between participants and their families. The goal is to strengthen and/or renew family foundations by minimizing stress and anxiety during parole and promoting healthy family values and parenting skills.

**B. Employability and Job Development**

The Contractor shall provide at the time of proposal submission, written policies and procedures that describe how the Employment Development Liaison , as identified in Exhibit A, Scope of Work, Section X. Personnel, Subsection L. STOP Placement Office Key Staff Positions, will work collaboratively with the Job Developer(s) or designee to ensure resources are available to transition participants into long-term sustainable work. The policies and procedures shall describe how the Job Developer or designee will assist unemployed participants based on assessed needs and the duration of their time in the program. The Contractor shall assist participants in the following areas: employment preparation, résumé writing, skill development, interviewing skills and techniques, job search and placement. The Contractor shall offer a variety of resources to transition participants into long-term sustainable work providing the participant has progressed as determined by the Case Manager and AOR. Any revisions shall be provided to the DRP within thirty (30) calendar days.

The Contractor shall:

1. Actively collaborate with employers within the awarded program area to create job opportunities for participants.

2. Notify prospective employers of the Work Opportunity Tax Credit, the fidelity bonding incentive, and any other benefit for hiring participants (refer to the Employment Development Department's website for additional information: www.edd.ca.gov).

3. Prepare and update a monthly roster of employers willing to hire participants and provide the roster to the Employment Development Liaison and/or the CDCR upon request.
4. Make appropriate referrals by utilizing the local Employment Development Department or local Workforce Investment Board, temporary employment agencies, and community job development agencies.

**C. Education/Literacy**

The Contractor shall provide or make available an academic literacy program for those participants with assessed educational needs. This may be in the form of a computer literacy program, a General Educational Development (GED) preparation program and/or other general adult education programs.

**D. Life Skills**

The Contractor shall provide, or make available, basic Life Skills program services to help participants live successfully and function in their multiple roles as members of a family, community, and workforce. Life Skills program services shall include, at a minimum:

1. Effective communication
2. Victim awareness
3. Healthy relationships
4. Health and personal hygiene
5. Financial literacy

**E. Family-Focused Services/Family Reunification**

Family-focused services with emphasis on family strength and recovery have shown to produce more successful outcomes, by providing more of the necessary support for the successful return to the community. The family shall be engaged in transitional planning and ongoing care through participation in activities. The Family Reunification program service component shall provide, at a minimum, the following:

1. A supervised process for participants to reunite with their children
2. Parenting skills development
3. A safe environment for reunification of participants and all family

## IX. CBP SERVICE DELIVERY

The Contractor shall provide, at the time of proposal submission and within twenty-four (24) hours of any revisions, policies and procedures describing in detail how CBP service delivery at the community level will be monitored by the Contractor to ensure successful programming and contract compliance. The policy and procedures shall at a minimum include the following (a copy of these procedures shall be made available to the DRP upon request):

**A. Participant Orientation**

1. All participants receive a “Participant’s Orientation Program Handbook” immediately upon arrival to the facility. The handbook shall include: policies and procedures governing personal

conduct, employment, education, counseling, Medi-Cal enrollment, self-improvement, substance use disorders, victim awareness, mail, visiting, use of facility telephones, appeals, daily activities, passes, substance use testing, paid employment, maximum amount of cash permitted, participant grievance process, the CDCR Housing First flyer (Attachment 11), and the role of each staff person at the facility.

2. Conduct an initial orientation for each participant at the facility. At a minimum, the orientation shall consist of clear expectations of each participant, program rules and a review of the Participant's Orientation Program Handbook. An acknowledgement of the orientation shall be retained in the participant's file and signed by the participant as well as the staff who conducted the orientation.

3. At the time of proposal submission, and within thirty (30) calendar days of revisions, the Participant's Orientation Program Handbook shall be submitted to the DRP.

4. Conduct an initial orientation to all participants at facilities with children residing or visiting overnight at the facility and ensure they receive a Parent's Handbook. The Parent's Handbook shall include the following:

    a. Parenting rules
    b. Children's rules
    c. Sleeping area
    d. Meals and snacks
    e. Personal hygiene and necessary supplies
    f. Cooperative childcare services
    g. School requirements
    h. Health care services (including medical, dental, vision, mental health, and medications)
    i. Transportation
    j. Visitation procedures
    k. Disciplinary actions/alternate placement

5. Conduct an initial Children's Accommodations orientation for participants with dependent children upon arrival of the dependent children to the facility. A copy of the Parent's Handbook must be provided at the initial Children's Accommodations orientation.

6. At the time of proposal submission, the Contractor shall provide a copy of the Parent's Handbook. All updates, revisions, and modifications shall be provided to the DRP within thirty (30) calendar days of the proposed changes.

**B. Frequency of Services (LSUDT and FOTEP only)**

Participants' programming hours may vary from week to week but shall average twenty (20) hours per week over the duration of the participant's stay. Participants shall be actively engaged in programming at least five (5) days per week; however, programming activities should be scheduled across at least six (6) days per week. There shall be a minimum of twenty-six (26) programming hours per week. Twenty (20) of those hours shall be face-to-face individual and group sessions for each participant. There shall be a minimum of six (6) hours per week of supplemental face-to-face individual and group activities; this may include participation in activities such as a 12-step self-help group. Medical appointments and health and wellness activities may count toward the supplemental six (6) hours.

Participants who are employed may reduce the amount of required programming hours in accordance with their hours worked. For every verifiable hour of employment, the participant may reduce programming hours by fifteen (15) minutes. Working hours must be verified (e.g. timesheet, paystub, etc.) and documented in the participant's file. Participants eligible to reduce programming hours via verifiable employment shall be enrolled and participate in a minimum of twenty-one (21) programming hours per week, which shall consist of 80 percent face-to-face individual and group sessions and twenty (20) percent supplemental face-to-face individual and group activities.

**C. Programming Schedule**

The Contractor shall ensure development and maintenance of a weekly program schedule to include all program components or services to be provided. The schedule(s) shall be offered in the morning, afternoon, and evening to accommodate participants unavailable due to work schedules and the attendance of other necessary appointments. The program schedule shall be maintained throughout the term of this Agreement.

The program schedule shall include the following information:

1. Date
2. Start time and end time
3. Title of program component or service
4. Location
5. Maximum number of participants allowed
6. Facilitator’s name and title

**D. Secondary Assessment**

The CBP shall utilize an evidence-based secondary assessment to determine appropriate services for each participant. The assessment shall be documented and retained in the participants’ case file.

**E. ITP (LSUDT, FOTEP, CSUDT, and OOP only)**

Upon completion of the secondary assessment, the Contractor shall ensure each participant has a treatment plan on file in accordance with DHCS licensing requirements. The target needs in the treatment plan shall be based on the secondary assessment(s) results. The Substance Use Disorder Certified Counselor (SUDCC) and/or CBT Facilitator shall ensure that both their signatures and the participant’s signature is on the initial ITP. The ITP shall be retained in the participant’s case file.

All ITPs shall include the following:

1. Statement of assessed treatment needs of the participant
2. Statement of action steps that shall be taken to address the treatment needs identified in the plan
3. Target date(s) for accomplishment of action steps
4. Treatment discharge planning

**F. ITP Review**

Participants shall contribute and participate in their plan review. Administration of the plan review shall include notifying the participant of who the committee members are, and the purpose of the review. The program procedures for the plan review shall be inclusive of the following components:

1. A committee shall consist of the facility staff members required by DHCS, along with the Job Developer, and AOR if available.

2. The Job Developer (if applicable), SUDCC and/or CBT Facilitator are encouraged to work with the AOR to develop collective goals and tasks for the participant to achieve.

3. Documentation of the review shall be placed in the participant's case file.

**G. Case Notes**

The Contractor shall document all case notes in the participant's file. The case notes shall, at a minimum, document the activities the participant has engaged in to address their ITP and next steps, actions, interventions and/or referrals.

**H. One-on-One Counseling Sessions**

One-on-one counseling sessions shall be conducted for each participant, and allow for private, individualized, focused discussions with the participant. These sessions shall address the participant's individual reentry goals, identify and build upon personal strengths and assess high-risk situations.

**I. Group Counseling**

Groups that engage participants in addressing the values and behaviors that contributed to the participant's criminality, shall promote the participation and safety of the participants. The interactive group process shall build social skills by allowing the participants to practice self-disclosure, trust, communication, listening, problem-solving, etc. These groups shall be based on a discussion topic and facilitated by the appropriate CBP staff.

**J. Group Ratio**

The group size for each CBT program component shall not exceed an eighteen (18) to one (1) (18:1) participant to counselor/facilitator ratio.

**K. Breathalyzer/Urinalysis Testing**

The Contractor shall use a breathalyzer and/or any other non-invasive alcohol and drug detection devices to test participants at any time. The Contractor shall provide policies and procedures to the DRP within fourteen (14) calendar days of contract execution.

1. The Contractor shall test participants on a random basis and for probable cause if behavior is exhibited consistent with being under the influence.

2. All participants who test positive shall be reported to the AOR on the same day the test was administered.

3. Any participants refusing to test shall be reported to the AOR/Officer of the Day/Unit Supervisor immediately.

**L. Discharge Plan**

The Contractor is responsible for ensuring every participant has a discharge plan. Participants

shall be involved in creating and updating discharge plans with their assigned SUDCC and/or CBT Facilitator. Administration of the discharge plan shall include notifying the participant as to who the committee members are, and the purpose of the review is to ensure continuity of service and transparency. A copy of the discharge plan shall be maintained in the participant's file unless otherwise approved by the DRP in writing.

A committee shall consist of the facility staff members required by DHCS, along with the Job Developer, and AOR if available.

All Discharge Plans shall include the following:

1. Residence accommodations
2. Mental health/medical information pertinent to discharge
3. Employment
4. Continued education (if applicable)
5. Transportation options
6. SUDT and/or other related treatment maintenance to include, at a minimum:
   a. List of local area self-help group meetings
   b. Relapse prevention information

**M. Positive Reinforcements/Motivational Incentives**

The Contractor shall ensure that the applicable CBP operates an ongoing Motivational Incentives program. Motivational Incentives shall consist of positive reinforcements and encourage participants to successfully complete each program phase and commit to participate in other program related services. The Contractor shall encourage the CBP to work with the AOR to develop an incentive program/process to support pro-social behavior and positive programming. Participants must be actively engaged in programming. Each motivational incentive shall receive prior written approval from the Placement Office Program Director or designee.

Motivational incentives shall not be cash-based, but may include:

1. Welcome packets, work equipment, work attire, housing vouchers, application and registration fees for GED and college, purchase of school and trade books, professional attire, and farewell packets;
2. Donated items from community organizations that shall be for participants use only;
3. Vouchers shall not exceed fifty dollars ($50) per award. The fifty-dollar ($50) threshold may be increased on a case-by-case basis, with prior justification and approval from the AOR and the DRP.

All incentives shall be documented and include the participants' name and CDCR number.

**N. Participant Savings Fund (PSF)**

The Contractor shall ensure the CBP, except CBP providers of OPS, OPNS, RRH, and RHWH services, establishes a PSF for participants enrolled in the program.

1. Participants shall be required to place seventy-five (75) percent of their net income into the PSF. While participants are enrolled in the network, the remaining twenty-five (25) percent of their net income shall not be used to purchase expensive personal items, e.g. automobiles, motorcycles, stereo sets, or jewelry, without prior written approval from their assigned AOR. All governmental cash assistance programs shall be considered as income and treated with the same procedure set in place for participants while in the network. If a participant is removed from the program either voluntarily or involuntarily (including absconders), but has funds left in their PSF, the Contractor shall ensure the CBP forwards a check to either the AOR or the participant, as designated by the AOR, no later than three (3) business days after removal from the facility.

2. The Contractor shall ensure the CBP maintains accounting records necessary to provide for the recording of all transactions that correspond with the PSF. The accounting system shall also provide accurate and current information relating to each individual participant's record included within the PSF. All entries to the PSF shall be supported by sufficient and relevant source documentation.

3. The Contractor shall ensure the CBP conducts monthly reconciliations to ensure the accuracy of the accounting records. The PSF shall not be utilized for the expenditures relative to the operation of the facility or any other expenditure not authorized by the participant and approved by the assigned AOR.

4. The Contractor shall ensure the CBP retains a file of all financial data relevant to each individual participant. Data shall include but is not limited to paycheck and paycheck deduction records, and PSF transactions. The Contractor shall retain such records for three (3) years from the date the participant leaves the facility.

**O. Self-Administered Medication**

The Contractor shall ensure the CBP allows for the provision of self-administration of medication by participants at LSUDD/LSUDT/FOTEP facilities through the following:

1. Each facility shall have a secure medicine cabinet in an area controlled by staff. Medication shall be monitored via log sheets on each medication that includes the participant's name, CDCR number, and dosage.

2. The log shall also identify the date and time medication was observed being self-administered, amount of medication remaining, name, date and initials of staff that observed the self-administered dosage, and the participant's signature.

3. All outdated and discarded medications shall be properly disposed of in accordance with Title 9 of the CCR and federal guidelines. Disposal of sharps shall be in accordance with Health and Safety (H&S) Code §§ 118275-118320. Disposal of medication and sharps shall be documented in the daily logbook with two (2) signatures to verify the date and method of disposal. Labels on the packaging shall be destroyed. In addition, each STOP facility shall have a locked and refrigerated storage area for medication requiring refrigeration.

**P. Passes**

All participant passes shall be maintained in the participant's file and participants adhering to the STOP program requirements shall be allowed community leave, which includes overnight visits for family reunification. The noted passes shall be limited to the time necessary to accomplish the

stated purpose. The participant shall return to the facility with documented verification of his/her authorized activities.

Passes shall be issued for up to twelve (12) hours per pass, unless prior written approval is obtained from the AOR and shall be taken between the hours of 6:00 am through 10:00 pm.

**Q. Participant Medical Care (LSUDD, LSUDT, CSUDT and FOTEP only)**

The Contractor shall ensure the CBP provides the following:

1. Development and implementation of written procedures for both routine and emergency medical care of participants. The procedures shall address actions to be taken in the event of the death of a participant and incorporate the CDCR's procedures. No participant shall be denied the opportunity to seek medical attention.

2. Implementation and maintenance of a provider network capable of accommodating participation in Medically Assisted Treatment (MAT).

3. Appropriate reasonable accommodations and plans for participants with special needs shall be documented.

4. The Contractor shall coordinate with the DRP and DAPO immediately to determine a course of action upon notification that a participant's health-related problem interferes with a participant's ability to remain at a facility, If the participant can remain at the facility, the Contractor shall provide the participant adequate information to secure the necessary medical appointment and assist with transportation.

5. Intake screening for participants that include citizenship status, Veteran status, American Indian/Alaskan Native status, and medical and/or mental health conditions.

6. Health care coverage application assistance shall be provided to participants who: did not apply for health care coverage while incarcerated; do not currently have health care coverage; have had their health care coverage suspended or terminated; or do not have the means to pay for health care. The following health care coverage applications and/or renewal assistance shall be provided:

    a. Affordable Care Act (ACA)
    b. Medi-Cal
    c. Retirement, Survivors, and Disability Insurance
    d. Supplemental Security Income (SSI)
    e. Veterans Affairs Health Benefits
    f. Indian Health Services
    g. Other health care coverage, as applicable

**R. Clothing and Shoes**

The Contractor shall ensure the CBP refers participants to local, charitable organizations for clothing needs and/or maintain an adequate on-site clothing locker.

**S. Property**

The Contractor shall ensure the CBP provides protection and disposition of participant property in accordance with the CDCR policy (DOM § 54030) and state law (PC § 5061-5065). The Contractor

shall ensure that the CBP includes in their procedures inventory upon reception, secure storage during residency, and disposition when the participant exits from the program.

**T. Community Partnerships**

The Contractor shall foster ongoing public and private partnerships with community agencies and providers to better serve participants and ensure seamless delivery of services. The Contractor shall conduct community outreach by meeting monthly with local agencies and parole offices to promote their program and develop a collaborative network of service-based connections for participants. The Contractor and CBP shall link participants with community partners and or resources to address the participants' specific needs. The Contractor shall provide information to community partners on existing programs/services and maintain current and accurate resource materials.

## X. PERSONNEL

The Contractor shall provide the required staff for the overall administration of the program in compliance with State and County rules, directives, and evidence-based practices. The Contractor's key staff positions and responsibilities are listed below; however, actual classification titles may vary.

The Contractor shall provide effective coverage during their posted hours of operation. Contractors having more than one (1) contract shall not use full-time STOP staff for other contracts. Full-time STOP staff positions shall not supervise or provide program services to individuals who are not a part of the STOP population. Full-time staff is defined as an employee who works forty (40) hours per week at the program. Part-time STOP staff may be allowed to work with non-STOP contracts, in which case the STOP employee's projected time base for each contract shall be noted in the required staffing plan. The Contractor shall provide, at the time of proposal submission, policies and procedures describing each component in this section.

**A. Personnel Management**

The success of the program relies on the collaboration between the CDCR and contract personnel. This working partnership must be maintained to ensure the integrity of the program. The CDCR and Program Director, in their respective roles and responsibilities, shall work collaboratively to provide services to participants by:

1. Maintaining open lines of communication and information sharing
2. Upholding mutual respect
3. Dressing professionally in business attire and adhering with all applicable CDCR, DOM requirements. Currently, see DOM, Article 21, §33020.4 letter (e) non-peace officer employees (subject to change)
4. Reporting contract staff overfamiliarity and ethics violations

**B. Contractor Leadership & Supervisory Standards**

Contractor staff shall comply with ethical and moral standards of any social service profession, certification, or license, and the CDCR requirements at all times.

The Contractor shall establish standards of professionalism (including boundaries) and training of all staff, communicating the inherent risk and dangers associated with working among justice-involved populations including personal safety.

The Contractor shall recruit, train, supervise, and maintain qualified staff necessary for the successful operation of this Agreement. For staff to provide effective services to participants and maintain a rehabilitative environment, the Contractor shall ensure the following conditions are met:

1. Maintain a consistent and supportive environment for both staff and participants
2. Maintain appropriate and professional boundaries between staff and participants
3. Ensure supervisory coverage during all designated programming hours
4. Serve as an appropriate role model for staff and participants
5. Develop professional rapport with all stakeholders and participants that is mutual, collaborative, and responsive to all parties' needs
6. Stay current on staff training needs, opportunities, and issues

**C. Staffing Plan**

The Contractor shall develop and submit a staffing plan at the time of proposal submission. The staffing plan shall be maintained throughout the term of the Agreement and updated annually. The plan must ensure full staffing levels for all programming services, detailing recruitment and selection processes, and addressing contingencies for staffing shortages. It shall identify part-time and full-time staff and their time allocation to the STOP program. The CDCR reserves the right to request a copy of the current staffing plan as needed. Any changes to the staffing plan must be approved by the DRP.

The plan shall include job descriptions and/or duty statements, minimum qualifications, and tasks for each position, along with employment applications, résumés, and diplomas as recruitment occurs. It must comply with established staffing ratios and the Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet.

Based on program size and services at each STOP facility, the Contractor shall utilize the identified staff positions outlined in Exhibit A, Scope of Work, Section X. Personnel, Subsection M. CBP Key Staff Positions, to deliver program components effectively.

The Contractor may identify positions and hire staff beyond the STOP Placement Office Required Staffing outlined in this Exhibit A, Scope of Work, Section X. Personnel, Subsection L. STOP Placement Office Key Staff Positions. The recruitment and selection of these additional staff will be at the sole discretion of the Contractor; however, these staff shall also go through the Provisional and Security Clearance processes outlined in this Agreement.

**D. Employment Practices**

The Contractor shall ensure employment practices include at a minimum:

1. Work hours and overtime
2. Staff benefits (e.g., vacation, sick leave, insurance, retirement, etc.)
3. Promotions

4. Pay increases

5. Hiring and termination conditions

6. Discrimination and sexual harassment policy in compliance with State and Federal laws

7. Nepotism policy in accordance with the CDCR's rules and regulations that prohibits direct supervision and work performance evaluations of immediate family members

8. Fraternization policy in compliance with CCR, Title 15, § 3400, Familiarity, which prohibits employees from fraternizing with participants and their families.

The personnel manual will include policies on employee performance, a drug-free workplace, and staff conduct, as well as contingency and grievance procedures.

**E. Resignations, Separations, and Vacancies**

STOP Placement Office staff vacancies and affiliate CBP vacancies shall be brought to the immediate attention of the DRP. Vacancies require the immediate recruitment of new, qualified staff, and shall be filled within ninety (90) calendar days from the date of the initial vacancy. The Contractor may fill temporary vacancies internally by a temporary reassignment of existing qualified staff who meets minimum qualifications for the vacant positions. A temporary vacancy is defined as a vacancy of less than sixty (60) calendar days, unless an exception is approved by the DRP on a case-by-case basis. The STOP Placement Office is responsible for ensuring all CBPs maintain full staffing.

**F. Hiring**

1. **Duty Statements**

The Contractor shall submit a duty statement for each contract-funded position to the CDCR upon proposal submission. After the CDCR review and approval, the Contractor is required to maintain a signed duty statement for each hired position and shall provide the CDCR with a copy, upon request. The duty statement shall detail the total work required for each authorized position and at a minimum identify the following:

a. Position title
b. Position number (each position must have a unique position number)
c. Minimum qualifications and experience
d. Desirable characteristics
e. Lines of reporting authority required and assigned to the position
f. Position title(s) and number of staff to be supervised (if applicable)
g. Description of the responsibilities, duties, and tasks to be performed

2. **Hiring Practices**

Prior to a non-affiliate CBP hiring a candidate to fill a position, the STOP Placement Office is responsible for ensuring a hiring package has been reviewed and all minimum qualifications for the position have been met. Once the hiring review has been completed, the STOP Placement Office is responsible for submitting a CDCR 2311 Background Security Clearance Application (Attachment 12), to the DRP for Provisional Clearance processing.

An employee with a justice-involved background whose assigned duties involve administrative or policy decision-making, accounting, procurement, cashiering, auditing, or any business-related administrative function shall be fully bonded to cover any potential loss to the State or

the Contractor. Evidence of the bond shall be supplied to the DRP prior to employment of the individual.

**G. Minimum Qualification (MQ) Waiver**

The Contractor shall make reasonable attempts to fill all positions with a qualified candidate(s). The Contractor may submit a MQ Waiver Request to the DRP to hire an individual who does not meet minimum qualifications. Requests for a waiver will be considered on a case-by-case basis and will be granted only temporarily (not to exceed twelve (12) months), unless otherwise approved in writing by the DRP while the Contractor continues to seek a qualified individual or until the hired individual becomes qualified, whichever occurs first. A waiver of the minimum qualifications must be approved in writing by the DRP.

**H. Provisional Clearance and Live Scan**

The CDCR reserves the right to approve or deny any security clearances and has the authority to immediately terminate security clearances. The Contractor shall develop and implement written Provisional Clearance and Live Scan policies and procedures that include the following:

1. All current and potential staff, volunteers and any individual who will be in regular contact with the participants shall undergo a thorough security clearance. All Live Scan fees associated with the background check shall be borne by the Contractor.

2. Once the Contractor obtains the provisional clearance approval documentation, the CDCR will provide the CDCR 2311 Background Security Clearance Application (Attachment 12).

3. Potential staff shall take the CDCR 2311, Background Security Clearance Application (Attachment 12) to a Live Scan location approved by the Department of Justice (DOJ).

4. Once the Live Scan is complete, the Contractor shall return the completed CDCR 2311, Background Security Clearance Application, (Attachment 12) to DRPCRSLS@cdcr.ca.gov and fax to the Office of Peace Officer Selection at (916) 255-3302 within twenty-four (24) hours.

5. The CDCR will approve or deny all security clearances.

6. Criteria for denial or approval of security clearances include the following:

    a. The Contractor and Subcontractor shall not employ individuals with a conviction history involving drug trafficking during incarceration, escape or aiding/abetting escape, battery on a Peace Officer or Public Official, or any violations of PC §§ 4570-4577 (Unauthorized Communications with Prisons and Prisoners).

7. Certain applicants, volunteers, and Subcontractors will require the DRP review as a result of their justice-involved history. These case-by-case reviews will consider factors such as the individual's justice-involved conduct, the type of work to be performed by the individual, the time elapsed since the justice-involved conduct, and the individual's own rehabilitative efforts. The DRP shall review the following individuals on a case-by-case basis and provide a written determination of whether the applicant will be approved to work with the DRP participants:

    a. Individuals that fall under PC 457.1 shall have completed registration requirements, and employment will not violate those requirements.

b. Individuals with a conviction history involving a serious felony offense as defined by PC 1192.7
c. Individuals with a conviction history involving a violent felony offense as defined by PC 667.5(c).

8. Individuals who are on active supervision will require the DRP review as a result of their justice-involved history. These case-by-case reviews will consider factors such as the individual's justice-involved conduct, the type of work to be performed by the individual, the time elapsed since the justice-involved conduct, and the individual's own rehabilitative efforts.

   The DRP and the DAPO designee(s) shall review individuals who are on active supervision on a case-by-case basis and provide a written determination of whether or not the applicant will be approved to work with the DRP participants. The approval will be consistent with the DOM, regulations, the statutes, and meet the following criteria:

   a. In good standing, as determined by the CDCR or County Probation.
   b. Must have the AOR or Probation Officer written approval on department letterhead.
   c. Must not reside or be enrolled as a participant at the program for which they are requesting security clearance.
   d. Must follow all terms and Conditions of Parole, Probation, and registration requirements (with respect to PC § 290 registration, refer to below requirements).
      - Individuals that fall under PC 290 shall have completed registration requirements, and employment will not violate those requirements. PC § 290 registrants must follow all terms and conditions of Parole, shall have completed a minimum of fifty (50) percent of the Parole Supervision term, and must have successfully completed or are actively participating in any and all sex offender specific treatment services.

9. The Contractor is responsible for notifying the DRP of employment termination of any individual who has received a security clearance from the CDCR. The Contractor must submit CDCR 1797, No Longer Interested Notification (Attachment 13) to DRPCRSLS@cdcr.ca.gov and the DRP Program Analyst.

## I. Staff Training

The Contractor shall ensure staff participation in training that clearly defines the knowledge and skills necessary for the effective management of participants and the supervision of their activities specific to STOP. This training may be done in collaboration with the CDCR.
The Contractor shall provide documented evidence that its employees receive forty (40) hours of applicable orientation and training within their first year on the job and forty (40) hours of training annually thereafter. This training must be consistent with the duties and responsibilities of the staff position and documented in the employee's personnel file.

All STOP staff shall be trained in first aid and Cardiopulmonary Resuscitation (CPR), within the first six (6) weeks of employment and renewed prior to certificate expiration thereafter. A valid certificate of completion shall be maintained in the employees' personnel files.

## J. Personnel Requirements

The Contractor will maintain complete personnel records, conduct annual performance evaluations, and notify the DRP of staff changes for all Contractor staff at the Placement Office. The Contractor shall not be responsible for maintaining CBP personnel records. A copy of the

Employee Handbook must be provided at the time of proposal submission and within five (5) business days of any revision.

The Contractor shall establish minimum competencies for staff positions providing services to participants. Competencies shall be expressed in terms of knowledge, skills, abilities, experience, and education.

The Contractor is responsible for hiring and supervising the CBP staff required to fulfill all functions of the Agreement. The Contractor shall confirm that CPB staff are in compliance with all required training. The Contractor shall ensure sufficient staffing levels to deliver all program components as specified in the Agreement. Additionally, all staff responsible for program curriculum delivery must meet the requirements outlined in the Agreement.

**K. STOP Placement Office Key Staff Positions**

The Contractor shall provide the required staff for the overall administration of the program in compliance with state and county rules, directives and evidence-based practices. The Contractor staff responsible for program curriculum delivery shall meet all skills, abilities, and knowledge. Position descriptions and minimum qualifications shall conform to the requirements listed below:

**1. Program Director (One [1] Full-Time Position)**

The Program Director is a full-time position employed by the Contractor, responsible for overall STOP administration and coordination with the CDCR. This includes planning, staff selection, monitoring program effectiveness, negotiating Subcontractor agreements, managing invoices, submitting reports, and ensuring contract compliance.

Responsibilities shall include the following:

a. Maintain overall administrative responsibility for the delivery of program services.
b. Plan, direct, and coordinate all program activities.
c. Hire and train staff.
d. Oversee the budget and ensure that operational costs do not exceed the funding and work with the DRP.

**Minimum Qualifications:**

The Program Director shall possess either:

a. A Bachelor of Arts (BA) or Bachelor of Science (BS) degree in the Social Sciences or a related field and one (1) year of experience working with a justice-involved population; or
b. A minimum of sixty (60) college units and four (4) years of supervisory experience working with the justice-involved or related population; or
c. Six (6) years of staff supervisory experience working with a justice-involved or related population.

Additional experience may be substituted on a year for year basis for the educational requirement.

A minimum of five (5) cumulative years of documented experience demonstrating a history of administrative or program responsibility in services for participants or other justice-involved populations may be substituted for the educational and work experience.

**2. Reentry Assessment Coordinator (Minimum of One [1] Full-Time Position)**

The Reentry Assessment Coordinator is responsible for assessing individuals for placement based on their criminogenic needs, including SUD. The Reentry Assessment Coordinator will work out of the parole offices within their designated program area.

Responsibilities include:

a. Conduct criminogenic assessments to identify risks and needs, with an emphasis on substance use and related factors.
b. Generate tailored placement recommendations based on assessment results, aligning individuals with suitable STOP program modalities.
c. Collaborate with parole and program staff to coordinate referrals and ensure timely, appropriate placements.
d. Assist with placement logistics and support, verifying program capacity and participant readiness based on assessment outcomes.

**Minimum Qualifications:**

The Reentry Assessment Coordinator shall possess a minimum of two (2) years of experience conducting assessments with justice-involved populations, ideally with a focus on criminogenic needs and/or substance use disorders.

**3. STOP Case Manager (Part-Time or Full-Time Positions)**

The STOP Case Manager is responsible for providing casework services, including intake, assessments, placements, case management, and coordination with DAPO. Caseload ratios should not exceed a participant to case manager ratio of fifty (50) to one (1) (50:1) without prior approval in writing from the DRP.

Responsibilities shall include the following:

a. Provide interactive services to the STOP participants.
b. Develop CMPs for participants.
c. Develop and monitor the participants' progress relative to their CMP through all phases of the program.
d. Make appropriate referrals to outside agencies as necessary.
e. Maintain progress notes in participant files.
f. Keep the AOR apprised of participant's progress.
g. Develop discharge plans.

**Minimum Qualifications:**

The STOP Case Manager shall possess two (2) years of experience working in a SUDT program providing case management services.

**4. Community Service Representative (CSR) (Minimum of One [1] Full-Time or Part-Time Position)**

This position is responsible for conducting ongoing contacts with incarcerated individuals through the DRP In-Prison Programs and resource fairs. They will also collaborate with DAPO staff, attend meetings at parole units within their corresponding Program Area, and ensure a continuum of care from In-Prison program services to the STOP network of post-release services by coordinating placements via the STOP Placement Office.

Responsibilities include the following:

a. Provide interactive services to the incarcerated population and the CDCR staff.

b. Confer with the STOP Transportation Coordinator to facilitate the transportation of participants.
c. Assist in the development of community transition plans.
d. Assist with appropriate referrals to community programs.
e. Keep DAPO and STOP Placement Office staff apprised of the community transition plan.

**Minimum Qualifications:**
The CSR shall possess two (2) years of experience working in a SUDT program and must qualify for gate clearances into the CDCR institutions.

**5. Administrative Staff (Part-Time or Full-Time Positions)**
The Contractor shall be responsible for identifying all administrative duties essential to this Agreement and the staff necessary to accomplish these tasks.

**6. Employment Development Liaison (One [1] Full-Time Position)**
The Employment Development Liaison, based at the STOP Placement Office, supports job development and pre-employment services within the Program Area. They are familiar with pre-employment services, transitional work opportunities, long-term career opportunities, and have a basic knowledge of the expungement process, its benefits, and can provide information or referrals for expunging a justice-involved record or obtaining a Certificate of Rehabilitation.

Responsibilities shall include the following:
a. Coordinate and monitor job development services taking place at STOP facilities within the Program Area.
b. Provide support for Job Developers working at STOP subcontracted facilities.
c. Develop a network of prospective employers (e.g., trade associations, labor unions) within the Program Area that will work with participants to secure gainful employment.
d. Liaison with DAPO and the DRP on employment related policy issues.
e. Collect and maintain employment data for the Program Area.

**Minimum Qualifications:**
The Employment Development Liaison shall possess two (2) years of experience as a Job Developer, Employment Specialist, or similar position.

**7. Housing Navigator (One [1] Full-Time Position)**
The Housing Navigator facilitates successful reentry into the community by ensuring participants have access to safe, affordable housing after incarceration.

Responsibilities include the following:
a. Experience working with individuals who are chronically homeless and/or those at risk of becoming homeless.
b. Knowledge of Public Housing Authority and Housing subsidy is ideal (i.e., Housing Choice Vouchers, Shelter Plus Care, Veteran's Affairs Supportive Housing (VASH), permanent supportive housing, affordable and market rate housing, and other housing opportunities).
c. Assist clients with housing applications, complete supportive and subsidized housing paperwork, survey rental market for affordable housing, and advocate for clients with prospective landlords.

d. Provide individualized client support by assessing housing needs, helping to develop discharge plans that address their barriers and connecting participants to permanent housing options.
e. Conduct outreach in the community routinely including daily, weekly, monthly; and participate in community events throughout the program area to establish access to housing options.
f. Work to recruit landlords and establish working relationships for the benefit of clientele.

**Minimum Qualifications:**
The Housing Navigator shall possess either: an Associate of Arts (AA) or Associate of Science (AS) degree from a granting institution accredited by the Western Association of Schools (WASC), or equivalent, and a minimum of one (1) year of experience in a similar position; or a minimum of two (2) years of experience in a similar position.

**8. Transportation Coordinator (One [1] Full-Time Position)**
The Transportation Coordinator is responsible for facilitating the transportation of participants upon release from designated CDCR institution locations to locations as identified by the receiving STOP Placement Office and upon completion of STOP services to the participant's parole unit.
**Minimum Qualifications:**
The Transportation Coordinator shall possess a valid California driver's license.

**9. Data Entry Coordinator (Part-Time or Full-Time Positions)**
This position is responsible for the entry of all data into ARMS in accordance with the Data Rules and Reporting Timeframes, exporting data, and will be the designated point of contact to address data quality and systems issues.

**L. CBP Key Staff Positions**
The Contractor shall ensure the CBP's provide the required staff for the overall administration of the facilities, and they are in compliance with State and County rules, directives and evidence-based practices. The Subcontractor staff responsible for program curriculum delivery shall meet all skills, abilities, and knowledge.

Staff providing modality services for the participants shall be approved for hire as follows: staff employed by CBPs must be approved by STOP Placement Office, affiliate CBP staff must be approved by the DRP. Position descriptions and minimum qualifications shall be in compliance with DHCS licensing and certification requirements, as applicable.

**1. Residential Program Manager/Director (One [1] Full-Time Position per facility)**
There shall be a Residential Program Director at each LSUDT, LSUDD, and FOTEP facility. The Residential Program Director shall be designated by the Contractor to act on their behalf in the overall management and operation of the residential program. The Residential Program Director shall have knowledge of SUDT related problems, the recovery and treatment process, CBT Interventions (CBTI), and shall have sufficient administrative, management and personnel skills to direct the program. This position is responsible for securing storage of participant records.

**Minimum Qualifications:**
The Residential Program Manager/Director shall possess a minimum of two (2) years of experience in the field of SUD treatment and recovery or other related fields.

**2. Outpatient Program Manager/Director (One [1] Full-Time Position per facility)**

There shall be an Outpatient Program Manager/Director at each CSUDT, and Other Outpatient Program (OOP) facility. The Outpatient Program Manager/Director shall be designated by the Contractor to act on their behalf in the overall management and operation of the outpatient program. The Outpatient Program Manager/Director shall have knowledge of SUDT (applicable only to CSUDT); CBTI (applicable to CSUDT and OOP), the recovery and treatment process (applicable to CSUDT and OOP), and shall have sufficient administrative, management and personnel skills to direct the program (applicable to CSUDT and OOP). This position is responsible for the secure storage of participant records.

**Minimum Qualifications:**

The CSUDT Outpatient Program Manager/Director shall possess and maintain a valid California certificate or license, which is in good standing without current disciplinary action with their respective licensing Board.

**3. Licensed Clinician (FOTEP only) (Part-Time or Full-Time Positions)**

There must be a Licensed Clinician at each FOTEP facility to ensure participant caseload ratios

have been met. FOTEP Licensed Clinician to participant caseload ratios shall not exceed one (1) to twelve (12) (1:12).

The licensed clinician(s) must be one of the following:

a. Licensed Clinical Social Worker (LCSW)
b. Licensed Marriage, and Family Therapist (LMFT)
c. Licensed Psychologist
d. Intern registered with the California Board of Psychology or the California Board of Behavioral Sciences

Required Experience:

a. Working knowledge of trauma-informed principles, including safety, trustworthiness, choice, collaboration, and empowerment.
b. Proven ability to apply gender-responsive strategies that recognize the unique needs, risks, and pathways to substance use and incarceration among women. Any other

   services offered through the gender-responsive treatment, as outlined in this Agreement, that require a licensed clinician, family counseling and reunification activities.
c. Experience using evidence-based practices, such as: Seeking Safety, CBTI, Motivational Interviewing, Relapse Prevention, Familiarity with ASAM criteria and Diagnostic and Statistical Manual (DSM) 5 diagnostic tools, and the ability to develop culturally relevant, client-centered treatment plans and facilitate both individual and group sessions.

**Minimum Qualifications:**

The Licensed Clinician shall:

a. Possess and maintain a valid California license issued by the Board of Behavioral Sciences, or Board of Psychology which is in good standing without current disciplinary action.
b. Minimum two (2) years of post-licensure clinical experience working in behavioral health, SUD, or correctional settings.
c. Demonstrated experience in providing gender-responsive, trauma-informed care, particularly to:

i. Women with histories of interpersonal violence;
ii. Justice-involved individuals; and/or
iii. Clients with co-occurring SUD and behavioral disorders.

All Licensed Clinicians fall within the definition of "mandated reporter" under PC 11165.7(a) (21) and are required to report suspected child abuse or neglect. Failure to meet this requirement will be addressed via the sanctions for non-compliance process at the CDCR's discretion.

**4. Substance Use Disorder Certified Counselor (SUDCC) (Part-Time or Full-Time Positions)**

The SUDCC(s) or Alcohol and Other Drug (AOD) Counselors are responsible for the delivery of the face-to-face treatment and all treatment related activities. The counselor to participant caseload ratios shall not exceed one (1) to twenty-five (25) (1:25).

Duties and responsibilities shall include the following:

a. Conduct initial interviews/assessments of participants assigned to the program.
b. Conduct group SUDT counseling sessions, at a one (1) to twenty-five (25) (1:25) ratio.
c. Evaluate the progress of each participant through one-on-one counseling sessions.
d. Work directly with participants to develop and implement treatment plans.
e. Work with the participant's family to create a support network for the participant's return to the community.
f. Participate in case conferences for each participant assigned to the caseload.
g. Notify the Program Manager, Program Director, and the DRP of any problems/issues involving any program/services or participants.

**Minimum Qualifications:**

The Substance Use Disorder Certified Counselor (SUDCC) shall possess and maintain a valid California certificate or license, which is in good standing without current disciplinary action with their respective licensing Board.

Staff providing SUDT counseling services such as: intake, assessments, treatment planning, individual or group counseling, or transitional planning to the participants are required to have a SUDCC or AOD certification from an accredited organization recognized by the DHCS within six (6) months of hire, and a MQ Waiver approved by the STOP Contractor Program Director or designee. Licensed professionals, including licensed physicians, psychologists, clinical social workers, and registered interns are exempt from this certification requirement.

**5. Cognitive Behavioral Therapy (CBT) Facilitator (Part-Time or Full-Time Positions)**

The Cognitive Behavioral Therapy (CBT) Facilitator is responsible for the delivery of treatment curriculum to the participants. The participant to facilitator ratio shall not exceed eighteen (18) to one (1) (18:1).

Duties and responsibilities shall include the following:

a. Be trained as facilitators in the evidence-based CBT curricula selected to address Anger Management, Criminal Thinking and Family Relationships.
b. Deliver the selected evidence-based CBT programs.
c. Deliver Life Skills program to participants.
d. Evaluate progress of participants with the Case Manager and SUDCC or AOD Counselor.
e. Work with participants on their CMP(s).

**Minimum Qualifications:**
The CBT Facilitator shall possess two (2) years of experience providing CBT services in a SUDT program.

**6. Job Developer (Part-Time or Full-Time Positions)**
The Job Developer provides direct services to participants who have demonstrated that they are ready to transition to employment. Duties and responsibilities shall include the following:

a. Assess participants to identify employment and/or training needs in order to assist with securing employment and/or training.
b. Work with the Employment Development Liaison assigned to the Program Area to build and access a network of prospective employers.
c. Make referrals to or provide employment services that include, résumé writing, mock interviews, time management, social skills for the work environment, and how to follow instructions.
d. Assess participants to determine training and Career and Technical Education (CTE) needs.
e. Assist in formulating plans to achieve occupational goals and refer participants to appropriate employers, training and educational facilities or other community agencies and organizations.
f. Provide counseling to assist participants in analyzing and evaluating their skills and aptitudes for employability.
g. Provide information on occupational opportunities, job requirements, training and rehabilitation resources.
h. Assist participants with assembling documents as necessary to legally work within California (e.g. California ID, Social Security Card, etc.);
i. Identify the benefits of completing the justice-involved record expungement process;
j. Provide information or a referral on how to expunge a justice-involved record, and obtain a Certificate of Rehabilitation;
k. Mentor the participants in disclosing appropriate information regarding past convictions and/or parole status to the employer;
l. Assist participants in locating and securing employment, college enrollment or CTE training;
m. Work with participants once they have been employed to address issues that may arise after job placement;
n. Obtain verification of participants' employment;
o. Identify and establish a working relationship with local area employers to assist with the recruitment of participants; and
p. Participant to Job Developer ratios shall not exceed the ratio of fifty (50) to one (1) (50:1). An exception may be granted, based on assessed need, and shall be permitted with prior written approval by the DRP.

**Minimum Qualifications:**
The Job Developer shall possess a minimum of four (4) years of experience in workforce development, career counseling, social services, or a related field providing direct support to individuals seeking employment or training opportunities. Experience working with justice-involved individuals or underserved communities is strongly preferred.

**7. Reentry Recovery Housing (RRH) House Manager (One [1] Full-Time Position per facility)**
Duties include property maintenance and assuring adherence to the rules of residence, which

ensure an alcohol and drug free environment. RRH staff must ensure housing is focused with the goal of sustained recovery for all residents.

**Minimum Qualifications:**
None.

**8. Monitor (Part-Time or Full-Time Positions)**
Duties and responsibilities shall include the following:

a. Monitor facility and participants after business hours, seven (7) days a week, including holidays;
b. Assist Case Manager with the delivery of participant services and activities, as necessary; and
c. Functioning as the facility's receptionist and performing office clerical duties within the facility.

The Contractor is required to have a maximum participant to monitor ratio of twenty-five (25) participants to one (1) monitor (25:1) on duty twenty-four (24) hours per day.
The participant to monitor ratio may be adjusted on a case-by-case basis with prior written approval from the DRP.

**Minimum Qualifications:**
The Monitor shall be at least twenty-one (21) years of age and demonstrate the ability to respond effectively and recognize substance abuse situations.

**9. Cook (If food services are not subcontracted) (Part-Time or Full-Time Positions)**
Responsibilities and duties include the following:

a. Oversee the safe and efficient operation of the culinary area.
b. Supervise the Assistant Cook(s) (optional).
c. Purchase and properly store food.
d. Plan and serve meals.
e. Ensure kitchen activities conform to policy and procedures and with State and local health department sanitation requirements.
f. Develop and follow approved menus that meet nutritional standards consistent with the CDCR regulations, policy, and procedures.
g. Prepare meals for the participants housed at the facility.

**Minimum Qualifications:**
The Cook shall possess one (1) year experience in the efficient operation of a culinary area, and a California Food Handler Card, or obtain a California Handler Card within thirty (30) calendar days of hire.

## XI. SUBCONTRACTOR RESPONSIBILITIES

### A. Subcontractor Changes

The Contractor shall ensure changes in Subcontractors or Consultants, as defined in Exhibit B-1, Line Item Budget Guide, during the term of the contract shall be subject to the following requirements:

1. If the Contractor determines a change in Subcontractors is required, they must notify the DRP Headquarters in writing within five (5) business days of the determination. The DRP reserves the right to deny any Subcontractor change.

2. Subcontractors must be procured utilizing methodology that is consistent with the State of California procurement and contracting requirements. Prior to any Subcontractor award, the DRP must review the procurement methodology to ensure it is consistent with State practices.

3. Small Business (SB) and DVBE Subcontractors shall be replaced only with other SB or DVBE Subcontractors.

4. Sole source or specific evaluation criteria require prior written approval from the DRP. Failure to comply with the requirements may result in delay or disallowance of payments of invoices.

**B. Subcontract Reimbursement**

1. The Contractor shall ensure that all Subcontractors (affiliate or non-affiliate) are reimbursed within forty-five (45) calendar days of receipt of a Subcontractor's invoice. Compensation to STOP Subcontractors shall be for actual utilization of services rendered. All Subcontractor invoices must have supporting documentation verifying the participant's name, CDCR number, facility name, type of services provided, rates and units of service. The term "Residential Services" shall be used when referring to the actual cost of the bed space. These terms will also be used on the approved form for billing/invoicing.

2. The Contractor shall review and approve the invoices to verify proper billing for services. Upon completion of the review process, the Contractor shall send an invoice to the CDCR. All Contractor invoices must have supporting documentation verifying the participant's name, CDCR number, facility name, type of services provided, rates and units of service. The CDCR shall reimburse at the actual rate invoiced by the Subcontractor. For disputed invoices, the undisputed amount shall be paid within the forty-five (45) calendar day requirement.

**C. Agreement Management Cost**

Any costs associated with the management of the Agreement shall be included in the Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet in accordance with the Exhibit B-1, Line Item Budget Guide to be reimbursed by the State.

Failure to meet the established reporting deadlines or program requirements may result in the CDCR withholding invoice payments and/or affect participant intake until the facility is in compliance.

1. Contractor shall purchase or lease the necessary hardware, software, and other necessary equipment and maintenance agreements to administer the program, in accordance with the Exhibit B-1, Line Item Budget Guide. The completed Exhibit B-3, Non-Expendable Equipment form shall be provided and an updated version sent to the DRP within thirty (30) calendar days of any revisions.

2. Any reimbursable costs associated with this Agreement that are necessary in order to complete the requirements outlined in the Exhibit A, Scope of Work, shall be in accordance with the Exhibit B-1, Line Item Budget Guide, and shall be supported with source documentation upon the CDCR request.

3. All vehicles purchased or leased with STOP funds must receive written approval from the DRP prior to purchase or lease. These vehicles shall be accounted for on a tracking system inventory maintained by the Contractor and provided to the CDCR upon request.

4. The Contractor shall complete a monthly travel log on all leased/purchased vehicles with STOP funds and/or vehicles used to transport participants where mileage reimbursement is being requested. The monthly travel log must include the following data elements: month, year, headquarters of car, STOP Name, date, odometer reading (start and end), trip miles from location, time of departure to location, storage, driver name, reason for transport, participant(s) name and CDCR number. The monthly travel log shall be provided to the CDCR upon request.

5. The Contractor shall provide a plan and a line item budget for the transportation of participants. The transportation budget will be incorporated into the overall budget. The CDCR reserves the right to amend any and all transportation plans to facilitate efficient operation throughout the State. The transportation budget will be utilized in accordance with the Exhibit B-1, Line Item Budget Guide.

## XII. DATA RECORDS AND REPORTING REQUIREMENTS

The Contractor shall provide, at the time of proposal submission, written policies and procedures describing how each component identified in this section will be implemented and maintained.

### A. General Information Security Terms

All financial, statistical, personal, technical and other data and information relating to the State's operation, which are designated confidential by the State and made available to the Contractor, or which become available to the Contractor to carry out this Agreement, shall be protected by the Contractor from unauthorized use and disclosure by the organization or their contracted employees.

1. All information, reports, writings, summary documents or press releases shall be submitted for the CDCR review and approval prior to dissemination. The Contractor shall consult with the CDCR in the development of any data or material to be released to the public, news, media, or other professional groups.

2. The Contractor shall comply with the federal regulations governing “Confidentiality of Alcohol and Drug Abuse Patient Records” as cited in 42 CFR, Part two (2) and 45 CFR, as well as Health Insurance Portability & Accountability Act (HIPAA) requirements related to collection, utilization, maintenance, retention, release, and disposal of participant program data and/or hard copy documentation.

3. The Contractor agrees all participant records and all information gathered, maintained, or created, related to participants for purposes of this Agreement are property of the CDCR. Any hard copy documentation and/or files the Contractor chooses to maintain, containing individual participant information, shall be secured in a locked file cabinet or drawer behind a locked door, located in a secured area, to prevent unauthorized access. The Contractor shall confidentially dispose of hard copy documentation and/or files at the end of this Agreement.

### B. Data Management System

The CDCR’s current electronic record system for documenting the delivery and administration of rehabilitative programs and services is ARMS. The Contractor shall utilize the ARMS database to document and maintain data related to all aspects of this Agreement, and any additional data entry requirements defined by the CDCR.

1. The CDCR shall provide Contractor staff training and additional resources and reference materials to develop an understanding of the ARMS user interface, including the ability to navigate the system and enter program service data as defined by the CDCR. For technical assistance regarding ARMS, email: ARMS_Support@cdcr.ca.gov.

2. The Contractor shall ensure data entry and documentation occurs in a timely manner, accurately reflects the services delivered, and addresses the expectations outlined in the Placement Office Requirements and CBP Service Delivery sections of this Agreement, the Data Requirements and Reporting Timeframes (Attachment 4), and all administrative documentation requirements (e.g., staffing, hiring, etc.).

    a. The CDCR reserves the right to revise the Data Requirements and Reporting Timeframes (Attachment 4) under this Agreement, without processing an amendment. The CDCR shall notify the Contractor of modifications to the Data Requirements and Reporting Timeframes (Attachment 4) and/or procedure changes thirty (30) calendar days before the effective date of the change. In the event the CDCR is legislatively or departmentally mandated to make changes to the Data Requirements and Reporting Timeframes (Attachment 4), the thirty (30) calendar day notification shall be waived or reduced.

    b. In the event of conflict between the Data Requirements and Reporting Timeframes (Attachment 4) and language and/or provisions set forth in any other Exhibit or Attachment incorporated by this Agreement, the Data Requirements and Reporting Timeframes (Attachment 4) shall govern and take precedence.

3. The Contractor shall monitor staff for accurate and comprehensive documentation and immediately, within one (1) business day, notify the CDCR of any inaccurate documentation or falsification of documentation by Contractor staff. Non-adherence to documentation standards or falsification of documentation may be used by the CDCR to initiate corrective action plans and/or other actions defined in Sanctions of Non-Compliance section of this Agreement.

4. The Contractor shall ensure compliance with the following data collection protocols:

    a. Utilization of compatible computer hardware and software and internet connectivity.
    b. Ensure data security, as outlined in the Exhibit G, ARMS Data Sharing Security Agreement).
    c. Implement and maintain policies and procedures to ensure integrity, accuracy and security of all data maintained and submitted to the CDCR. These policies and procedures shall include an information security policy and a disaster recovery process. These policies and procedures must be completed within thirty (30) calendar days upon execution of this Agreement.
    d. Data Entry Requirements: It is the responsibility of the Contractor to ensure daily data entry is consistent and accurate.
    e. Data corrections are the responsibility of the Program Director or Data Entry Coordinator only and are submitted via the ARMS ADMIN-Support Request TouchPoint.
    f. Provide all data collected outside of ARMS to the CDCR within thirty (30) calendar days of contract termination.

**C. Data Requirements and Reporting Timeframes Plan**

The Contractor shall submit a Data Requirements and Reporting Timeframes Plan at the time of proposal submission detailing how the Contractor and their network of CBP's will comply with all Data Requirements and Reporting Timeframes (Attachment 4) set forth by the DRP.

**D. Participant Files**

The Contractor shall maintain complete electronic files on all participants within the ARMS database. The CDCR reserves the right to identify additional file requirements, as needed. A participant file consists of:

1. Participants full name and CDCR number
2. Release of Information
3. Intake, enrollment, and admission agreements
4. Orientation
5. Health questionnaires
6. All assessments (e.g., COMPAS (if provided), placement assessment, participant)
7. Session attendance
8. CMP/ITP including needs, goals, tasks, and reviews
9. Case monitoring and progress notes
10. Employment development and family relationship documents
11. Drug testing dates and results
12. Reasonable accommodation documents
13. Personal, financial, or other program related documents
14. Service and/or treatment referrals
15. Disciplinary and adverse action documentation
16. Discharge plans and reviews

Once electronic filing requirements are met (as outlined above), the CDCR does not require maintenance for hard-copy documentation.

**E. Staff Files**

The Contractor shall maintain complete electronic files on all staff within the ARMS. The CDCR reserves the right to identify additional file requirements, as needed. A staff file consists of:

1. Staff member's full name, position title and position number
2. Pay rate and time-base
3. Security clearance status
4. Negative tuberculosis test date (updated annually)

5. AOD Registration, Certification, or Licensure record(s)
6. Education
7. Experience
8. Resumé
9. Training records
10. Separation or termination reason and date

Once electronic filing requirements are met (as outlined above), the CDCR does not require maintenance for hard-copy documentation.

**F. Reports**

The Contractor shall ensure compliance with the Incident Reporting Protocols. A copy of the Incident Reporting Protocols shall be provided to the Contractor by CDCR upon Agreement execution and within thirty (30) calendar days of any revisions.

## XIII. CONTRACT PERFORMANCE

**A. Compliance Monitoring and Review**

The CDCR shall monitor adherence with the terms and conditions of this Agreement and the CDCR policies and procedures on an ongoing basis through various performance review tools.

The CDCR shall administer a Performance Accountability Review (PAR) to evaluate compliance as frequently as needed to address compliance concerns. Upon completion, the PAR report shall be sent to the Contractor with a general explanation of its scope and a list of items that require additional attention, review, and/or action.

A Corrective Action Plan (CAP) will be included with a PAR report if one or more items demonstrate the Contractor is out of compliance.

**B. Corrective Action Plan**

Upon receipt of the CAP, the Contractor must submit a response that addresses each item. The written response must:

1. Be submitted within ten (10) business days of receipt of the CAP.
2. Declare the Contractor's intent to:
   a. Take action as identified in the CAP
   b. Take action using an alternate solution, or
   c. Take no action.
3. Provide a justification if requesting to implement an alternate solution(s) or take no action.
4. Include data, evidence, and/or additional supporting documentation if requesting to implement an alternate solution(s) or take no action.

The CDCR will review the CAP response to ensure that it satisfies these requirements. No response or responses that do not meet all requirements may result in sanctions for non-

compliance. If the Contractor submits a CAP response and wishes to dispute items not included in the CAP, an appeal request must be submitted in writing within five (5) business days of the CAP response submission.

**C. Sanctions for Non-Compliance**

When the Contractor fails to meet contract requirements as identified in the PAR and associated CAP, the CDCR may impose administrative and/or monetary sanctions. The reasons include the following:

1. Failure to meet staffing requirements
2. Failure to meet the utilization of services
3. Failure to meet data quality and reporting requirements
4. Failure to submit timely and accurate participant data
5. Failure to meet operational requirements
6. Failure to comply with the CDCR policies

Sanctions may be imposed on the Contractor with a CAP, in lieu of a CAP, or if the Contractor fails to meet CAP requirements. When determining the assessment of monetary sanctions, the CDCR will consider the following factors:

1. The nature, scope, and gravity of the violation, including potential harm or impact on participants
2. Documentation of progress completed towards resolving violations
3. The Contractor's history of violations
4. The nature and extent to which the Contractor has taken corrective action to ensure the violation will not recur
5. Whether the violation is an isolated incident

For monetary sanctions, the CDCR may withhold up to ten (10) percent of charges for the work that is out of compliance as identified in the PAR, which may be reimbursed upon satisfactory completion through resubmission of an invoice.

In the event of an administrative or monetary sanction, the CDCR will provide the Contractor with reasonable notice of the CDCR's intent to impose the sanction. All sanction notices will be in writing and include the effective date, duration of, and reason for the sanction proposed, as well as any appeal rights. The Contractor may request to meet and confer regarding the proposed sanction(s) if the request is in writing and provided to the DRP Program Analyst within two (2) business days of receipt of the notice.

The Contractor shall be evaluated for non-compliance by various methods (e.g., PAR follow-up reviews, data submissions, emailed updates). Should the Contractor continue to be out of compliance in any area, the Contractor may be subject to one (1) or more of the following sanctions:

1. An in-depth program assessment with a CAP to remedy deficiencies

2. A CAP requiring mandatory assessment and training provided by a qualified instructor identified by the CDCR. The costs of the instructor will be charged to the Contractor.

3. Reimbursement to the CDCR for costs incurred as a result of the Contractor's failure to perform

4. Immediate fiscal audit of the program

5. Immediate program services audit by the CDCR and any subcontractor or consultant utilized by the CDCR for this purpose, with costs charged to the Contractor

6. To ensure correction of deficiencies identified in the CAP, the CDCR may, at its discretion, sanction (without reimbursement) up to five (5) percent of the total monthly invoice during the period of noncompliance. Up to ten (10) percent of the total monthly invoice will be sanctioned from the monthly invoices for periods of noncompliance exceeding sixty (60) days, or the timeframes approved by the CDCR, whichever is later.

7. Termination of the Agreement

**D. Failure to Perform**

Should the Contractor fail to adequately perform services under the terms of this Agreement and/or fail to correct deficiencies or items of non-compliance identified in the CAP within established timeframes, the Contractor shall be subject to one or more sanctions identified above. Continued failure to perform services shall result in termination of this Agreement

## XIV. TRANSITION OF THE AGREEMENT TO A SUCCESSOR

**A. Transition of the Agreement to a Successor Plan**

The Contractor shall submit, at the time of proposal submission, a Transition of the Agreement to a Successor Plan describing the process for transitioning participants, participant records, and data to a successor provider. Upon Contract execution, the plan shall be finalized within thirty (30) calendar days and updated within twenty-four (24) hours of any revisions. All plan revisions must be approved by the DRP, in writing, and updated as requested during the term of this Agreement. The plan shall describe the steps to be taken prior to expiration or termination of this Agreement to prepare for the transition, as well as the measures the Contractor will implement after termination to continue providing data and assistance to the successor, for a minimum of six (6) weeks following the termination date. The Contractor shall coordinate with the previous regional agreement provider to ensure an optimal transition and continuity of services upon award of this Agreement. The Contractor shall also adhere to the CDCR's implementation strategy provided at the time of award, including program activation planning designed to minimize interruptions to service delivery. In addition, the Contractor shall provide the CDCR with any additional information and support requested to facilitate a successful transition of services, ensuring minimal disruptions to service delivery no later than sixty (60) days prior to contract termination.

## XV. CDCR RESPONSIBILITIES

**A.** The DRP will work with the Contractor during activation and program implementation. The Contractor will be assigned a DRP Program Analyst, whose role will be to monitor program performance and compliance.

**B.** The DRP shall collaborate with the Contractor to review progress. The reviews shall include assisting the Contractor in implementation, problem-solving, quality assurance, performance objectives, and related issues.

**C.** The DRP shall provide updates to Contractor staff on changes or updates to the CDCR rules and regulations, policies and procedures that might impact program operations.

**D.** The DRP and the DAPO shall provide technical assistance to the Contractor regarding program operations, as needed.

**E.** The DRP shall review and approve Contractor protocols or revisions as outlined in the Agreement. The DRP in conjunction with the DAPO shall monitor and coordinate with the Contractor to identify and provide solutions to issues with referrals, capacity, and other program related issues.

**F.** The DAPO, in conjunction with the DRP, will determine eligibility for placement.

**G.** The DAPO shall refer participants to the Contractor. Referrals will be confirmed on CDCR 1502, Activity Report (Attachment 3). Final program placement must be **approved by the AOR.**

**H.** The DRP will facilitate communication and collaboration between the DRP, DAPO, and the Contractor regarding participant related activities, progress on the participant's CMP, and discharge plans.

**I.** The AOR shall actively engage in the participant's progress by collaborating with the Contractor to develop the participant's discharge plan.

**J.** The DRP shall work collaboratively with DAPO to review, monitor, track, and report program utilization on an ongoing basis.

**K.** The DRP shall review the Contractor's invoices for accuracy and reimburse for services provided. The DRP shall ensure invoices are processed within the required timeframes. Expenses reimbursed by the CDCR may be subject to audit(s); if discrepancies are identified, costs shall be adjusted to reflect the audited actual allowable costs incurred.

**L.** The DRP shall provide training updates to the Contractor relevant to the effective management of participants pursuant to the CDCR rules and regulations, policies, and procedures.

**M.** The CDCR shall assess, prior to release from institution, a participant's risk to reoffend using the CSRA, to identify criminogenic needs, and generate a Reentry Case Plan using the COMPAS Reentry assessment.

**N.** The CDCR will provide the Reentry COMPAS Summary to the Contractor, when available.

**O.** The CDCR reserves the right to remove any participant from the program.

**P.** DAPO will have the final decision-making authority regarding closures/lockdowns at the program in urgent and emergent situations, such as bomb threats and active shooter threats.

## XVI. CONTRACT TERM

The Agreement Term is for the period of July 1, 2027, through June 30, 2030. If it is determined to be in the best interest of the State, and upon agreement between the CDCR and the Contractor, the State may extend this Agreement for up to two (2) optional one (1) year terms.

## XVII. DEPARTMENT OF CORRECTIONS AND REHABILITATION CONTACT INFORMATION

**A. Billing/Payment Issues**
Headquarters Accounting Office
Email: DRPInvoiceUnit@cdcr.ca.gov

**B. Scope of Work/Performance Issues**
Division of Rehabilitative Programs Headquarters
Email: Contracts-CRS-Communications@cdcr.ca.gov

**C. General Contract Issues**
Office of Business Services
Contracts Management Branch
Phone Number: (279) 210-3715
Email: m_cdcrobscontracts@cdcr.ca.gov

**Program Area # 1**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | *% of Project Time | *Months per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | *Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| | | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office)**<br>**(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 283,572.00 |
| | Returning Home Well Housing Only | | | $ 1,306,879.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**Program Area # 1**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | *% of Project Time | *Months per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | *Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | | |
|---|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | | | **TOTAL SERVICE MODALITIES COSTS (F)** | $ - |
| | | | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | $ - |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 283,572.00 |
| | Returning Home Well Housing Only | $ 1,306,879.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**Program Area # 1**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | *% of Project Time | *Months per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | *Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)** | | | $ |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 283,572.00 |
| | Returning Home Well Housing Only | | | $ 1,306,879.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

**Program Area # 1**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | *% of Project Time | *Months per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | *Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | ***PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | | | $ |

| G. | ****RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 283,572.00 |
| | Returning Home Well Housing Only | $ 1,306,879.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

**Program Area # 1**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | *% of Project Time | *Months per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | *Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 283,572.00 |
| | Returning Home Well Housing Only | $ 1,306,879.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 2**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 335,163.00 |
| | Returning Home Well Housing Only | | | $ 1,544,665.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 2**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 335,163.00 |
| | Returning Home Well Housing Only | | | $ 1,544,665.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**Program Area # 2**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 335,163.00 |
| | Returning Home Well Housing Only | | | $ 1,544,665.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR** **Program Area # 2**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| | | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office)**<br>**(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 335,163.00 |
| | Returning Home Well Housing Only | | | $ 1,544,665.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR** **Program Area # 2**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office)**<br>**(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ - |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 335,163.00 |
| | Returning Home Well Housing Only | $ 1,544,665.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 3**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| **A.3** | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| **B.** | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| **C.** | **OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| **D.** | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| **E.** | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| **G.** | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 368,584.00 |
| | Returning Home Well Housing Only | | | $ 1,698,690.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 3**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| | | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 368,584.00 |
| | Returning Home Well Housing Only | | | $ 1,698,690.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 3**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 368,584.00 |
| | Returning Home Well Housing Only | | | $ 1,698,690.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR** **Program Area # 3**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | | | **TOTAL SERVICE MODALITIES COSTS (F)** | $ - |
| | | | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 368,584.00 |
| | Returning Home Well Housing Only | | | $ 1,698,690.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

**Program Area # 3**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| | | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ - |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 368,584.00 |
| | Returning Home Well Housing Only | $ 1,698,690.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 4**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 383,243.00 |
| | Returning Home Well Housing Only | | | $ 1,766,252.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 4**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 383,243.00 |
| | Returning Home Well Housing Only | | | $ 1,766,252.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**Program Area # 4**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30(SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 383,243.00 |
| | Returning Home Well Housing Only | | | $ 1,766,252.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**OPTIONAL YEAR** **Program Area # 4**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| **A.3** | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| **B.** | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| **C.** | **OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| **D.** | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| **E.** | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | | | $ - |
| **G.** | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 383,243.00 |
| | Returning Home Well Housing Only | | | $ 1,766,252.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

**Program Area # 4**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| | | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| D. | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ - |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 383,243.00 |
| | Returning Home Well Housing Only | $ 1,766,252.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 5**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 652,759.00 |
| | Returning Home Well Housing Only | | | $ 3,008,366.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 5**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 652,759.00 |
| | Returning Home Well Housing Only | | | $ 3,008,366.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

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**Program Area # 5**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 652,759.00 |
| | Returning Home Well Housing Only | | | $ 3,008,366.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**OPTIONAL YEAR** **Program Area # 5**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 652,759.00 |
| | Returning Home Well Housing Only | | | $ 3,008,366.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

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**OPTIONAL YEAR** **Program Area # 5**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 652,759.00 |
| | Returning Home Well Housing Only | | | $ 3,008,366.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**Program Area # 6**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2027/2028**
**(July 1, 2027 through June 30, 2028)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | | | | | | | | **Subtotal Annual Monthly Personnel Cost** | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | | | | | **Subtotal Annual Hourly Personnel Cost** | $ - |

| | | |
|---|---|---|
| **A.3** | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| **B.** | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| **C.** | **OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| **D.** | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| **E.** | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)** | | | $ - |
| **G.** | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 276,679.00 |
| | Returning Home Well Housing Only | | | $ 1,275,131.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty-eight (2088) hours per year (Leap Year). Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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******* Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**Program Area # 6**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2028/2029**
**(July 1, 2028 through June 30, 2029)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| | | |
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 276,679.00 |
| | Returning Home Well Housing Only | | | $ 1,275,131.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

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**Program Area # 6**

**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2029/2030**
**(July 1, 2029 through June 30, 2030)**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| A.3 | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| B. | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| C. | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| D. | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| E. | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)** | | | $ - |
| G. | ******RHWH** | | | |
| | RHWH Wrap Around Services | | | $ 276,679.00 |
| | Returning Home Well Housing Only | | | $ 1,275,131.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions.

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****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2030/2031**
**(July 1, 2030 through June 30, 2031)**

**Program Area # 6**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | |
|---|---|---|
| **A.3** | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | $ - |
| **B.** | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | |
| | Subcontracted Service Type | |
| | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | $ - |
| **C.** | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | $ - |
| **D.** | **TOTAL INDIRECT COSTS** (% of Subtotal Annual Direct Expenses): **%** | $ - |
| **E.** | *****PROFIT/SERVICE FEE** (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)** | | | $ - |

| | | |
|---|---|---|
| **G.** | ******RHWH** | |
| | RHWH Wrap Around Services | $ 276,679.00 |
| | Returning Home Well Housing Only | $ 1,275,131.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**OPTIONAL YEAR**
**SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING**
**FISCAL YEAR 2031/2032**
**(July 1, 2031 through June 30, 2032)**

**Program Area # 6**

| A.1 | PERSONNEL (Placement Office) *Salary Positions | Number of Positions | Monthly Salary Rate Range | | | Actual Monthly Rate | % of Project Time* | Months per Year* | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | $ - | - | $ - | $ - | | | $ - |
| | | | | | | | | | |
| | **Subtotal Annual Monthly Personnel Cost** | | | | | | | | $ - |

| A.2 | PERSONNEL (Placement Office) *Hourly Positions | Number of Positions | Hourly Rate Range | | | Actual Hourly Rate | Hours Per Year | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | | | $ - | - | $ - | $ - | | $ - |
| | **Subtotal Annual Hourly Personnel Cost** | | | | | | | $ - |

| | | | |
|---|---|---|---|
| **A.3** | **Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)** | | $ - |
| | **TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)** | | $ - |
| **B.** | ****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)* | | |
| | Subcontracted Service Type | | |
| | | | |
| | **TOTAL SUBCONTRACTORS COSTS (B)** | | $ - |
| **C.** | **OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** | **TOTAL OPERATING COSTS (C)** | $ |
| | **SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)** | | $ - |
| **D.** | **TOTAL INDIRECT COSTS** | (% of Subtotal Annual Direct Expenses): **%** | $ - |
| **E.** | *****PROFIT/SERVICE FEE** | (% of Subtotal Annual Direct Expenses): **%** | $ - |

| F. | SERVICE MODALITIES: | Minimum Daily/Session Rate | Maximum Daily/Session Rate | |
|---|---|---|---|---|
| | Detoxification | | | |
| | Residential | | | |
| | FOTEP | | | |
| | Outpatient | | | |
| | RRH | | | |
| | **TOTAL SERVICE MODALITIES COSTS (F)** | | | $ - |
| | | | | |
| | **TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)** | | | $ - |

| G. | ******RHWH** | |
|---|---|---|
| | RHWH Wrap Around Services | $ 276,679.00 |
| | Returning Home Well Housing Only | $ 1,275,131.00 |

* For all required positions, refer to the Scope of Work for time-base requirements. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Part-time salaried positions must be based on percentage of project time (i.e. 25%, 30%, etc.). Required full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Non-required positions may be full or part-time. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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**SPECIALIZED TREATMENT FOR OPTOMIZIED PROGRAMMING**
**PROGRAM AREA: _____**

## BUDGET PROPOSAL RATE SHEET SUMMARY

| FISCAL YEAR | BUDGET |
|---|---|
| FY 2027/28 (Exhibit B-1.1) | |
| FY 2028/29 (Exhibit B-1.2) | |
| FY 2029/30 (Exhibit B-1.3) | |
| | |
| **TOTAL AGREEMENT AMOUNT (FY 27-28 through FY 29-30)** | |

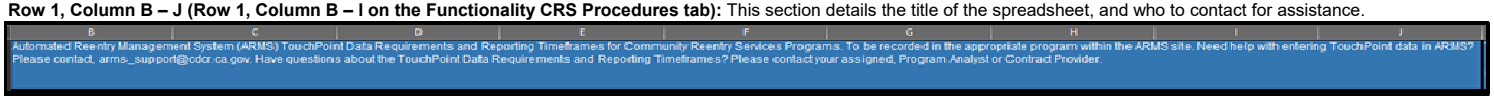
| FISCAL YEAR | BUDGET |
|---|---|
| FY 2030/31 (Exhibit B-1.4) Optional Year | |
| FY 2031/32 (Exhibit B-1.5) Optional Year | |

*The term of this Agreement is three (3) years with two (2) one (1) year optional terms.

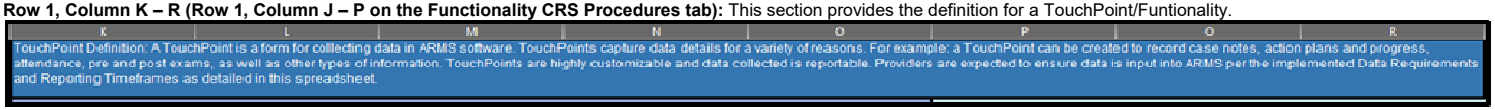
## Workbook Key

**TouchPoints and Functionality CRS Procedures tab (screen shots are from the TouchPoints tab to provide and appearance example):**

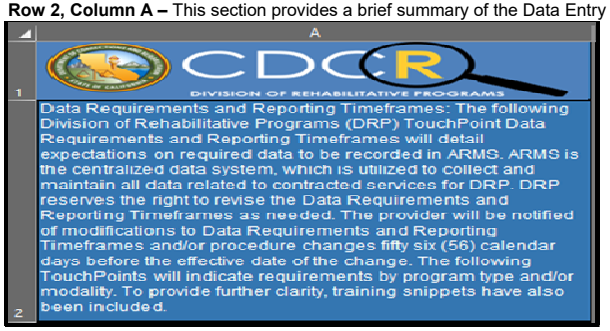
**Row 1, Column B – J (Row 1, Column B – I on the Functionality CRS Procedures tab):** This section details the title of the spreadsheet, and who to contact for assistance.



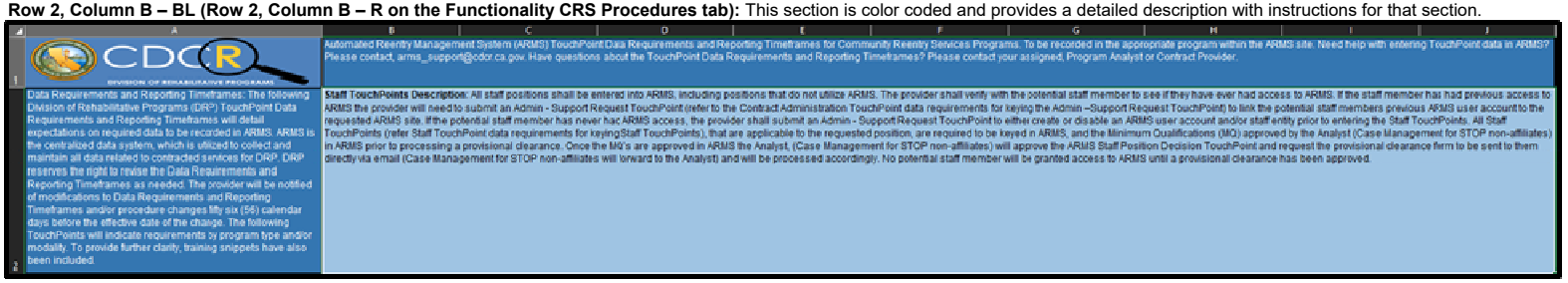

**Row 1, Column K – R (Row 1, Column J – P on the Functionality CRS Procedures tab):** This section provides the definition for a TouchPoint/Funtionality.



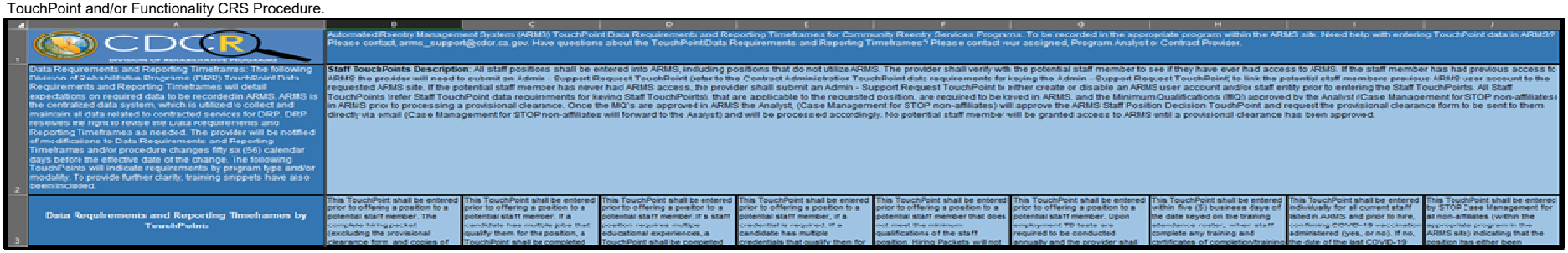

**Row 2, Column A –** This section provides a brief summary of the Data Entry Requirements and Reporting Timeframes from all of the various Community and Reentry Service Contracts.




**Row 2, Column B – BL (Row 2, Column B – R on the Functionality CRS Procedures tab):** This section is color coded and provides a detailed description with instructions for that section.




**Row 3, Column B – BL (Row 3, Column B – R on the Functionality CRS Procedures tab):** This section is color coded and provides detailed instructions for the Data Requirements and Reporting Timeframes for that particular TouchPoint and/or Functionality CRS Procedure.

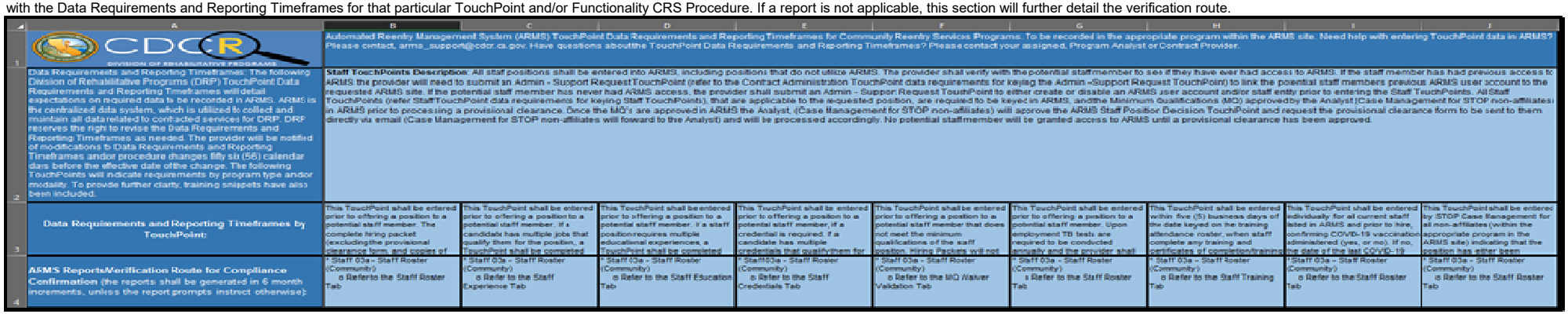


**Approved Copy May 2026**

**The TouchPoints listed within the Data Requirements and Reporting Timeframes have been signed and approved by Community Reentry Services.**

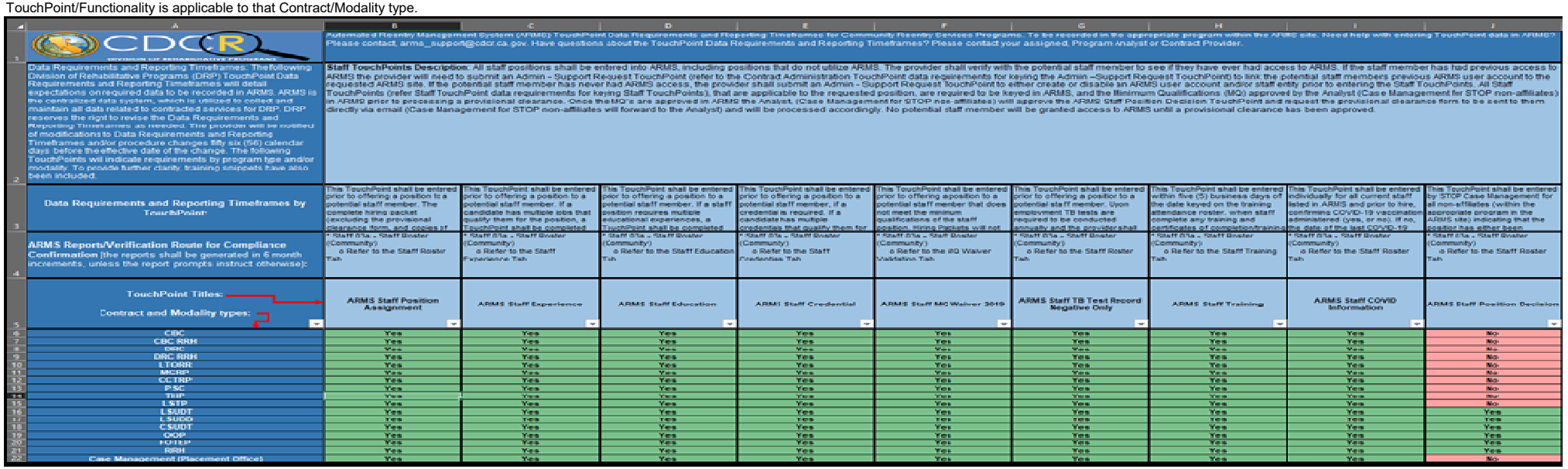
*Glen Wilkins*
Glen Wilkins, Supervisor I
5/01/2026

**Row 4, Column B – BL (Row 4, Column B – R on the Functionality CRS Procedures tab):** This section is color coded and provides the title of the ARMS report and the corresponding tab on the report for analysis to determine compliance in accordance with the Data Requirements and Reporting Timeframes for that particular TouchPoint and/or Functionality CRS Procedure. If a report is not applicable, this section will further detail the verification route.



| | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Automated Reentry Management System (ARMS) TouchPoint Data Requirements and Reporting Timeframes for Community Reentry Services Programs. To be recorded in the appropriate program within the ARMS site. Need help with entering TouchPoint data in ARMS? Please contact, arms_support@cdcr.ca.gov. Have questions about the TouchPoint Data Requirements and Reporting Timeframes? Please contact your assigned, Program Analyst or Contract Provider. | | | | | | | | |
| 2 | Data Requirements and Reporting Timeframes: The following Division of Rehabilitative Programs (DRP) TouchPoint Data Requirements and Reporting Timeframes will detail expectations on required data to be recorded in ARMS. ARMS is the centralized data system, which is utilized to collect and maintain all data related to contracted services for DRP. DRP reserves the right to revise the Data Requirements and Reporting Timeframes as needed. The provider will be notified of modifications to Data Requirements and Reporting Timeframes and/or procedure changes fifty six (56) calendar days before the effective date of the change. The following TouchPoints will indicate requirements by program type and/or modality. To provide further clarity, training snippets have also been included. | **Staff TouchPoints Description:** All staff positions shall be entered into ARMS, including positions that do not utilize ARMS. The provider shall verify with the potential staff member to see if they have ever had access to ARMS. If the staff member has had previous access to ARMS the provider will need to submit an Admin - Support Request TouchPoint (refer to the Contract Administration TouchPoint data requirements for keying the Admin –Support Request TouchPoint) to link the potential staff members previous ARMS user account to the requested ARMS site. If the potential staff member has never had ARMS access, the provider shall submit an Admin - Support Request TouchPoint to either create or disable an ARMS user account and/or staff entity prior to entering the Staff TouchPoints. All Staff TouchPoints (refer Staff TouchPoint data requirements for keying Staff TouchPoints), that are applicable to the requested position, are required to be keyed in ARMS, and the Minimum Qualifications (MQ) approved by the Analyst (Case Management for STOP non-affiliates) in ARMS prior to processing a provisional clearance. Once the MQ's are approved in ARMS the Analyst, (Case Management for STOP non-affiliates) will approve the ARMS Staff Position Decision TouchPoint and request the provisional clearance form to be sent to them directly via email (Case Management for STOP non-affiliates will forward to the Analyst) and will be processed accordingly. No potential staff member will be granted access to ARMS until a provisional clearance has been approved. | | | | | | | | |
| 3 | Data Requirements and Reporting Timeframes by TouchPoint: | This TouchPoint shall be entered prior to offering a position to a potential staff member. The complete hiring packet (excluding the provisional clearance form, and copies of | This TouchPoint shall be entered prior to offering a position to a potential staff member. If a candidate has multiple jobs that qualify them for the position, a TouchPoint shall be completed | This TouchPoint shall be entered prior to offering a position to a potential staff member. If a staff position requires multiple educational experiences, a TouchPoint shall be completed | This TouchPoint shall be entered prior to offering a position to a potential staff member, if a credential is required. If a candidate has multiple credentials that qualify them for | This TouchPoint shall be entered prior to offering a position to a potential staff member that does not meet the minimum qualifications of the staff position. Hiring Packets will not | This TouchPoint shall be entered prior to offering a position to a potential staff member. Upon employment TB tests are required to be conducted annually and the provider shall | This TouchPoint shall be entered within five (5) business days of the date keyed on the training attendance roster, when staff complete any training and certificates of completion/training | This TouchPoint shall be entered individually for all current staff listed in ARMS and prior to hire, confirming COVID-19 vaccination administered (yes, or no). If no, the date of the last COVID-19 | This TouchPoint shall be entered by STOP Case Management for all non-affiliates (within the appropriate program in the ARMS site) indicating that the position has either been |
| 4 | ARMS Reports/Verification Route for Compliance Confirmation (the reports shall be generated in 6 month increments, unless the report prompts instruct otherwise): | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Experience Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Education Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Credentials Tab | * Staff 03a – Staff Roster (Community) o Refer to the MQ Waiver Validation Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Training Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab |

**Row 5 – 22, Column B – BL (Row 5 - 22, Column B – R on the Functionality CRS Procedures tab):** This section is color coded and provided the title of the TouchPoint/Functionality, a list of the Contract/Modality types, and whether the TouchPoint/Functionality is applicable to that Contract/Modality type.



| | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Automated Reentry Management System (ARMS) TouchPoint Data Requirements and Reporting Timeframes for Community Reentry Services Programs. To be recorded in the appropriate program within the ARMS site. Need help with entering TouchPoint data in ARMS? Please contact, arms_support@cdcr.ca.gov. Have questions about the TouchPoint Data Requirements and Reporting Timeframes? Please contact your assigned, Program Analyst or Contract Provider. | | | | | | | | |
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| 3 | Data Requirements and Reporting Timeframes by TouchPoint: | This TouchPoint shall be entered prior to offering a position to a potential staff member. The complete hiring packet (excluding the provisional clearance form, and copies of | This TouchPoint shall be entered prior to offering a position to a potential staff member. If a candidate has multiple jobs that qualify them for the position, a TouchPoint shall be completed | This TouchPoint shall be entered prior to offering a position to a potential staff member. If a staff position requires multiple educational experiences, a TouchPoint shall be completed | This TouchPoint shall be entered prior to offering a position to a potential staff member, if a credential is required. If a candidate has multiple credentials that qualify them for | This TouchPoint shall be entered prior to offering a position to a potential staff member that does not meet the minimum qualifications of the staff position. Hiring Packets will not | This TouchPoint shall be entered prior to offering a position to a potential staff member. Upon employment TB tests are required to be conducted annually and the provider shall | This TouchPoint shall be entered within five (5) business days of the date keyed on the training attendance roster, when staff complete any training and certificates of completion/training | This TouchPoint shall be entered individually for all current staff listed in ARMS and prior to hire, confirming COVID-19 vaccination administered (yes, or no). If no, the date of the last COVID-19 | This TouchPoint shall be entered by STOP Case Management for all non-affiliates (within the appropriate program in the ARMS site) indicating that the position has either been |
| 4 | ARMS Reports/Verification Route for Compliance Confirmation (the reports shall be generated in 6 month increments, unless the report prompts instruct otherwise): | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Experience Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Education Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Credentials Tab | * Staff 03a – Staff Roster (Community) o Refer to the MQ Waiver Validation Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Training Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab | * Staff 03a – Staff Roster (Community) o Refer to the Staff Roster Tab |
| 5 | TouchPoint Titles: / Contract and Modality types: | ARMS Staff Position Assignment | ARMS Staff Experience | ARMS Staff Education | ARMS Staff Credential | ARMS Staff MQ Waiver 3049 | ARMS Staff TB Test Record Negative Only | ARMS Staff Training | ARMS Staff COVID Information | ARMS Staff Position Decision |
| 6 | CBC | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 7 | CBC RRH | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 8 | DRC | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 9 | DRC RRH | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 10 | LTORR | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 11 | MCRP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 12 | CCTRP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 13 | PSC | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 14 | TSP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 15 | LSTP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| 16 | LSUDT | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 17 | LSUDO | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 18 | CSUDT | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 19 | OOP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 20 | FOTEP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 21 | RRH | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 22 | Case Management (Placement Office) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |

***** Please note that in order for CRS to fit all requirements in one Excel Workbook all cells have been formated with wrap around text. Please ensure you select the cell in question and utilize the formula bar to view all detail in that cell. The tabs are password protected (only CRS Admin Support shall be permitted to make changes) for data intergrity purposes, but rules have been applied to allow for copy/paste (unable to copy from formula bar, and must be copied directly from the cell (ensure to only click your mouse once and not twice when attempting to copy cells in this spreadsheet), cell selection, column format, row format, cell format, and filter for your convenience.**

DIVISION OF REHABILITATIVE PROGRAMS

Automated Reentry Management System (ARMS) TouchPoint Data Requirements and Reporting Timeframes for Community
questions about the TouchPoint Data Requirements and Reporting Timeframes? Please contact your assigned, Program Anal

Data Requirements and Reporting Timeframes: The following Division of Rehabilitative Programs (DRP) TouchPoint Data Requirements and Reporting Timeframes will detail expectations on required data to b recorded in ARMS. ARMS is the centralized data system, which is utilized to collect and maintain all data related to contracted services for DRP. DRP reserves the right to revise the Data Requirements and Reporting Timeframes as needed. The provider will be notified of modifications to Data Requirements a Reporting Timeframes and/or procedure changes fifty six (56) calendar days before the effective date of the change. The following TouchPoints will indicate requirements by program type and/or modality. To provide further clarity, training snippets have also been included.

**Staff TouchPoints Description** : All staff positions shall be entered into ARMS, including positions that do not utilize submit an Admin - Support Request TouchPoint (refer to the Contract Administration TouchPoint data requirements for keyi the provider shall submit an Admin - Support Request TouchPoint to either create or disable an ARMS user account and/or st required to be keyed in ARMS, and the Minimum Qualifications (MQ) approved by the Analyst (Case Management for STOP r Position Decision TouchPoint and request the provisional clearance form to be sent to them directly via email (Case Manager approved.

| Data Requirements and Reporting Timeframes by TouchPoint: | This TouchPoint shall be entered prior to offerin a position to a potential staff member. The complete hiring packet (excluding the provisional clearance form, and copies of the driver's license/SSN card) shall be uploaded utilizing the upload field. The Provisional Clearance form shall continue to be emailed to your assigned Program Analyst. Hiring Packets will not be approved if this TouchPoint is not completed. Upon staff termination or exit, this TouchPoint must be closed out and a NLI forr | his TouchPoint shall be entered prior to offerin a position to a potential staff member. If a candidate has multiple jobs that qualify them fo the position, a TouchPoint shall be completed f each of those jobs. This TouchPoint remains associated with the entity regardless of the position they hold as long as the position remai within the ARMS program. After the initial TouchPoints are entered, the provider will not need to rekey the TouchPoints unless a new experience needs to be added. Hiring Packets w | This TouchPoint shall be entered prior to offering a position to a potential staff member. If a staff position requires multiple educational experiences, a TouchPoint shall be completed f each experience. This TouchPoint remains associated with the entity regardless of the position they hold as long as the position remains within the ARMS program. After the initial TouchPoints are entered, the provider will not need to rekey the TouchPoints unless a new education experience needs to be added. Hirin |
|---|---|---|---|
| **ARMS Reports/Verification Route for Compliance Confirmation** (the reports shall be generated in 6 month increments (excluding invoicing reports), unless the report prompts instruct otherwise) : | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Roster Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Experience Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Education Tab |
| **TouchPoint Titles:**<br><br>**Contract and Modality types:** | **ARMS Staff Position Assignment** | **ARMS Staff Experience** | **ARMS Staff Education** |
| CBC | Yes | Yes | Yes |
| CBC RRH | Yes | Yes | Yes |
| DRC | Yes | Yes | Yes |
| RRC Navigator | No | No | No |
| DRC RRH | Yes | Yes | Yes |
| LTORR | Yes | Yes | Yes |
| MCRP | Yes | Yes | Yes |
| FCRP | Yes | Yes | Yes |
| CPMP | Yes | Yes | Yes |
| YCC | Yes | Yes | Yes |
| VTC | Yes | Yes | Yes |
| LSUDT | Yes | Yes | Yes |
| LSUDD | Yes | Yes | Yes |
| CSUDT | Yes | Yes | Yes |
| OOP | Yes | Yes | Yes |
| FOTEP | Yes | Yes | Yes |
| RRH | Yes | Yes | Yes |
| Case Management (Placement Office) | Yes | Yes | Yes |

Reentry Services Programs. To be recorded in the appropriate program within the ARMS site. Need help with entering TouchPoint data in ARMS? Please contact, arms_support@cdcr.ca.gov. Have yst or Contract Provider.

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| This TouchPoint shall be entered prior to offering a position to a potential staff member, if a credential is required. If a candidate has multiple credentials that qualify them for the position, a TouchPoint shall be completed for each. This TouchPoint remains associated with the entity regardless of the position they hold as long as the position remains within the ARMS program. After the initial TouchPoints are entered, the provider will not need to rekey the TouchPoints unless a new credential needs to be added. Hiring Packe | This TouchPoint shall be entered prior to offering a position to a potential staff member that does not meet the minimum qualifications of the staff position. Hiring Packets will not be approved if this TouchPoint is not completed. | This TouchPoint shall be entered prior to offering a position to a potential new staff member. TB tests are required for new staff members and are no longer conducted annually unless current staff members have been exposed to TB. Hiring Packets will not be approved if this TouchPoint not completed and/or if the individual has a positive result. | This TouchPoint shall be entered within seven ( calendar days of the date keyed on the training attendance roster, when staff complete any training and certificates of completion/training attendance rosters shall be uploaded within the TouchPoint. A TouchPoint will need to be entered individually for each training attended. This TouchPoint remains associated with the entity regardless of the position they hold as long as the position remains within the ARMS program. After the initial TouchPoints are entered, the provide | This TouchPoint shall be entered by STOP Case Management for all non-affiliates (within the appropriate program in the ARMS site) indicating that the position has either been approved or denied (the assigned Program Analyst will proce this TouchPoint for STOP Case Management and all affiliates). This TouchPoint shall be keyed as approved, prior to processing a provisional clearance and/or offering a position to a potential staff member. Once this TouchPoint has been approved, STOP Case Management |
|---|---|---|---|---|
| * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Credentials Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the MQ Waiver Validation Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Roster Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Training Tab | * Staff 03a - Staff Roster (Community)<br>o Refer to the Staff Roster Tab |
| **ARMS Staff Credential** | **ARMS Staff MQ Waiver 2019** | **ARMS Staff TB Test Record Negative Only** | **ARMS Staff Training** | **ARMS Staff Position Decision** |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | Yes |
| No | No | No | No | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | No |

TouchPoint Definition: A TouchPoint is a form for collecting data in ARMS software. TouchPoints capture data details for a variety of reasons. For example: a TouchPoint can be created to record case notes, action plans and progress, attendance, pre and post exams, as well as other types of information. TouchPoints are highly customizable and data collected is reportable. Providers are expected to ensure data is input into ARMS per the implemented Data Requirements and Reporting Timeframes as detailed in this spreadsheet.

| **Reception TouchPoints Description:** All DRP Community Providers will be required to process Division of Adult Parole Operations (DAPO) referrals through the use of the ARMS Reception Program as of July 1, 2019. DAPO Referrals will be routed to the Contractor using the 1502 form or as a direct placement from the Community Transition Program. The ARMS Reception Program is only a virtual holding area for Parolees while their referral is being processed by the Contractor; services may not be tracked or provided while enrolled in the ARMS Reception Program. | | | | **Programming TouchPoints Description:** within the Services program and/or the a |
|---|---|---|---|---|
| This TouchPoint shall be entered within the sam day that the participant is enrolled in the Reception Program. A copy of the 1502 form from DAPO shall be uploaded within the TouchPoint. | This TouchPoint shall be entered in Reception, within the same day that the participant is enrolled in the Reception Program, if the 1502 received from DAPO indicates RHWH placement. The RHWH is for participants that are within twelve (12) months of release. Participants receive up to ninety (90) calenda days in the RHWH and shall be permitted to receive a ninety (90) calendar day extension, with approval by the CDCR SSM I or designee. The total length of stay shall not exceed one hundred and eighty (180) calendar days while residing in the RHWH. Prior | If it is determined that the participant will be placed on the waitlist, this TouchPoint shall be entered within seven (7) calendar days of participant enrollment. A minimum of three (3) contact attempts within thirty (30) calendar days must be entered before a participant can be dismissed for "No Contact." Participants who have been contacted and need to remain on th wait list must be contacted at a minimum of every thirty (30) calendar days thereafter. An individual TouchPoint must be entered for eac | This process shall be handled via the participant dashboard. | This TouchPoint shall be entered and a signed copy shall be uploaded within seven (7) calenda days of admission to the program. |
| * Enrollment 07 - Reception Processing<br>o Refer to the Details Tab | *TBD | * Enrollment 06 - Community Wait List<br>o Refer to the Participant Summary Tab | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab |
| **ARMS Referral Verification Form** | **ARMS Participant Funding Indicator** | **ARMS Wait List** | **ARMS Participant Profile/Demographics** | **ARMS Orientation TouchPoint** |
| Yes | No | Yes | Yes | Yes |
| No | No | No | No | No |
| Yes | No | Yes | Yes | Yes |
| No | No | No | No | No |
| No | No | No | No | No |
| Yes | No | Yes | Yes | Yes |
| No | No | No | No | Yes |
| No | No | No | No | Yes |
| No | No | No | No | Yes |
| No | No | No | No | Yes |
| Yes | No | Yes | Yes | Yes |
| No | No | No | No | Yes |
| No | No | No | No | No |
| No | No | No | No | Yes |
| No | No | No | No | Yes |
| No | No | No | No | Yes |
| No | No | No | No | No |
| Yes | Yes | Yes | Yes | No |

All DRP Community Providers will be required to enter all Programming TouchPoints affiliated with their program. All TouchPoints within this category shall be entered
ppropriate modality in ARMS.

| | | | | |
|---|---|---|---|---|
| This TouchPoint shall be entered in Case Management, within the same day that the participant's placement assessment indicates that the participant is in need of RHWH. The RHWH is for participants that are within twelve (12) months of release. Participants receive up ninety (90) calendar days in the RHWH and shal be permitted to receive a ninety (90) calendar day extension, with approval by the CDCR SSM or designee. The total length of stay shall not exceed one hundred and eighty (180) calendar | This TouchPoint shall be entered and a signed copy shall be uploaded within fifteen (15) calendar days of admission to the program. Upo admission to an RRC program, this TouchPoint shall be entered when deemed necessary. | This TouchPoint shall be entered as the foundation of the Action Plan 2025 Dashboard within ten (10) calendar days of admission to th program. | Action Plan (2025) Sub-form CBP Task shall be entered within **seven (7)** calendar days of completion of the Case-Management Action Plan Summary/ Review and Goals. | All Action Plan sub-forms Summary/Review, Goals, Tasks, and Exit/Discharge Activity must b completed at the time the plan is created, and a signed copy shall be uploaded within 10 calend days of the participant's admission to the program. The Summary Review Sub-Form box shall have:<br>1. Program entry(Baseline) ten (10) Calendar days of admission to the program.<br>2. Plan Review every thirty (30) days after the initial plan is created. At the time of each revie |
| * Invoicing 01a - Monthly Activity Invoice Reconciliation<br>o Refer to the RHWH tab | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab | * Client 01 - Action plan (2025)<br>* Client 16 - Action Plan by CDCR (2025)<br>* Client 24 - Printable Action Plan (2025) | * Client 01 - Action plan (2025)<br>* Client 16 - Action Plan by CDCR (2025)<br>* Client 24 - Printable Action Plan (2025) | * Client 01 - Action plan (2025)<br>* Client 16 - Action Plan by CDCR (2025)<br>* Client 24 - Printable Action Plan (2025) |
| **ARMS Participant Funding Indicator** | **ARMS Assessment Upload** | **ARMS Action Plan (2025)** | **Action Plan Dashboard (2025) Sub-forms: CBP Task** | **Action Plan Dashboard (2025) Sub-forms: Summary/Review, Goals, Tasks, Exit/Discharge Activities, and Signatures.** |
| No | Yes | Yes | No | Yes |
| No | No | No | No | No |
| No | Yes | Yes | No | Yes |
| No | Yes | No | No | No |
| No | No | No | No | No |
| No | Yes | Yes | No | Yes |
| No | Yes | Yes | No | Yes |
| No | Yes | Yes | No | Yes |
| No | Yes | Yes | No | Yes |
| No | Yes | Yes | No | Yes |
| No | Yes | Yes | No | Yes |
| No | Yes | No | Yes | No |
| No | No | No | No | No |
| No | Yes | No | Yes | No |
| No | Yes | No | Yes | No |
| No | Yes | No | Yes | No |
| No | No | No | No | No |
| Yes | Yes | Yes | No | Yes |

| | | | | |
|---|---|---|---|---|
| This TouchPoint shall be entered weekly upon admission to the program. If a One-on-One Counseling Session or an Action Plan Review (CMP, ITP, IRP, and etc.) is conducted during the same week as a weekly progress note is required DRP will allow for this to take place of the weekly progress note (meaning a weekly progress note will not need to be keyed for that week). | This TouchPoint shall be entered once every two weeks upon admission to the program. If an Action Plan Review (CMP, ITP, IRP, and etc.) is conducted during the same week as a One-on-One counseling session is required, DRP will allow for this to take place of the One-on-One counseling session (meaning a One-on-One counseling session will not need to be keyed for that week). | This TouchPoint shall be entered when billing for an individual counseling session. When billing for an individual counseling session the check box "this a billable One-on-One" shall be marked yes in order to ensure payment. A provider shall only select yes for a billable session when all of the following criteria are met:<br><br>* When a program staff member meets with a participant One-on-One;<br>* The meeting occurs in person | This TouchPoint shall be entered once daily for each participant that is enrolled at the facility (this shall include excused and non-excused absences as well). For example: the provider shall approve an excused absence for all participants and the approval shall be entered in the notes section within this TouchPoint for each individual approval. All attendance for enrolled participants must be keyed by Monday for the preceding Sunday through Saturday. For example: all attendance for Sunday, 3-10-19 through | This TouchPoint shall be entered once daily for each participant that is scheduled to be present at the facility (this shall include excused and non-excused absences as well). For example: the provider shall approve an excused absence for all participants and the approval shall be entered in the notes section within this TouchPoint for each individual approval. All attendance for enrolled participants must be keyed by Monday for the preceding Sunday through Saturday. For example: all attendance for Sunday, |
| * Client 10 - Case Reviews and Case Notes<br>o Refer to the Case Notes - Standard Tab<br>o Refer to the Case Plan Reviews Tab | * Client 10 - Case Reviews and Case Notes<br>o Refer to the Case Notes - Standard Tab | * Invoicing 01a - Monthly Activity Invoice Reconciliation<br>o Refer to the Case Notes Validation Tab | * Client 07 - Participant TouchPoint Audit Report<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Report<br>o Refer to the Details Tab |
| **ARMS Case Note Standard: Weekly Progress Note** | **ARMS Case Note Standard: One-on-One Counseling Session** | **ARMS Case Note Standard: One-on-One Counseling Session Billable** | **ARMS Daily or Nightly Attendance Form: Residential/Live in Facilities** | **ARMS Daily or Nightly Attendance Form: Outpatient Facilities** |
| Yes | Yes | No | No | Yes |
| No | No | No | Yes | No |
| Yes | Yes | No | No | Yes |
| No | No | No | No | No |
| No | No | No | Yes | No |
| Yes | Yes | No | Yes | No |
| Yes | Yes | No | Yes | No |
| Yes | Yes | No | Yes | No |
| Yes | Yes | No | Yes | No |
| Yes | Yes | No | Yes | No |
| Yes | No | No | Yes | No |
| Yes | Yes | No | Yes | No |
| No | No | No | Yes | No |
| Yes | Yes | Yes | No | Yes |
| Yes | Yes | Yes | No | Yes |
| Yes | Yes | No | Yes | No |
| No | No | No | Yes | No |
| Yes | Yes | No | No | No |

| | | | | |
|---|---|---|---|---|
| This TouchPoint shall be recorded by ARMS Clas for each participant that is scheduled to attend class (this shall include excused and non-excuse absences as well). For example: the provider sh approve an excused absence for all participants and the approval shall be entered in the notes section within this TouchPoint for each individu approval. The provider shall also ensure that th delivery method field is complete and confirm whether the session was completed in-person o via a paper packet. If the session was complete | This TouchPoint shall be recorded by participan for each individual that is scheduled to attend class (this shall include excused and non-excuse absences as well). For example: the provider sh approve an excused absence for all participants and the approval shall be entered in the notes section within this TouchPoint for each individu approval. The provider shall also ensure that th delivery method field is complete and confirm whether the session was completed in-person o via a paper packet. If the session was complete | This TouchPoint shall be entered within seven ( calendar days of AOR approval for each participant that is out on a pass for more than s (6) hours. All passes that are granted for six (6) hours or more shall be approved by the AOR or Designee and a copy of the approval is required to be uploaded within this TouchPoint. For Enhanced Alternative Custody Programs (FCRP, MCRP, CPMP), this TouchPoint shall be entered for all community passes regardless of duration | This TouchPoint shall be entered for each Participant within forty-five (45) calendar days prior to the end of the initial one hundred eight (180) calendar day enrollment. Enrollments sha not exceed three hundred sixty-five (365) calendar days (FOTEP is an exception to the three hundred sixty-five (365) calendar day rule as participants can reside at the facility for up to fifteen (15) months). If documentation outside ARMS supports the justification for the extensio the provider shall ensure that the documentatio | This TouchPoint shall be entered immediately fo all major incidents, and within twenty-four (24) hours for all notable incidents. A copy of the signed 2284 shall be uploaded within this TouchPoint and any supporting documentation. For more information pertaining to major incidents and notable incidents please refer to the Incident Reporting Protocols. If you need a copy of this protocol please contact your assigned Program Analyst or Contractor. |
| * Client 07 - Participant TouchPoint Audit Repor<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Repor<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Repor<br>o Refer to the Details Tab | * Enrollment 04 - Community Extension Requests<br>o Refer to the Extension Requests - New Tab | * Client 11 - Incident Reports<br>o Refer to the Participant Incident Reports Tab |
| **ARMS Session Attendance Community: Residential/ Live in Facilities** | **ARMS Session Attendance Community: Outpatient Facilities** | **ARMS Community Pass (Agent Approval)** | **ARMS Extension Request (Community)** | **ARMS Community Incident Report (2284)** |
| No | Yes | No | Yes | Yes |
| No | No | Yes | Yes | Yes |
| No | Yes | No | Yes | Yes |
| No | No | No | No | No |
| No | No | Yes | Yes | Yes |
| Yes | No | Yes | Yes | Yes |
| Yes | No | Yes | No | Yes |
| Yes | No | Yes | No | Yes |
| Yes | No | Yes | No | Yes |
| Yes | No | No | No | Yes |
| Yes | No | Yes | No | Yes |
| Yes | No | Yes | Yes | Yes |
| No | No | No | Yes | Yes |
| No | Yes | No | Yes | Yes |
| No | Yes | No | Yes | Yes |
| Yes | No | Yes | Yes | Yes |
| No | No | Yes | Yes | Yes |
| No | No | No | No | No |

| | | | | |
|---|---|---|---|---|
| This TouchPoint shall be entered for each individual participant that receives a positive te result verified through an instant test instrume on the date that the test was administered. Nor compliance/refusal to test may be indicated using the Participant Test Compliance yes/no dropdown in the TouchPoint. If results require a Lab Confirmation, then a copy of the instant tes result is not required to be uploaded within this TouchPoint. If results do not require a Lab Confirmation, then a copy of the instant tes | One TouchPoint shall be entered for all participants that receive a negative test result verified through an instant test instrument, on the date that the test was administered. If resul require a Lab Confirmation, then you will refer t the Drug Test Results Dashboard associated wit each participant and key the Lab Confirmation TouchPoint. Please refer to the Lab Confirmatio TouchPoint for Data Rules. | This TouchPoint shall be entered within the Dru Test Results Dashboard through the Lab Confirmation TouchPoint for each individual participant that receives a test result verified through a lab, on the date that the test results were received. A copy of the result shall be uploaded within this TouchPoint, regardless if t result is negative or positive. | This TouchPoint shall be entered for all participants and the following documents shall uploaded within twenty four (24) hours of participant's signature:<br><br>* Signed Admissions Agreement (Applies to all program types and/or modalities) | The ARMS Participant Savings Fund Touch Point shall be entered within five(5) calendar days of admission to the program. Only one Participant Savings Fund Touch Point can be taken per Participant per Enrollment. This TouchPoint can be edited at any time during the enrollment and should be used to capture the total amount of restitution owed from the date the participant was admitted into the program. This is a primar form which will create the ARMS Participant Savings Fund Touch Point (dashboard |
| * Client 05 - Drug Tests<br>o Refer to the Drug Test Validation Tab | * Client 05 - Drug Tests<br>o Refer to the Drug Test Validation Tab | * Client 05 - Drug Tests<br>o Refer to the Drug Test Validation Tab | * Client 15 - TouchPoint Flat File | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab |
| **ARMS Drug Test Results: Positive Drug Test** | **ARMS Drug Test Results: Negative Drug Test** | **Lab Confirmation** | **ARMS Legal Documents: Signed Admissions Agreement** | **ARMS Participant Savings Fund Established** |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| No | No | No | No | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| No | No | No | No | No |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | No |
| No | No | No | Yes | No |

| | | | | |
|---|---|---|---|---|
| Once on the Participant Savings Fund Dashboard, the following sub-forms shall be entered as necessary to maintain the appropriate participant savings fund balance:<br><br>o The ARMS Participant Savings Fund Deposit (sub-form) which tracks all income deposits into the savings fund.<br><br>o The ARMS Participant Savings Fund Withdrawal (sub-form) which tracks al | The ARMS DAPO Referral Request (RRC ONLY) shall be entered when it has been determined by the RRC Navigator that the referral to the DRC shall instead be referred to the appropriate STO through the DAPO PVDTS process. The referral request reason shall identify why the referral request is being made to a STOP. The referral request details shall be entered, documentatio uploaded to support the request, and the DAPO AOR's name must be input. Communication between the RRC Navigator and the AOI | The ARMS Contact Note shall be entered by the RRC Navigator each time a contact is made with a participant within three (3) calendar days. This form shall provide a detailed description of the contact and appropriate documentation uploaded when necessary. The contact note sha indicate whether an external referral has been developed and whether the referral has been initiated.<br><br>Any 1502 referral form that is received shall b | This TouchPoint shall be entered individually within seven (7) calendar days of receipt for each supportive service or motivational incentive received for all participants such as; clothing, groceries, gift cards, housing vouchers achievement recognition, bus pass tokens, etc. | This touchpoint shall be entered within seven (7) calendar days for all participants, upon admission to program. If the Agent of Record changes this TouchPoint will be rekeyed within seven (7) calendar days of notification of change. |
| * Participant Savings Fund Statement (2025) | * DAPO Referral Request Form Report (TBD) | * Reports TBD | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab |
| **ARMS Participant Savings Fund Dashboard** | **ARMS DAPO Referral Request (RRC ONLY)** | **ARMS Contact Note (RRC ONLY)** | **ARMS Supportive Services/Motivational Incentives** | **ARMS Agent of Record** |
| No | No | No | Yes | Yes |
| No | No | No | No | No |
| No | No | No | Yes | Yes |
| No | Yes | Yes | Yes | No |
| No | No | No | No | No |
| Yes | No | No | Yes | Yes |
| Yes | No | No | Yes | No |
| Yes | No | No | Yes | No |
| Yes | No | No | Yes | No |
| No | No | No | Yes | No |
| Yes | No | No | Yes | Yes |
| Yes | No | No | Yes | No |
| No | No | No | No | No |
| No | No | No | Yes | No |
| No | No | No | Yes | No |
| Yes | No | No | Yes | No |
| No | No | No | No | No |
| Yes | No | No | No | Yes |

| | | | | |
|---|---|---|---|---|
| | | | | **STOP Transportation Site TouchPoints De**<br>participants shall be enrolled into the STO<br>STOP within seven (7) calendar days (excl<br>notification from CDCR. |
| This TouchPoint shall be entered within seven (<br>calendar days of the CBP's request for a<br>participant to be referred to a different service<br>and/or modality, due to the following reasons:<br><br>* Participant is moving/relocating<br>* Behavior Issues/Violation<br>* Licensing Capacity<br>* Agent Request<br>* Change in Treatment Intensity (higher or lowe<br>level of care) | Each STOP Internal (CBP) Transportation<br>TouchPoint shall be entered into ARMS within t<br>(10) calendar days of the date the transportatio<br>occurred. A TouchPoint will need to be entered<br>individually for all transports provided by the CB | A TouchPoint shall be keyed each time the<br>participant is placed into one of the following<br>Phases:<br><br>* Phase 1 – Orientation Phase<br>* Phase 2 – Treatment Phase<br>* Phase 3 – Transitional Phase<br>* Phase 4 – Discharge Phase<br><br>Additionally, when participants are placed in a<br>new Phase, the TouchPoint for the previou | This TouchPoint shall be keyed, within seven (7<br>calendar days of participants admission to the<br>program indicating Medi-Cal Application<br>Submission status for each participant. If the<br>participant already has Medi-Cal upon admissio<br>an upload showing proof of coverage is require<br>for this TouchPoint. | All plans created by the receiving STOP region<br>must be input into the ARMS Transportation sit<br>to include; all notification(s) made to all other<br>STOP providers with regard to the Transportatio<br>Plan Segment requests for participation. This<br>TouchPoint shall be entered into ARMS within t<br>(10) calendar days of the Transportation Plan<br>request notification from CDCR. If the transport<br>scheduled to occur in less than ten (10) calenda<br>days, this TouchPoint must be entered 72 hours<br>prior to the scheduled transport. Providers sh |
| * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab | * Client 07 - Participant TouchPoint Audit Repo<br>o Refer to the Details Tab | * Client 17 - Program Phase Assignment<br>o Refer to the Phase Progression tab | * Client 17 - Program Phase Assignment<br>o Refer to the Phase Progression Tab and the<br>DHCS Data (Active) Tab | * STOP 02 - Transportation Plan (CBP)<br>o Refer to the Plan Status Tab |
| **STOP Referral Request Form** | **STOP Internal (CBP) Transportation** | **ARMS Program Phase Assignment** | **ARMS Medi-Cal Application TouchPoint** | **STOP Transportation Plan** |
| No | No | No | No | No |
| No | No | No | No | No |
| No | No | No | No | No |
| No | No | No | No | No |
| No | No | No | No | No |
| No | No | No | No | No |
| No | No | Yes | Yes | No |
| No | No | Yes | Yes | No |
| No | No | Yes | Yes | No |
| No | No | No | No | No |
| No | No | No | No | No |
| Yes | Yes | No | No | No |
| Yes | Yes | No | No | No |
| Yes | Yes | No | No | No |
| Yes | Yes | No | No | No |
| Yes | Yes | No | No | No |
| Yes | Yes | No | No | No |
| Yes | No | No | No | Yes |

| scription: All<br>OP Transportation Site by the receiving<br>luding holidays) of the transportation | General TouchPoints Description: All DRP Community Providers will be required to enter all General TouchPoints affiliated with their program. All TouchP | | | |
|---|---|---|---|---|
| Each STOP Transportation Plan Segment shall b<br>entered into ARMS within ten (10) calendar day<br>of the transportation segment request<br>notification. If the transport is scheduled to occ<br>in less than ten (10) calendar days, the<br>Transportation Plan Segment must be entered<br>48 hours prior to the scheduled transport. A<br>TouchPoint will need to be entered individually<br>for each segment of the plan and all segments<br>must be entered in the order the segments<br>occur. Once the transport has occurred, the | This TouchPoint shall be entered within thirty (3<br>calendar days of award, annually (beginning Jul<br>1 every Fiscal Year) and within seven (7)<br>calendar days of any update, change, or renewa<br>of documentation thereafter to reflect the<br>following:<br><br>* Directory Update/Rate Sheet<br>* CUP, Zoning and Building permit<br>* DHCS License (If applicable)<br>* DHCS Certification | This TouchPoint shall be entered by Case<br>Management (STOP) and all Direct Contract<br>Providers for non-STOP within the appropriate<br>program in the ARMS site (e.g. RRH, LRT, DTX,<br>Case Management, FOTEP, OPS, OPNS,<br>Substance Use Disorder Core Services and<br>Services) and shall be keyed within the ARMS<br>Program Facility Documentation Dashboard<br>indicating that the document has either been<br>approved or denied. Once completed, the<br>assigned CDCR Program Analyst (2nd level ) sha | This TouchPoint shall be entered by the CDCR<br>Program Analyst within the appropriate progra<br>in the ARMS site (e.g. RRH, LRT, DTX, Case<br>Management, FOTEP, OPS, OPNS, Substance<br>Use Disorder Core Services and Services) and<br>shall be keyed within the ARMS Program Facilit<br>Documentation Dashboard indicating that the<br>document has either been approved or denied.<br>Prior to the Analyst approving the facility busine<br>license the Analyst shall ensure to verify on the<br>Secretary of State that the business license | This TouchPoint shall be entered immediately<br>(when it is safe to do so) for all non – participan<br>major incidents (select general under subject<br>type), and within twenty-four (24) hours for all<br>notable incidents. A copy of the signed 2284 sh<br>be uploaded within this TouchPoint and any<br>supporting documentation. For more<br>information pertaining to major incidents and<br>notable incidents please refer to the Incident<br>Reporting Protocols. If you need a copy of this<br>protocol please contact your assigned Program |
| * STOP 02 - Transportation Plan (CBP)<br>o Refer to the Plan Segments Tab | * Contract 07 - Facility Documentation | * Contract 07 - Facility Documentation | * Contract 07 - Facility Documentation | * Client 11 - Incident Reports<br>o Refer to the Program Incident Reports Tab |
| **STOP Transportation Plan Segment** | **ARMS Program Facility Documentation** | **Contractor Approval TouchPoint** | **Analyst Approval TouchPoint** | **ARMS Community Incident Report (2284)** |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | No | No | No | No |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |

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|---|---|---|---|---|
| oints within this category shall be entered within the Services program and/or the appropriate modality in ARMS. | | | | **Contract Administration TouchPoints Description:** All DRP Community Providers will be required to enter all Contract Administration TouchPoints affiliated with their program. All TouchPoints within this category shall be entered within the Contract Administration |
| This TouchPoint shall be entered individually within seven (7) calendar days of notification fo the following contact roles for each facility:<br><br>* Executive Contact<br>* Program Director Contact<br>* Intake Contact<br>* Data Contact<br>* Referral Contact (This is to ensure the appropriate email is assigned in PVDTS to receiv 1502's) | This TouchPoint is used to capture the modality of a program as defined in rehabilitative contracts and the associated rates for modality services. The TouchPoint shall be entered withi the appropriate program within the ARMS site (e.g. RRH, LRT, DTX, etc.) and within fifteen (15) calendar days prior to the intended effective date or end date of the rate for services. The date taken at the top of the TouchPoint shall be the effective date. The TouchPoint includes the following identified rates that may be associate | This TouchPoint shall be entered by Case Management (STOP) and Services (DRC and CBC) within the appropriate program in the ARM site (e.g. RRH, LRT, DTX, etc.) and shall be keyed within the ARMS Modality and Rates Dashboard indicating that the rate has either been approve or denied. Once completed, the assigned CDCR Program Analyst (2nd level ) shall key the Analy Approval TouchPoint associated with the ARMS Modality and Rates Dashboard indicating that the rate has either been approved or denied. | This TouchPoint shall be entered by the CDCR Program Analyst within the appropriate program in the ARMS site (e.g. RRH, LRT, DTX, etc.) and shall be keyed within the ARMS Modality and Rates Dashboard indicating that the rate has either been approved or denied. Once approved the rate will be effective on the date that was keyed within the ARMS Modality and Rates TouchPoint. | This TouchPoint shall be keyed individually for each participant when requesting for the following ARMS support items and a new TouchPoint shall be keyed per support item:<br><br>* Adding Participants in ARMS<br>* Verification of PC 290 Status<br>* Delete Touchpoint Data<br>* Edit TouchPoint Data<br>* Create ARMS User Account<br>* Disable ARMS User Accoun |
| * Contract 06 - Program Contacts | Invoicing 03 - Rate Approvals | * Invoicing 03 - Rate Approvals | Invoicing 03 - Rate Approvals | * Client 15 - TouchPoint Flat File |
| **ARMS Program Contact Form** | **ARMS Modality and Rates TouchPoint** | **Contractor Approval TouchPoint** | **Analyst Approval TouchPoint** | **Admin - Support Request** |
| Yes | No | No | No | Yes |
| Yes | Yes | Yes | Yes | No |
| Yes | No | No | No | Yes |
| No | No | No | No | No |
| Yes | Yes | Yes | Yes | No |
| Yes | No | No | No | Yes |
| Yes | No | No | No | Yes |
| Yes | No | No | No | Yes |
| Yes | No | No | No | Yes |
| Yes | No | No | No | Yes |
| Yes | No | No | No | Yes |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | Yes | Yes | Yes | No |
| Yes | No | No | No | Yes |

| Invoicing TouchPoints | |
|---|---|
| TouchPoint to be completed upon the executio of the contract and as needed when informatio changes. | TouchPoint to be completed monthly and as needed for supplemental and closeout invoices. |
| N/A | * Invoice 05 |
| **ARMS Provider Contact Information (at execution of contract as needed)** | **ARMS Provider Invoice** |
| Yes | Yes |
| No | No |
| Yes | Yes |
| No | No |
| No | No |
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| No | No |
| No | No |
| No | No |
| No | No |
| No | No |
| No | No |
| Yes | Yes |

CDCR DIVISION OF REHABILITATIVE PROGRAMS

Automated Reentry Management System (ARMS) Functionality Data Requirements and Reporting Timeframes for Community Reentry Services Programs To be recorded in the appropriate program within the ARMS site.
Need help with entering Functionality data in ARMS? Please Contact: arms_support@cdcr. ca.gov. Have questions about the Functionality Data Requirements and Reporting Timeframes? Please contact your assigned Program Analyst or Contra

**Data Requirements and Reporting Timeframes:** The following Division of Rehabilitative Programs (DRP) Data Requirements and Reporting Timeframes will detail expectations on required data to be recorded in ARMS. ARMS is the centralized data system which is utilized to collect and maintain all data related to contracted services for DRP. DRP reserves the right to revise the data entry protocol as needed. The provider will be notified of modifications to Data Requirements and Reporting Timeframes and/or procedure changes fifty-six (56) calendar days before the effective date of the change. The following Functionality will indicate requirements by program type and/or modality. To provide further clarity, training snippets have also been included.

**Reception:** The ARMS Reception Program is a virtual holding area for participants while their referral is being processed by the Contractor; services may not be tracked or provided while enrolled in the ARMS Reception Program.

**Modalities/Services:** All DRP Community Providers will be required to enter all programming Functionality affiliated with their pr

| **Data Requirements and Reporting Timeframes by Functionality** (Includes some CRS procedures for implementation needed by ARMS Support in ARMS)**:** | All participants shall be enrolled within seven (7) calendar days of the date referral was received, excluding holidays. All sections of the Functionality are required to be completed. | All participants shall be referred to the appropriate modality(s) and/or services within seven (7) calendar days of placement verification. The referral date shall indicate the date the action takes place. All sections of the Functionality are required to be completed. | All participants shall be exited within twenty four (24) hours when one or more of the following conditions have been met:<br><br>* The participant is referred to services and/or appropriate modality.<br>* The participant is referred to External Services and the ARMS External Referral TouchPoint is complete.<br>* The participant is non-responsive to | Providers shall not accept referrals in ARMS until the date the participant arrives at the facility, and shall ensure the date of acceptance on the referral reflects the date of arrival. All Reentry and Recovery Housing and STOP providers shall view pending referrals daily. They shall notify the referral issuers, via email, that they will accept/deny the referral, but shall not accept the referral in ARMS until the date the participant | The ARMS ROI shall be entered for all participants within seven (7) calendar days upon participants admission to the program and a signed copy shall be uploaded within the ROI functionality. Participants may electronically sign or use the upload signature option for the Automated Reentry System (ARMS) Release of Information (ROI) TouchPoint. All sections of the Functionality are required to be completed. Please follow | Providers shall not enroll participants in ARMS until the date the participant arrives at the facility, and shall ensure the date of enrollment reflects the date of arrival. All sections of the Functionality are required to be completed. |
|---|---|---|---|---|---|---|
| **ARMS Reports/Verification Route for Compliance Confirmation** (the reports shall be generated in 6 month increments, unless the report prompts instruct otherwise)**:** | * Enrollment 07 - Reception Processing<br>o Refer to the Details Tab | * Enrollment 02a - Referrals Snapshot<br>o Refer to the Referral Details Tab | * Enrollment 07 - Reception Processing<br>o Refer to the Details Tab | * Enrollment 02a - Referrals Snapshot<br>o Refer to the Referral Details Tab | * Verify through the participants dashboard that an active ROI is in ARMS. | * Enrollment 02a - Referrals Snapshot<br>o Refer to the Referral Details Tab |
| **Functionality Titles:**<br><br>**Contract and Modality types:** | **Enrollments** | **Program Referral** | **Exits** | **View Pending Referrals** | **ARMS ROI** | **Enrollments** |
| **CBC** | Yes | Yes | Yes | Yes | Yes | No |
| **CBC RRH** | No | No | No | Yes | Yes | No |
| **DRC** | Yes | Yes | Yes | Yes | Yes | No |
| **RRC Navigator** | No | No | No | No | No | No |
| **DRC RRH** | No | No | No | Yes | Yes | No |
| **LTORR** | Yes | Yes | Yes | Yes | Yes | No |
| **MCRP** | No | No | No | No | No | Yes |
| **FCRP** | No | No | No | No | No | Yes |
| **CPMP** | No | No | No | No | No | Yes |
| **YCC** | Yes | No | No | No | No | Yes |
| **VTC** | Yes | Yes | Yes | Yes | Yes | No |
| **LSUDT** | No | No | No | Yes | Yes | No |
| **LSUDD** | No | No | No | Yes | Yes | No |
| **CSUDT** | No | No | No | Yes | Yes | No |
| **OOP** | No | No | No | Yes | Yes | No |
| **FOTEP** | No | No | No | Yes | Yes | No |
| **RRH** | No | No | No | Yes | Yes | No |
| **Case Management (Placement Office)** | Yes | Yes | Yes | Yes | No | No |

**Approved Copy May 2026**
**The TouchPoints listed within the Data Requirements and Reporting Timeframes have been signed and approved by Community Reentry Services.**

*Glen Wilkins*
Glen Wilkins, Supervisor I
5/01/2026

| | |
|---|---|
| ct Provider. | Community Reentry Services has defined Functionality as required program related data that is not entered as a TouchPoint, i.e., enrollments, dismissals, caseloads, etc. Providers are expected to ensure t Timeframes as detailed in this spreadsheet. |

ogram. All Functionality within this category shall be entered within the Services program and/or the appropriate modality in ARMS.

| RRC Navigators shall enroll participants using Enroll Participant from the quick link participant action for any participants to receiving services in the RRC program. Services can only be provided upon enrollment in ARMS. Any 1502 referral form that is received shall be uploaded into the ARMS Contact Note TouchPoint within one (1) calendar day. | Once a provider has determined a participant's caseload assignment, they will have twenty four (24) hours to assign the caseload in ARMS. All sections of the Functionality are required to be completed. | All residential programs that are contractually required to offer groups and/or classes shall utilize the ARMS Class functionally and simply just add and remove participants as they enter or exit the class. Classes shall not be recycled, and the Provider shall disable a class once the class has been completed. A new class shall be created at the beginning with every new group. Once a provider has determined a participant's class | When creating a class or entering session attendance and the appropriate instructor does not appear within the dropdown menu, the provider shall contact ARMS_Support@cdcr.ca.gov in order to have the instructor added to ARMS. All sections of the Functionality are required to be completed. | An entity is best described as a subject (typically third party) that somehow impacts participants (e.g., employers, education institutions, or other community based organizations). For example, if a provider is utilizing an outside vendor that does not utilize ARMS but session attendance would need to be recorded and the outside vender would need to populate within the instructor dropdown menu, the provider shall | The ARMS Invoicing 01a - Monthly Activity Invoice Reconciliation (Invoicing 01b -MCRP Monthly Activity Invoice Reconciliation for MCRP) shall be generated weekly for the preceding Sunday through Saturday for data entry verification and reconciling any issues prior to submitting the Invoicing 01a (Invoicing 01b for MCRP) with your monthly invoice to DRP for payment. For example: pull the Invoicing 01a (Invoicing | The ARMS Invoicing 01a - Monthly Activity Invoice Reconciliation shall be generated weekly for the preceding Sunday through Saturday for data entry verification and reconciling any issues prior to submitting the Invoicing 01a with your monthly invoice to DRP for payment. For example: pull the Invoicing 01a on Monday, 05/03/2021 for Sunday, 04/25/2021 through 05/01/2021. Once the report is generated, the next steps | The ARMS Invoicing 01a - Monthly Activity Invoice Reconciliation Report shall be generated weekly for the preceding Sunday through Saturday for data entry verification and reconciling any issues prior to submitting the Invoicing 01a with your monthly invoice to DRP for payment. For example: pull the Invoicing 01a on Monday, 05/03/2021 for Sunday, 04/25/2021 through 05/01/2021. Once the report is generated, the next steps |
|---|---|---|---|---|---|---|---|
| TBD | * Client 02 - Caseloads<br>o Refer to the Caseloads tab | * Attendance 01b - Sessions Recorded (Community)<br>o Refer to the Session Details tab | N/A | N/A | N/A | N/A | N/A |
| **Enroll ARMS Participant (RRC only)** | **Assigning Caseloads** | **Creating ARMS Class** | **Adding Instructors** | **Adding/ Removing Entities** | **ARMS Invoice Procedures: Residential/Live in Facilities** | **ARMS Invoice Procedures: STOP Outpatient Facilities** | **ARMS Invoice Procedures: DRC Outpatient Service Facilities (DRC Per Diem Contracts Only)** |
| No | Yes | No | Yes | Yes | No | No | No |
| No | No | No | No | Yes | Yes | No | No |
| No | Yes | No | Yes | Yes | No | No | Yes (Monterey/ Imperial ONLY) |
| Yes | No | No | No | No | No | No | No |
| No | No | No | No | Yes | Yes | No | No |
| No | Yes | No | Yes | Yes | Yes | No | No |
| No | Yes | Yes | Yes | Yes | Yes | No | No |
| No | Yes | Yes | Yes | Yes | Yes | No | No |
| No | Yes | Yes | Yes | Yes | No | No | No |
| No | Yes | No | No | No | No | No | No |
| No | Yes | Yes | Yes | Yes | Yes | No | No |
| No | Yes | Yes | Yes | Yes | Yes | No | No |
| No | No | No | No | Yes | Yes | No | No |
| No | Yes | No | Yes | Yes | No | Yes | No |
| No | Yes | No | Yes | Yes | No | Yes | No |
| No | Yes | Yes | Yes | Yes | Yes | No | No |
| No | No | No | No | Yes | Yes | No | No |
| No | Yes | No | No | Yes | Yes | Yes | No |

| data is input into ARMS per the implemented Data Requirements and Reporting | | | | Administration |
|---|---|---|---|---|
| When adding and/or removing curriculum in ARMS, all providers shall complete and follow the instructions as outlined on the Curriculum Change Request Form. Once complete, the provider shall submit the request to their assigned Program Analyst and/or Contractor for approval and the Program Analyst will route to the appropriate personnel for updating in ARMS. If curriculum hasn't been utilized within four (4) consecutive months and | When requesting to add and/or remove Assessments from the Assessment drop down within the ARMS Assessment Upload TouchPoint, all providers shall submit the request to their assigned Program Analyst and/or Contractor via email for approval and the Program Analyst will route to the appropriate personnel for updating in ARMS. When submitting the Assessment request, the Provider shall include a complete hard | The CRS unit uses modality rate sheets to update community reentry provider information in ARMS. Modality rate sheets are collected on an annual basis for existing locations but are also received throughout the fiscal year as new locations open, existing locations update contact information, or locations are discontinued (disabled). Modality rate sheets are often referred to as "rate sheets." CRS uses three rate sheets to | All participants shall be exited within twenty four (24) hours of determination of dismissal. All sections of the Functionality are required to be completed. | Immediately upon termination, an end date must be added to the staff position assignment. Then the staff must be exited by using the ARMS admin support request ticket. to disable the ARMS user account as well as the staff entity. |
| N/A | N/A | N/A | * Enrollment 01a - Participant Enrollment Summary<br>o Refer to the Detail Information tab | * Staff 03a - Staff Roster |
| **Adding/ Removing Curriculum** | **Assessments Upload Only** | **Provider Modality Rate Sheet (Known as Direct Contract Directory Information Sheet for Direct Contracts)** | **Participant Exits** | **Staff Exits** |
| Yes | Yes | Yes | Yes | Yes |
| No | No | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| No | No | No | Yes | No |
| No | No | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | No | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| No | No | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes |
| No | No | Yes | Yes | Yes |
| No | Yes | Yes | Yes | Yes |