



GIANG T. NGUYEN
HEALTH SERVICES AGENCY DIRECTOR

County of Santa Cruz

HEALTH SERVICES AGENCY 0493

POST OFFICE BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95060
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770

AGENDA: December 9, 2014

November 20, 2014

Board of Supervisors
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

SUBJECT: Countywide Substance Use Disorders Strategic Plan and Contract Amendments

Dear Members of the Board:

The Health Services Agency (HSA) is pleased to provide your Board with the first of a series of three reports regarding the Countywide Substance Use Disorder (SUD) Treatment and Intervention Services Strategic Planning effort. This first report, the County of Santa Cruz Health Services Agency - Alcohol and Drug Program Strategic Plan for Substance Use Disorder Treatment and Intervention Services (Plan) is attached for your review and approval. As part of the effort, HSA requests that your Board adopt a resolution accepting and appropriating unanticipated revenue and approve amendments to five expenditure agreements for SUD services to immediately provide for increased direct SUD services to residents of Santa Cruz County.

Strategic Planning Effort

In June 2013, your Board directed HSA to develop a strategic plan for SUD treatment and intervention services. Over the past 18 months, HSA has conducted extensive outreach and engagement with community stakeholders and received invaluable input regarding the Plan. Several progress reports were provided to your Board, most recently on June 24 and September 30, 2014.

Another important part of the strategic planning effort included a comprehensive review of peer-reviewed research literature on SUD and examination of local data on SUD needs and services, which were discussed at several community meetings. The findings of the data research revealed the following:

- According to the State Department of Health Care Services, Santa Cruz County's SUD estimated prevalence rate was estimated at 7.98%. Comparing to average statewide prevalence rate (7.24%), Santa Cruz was 0.74% higher. Lassen County had the highest estimated rate at 13.85% while Santa Clara had the lowest estimated rate at 6.23%. Comparing to mid-sized counties (Marin, Merced, Monterey, Napa,

Placer, Santa Barbara, and San Luis Obispo), Santa Cruz County's rate was second highest and San Luis Obispo had the highest rate of 8.75%.

- Only a small percentage of persons with SUDs have access to treatment services. The State Department of Health Care Services (DHCS) estimates that there are 21,682 people in the County annually who have a SUD. Of those, an estimated 3,209 (14.8%) are interested in obtaining treatment, and only 1,288 (5.9% of those with an SUD) obtained treatment through County-funded programs in FY 2012-13.
- SUD has a major economic impact on the community. According to DHCS, SUD costs over \$207 million in the County per year. Most of this cost (over 96%) is related to the downstream expense of addressing untreated SUD in the areas of healthcare, criminal justice, social services, motor vehicle crashes, and other property damage. An estimated 3.3% of the total SUD-related costs are spent on SUD treatment, intervention, and prevention services. Research on SUD treatment has consistently demonstrated a positive return on investment in terms of reducing downstream health, criminal justice, and social services costs.

The community stakeholders have identified and recommended four key goals/outcomes:

1. Increase access to SUD treatment
2. Improve quality of SUD care and services
3. Continue to inform and engage community stakeholders regarding SUD issues
4. Reduce costly SUD impacts to individuals, families and the community

External Changes to the Drug Medi-Cal Program

There are anticipated changes happening at the State and Federal levels in the SUD field under the Drug Medi-Cal Program (DMC). As reported to your Board in June 2014, expansion of the State's DHCS DMC program is planned to result from implementation of the federal Affordable Care Act and is anticipated to provide a significant portion of the funding needed to implement the Strategic Plan. DHCS is in the process of working with stakeholders and the federal government to develop a proposal for a DMC Delivery System Waiver Amendment that would request to waive federal Medicaid regulations in order to substantially expand the range of services available under DMC. This new DMC waiver is anticipated to be in place by October 2015 when the current federal waiver expires. More details on the proposal will emerge prior to that date which will permit HSA to project the revenue impact of the proposal.

As a result of uncertainties in the expansion of the DMC program and the need to report out in an organized and systematic fashion, HSA intends to release the plan in three phases:

- | | | |
|-----------|---------------|--|
| Phase 1 - | December 2014 | Overview of Strategic Plan Process, Logic Model, Report on Community Input, Identified Key Issues and Proposed Goals/Outcomes. |
| Phase 2 - | February 2015 | Report on relevant research and findings, prevalence rates of SUDs, evaluation of current system outcomes, and an update on the latest proposed changes from federal and state agencies regarding the DMC program. |

Phase 3 - April/May 2015 Summary and synthesis of the first two phases, plus recommendations for short and long-term financing.

In addition, HSA will return to your Board in between the times of these three phases for recommended action associated with new revenues recently obtained to provide certain SUD treatment services including services for parents involved with child welfare services (joint Board letter with Human Services Department) and federal Community Development Block Grant Program for SUD services provided through Janus.

Amendments to Agreements

As discussed above, significant financing for the Strategic Plan is anticipated to come from expansion of the Drug Medi-Cal (DMC) program. Initial State and federal actions to expand DMC include expanding the population that is eligible for Medi-Cal (to include single adults whose eligibility is based solely on income), and to expand the array of DMC benefits to include intensive outpatient treatment for individuals beyond the previous target population that focused solely on pregnant and post-partum women. These expansions of DMC benefits will necessitate amendment of contracts with current treatment providers. In addition, contract amendments include addition of City of Santa Cruz funding for the Downtown Accountability Program (DAP), rollover of prior year HSA Prevention program grants, cost-of-living adjustments (COLA) authorized by your Board in June 2014, and minor re-allocation of funds among contractors. Four of the five contracts require Board approval in order to exceed a 10% increase from the previous year's amount. The five proposed agreements and their proposed amendment increases to their current FY14-15 contract amounts include:

Vendor	Increase Over FY 14-15	New Contract Total	Additional Clients Served	Types of Services
Janus of Santa Cruz	\$1,216,717	\$3,954,360	131	Methadone
Sobriety Works	\$76,445	\$551,290	6 20	Outpatient Intensive Outpatient
New Life Community Services	\$14,639	\$58,530	7 1	Outpatient Residential
United Way of Santa Cruz	\$7,231	\$51,364	N/A	Prevention Coalition Coordination
Encompass Community Services	\$116,934	\$1,466,642	103 4	Outpatient Residential & Prevention
Total	\$1,431,966	\$6,082,186	272	

Financing

The increase of \$1,431,966 for the five expenditure agreements (\$6,082,186 total) will not result in any increase in net County cost. The cost of the contract amendments will be funded by:

\$121,702 of finance sources that include:

- Reallocation of funds for contracted services;
- The cost-of-living adjustment (COLA) adopted by your Board in June 2014;
- Existing appropriations in the adopted HSA Alcohol and Drug Program budget; and

\$1,310,264 of unanticipated revenues that include:

- \$1,180,787 of Drug Medi-Cal (DMC) funds;
- \$95,109 of City of Santa Cruz DAP funds used to finance the agreements discussed above, plus funds to offset HSA administrative costs, and an additional appropriation for an augmentation to the Encompass Community Services contract with the HSA Mental Health Division for shelter services for DAP participants; and
- \$34,368 of prior year rollover and new prevention grant funds from the State Office of Traffic Safety and the Federal Substance Abuse and Mental Health Services Administration which will be used for staffing support, and services and supplies in the HSA Alcohol and Drug Program, and contracted prevention services.

It is therefore RECOMMENDED that your Board:

1. Approve the attached Health Services Agency (HSA) Strategic Plan for Substance Use Disorder (SUD) Treatment and Intervention Services 2014-2019, and adopt the four key outcomes described in the plan;
2. Approve five amendments to agreements with: Janus of Santa Cruz, Contract No. 0133, in the amount of \$3,954,360; Sobriety Works, Contract No. 2535, in the amount of \$551,290; New Life Community Services, Contract No. 2537, in the amount of \$58,530; United Way of Santa Cruz Contract No. 3276, in the amount of \$51,364; and Encompass Community Services Contract No. 0100, in the amount of \$1,466,642, for provision of alcohol and drug services, and authorize the HSA Director to sign;
3. Adopt the attached resolution accepting and appropriating \$1,310,264 of unanticipated revenues into the HSA Alcohol and Drug Program budget; and
4. Direct HSA to return in February 2015 with a report on relevant research and findings, prevalence rates of SUDs, evaluation of current system outcomes, and an update on the latest proposed changes from state and federal agencies regarding the Drug Medi-Cal program.

Sincerely,



Giang T. Nguyen
Health Services Agency Director

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

**BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from State and Federal governments for Substance Use Disorder prevention and treatment _____ program(s); and

WHEREAS, the County is a recipient of funds in the amount of \$1,310,264 which are either in excess of those anticipated or are not specifically set in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of \$1,310,264 into Auditor-Controller accept funds in the amount of Department **HSA Alcohol and Drug Program**

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
		See Attached.		1,310,264
			Total	<u>\$1,310,264</u>

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
		See Attached.			\$1,310,264

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.

By: 

Date: 11/26/14

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COUNTY ADMINISTRATIVE OFFICER / _____ / Recommended to Board
/ _____ / Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this 9th day of December, 20 14 by the following votes:

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Marie Costa
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Signature]
Auditor-Controller

Distribution:

- Auditor-Controller
- County Counsel
- County Administrative Officer
- Originating Department

HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT
ALCOHOL & DRUG PROGRAM

FISCAL YEAR 2014-2015

REVENUES:

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	364022	0873	ST-OFFICE OF TRAFFIC SAFETY - DUI SENTENCING	24,010
001	364022	0997	FED-SAMHSA DRUG FREE - DFC	10,358
001	364042	0690	ST - SHORT/DOYLE FED M/CAL	1,180,787
001	364042	2384	OTHER REVENUE	95,109
Total				\$ <u>1,310,264</u>

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/JCD	Account Name	Amount
021	363210	3638		PROFESSIONAL & SPECIAL SERVICES - OTHER	5,161
021	364012	3100		REGULAR PAY - PERMANENT	3,152
021	364012	3150		OASDI-SOCIAL SECURITY	241
021	364012	3155		PERS	665
021	364012	3160		EMPLOYEE INSURANCE AND BENEFITS	697
021	364022	3100		REGULAR PAY - PERMANENT	9,332
021	364022	3110		REGULAR PAY - EXTRA HELP	7,698
021	364022	3150		OASDI-SOCIAL SECURITY	1,302
021	364022	3155		PERS	1,067
021	364022	3160		EMPLOYEE INSURANCE AND BENEFITS	1,456
021	364022	3493		SUPPLIES	5,000
021	364022	3995		PREVENTION PROGRAM	679
021	364022	4150		AIRFARE	826
021	364022	4162		LODGING	158
021	364022	4166		MILEAGE	250
021	364022	4170		REGISTRATION	75
021	364042	3665		PROFESSIONAL & SPECIAL SERVICES - OTHER	7,231
021	364042	3638		MEDICAL SERVICES - OTHER	1,265,284
Total				\$ <u>1,310,264</u>	

County of Santa Cruz Health Services Agency
Alcohol and Drug Program **STRATEGIC PLAN** for
Substance Use Disorder Treatment
and Intervention Services

2014-2019

acknowledgements

In June 2013 the Santa Cruz County Board of Supervisors directed the Health Services Agency to begin the planning process for a new strategic plan. The Strategic Plan 2014-2019 was made possible by the diligence and commitment of many people. We would like to thank the following:

Community Planning Team

Bill Manov	Jenny Sarmiento	Megan Joseph	Stephen Siegel
Brenda Armstrong	Jim Hart	Melissa Watrous	Susan Brutschy
Cesar Baltazar	Judy Yokel	Nancy Napoli	Susie O'Hara
Cherry Maurer	Leigh Guerrero	Robert Knill	Vanessa de la Cruz
Deborah Elston	Lisa Russell	Rod Libbey	
Fernando Giraldo	Martina O'Sullivan	Sarah Cooper	
J'Ann Raines	Martine Watkins	Stan Einhorn	

Community Support

Leadership and expertise were provided by:

Alcohol and Drug Abuse Commission
 Applied Survey Research
 Christina Borbely, Ph.D., RET Partners
 Erik Riera, Director of Mental Health and Substance Abuse Services
 Vanessa de la Cruz, MD, Chief of Psychiatry
 Giang Nguyen, Health Services Agency Director
 HSA Alcohol and Drug Program staff
 Mark Stanford, Ph.D.
 Santa Cruz County Board of Supervisors:
 Bruce McPherson
 Greg Caput
 John Leopold
 Neal Coonerty
 Zach Friend

Community Conversation Forums

Host Sites:

Aptos High School
 Simpkins Swim Center
 Santa Cruz Community Foundation

City of Watsonville
 Santa Cruz County Office of Education
 Santa Cruz Health Services Agency

Contractors and Services:

Santa Cruz Residential Recovery
 Si Se Puede

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1 executive summary

Introduction

This Executive Summary provides relevant background and research information, and describes intended goals/outcomes, the process undertaken, and recommendations resulting from a rigorous countywide strategic planning process to address substance use disorders (SUD) in Santa Cruz County.

This is the first comprehensive Countywide SUD treatment and intervention services strategic plan for Santa Cruz County in more than a decade which has involved a broad range of interested and involved stakeholders throughout the community. As the SUD subject matter is rather complex and it impacts residents at all levels, for ease, the Strategic Plan document and presentation will be presented in a systematic and organized fashion.

The first phase (to be released in November 2014) includes sharing of relevant information regarding the purpose, process, priorities, intended goals/outcome and rationale. In addition, information about stakeholders' input will also be provided in the first phase of document.

The second phase (aimed for release in February 2015) will include information discussing relevant research and findings, prevalence rates of SUDs, evaluation of current system outcomes, and an update on the latest proposed changes from federal and state agencies regarding the Drug Medi-Cal program.

The last phase (aimed for release in late April/early May 2015) will include a summary and synthesis of the first two phases, and recommendations including a financial model for short- and long-term success for SUD treatment services.

The Santa Cruz County Health Services Agency (HSA), Alcohol and Drug Program (ADP) is responsible for planning, coordinating and managing a continuum of publicly-funded alcohol, tobacco and other drug prevention, intervention, treatment and recovery services that are responsive to the needs of the community. In light of the increasing concern about the myriad of impacts associated with substance use disorders (SUDs), the HSA is analyzing substance abuse issues, and the need for a long-term strategic plan for substance abuse treatment and intervention.

The strategic planning process was the collective effort of ADP, County partners, community-based agencies, and local residents. Through a systematic planning approach that included ongoing and inclusive community input over eight months, the resulting design reflects broad community consensus on the direction of substance abuse treatment and intervention services. This strategic plan was developed to closely align and is poised to coordinate with other related planning and system improvement efforts in the County. Furthermore, it aligns with the California Department of Health Care Services' proposed Drug Medi-Cal Organized Delivery System Waiver Amendment specifications for SUD care designed to optimize the treatment of beneficiaries, and with the Federal Substance Abuse and Mental Health Services Administration's description of a research-based, modern system of SUD services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010).

Current conditions are favorable to the timing of this strategic plan. Increased opportunities for expansion of services through the Affordable Care Act (ACA), AB109, and other funding sources have combined with the availability of research on best practices in treatment and interagency partnerships. These efforts are converging with lessons learned from the recent economic recession, including the need for efficient delivery of effective treatment methods. Existing service gaps, coupled with the direction of local, state and federal initiatives, drives us to organize resources into a systemically integrated, co-occurring capable, wellness-oriented continuum of alcohol and other drug services.

The purpose of the Strategic Planning process was to:

- Optimize current resources while leveraging additional resources wherever possible
- Improve efficiencies and enhance client outcomes
- Recognize the complexity of needs and conditions experienced by individuals with SUD and/or co-occurring substance use and mental health disorders (COD) and thereby ensure a more collaborative model of care that eliminates "silos" and supports parity of SUD services with other health care services
- Advance standards for quality of care and evidence-based approaches
- Align with successful local, statewide, and federal initiatives that deliver a comprehensive and integrated continuum of client-centered services based on a public health-oriented, chronic care service delivery model that embraces an upstream prevention and early intervention approach.

Strategic Planning Process

To develop the Strategic Plan, ADP engaged hundreds of community residents, service providers, partner agencies, and service consumers both in treatment and recovery to define the landscape of need and to articulate the call to action. The resulting strategic plan (Plan) includes the following:

- A review of the research literature on evidence-based practices for SUD treatment, intervention and inter-agency collaboration (available at RecoveryWave.com)
- An extensive assessment of qualitative and quantitative needs and resources (including a cross-sector analysis of opportunities for alignment with other current planning and action initiatives (see RecoveryWave.com for the quantitative needs assessment and qualitative data highlights)
- Data-driven priorities, problem statements and key outcomes

Essential to success is sustained momentum of interagency partners and community members to drive the translation of this plan into action. Proactive and consistent engagement from all sectors is at the root of transforming outdated or isolated efforts into an evolving mechanism that is agile and responsive to both threats and opportunities that affect individual and community wellbeing.

Santa Cruz County Health Services Agency Alcohol & Drug Program Mission Statement

The mission of the Health Services Agency Alcohol and Drug Program is to provide opportunities to the diverse population of Santa Cruz County for the education about, prevention of, intervention into, and recovery from alcohol and other drug related problems. Alcohol and Drug Program services will address the broader community environment as well as individual and family needs to support prevention, intervention, and recovery from alcohol and other drug problems. The Alcohol and Drug Program will provide these opportunities through working with partner organizations and community members to plan, implement, administer and evaluate a comprehensive, strengths-based, evidence-based, and culturally responsive County-wide system of contract and County-operated alcohol and other drug program services that is integrated with other needed services, such as mental health, medical care, housing, employment, education, and mutual self-help groups.

Recommendations for Collective Action

Methodical synthesis of data, including community input, generated a vision statement projecting what is possible for our community when SUDs are effectively treated and recovery is maintained: **A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.** Achieving this vision is contingent on progress toward specific and measurable outcomes. These outcomes are organized into four distinct but related action areas:

Outcome Area 1: Inform and Engage the Community and Stakeholders

- 1.1 Reduced stigma associated with SUD/COD, including an increase in sister agencies' and other partners' capacity to demonstrate services/supports that are sound and compassionate approaches to SUD/COD needs
- 1.2 Increased community support for SUD/COD resources
- 1.3 Partner agencies conduct increased numbers of screenings, assessment, interventions, and referrals for SUD/COD treatment
- 1.4 Increased number of requests for information and intervention assistance from families and community members
- 1.5 Decreased number of new youth and adults experiencing SUD/COD

Research notes that stigmatization of illness and lack of accurate information about an illness are barriers to connecting to and maintaining engagement in treatment and ongoing recovery maintenance management (SAMHSA, 2004). Stigma may include self-stigma, perceived stigma by others, or veritable

stigma imposed by others, including family, friends, community, and/or individuals who are part of the system of care experience. In Santa Cruz County, qualitative and quantitative data substantiate stigma and lack of accurate information at all three levels (see *Databook* available at RecoveryWave.com). Evidence shows that this confounds efforts to (a) identify, engage and retain individuals with or at risk of SUD into intervention, treatment and/or support services, (b) match individuals to appropriate treatment types/levels, (c) provide high caliber quality of SUD and ancillary services, and (d) promote public understanding of the efficacy and return on investment of SUD treatment and intervention services. Best practices to effectively manage chronic diseases, including SUD, include widespread public anti-stigma initiatives that promote fact-based information about nature of the illness, debunk myths and misunderstandings, and share resources that encourage active response to addressing health needs of self and others (Link, Struening, Rahav, Jo, et al., 1997; Luoma, Twohig, Waltz, Hayes, et al., 2007). This element of the Plan is a foundational element to achieving the other three outcome areas.

Outcome Area 2: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

More SUD Treatment and Intervention Services, including: admission to an appropriate level of SUD treatment is available when there is a client request for services

California's Department of Health Care Services (DHCS) estimated that there were 21,682 individuals in Santa Cruz County with a SUD in the past year. Of those, an estimated 3,209 were seeking treatment, and the HSA Alcohol and Drug Program served 1,288 clients in FY 12/13. This means that only 5.9% of those individuals who had a SUD received any kind of treatment for their illness. Of those actively seeking treatment, 60% were unable to access any treatment through ADP.

The impact of untreated SUD on Santa Cruz County is enormous: Untreated SUD costs County residents over \$207 million per year in health care, criminal justice, motor vehicle crash, and other property damage impacts (DHCS, 2012), which translates to an estimated \$765 of economic impact to each County resident every year. If Santa Cruz County is to reduce the current immediate and long term economic, safety, and health impacts, more treatment services are in order. By providing increased access to screening/assessment, intervention, treatment, and recovery maintenance services in a timely manner, Santa Cruz County can expand its response to this public health crisis. Increasing availability of services is designed in conjunction with pursuit of outcome area #3.

Outcome Area 3: Improve the Quality of SUD Prevention, Treatment, and Recovery Services

- 3.1 Increase in successful completion of treatment episodes and increased periods of wellness after completion of acute treatment
- 3.2 Increase in periods of stabilization and decrease recidivism for youth and adults involved in compulsory treatment

3.3 Improve and measure client outcomes for all program components

Clinical research on treatment practices for individuals suffering from SUD/COD has expanded and advanced substantially in the last decade. This creates an opportunity to expect enhanced outcomes for afflicted individuals (National Quality Forum, 2005). In order to maintain a high caliber of care, quality standards for systems and services must advance with the science. In doing so, ADP and partners will have the capacity to promote health and safety. For instance, of individuals provided SUD treatment services by SCC in the 2013/14 fiscal year, 47.9% reported that they had social supports for their recovery at program admission (e.g., 12 step group attendance, clean and sober housing, aftercare) and 74.4% reported engagement in social supports for their recovery at program departure. Although this is a substantial improvement, there were still over 25% of clients departing from programs who reported no social supports for their recovery, despite research showing that having a supportive social environment is a key element of sustaining long term recovery (SAMHSA, 2005). Currently, there are gaps in optimal acute care and long-term supports for self-managing recovery maintenance. There is a need for better integration, collaboration and comprehensive “wrap around” case management between SUD treatment and other agencies that people with SUDs come into contact with (e.g., mental health, criminal justice, child welfare services) in order to promote entry and retention in treatment, and to ensure that multiple needs associated with SUDs are addressed (housing, employment, healthcare, criminal justice involvement, etc.). For instance, several partner agencies do not consistently screen their clients for SUD, or only screen a portion of their clients, and thus miss opportunities for intervening earlier in the progression of SUD, which has been shown to be more cost effective than later stage treatment. The need for improved screening, assessment and care coordination is one example of an opportunity to implement research-based, higher quality services.

Outcome Area 4 Reduce Costly SUD Impacts to Individuals, Families, and the Community

- 4.1 More recovering people are engaged in productive activity (e.g., education, employment)
- 4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a “revolving door”
- 4.3 Decreased alcohol and drug-related crime
- 4.4 Decreased ED/hospitalizations/911 result in cost savings
- 4.5 Fewer parents have rights terminated for substance use related reasons

Findings from the planning process and the research literature consistently support the call for increased opportunities for prosocial engagement by individuals in treatment and recovering from SUD/COD, and for reform in systems in order to discourage a “revolving door” phenomenon in terms of repetitious cycling through costly public services such as jail, the emergency department and hospital. Implementation of the Plan’s outcome areas #1-3 are designed to yield a multi-tier increase in productivity and efficiency, and consequently minimize unnecessary collateral costs and impacts. That is,

individuals with SUD will experience the benefits of health, including supports for education and/or employment, while services and systems for SUD and related needs are better positioned to advance their shared and respective missions around wellbeing. As a result, the community, across the board, will experience better quality of life. 0508

chapter 2: **strategic plan**

Health Services Agency Alcohol and Drug Program
for Substance Use disorder
Treatment and Intervention Services

2 strategic plan

Methods

This section will outline methods used in the overall strategic planning process, including data collection approaches that provided both community input/guidance and informed the assessment findings. This section reviews methods related to accessing community voice, identifying opportunities to align with existing initiatives, and engaging in community-driven development of Plan contents.

Community Voice

The strategic planning process prioritized input from diverse sectors of the community and through multiple sources over the course of the assessment and planning phases. The following sections outline the methods used, focus of input, and summary of contributions made. All input was analyzed and factored into the development of the Plan, including community input forums, focus groups, stakeholder interviews, online/email input, and media coverage.

Community Input Forums

ADP used press releases, mailing lists, flyers, and word of mouth recruitment strategies to convene four public forums during the strategic planning process. Board of Supervisors representatives participated in respective events, as did other elected and appointed leadership.

1. March 6, 2014 in Aptos: Who Suffers from Substance Abuse? A Community Conversation. About 238 people attended.
2. May 8, 2014 in Live Oak: Needs and Solutions for Substance Abuse: A Community Conversation. 136 people attended.
3. June 11, 2014 in Watsonville: Telling the Story of Substance Use: Data Review & Community Conversation. 84 people attended.
4. November 5, 2014 in Live Oak: Safe and Healthy Santa Cruz: Strategic Plan for Substance Abuse Treatment and Intervention. 38 people attended.

Spanish translation was available at all sessions. There was consistent representation across sectors including leadership, service providers and clients from: Health/health care, Mental Health, SUD Treatment, AOD Prevention, Recovery, Housing/homelessness, Law Enforcement, Probation, Social Services, Education; in addition there was representation from youth, community residents, elected officials, and others.

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Over the course of these sessions, and using online forums, the prompts were used to gather input on topic areas that included: Public Safety & Justice, Health & Healthcare, Mental Health & Co-occurring Disorders, Education: Elementary through Higher Education, Housing/Homelessness, and Social Services/Child Welfare Services.

Prompts:

- What are the issues and how can our community solve them? (specific to topic areas)
- Discuss the highest priority needs or critical problems related to substance abuse in this context [group's topic area].
- Describe (existing or potential) supports or opportunities that effectively address substance abuse needs in this context? What solutions do you recommend?
- Highlight themes or trends you notice in the discussion. Explain insights that can be made based on hearing the various perspectives, ideas, and opinions.
- If we do a good job, what does it look like or how do we know for {specify data finding/need}?
- What do we need to do to achieve or maintain effectiveness in this {specify} area?
- What will you (personally) contribute to this?
- What is another point of view? How does this issue intersect with any of the other topics represented by a group here today?
- Thinking about the substance abuse issues highlighted by the data presented today, what *ONE* area do you most want to see change in? (please select from the "highlighted needs list").
- Considering your response, what community partners or agencies need to be involved for change to be effective in *that* area?
- Now that you've had time to discuss the findings, is there *another* area of need that you feel is important an area of focus for change? (add *one* other – from the list of highlighted needs, or something else specific).
- This needs to be a community-wide effort. What will you do to help make the change you want to see in our community?

Focus Groups

Four focus groups were facilitated as part of the strategic planning process.

1. Substance use disorder (SUD) Service Providers (10 from an estimated five agencies; both county-funded and others) on April 24, 2014.
2. Family Members of Substance Abusers (three individuals) on April 24, 2014.

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3. Residential Treatment Clients (10 individuals from Santa Cruz Residential, Encompass) on May 6, 2014. 0512
4. Family Preservation Court Clients (eight individuals from Sobriety Works) on May 8, 2014.

Focus groups entailed facilitated small group discussion using pre-designed questions and prompts to guide the conversation. Tailored focus group question protocols were designed for each audience, but included the following areas:

Question 1. Describe what substance abuse issues are present in SCC.

Probe: What does substance abuse look like for the community? For the individual suffering from substance abuse?

Question 2. What is the biggest problem or consequence of substance abuse in SCC?

Probe: Describe that... What impact does substance abuse have? What kinds of things are critical? Which are a priority?

Question 3. What needs do individuals with substance abuse have?

Probe: What needs must be met? Describe challenges they face?

Question 4. In your experience, what supports are effective in addressing substance abuse...

Probe: For individuals..... For communities.....

Question 5. Describe ideas for other supports or solutions that address substance abuse issues.

Question 6. How do you think the County division in charge of treatment (ADP) should decide what systems and services they use for addressing substance abuse?

Probe: What criteria? What method? What standards? What works now? What innovations would improve things?

Question 7a. How do you think other County agencies should address substance abuse?

Probe: What makes you think that? Do you think it is important to get other County agencies involved? Why or Why not?

Question 7b. How do you think community-based agencies should address substance abuse?

Question 8. Describe the public perception of substance abuse in SCC?

Probe: How do people talk about it? Who do you think knows about or prioritizes it as an issue? Where do people get information about it?

Question 9. If there were no substance abuse issues in SCC, what would be possible?

Probe: What would life here look like? How would people live?

Stakeholder Interviews

Stakeholder interviews were conducted as part of the strategic planning process:

- 15 individuals from HSA (including Mental Health), law enforcement, Probation, Education, 0513 community/neighborhood groups, SUD treatment providers, community-based organizations, UCSC, and elected local leaders.

Stakeholder interviews were conducted in confidential telephone or in-person interviews with individuals identified as having expertise, experience, and/or point of view that would lend perspective to the role of SUDs in Santa Cruz County. The following protocol guided the conversation:

Topic I: Needs/Problems

1. What do you see as the county's critical needs or problems regarding substance abuse?
2. How are substance use disorders impacting the county?
3. What factors are contributing to each of the needs/problems you mentioned? Why are they a problem in Santa Cruz County/what is the nature of the issue here?

Topic II: Opportunities/Resources

4. What are the most effective resources available in the county for addressing the issues you mentioned? (Prompt: population specific; community specific; systems/infrastructure)
5. Are you familiar with any other models or approaches that have been effective in addressing the issue(s) you mentioned, but are not currently available here in SCC? (Prompt: population specific; community specific; systems/infrastructure)
6. Do you have any ideas for innovation or advancement that might help address the issue(s) you mentioned?
7. What does SCC have going for it that will help us improve in addressing this need/problem?

Topic III: Cross-sector Alignment

8. From your perspective, what opportunities does MH/ADP have to (a) strengthen, or (b) build collaboration with other sectors/partners?
9. (for agencies/departments) What would an ideal partnership with ADP look like?
(for all) What role does or should ADP play in cross-sector coordination to address substance abuse?
10. Any questions that I should have asked you or that you would've wanted me to ask? Anything else you want me to know?

Web Input and Other Sources

Strategic planning included internet-based community input. Over 30 community members used this medium to contribute feedback.

ADP provided continuously updated planning process information on the County's website, recoverywave.com. This website consistently offered an online "input" forum; contributions were reviewed and addressed in a timely manner. Additional sources of public feedback were online comments and conversations that organically emerged in response to Santa Cruz Sentinel articles. Finally, anonymous content via was received via email in limited instances.

Media coverage specific to ADP strategic planning process:



1. http://www.santacruzsentinel.com/News/ci_25293104/Santa-Cruz-County-leaders-begin-plan
2. http://www.santacruzsentinel.com/News/ci_25727864/Meeting-seeks-answers-on-drug-alcohol
3. <http://www.gtweekly.com/index.php/santa-cruz-news/good-times-cover-stories/5824-picture-of-health.html>
4. local television news coverage of June 11th Community Conversation by KSBW on evening news program
5. http://www.santacruzsentinel.com/santacruz/ci_26886670/draft-plan-offers-solutions-drug-alcohol-problems-santa Santa Cruz Sentinel November 7, 2014. Draft Offers Substance Abuse Solutions.

Alignment with Existing Initiatives

As part of the systematic approach to establishing collaborative efforts in addressing SUD needs, the planning process included a cross-sector analysis of available plans and initiative documents. In addition, an accounting of available resources was included in the assessment phase. The methods for each of these are outlined here, and detailed within their respective sections.

Cross-Sector Analysis Summary

In addition to gathering community voice through interactive methods, documentation of current and developing initiatives were consulted in an effort to identify intersection and common ground. The far-reaching consequences of alcohol and other drug (AOD) use, SUD treatment programs and services overlap and interact with supports located within other sectors including public safety/criminal justice, mental health, physical health and healthcare, social services (including homeless services and child welfare), education, and employment, among others. In order to leverage momentum for change, the following documents were reviewed for relevance to addressing substance abuse issues:

1. Santa Cruz County Alcohol and Drug Program. Strategic plan for alcohol and other drug prevention 2013-2017.
2. Santa Cruz County public safety realignment and post release community supervision (2011).
3. United Way of Santa Cruz County. Go for health! Strategic plan 2010-2015.
4. Applied Survey Research. (2013). Santa Cruz County status on youth violence 2013 data report: Santa Cruz County Criminal Justice Council.
5. Applied Survey Research. (2013). Santa Cruz County Community Assessment Project 2013 comprehensive report.
6. County of Santa Cruz Human Services Department Family and Children's Services (2012). Santa Cruz County Child Welfare system improvement plan progress report year one.
7. Santa Cruz County. Smart solutions to homelessness and the homeless action partnership long range strategic plan.
8. Santa Cruz County Office of Education. Strategic Plan 2012-2015
9. City of Santa Cruz Public Safety Citizen Task Force (2013). Research, findings and recommendations.
10. Santa Cruz Public Libraries. 3-5 year strategic plan 2010-2015

11. City of Santa Cruz. Three year strategic plan goals and objectives 2012-2014 0515
12. City of Santa Cruz. (2010). Housing and Community Development consolidated plan 2010-2015 and 2010-2011 action plan.
13. Technical Assistance Collaborative, & Human Services Research Institute. (2013). California mental health and substance use systems needs assessment and service plan. Volume 2: Service plan.
14. First 5 Santa Cruz County. Strategic Plan 2012-2015
15. California Department of Health Care Services. Strategic plan 2012-2017
16. Janus of Santa Cruz. Strategic plan (in progress)
17. Envision UCSC (in progress)

Findings highlight opportunities for ADP Treatment Services intersection and/or alignment with components of strategy from of AOD Prevention; public safety, police, criminal justice, and the probation department; mental health, health, housing, education (including K-12, higher education and adult education); jobs and economy; and environmental/recreation sectors.

Needs & Resources Assessment Summary

The SCC HSA ADP 2014 Substance Use Disorder (SUD) Treatment and Intervention Services Needs and Resources Assessment utilized qualitative and quantitative methods to substantiate needs and issues in related to substance abuse, substance use disorders, and the impacts on individuals and communities across contexts. The Databook of quantitative findings and highlights of qualitative data has been previously released to the public and is available at RecoveryWave.com. The findings are based on results substantiated from multiple, credible sources including but not limited: to archival records, database review, focus groups, interviews, and community input forums.

Community-driven Development of Plan

In addition to using community voice to inform the planning process, a variety of partners and residents contributed to formulating the recommendations proposed within the Plan. ADP staff and leadership participated in an organizational assessment in order to ascertain their capacity to contribute to the Plan. A Planning Team, including representation from ADP, partnering sectors, and community residents was convened to develop the basis of content for the proposed Plan. Planning Team participants are listed the Acknowledgements section of this plan.

ADP Organizational Capacity Assessment

In January 2014 staff and leadership of ADP participated in an organizational assessment session of structured dialogue about ADP's functional capacity to achieve success. The primary purpose was to leverage the perspective of ADP staff and leadership in order to define desired agency outcomes, and outline existing and potential facilitators of success. Specifically, an outside facilitator used a structured group discussion format to assess:

1. How ADP defines success

2. What factors are currently contributing to success 0516
3. What additional opportunities, innovations and activities can further strengthen success.

The organizational assessment process used is based on a modified SWOT analysis. The traditional SWOT model addresses agency strengths, weaknesses, opportunities, and threats. Rather than creating mutually exclusive categories using a binary structure, the modified model employs a spectrum for multi-faceted dimensions of organizational function. The spectrum gauges the temporal range from “now” to “future” and the group defines and populates dimensions of agency success, assets, according to what is and what is possibly influential for achieving desired outcomes. This latter part of the process is an innovation on the “ranking” process used to identify key factors populating the SWOT quadrants. The modified SWOT used for the current report is grounded in effective practice and produces a strengths-based and progress-oriented perspective on an organization’s functioning and capacity for effectiveness.

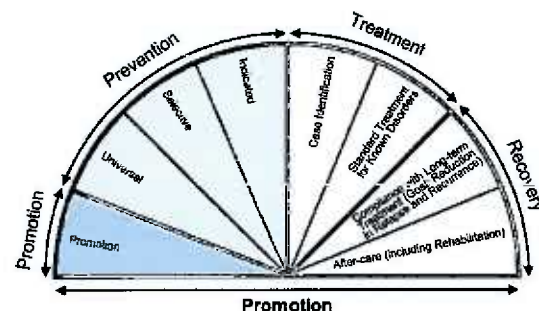
Planning Team

ADP invited over 35 partners and community members to join a Planning Team to convene for three sessions devoted to analyzing the findings from the needs and resources assessment phase and organizing a structure for the strategic plan. The group of 25 (see Acknowledgements for a list of Planning Team participants) was comprised of individuals from diverse sectors of the community, including County and community-based SUD prevention, treatment, and recovery, law enforcement, courts system, probation, County and community-based mental health agencies, Dominican Hospital, education, social services, city managers, faith community, community-based organizations/non-profits, and community members.

Through interactive working sessions, the members reviewed substantiated needs and solutions, determined how to frame the concepts into actionable strategies and measurable outcomes, and provided input on proposing recommendations for ADP, partner agency and community action areas for treatment systems and services.

The Planning Team convened on June 25th, July 8th, and August 6th of 2014. The following were key frames for the group’s approach:

- Social innovation
 - No more “business as usual”
 - But “don’t throw the baby out with the bath water”
- Community ownership
 - Create recommendations for the ADP plan for treatment services, but also community’s plan (i.e., delineate multiple scopes of work within the overall goals)
- Collaboration across sectors & systems
 - Promote accountability for change



- Conceptualize Substance Use Disorders within IOM Continuum of Care for Mental Health (because everyone is somewhere on the continuum all the time)

Synthesis of Problem Areas and Need for Transformation

The Planning Team relied on criteria (endorsed at the June 11th Community Conversation prior to the Planning Team sessions) to verify and distill the data-substantiated needs and community priorities into problem statements. These criteria are described below and were used to identify (1) SCC HSA ADP and (2) community goals and objectives for addressing AOD treatment needs.

Table 1: CRITERIA FOR DETERMINING SUD/COD PRIORITIES FOR ACTION

CRITERION (The extent to which the need/issue/problem is or has:)

I. Consistent with HSA & ADP vision and mission.

- Consistent with ADP's vision and mission. It will not undermine HSA or ADP's vision and mission.
- Non-divisive and consistent with the group's/County's values

II. Importance of problem/issue to ADP and SCC communities/citizens.

- Decision to address the need/issue/problem is data driven and aligns with community's calls to action.

Need may be measured by:

- Scope:
 - *Narrow/Deep* impact (i.e., issues that impact a *narrow* population/region, but have *deep* consequences or needs.
 - *Broad/Diffuse* impact (i.e., issues that impact a broad sector of population/region and address diffuse or common consequences or needs.

Including the following considerations:

- Cost (e.g., social, health, economic costs)
- Magnitude of problem (e.g., frequency, incidence, trends)
- Severity (e.g., level of impact on community health & well-being)
- Size of the population at risk (i.e., who would benefit).

Priority may be measured by:

- Immediacy of the concern (i.e., urgency)
- Degree of concern (e.g., visibility; priority of local &/or State government; public &/or political will)
 - Extent to which issue is widely and deeply felt
 - Resonance with the public and stakeholders
 - Status as an unmet need/gap in service (i.e., no one else is addressing the problem).

III. Availability of solutions for problem/issue.

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- Solutions are available and real improvement is achievable.

Determine whether:

- Causes/reasons are identifiable
- Risk factors/barriers are modifiable
- Evidence-based strategies to effectively address problem/issue exist. And if not, strategies to effectively address problem/issue can be designed.

Consider:

- Impact or size of effect if problem/issue is addressed effectively.

IV. Feasibility of program/policy implementation and sustainability.

- Feasibility includes confirming that necessary concrete and intangible resources/structures are currently in place.

Confirm concrete resources:

- Existence of infrastructure (e.g., staff and facilities, resources availability)
- Funding available/sustainable
- Fits into (or should be added to) existing organizational structure/activities.

Confirm intangible resources:

- Authority/accountability/responsibility to implement is held or obtainable
- Political and cultural acceptability (degree of public concern, political will and community readiness)
- Workforce knowledge and skills (and/or opportunities for training and technical assistance for professional development).

V. Evaluation of program or policy

- Action must achieve specific change through measureable impacts.

Confirm:

- Ability to evaluate/measure outcomes and impacts
- Benefits outweigh the costs of implementation and sustainability
- Collateral benefits as a result of implementation (i.e., increases readiness, decreases attrition, reduces other health problems).

VI. Cross-sector momentum

- Multiple sectors within community will benefit.

Determine how:

- Aligns with priorities in other sectors

- Impact of change benefits multiple sectors
- There are opportunities for cross-sector partnerships to contribute to change.

Confirm:

- If a solution requires interagency partnerships to implement, all essential partners are committed to the solution (NB: this relates to feasibility Section IV, as well).

Other considerations

- Geographic/Demographic Factors Geographic/Demographic Factors
- Timeliness
 - Time to implementation
 - Time to results/outcomes
- Alignment with the field's calls to action
- Other: _____

Once the Planning Team arrived at consensus on data-based problems and associated needs, next steps focused on determining how to address them. An assortment of tools was used to synthesize the data and arrive at a theory of change and logic model for the strategic plan. This included:

- Opportunity Analysis: Compare known needs/issues to existing and potential resources and solutions
- Strategic Plan/Prevention Framework (SPF): USDHHS Substance Abuse and Mental Health Services Administration's recommended paradigm (SAMHSA, 2009)
- Adapted Results Chain from the Results-based Accountability (RBA) model of strategic planning: Defining a vision for effectively preventing, treating, and supporting recovery related to alcohol and other drug abuse, then determining the outcomes, outputs and inputs that will culminate in that vision.

Figure 1: RBA RESULTS CHAIN ILLUSTRATION



RBA Results Chain and discussion guide:

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- What CHANGE needs to happen to get there? What needs to be different in order for these OUTPUTS to be viable and sustainable and effective in contributing toward IMPACT?
- Given the highlighted needs (OUTCOMES), what does IMPACT look like if we achieved them?
- How (OUTPUTS) do we do that?
- What is the overarching model/system/frame for the “how”?

The final component of the Results Chain determines the “INPUTS” and identified additional “OPPORTUNITIES for INPUTS” (based on what’s missing and possible as additional resources/supports that will generate the target Outputs)

- Who and what (INPUT) make the change happen?
 - What’s in place (INPUTS) now?
 - What is possible to put in place?

Between and subsequent to the Planning Team sessions, ADP’s internal team processed and refined the group’s input with their consent. Planning Team members were invited to participate in an ad-hoc evaluation planning session on August 8, 2014 (eight members participated). The Planning Team was advised on the ongoing development of the proposed Plan content via email, with their input continually integrated into draft revisions and decision making by ADP staff and contracts finalizing the document. As a final step to the process, the proposed draft Plan was presented to the community for review and feedback online and at a public forum (November 5, 2014) prior to presenting the final document to the Board of Supervisors. Thirty-eight community members attended, and there was online/email input from over thirty individuals that informed the final proposed Plan. The resulting Plan reflects content generated through this multi-method process and is in keeping with the community’s voice.

Logic Model

The previous sub-section titled *Methods* outlined the approach to identifying primary substance use issues within Santa Cruz County. Included in this section are the community-driven priorities, the synthesis of those priorities into problem statements, and the theory of change and proposed actions to address each of the issues.

Community-driven Identification of Priority Issues

On June 11, 2014 a public forum was convened to present findings from the Databook. The document presented in this report that illustrates the needs and resources associated directly and indirectly with SUD. Participants reviewed key highlights from the data and asked to identify areas where they most wanted to see change.

Legend for priorities in table below:

- Areas that elicited the most immediate reaction for greatest number of people
- Areas that elicited the most immediate reaction for notable number of people
- Areas that resonated with the most people, but with less immediacy
- Additional areas determined to be of great need by Planning Team (6/25/14)

Table 2: COMMUNITY-DRIVEN IDENTIFICATION OF PRIORITY ISSUES

Priorities to be Ranked	Rank				Sum
	1 st	2 nd	3 rd	4 th	
Treatment services appropriate for:					
1. Co-occurring disorders in order to address both SUD and mental health	4	6	1		11
2. Adults with SUDs who want treatment and are not Med-Cal or AB109 can't get services	9	0			9
3. Women	1	0			1
4. Parenting/perinatal adults with SUDs [CWS cases; generational risk]	3	0			3
Need to address systems mis-alignment between SUD Treatment and:	0	1			1
5. Timeline and/or approach to recovery/wellness	1	2	1	1	5
6. Mental Health services	3	4			7
7. Justice System	7	3			10
8. Child Welfare System	0	1	1		2
9. Serial inebriates/high risk alcohol abuse	0	0			0

Treatment-specific housing for:	0	3	1	4
10. Sober living	5	3	1	10
11. Long term treatment	4	2	1	7
12. Individuals experiencing homeless	4	3		7
13. Women	0	0		0
14. Women with children	4	2	1	7
Need for humanity (de-stigmatized) systems and services:				
15. Immediate access to support/treatment	9	3		12
16. Easy to/support to navigate social services [coordinated care; case management]	1	1	2	4
17. Trauma informed & trauma-specific services	3	3		6
18. All services provided with dignity and compassion	3	1		4
19. Understanding SUD treatment/recovery is life long process	0	2		2
Need for more AOD & SUD informed/educated:				
20. Youth & their families	8	2	1	12
21. Public	0	0		0
22. Professionals: treatment providers, medical professionals, law enforcement, judges	0	1		1

(N=84 June 11, 2014 Community Conversation town hall participants)

The Planning Team’s synthesis yielded a summary of problem statements and priority needs related to SUD. These ultimately serve as the foundation for the four proposed action areas identified in the Plan.

Table 3: PROBLEM STATEMENTS AND PRIORITY NEEDS

Problem 1	
Timely access to treatment services and services for specific needs, including among populations that experience high risk need or high stakes consequences of SUDs, are insufficient.	
Need:	Within ADP there is a need for treatment on request, and more and better treatment services for specific populations, including:
Individual Treatment services	<ul style="list-style-type: none"> • Youth • Individuals with co-occurring disorders • Adults with SUDs who want treatment and are not eligible through Medi-Cal or AB109 • Parenting/perinatal adults with SUDs [i.e., CWS cases; families with generational risk] • Serial inebriates • Individuals with long-term treatment needs

- Individuals in need of sober living environments.

Problem 2

Individuals with SUDs often experience a diverse range of problems or needs that require supports and services from multiple sectors. Currently, it is complicated or impossible to navigate cross-sector services for complex needs which results in inadequate care for individuals and inefficiency/redundancies that are costly across systems.

Need: There is a need to optimize collaboration between SUD Treatment and other systems, including:

- Interagency SUD supports
- Mental Health
 - Child Welfare Services
 - Healthcare
 - Justice System (including education of law enforcement, courts; transitional support for those returning to community life; optimal duration of monitoring/support; mandates to appropriate treatment levels; system for addressing SUD as a health issue among offenders/revolving door)
 - Workforce.

There is a need optimized interagency coordination of care for complex individual needs (e.g., interagency coordination of care or case management).

Problem 3

There are costly but avoidable consequences of SUDs to individuals, systems, and communities due to lack of knowledge and/or counter-productive attitudes.

Need: There is a need for a community-wide/systemic shift in culture that supports sound and compassionate approaches to SUD needs in order to minimize costly consequences.

- Community SUD supports
- Including the need to/for:
- Develop “core competency” of stakeholders
 - Prevention & Early Intervention for those vulnerable to SUD
 - Anti-stigmatization of SUD/MH; educated public re nature of chronic illness.

The problem statements were further synthesized and structured according to the following four primary issues and proposed actions:

Issue #1: Underdeveloped Capacity Related to SUD/COD

Proposed Action: Inform and Engage the Community and Stakeholders

Issue #2: Need for More SUD/COD Services

Proposed Action: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

Issue #3: Need for Better SUD/COD Services

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Proposed Action: Improve the Quality of SUD Intervention, Treatment, and Recovery Services

Issue #4: Costly Impacts of SUD/COD

Proposed Action: Reduce Costly SUD Impacts to Individuals, Families, and the Community

Logic Model Graphic

The *Logic Model* section is organized into two sections. The first section provides a graphic representation of the Strategic Plan's *inputs, outputs, outcomes, and impacts*. The second section provides a narrative description of how each of the four primary issues outlined above map to the proposed actions. Included in the second section are explanations for how each proposed action will be completed and measured.

#1 Inform and Engage the Community and Stakeholders

Inputs

Outputs

Outcomes

Impact

- ADP or contractor develop "core competency" curricula, including:
 - ✓ Baseline understanding of
 - ✓ De-stigmatize SUD and recognize as chronic illness
 - ✓ Treatable illness
 - ✓ Positive impact of treatment and recovery (ROI)
 - ✓ Treatment reduces recidivism, Smart on Crime
 - ✓ Treatment – before, during, and after incarceration
 - Common language regarding SUD/COD
 - Context-specific trainings/materials

- Marketing and media experts staff development of SUD/COD education and anti-stigma communications plan and develop and implement PR plan

- ADP designates staff or contractors as trainers
- ADP or contractor develops and implements outreach and engagement plans for target audiences, such as incentives to participate, including childcare, meals, transportation vouchers, CEUs, etc. as applicable to target audience
- Training locations and event spaces proximate and appropriate for target audiences

Output 1A:

Community-wide/systemic shift in culture that A. supports sound and compassionate approaches to SUD/COD needs and adequate resources in order to minimize costly consequences, and B. improves community culture/attitudes (increased perception of harm associated with AOD use; decreased social norms of acceptance for AOD use) regarding AOD use and related issues within the following realms: K-12 and college, media, other county agency stakeholders: Social Service, Justice, Health for members of the public sector (e.g., adults, parents of children/teens, housing authorities /landlords, etc.) through education and outreach, including

- Community and stakeholder education on research-based AOD/SUD information and issues
- Media campaign

- Leadership across sectors directs agencies to prioritize early identification of/risk for SUD/COD
- ADP collaborates to identify components of cross-sector screening/assessment tool and provides technical assistance for implementation
- ADP develops enhanced service/support mechanism to link pre-clinical/crisis individuals to appropriate interventions/resources
- ADP or contractor develops and implements outreach and engagement plan(s) for target audience(s)
- ADP engages in continual monitoring and improvement of systems and services to ensure quality of screening, assessment, intervention, and referral services

Output 1B:

Outreach and engagement to individuals with or at risk of SUD that features:

- Screening/assessment/intervention/referrals, including by healthcare/medical, criminal justice, child welfare, education, and other professionals, that is renewed regularly, available at earliest indication of need (before costly impacts such as ED or jail), incorporates multi-sector risk indicators
- Opportunities for family, teachers, coaches, employers, etc. to get support for someone at pre-crisis levels
- Culturally responsive systems and services

Outcome 1: Informed and Engaged Community and Stakeholders

1.1 Reduced stigma associated with SUD/COD, including an increase in sister agencies' and other partners' capacity to demonstrate services/supports that are sound and compassionate approaches to SUD/COD needs

1.2 Increased community support for adequacy and parity of SUD/COD resources

1.3 Partner agencies conduct increased numbers of screenings, assessment, interventions, and referrals for SUD/COD treatment

1.4 Increased number of requests for information and intervention assistance from families and community members

1.5 Decreased number of new youth and adults experiencing SUD/COD

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

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#2 Increase the Availability of SUD and COD Intervention, Treatment, and Recovery Services

Inputs

Outputs

Outcomes

Impact

- Leadership a cross sectors directs agencies to engage in collaborative resourcing
- ADP staff time dedicated to fund development, including interagency funding opportunities
- Stakeholder agencies collaborate to establish resource/fund development plan

Output 2A:

- Adequate funding through confirmed and novel fiscal mechanisms, including creative/new optimization of all possible funding sources, such as ACA/Drug Medi-Cal, MHSA, distribution of existing public funds, AB109 (for criminal justice), unified cross-system plan (including leveraging eligibility for funding across sectors), interagency SUD/COD investment plan, grants, indirect funding through community donor contribution to non-profits, etc.
- Reduced barriers to integrated funding and services (e.g., silo-ed, categorical funding) and innovative funding structures are created

Outcome 2: More SUD Treatment and Intervention Services

Admission to an appropriate level of SUD treatment is available upon client request for services

- ADP convenes a leadership collaborative to elevate SUD/COD as public health priority
- Grassroots leaders and community champions advocate for SUD/COD awareness

- ADP and partners establish evidence-based SUD/COD practices and effective service modalities as criteria for implementation
- ADP and partners commit to continued use of effective practices: CBT, Drug Court, Family Preservation Court, Wrap around models for youth/families, successful pilots, SLEs, and peer support programs
- ADP and partners organize integration of additional effective SUD/COD practices: Justice Reform Initiatives, Family Connections model, expand scale of successful pilots, ongoing/lifetime monitoring support system
- ADP garners support for adequately funding continuing care of all individuals being treated or recovering from SUD/COD

Output 2B:

- Diversity of effective SUD services, including:
 - Treatment on demand available for all populations with SUD/COD needs, including CWS clients, criminal offenders, health care patients, students, mental health services consumers, etc.
 - Treatment matching, i.e., level and intensity of care delivered appropriate to clients' level of need
 - Non-treatment alternatives for acutely intoxicated persons to ER/jail (e.g., sobering center)
 - Population appropriate clean and sober (SLE) housing (e.g., COD, fathers with children, mothers with children, families)
 - Enhanced recovery maintenance services based on continuum of support after acute treatment

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

#3 Improve the Quality of SUD Prevention, Treatment, and Recovery Services

Inputs

Outputs

Outcomes

Impact

- HSA leadership directs divisions to prioritize enhanced capacity to meet service needs of SUD/COD population
- ADP seeks support for parity of funding
- ADP and MH improve integrated/parallel assessment of spectrum of need for treatment planning
- ADP coordinates and partners engage in activities that increased capacity of professionals to recognize and address SUD (including COD)
- ADP and partners prioritize staffing and program model that effectively and efficiently addresses COD

Output 2C:

- SUD and MH services are integrated across programs in a manner that serves the whole continuum of clients' needs

Outcome 2: More SUD Treatment and Intervention Services

Admission to an appropriate level of SUD treatment is available upon client request for services

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

- Leadership across sectors directs agencies to engage in collaborative resourcing
- ADP directs a leadership collaborative to elevate SUD/COD as public health priority
- Grassroots leaders and community champions advocate for SUD/COD awareness
- ADP and partners establish evidence-based SUD/COD practices and effective service modalities as criteria for implementation
- ADP and partners commit to continued use of effective practices, such as: CBT, Drug Court, Family Preservation Court, Wrap around models for youth/families, successful pilots, SLEs, peer support programs
- ADP and partners organize integration of additional effective SUD/COD practices such as, Justice Reform Initiatives, Family Connections model, expand scale of successful pilots, ongoing/lifetime monitoring support system
- ADP garners support for adequately funding continuing care of all individuals being treated or recovering from SUD/COD
- Support for staff of SUD/COD professionals, including funding and ongoing professional development, training and fidelity monitoring
- Develop SUD/COD service provider workforce: volunteers, interns, hire additional staff, and adequate support staff
- Enhance partnership between County agencies and community based supports for SUD/COD prevention, treatment and recovery maintenance
- ADP and partners expand optimized technology for increased efficiency (including EHR)
- ADP has increased resources dedicated to program evaluation and fidelity monitoring

Output 3A:

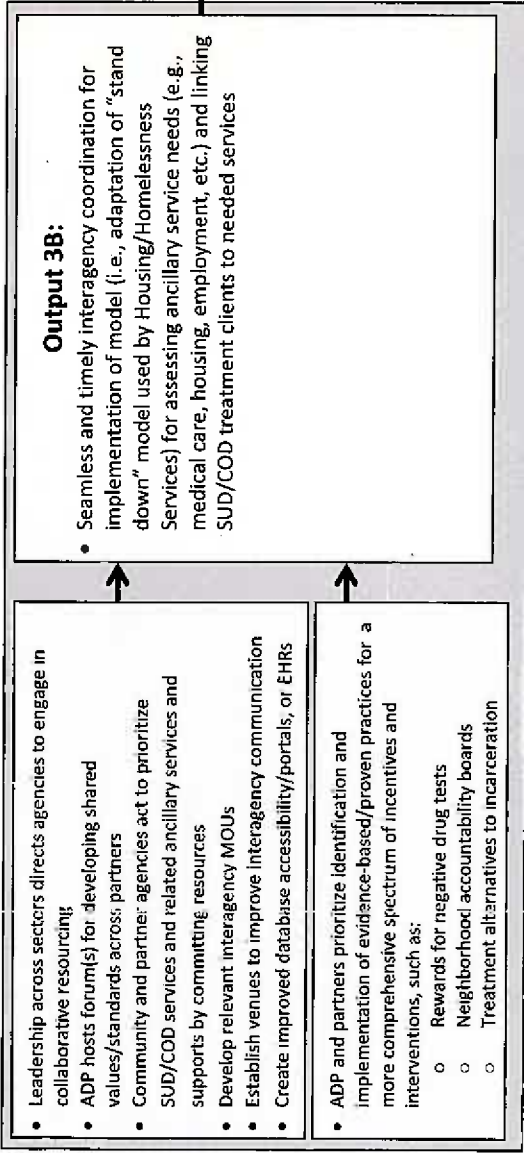
- Increased use of effective SUD services, including:
 - Standardized assessment and matching of clients' needs and goals to level and duration of SUD treatment services
 - Increased use of evidence-based practices in acute SUD treatment
 - Increased use of program evaluation data to support quality improvement efforts
 - Recovery maintenance services (e.g., client and family education, aftercare, SLE, mutual self-help supports, and monitoring to re-engage in treatment as needed)

Outcome 3: Better Quality of SUD Services

- 3.1 Increase in successful completion of treatment episodes and increased periods of wellness after completion of acute treatment
- 3.2 Increase in periods of stabilization and decreased recidivism for youth and adults involved in compulsory treatment
- 3.3 Improve and measure client outcomes for all program components

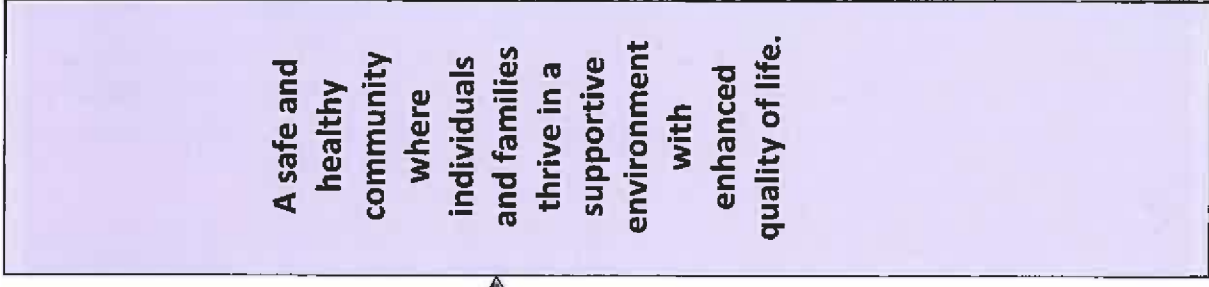
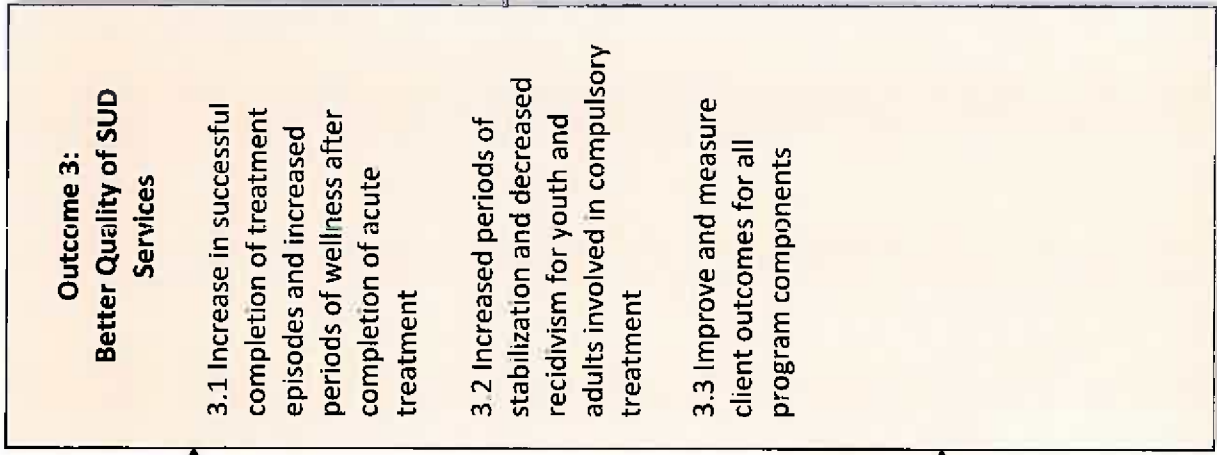
A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

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- Leadership across sectors directs agencies to engage in collaborative resourcing
- ADP hosts forum(s) for developing shared values/standards across partners
- Community and partner agencies act to prioritize SUD/COD services and related ancillary services and supports by committing resources
- Develop relevant interagency MOUs
- Establish venues to improve interagency communication
- Create improved database accessibility/portals, or EHRs
- ADP and partners prioritize identification and implementation of evidence-based/proven practices for a more comprehensive spectrum of incentives and interventions, such as:
 - Rewards for negative drug tests
 - Neighborhood accountability boards
 - Treatment alternatives to incarceration

- ADP and partners collaborate to resource, establish, enhance and/or sustain with fidelity services and supports such as:
 - Serial Inebriate Project (SIP)
 - Crisis Intervention Team (CIT)
 - Mobile behavioral health crisis services
 - Teen peer court
 - Evening Center
 - Community Restoration Center (restorative justice model)
 - Wrap around services for youth/families



#4 Reduce Costly SUD Impacts to Individuals, Families, and the Community

Inputs

Outputs

Outcomes

Impact

- Leadership across sectors directs agencies to prioritize early identification of or risk for SUD/COD
- ADP collaborates to identify components of cross-sector screening/assessment tool and provides technical assistance for integration
- ADP develops and implements outreach and engagement plans for target audiences
- ADP develops enhanced service/support mechanism to link pre-clinical/crisis individuals to appropriate interventions/resources
- ADP engages in continual monitoring and improvement of systems and services

Output 4A:

- Outreach and engagement to individuals with or at risk of SUD that features:
- Screening/assessment, including by healthcare/medical professionals, that is renewed regularly, available at earliest indication of need (before costly impacts such as ED or jail), and incorporates multi-sector risk indicators
 - Opportunities for family, teachers, coaches, employers, etc. to get support for someone at pre-crisis levels
 - Culturally responsive systems and services

Outcome 4: Reduce Costly Individual, Family, and Community Impacts

4.1 More recovering people are engaged in productive activity (e.g., education, employment)

- Leadership across sectors directs agencies to engage in collaborative resourcing
- ADP convenes a leadership collaborative to elevate SUD/COD as public health priority
- Grassroots leaders and community champions advocate for SUD/COD awareness

Output 4B:

- Diversity of evidence-based SUD services, including:
- Treatment on request available for all populations with SUD/COD needs, including CWS clients, criminal offenders, health care patients, students, mental health services consumers, etc.
 - Treatment matching, i.e., level and intensity of care delivered appropriate to clients' level of need.
 - Non-treatment alternatives for acutely intoxicated persons to ER/jail (e.g., sobering center)
 - Population appropriate clean and sober housing (e.g., COD, fathers with children, mothers with children, families)
 - Opportunities for family, teachers, coaches, employers, etc. to get support for someone at pre-crisis levels
 - Enhanced recovery maintenance services based on continuum of support after treatment

4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a "revolving door"

4.3 Decreased alcohol and drug-related crime

4.4 Decreased ED/hospitalizations/911 result in cost savings

4.5 Fewer parents have rights terminated for substance use related reasons

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

- Leadership across sectors directs agencies to prioritize early identification of or risk for SUD/COD
- ADP collaborates to identify components of cross-sector screening/assessment tool and provides technical assistance for integration
- ADP develops and implements outreach and engagement plans for target audiences
- ADP develops enhanced service/support mechanism to link pre-clinical/crisis individuals to appropriate interventions/resources
- ADP engages in continual monitoring and improvement of systems and services

Output 4C:

- Seamless and timely interagency coordination for implementation of model (i.e., adaptation of "stand down" model used by Housing/Homelessness Services) for assessing ancillary service needs (e.g., medical care, housing, employment, etc.) and linking SUD/COD treatment clients to needed services

- Leadership across sectors directs agencies to engage in collaborative resourcing
- ADP convenes a leadership collaborative to elevate SUD/COD as public health priority
- Grassroots leaders and community champions advocate for SUD/COD awareness

Output 4D:

- Increased range of options (incentives and effective graduated interventions) for responses to people with SUDs, including but not limited to increased alternatives to youth and adult incarceration

- ADP and partners establish evidence-based SUD/COD practices and effective service modalities as criteria for implementation
- ADP and partners commit to continued use of effective practices, including: CBT, Drug Court, Family Preservation Court, Wrap around models for youth/families, successful pilots, SLEs, and peer support programs
- ADP and partners organize integration of additional effective SUD/COD practices, including Justice Reform Initiatives, Family Connections model, expand scale of successful pilots, ongoing/lifetime monitoring support system
- ADP garners support for adequately funding continuing care of all individuals being treated or recovering from SUD/COD

- Support for existing staff of SUD/COD professionals, including funding and ongoing professional development
- Develop SUD/COD service provider workforce: volunteers, interns, hire additional staff, and adequate support staff
- Enhance partnership between County agencies and community based supports for SUD/COD prevention, treatment and recovery maintenance
- ADP and partners expand optimized technology for increased efficiency (including EHR)
- ADP has increased resources dedicated to program evaluation and fidelity monitoring

Outcome 4: Reduce Costly Individual, Family, and Community Impacts

- 4.1 More recovering people are engaged in productive activity (e.g., education, employment)
- 4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a "revolving door"
- 4.3 Decreased alcohol and drug-related crime
- 4.4 Decreased ED/hospitalizations/911 result in cost savings
- 4.5 Fewer parents have rights terminated for substance use related reasons

A safe and healthy community where individuals and families thrive in a supportive environment with enhanced quality of life.

Proposed Outcomes

Issue #1: Underdeveloped Capacity Related to SUD/COD

Proposed Outcome: Inform and Engage the Community and Stakeholders

Who Is the Target Population?

All members of the Santa Cruz County community, including residents, partners, and stakeholders will benefit from this outcome.

What Is the Result?

A community of informed and compassionate individuals who recognize SUD as a chronic illness that benefits from effective and adequate treatment will make strategic decisions to promote wellbeing, prevention, intervention and treatment with equity.

What Are the Milestones?

- 1.1 Reduced stigma associated with SUD/COD, including an increase in sister agencies' and other partners' capacity to demonstrate services/supports that are sound and compassionate approaches to SUD/COD needs
- 1.2 Increased community support for adequacy and parity of SUD/COD resources

Why Is This Important?

Research shows that a community's healthy culture and attitudes regarding AOD use and related issues are associated with prevalence of use and experience of costly impacts. In SCC, changes are needed in social attitudes and normative beliefs about (a) substance use and (b) people with SUDs. Targeting a shift toward healthy attitudes will impact people's use of substances and how the community responds to people with SUD. Currently, data show tolerant attitudes toward substance use as a contributor to high rates of SUDs in the County; stigmatization of SUD leading to influencing of decisions to respond to SUDs as a health issue versus a criminal justice issue; and lack of information or misinformation about people with SUD and their ability to benefit from treatment affecting how to allocate public funds in response to SUD impacts on the community.

How Do We Achieve the Outcome?

Continuing work begun with the strategic planning process, ADP proposes to continue working with key community leaders to elevate SUD/COD as public health priority. As part of this initiative, grassroots leaders and community champions will be encouraged and supported to advocate for SUD/COD awareness. Advance preparation and ongoing development of context-specific trainings/materials for a "core competency" curriculum for community members and inter-agency partners will include:

- Development of a common language regarding SUD/COD

- Baseline knowledge about SUD, recognition of SUD as a chronic yet treatable disorder, the positive impact and return on investment of treatment and recovery services, the proven capacity for treatment to reduce recidivism (e.g., Smart on Crime), and the demonstrated value of treatment before, during, and after incarceration

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There will also be marketing and media experts to support development of SUD/COD education and anti-stigma communications plan, and develop and implement a public relations plan. The aim will be a community-wide and systemic shift in culture that supports sound and compassionate approaches to SUD/COD needs in order to minimize costly consequences. Systemic marketing and outreach will increase understanding and empathy of community members, policy makers, and stakeholders (Planning Team members cited the Police Academy and Citizens Inside Education as examples of effective outreach and education strategies). There will be a targeted design to shift community culture and attitudes regarding AOD use and related issues within the following realms: K-12 and higher education, among stakeholders (Social Services, Justice, Health), adults, and the media.

What Are Additional Milestones?

- 1.3 Partner agencies conduct increased numbers of screenings, assessment, interventions, and referrals for SUD/COD treatment
- 1.4 Increased number of requests for information and intervention assistance from families and community members
- 1.5 Decreased number of new youth and adults experiencing SUD/COD

Why Is This Important?

Research shows that prevention and early intervention are cost-effective methods to reduce substance abuse and onset of SUD. Interrupting risks or contributing factors that may accelerate, exacerbate, or sustain abuse or addiction is effective and desirable. For individuals suffering from SUD, rapid admission to appropriate treatment for is associated with better outcomes and, ultimately cost savings. Professionals from across service sectors versed in administering research-based screening and assessments are more likely to then provide referrals for intervention or treatment resources. Ensuring that a referral protocol is efficient and responsive to providers and consumers is critical to success. The achievement of these and other outcomes is designed to result in population-level change in prevalence of SUD onset. That is, while effective treatment for those with SUD is a primary aim of this Plan, of equal interest is preventing or intervening early in the illness before its onset or severe progression.

How Do We Achieve the Proposed Outcome?

In order to achieve Outcome components 1.3-1.5, it is recommended that leadership across sectors direct agencies to prioritize early identification of and risk for SUD/COD. ADP will collaborate to identify components of cross-sector screening/assessment tool and provide technical assistance for implementation. ADP also proposes to develop an enhanced service and support mechanism to link pre-clinical or pre-crisis individuals to appropriate interventions and resources.

How Do We Measure Progress and Success of the Result?

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- Attitudes and beliefs about persons with SUD/COD among stakeholders and the general population.
- Beliefs about the effectiveness of early intervention, treatment, and maintenance services among stakeholders and the general population.
- Perceived norms associated with AOD use among the general population.
- Levels of perceived harm associated with AOD use among the general population.
- Frequency of exposure to SUD/COD awareness and education efforts among intended audiences.
- Level of implementation of an informational outreach and education campaign to community members, stakeholders, and the media to transform attitudes and norms about AOD use, persons with SUD/COD, and treatment services.
- Whether an agency has been contracted to design and implement an informational outreach and education campaign to transform attitudes and norms about AOD use, persons with SUD/COD, and treatment services among community members, stakeholders, and the media.
- Trends in estimated SUD prevalence rates, including among youth, within Santa Cruz County.

Issue #2: Need for More SUD/COD Services

Proposed Outcome: Increase the Availability of SUD and COD Prevention, Treatment, and Recovery Services

Who Is the Target Population?

While this action will ultimately benefit everyone in the community, the immediate focus will be on children, youth, and adults at risk of or experiencing SUD.

What Is the Result?

The result will be the ability to provide need-based services across the community including, SUD services to all individuals seeking intervention or treatment, and ongoing supports that promote wellness of individuals in recovery. This significantly contributes to creating a healthier and safer community with individuals who experience an enhanced quality of life.

What Are the Milestones?

2.0 Admission to an appropriate level of SUD treatment is available upon client request for services

Why Is This Important?

The scope of treatment needs and the demand for treatment services far exceeds ADP resources. There is a need for improved access and funding for SUD treatment and intervention. California's State Department of Health Care Services (DHCS) estimated that there were 21,682 individuals in Santa Cruz County with a SUD in the past year. Of those, an estimated 3,209 were seeking treatment, and the HSA Alcohol and Drug Program served 1,288 clients in FY 12/13 (5.9% of those who had a SUD). Untreated SUD has an enormous economic impact on the community, and provision of SUD treatment produces a positive return on investment compared to non-treatment approaches to addressing the fallout of untreated SUD. It is well-known that people with SUD are rarely able to wait for treatment beyond the passing of the immediate crisis that prompted the motivation to enter treatment. Research on San Francisco County's system of providing treatment on demand indicates that the capacity to provide treatment on demand encourages entry into a more appropriate (and often less expensive) level of care and reduces the over-reliance on a "revolving door" of expensive "front end" services such as jail, emergency department and detoxification (Sears et al., 2009; McCarty et al., 2000).

How Do We Achieve the Outcome?

Expanding access to SUD services entails a multi-dimensional, multi-phase approach. A key element for success will depend on leadership support. To garner support, ADP proposes to convene a leadership collaborative to elevate SUD/COD as public health priority, and rally grassroots leaders and community champions to advocate for SUD/COD awareness. It is proposed that leadership across sectors direct agencies to engage in collaborative resourcing. This will be complemented by simultaneous approaches, including ADP staff time dedicated to fund development such as pursuing grant opportunities through inter-agency collaboration; stakeholder agencies collaborating to establish a resource and fund

development plan; and advocating at the state and national levels for parity in funding between SUD 0535 services and other health care services such as mental health and primary medical care.

A key strategy for expanding access to SUD services is the expansion of Drug Medi-Cal services that is anticipated to become available through DHCS's proposed Drug Medi-Cal Organized Deliver System Waiver Amendment request to the federal government. ADP and its contractors and inter-agency partners are working to maximize Medi-Cal enrollment of SUD treatment and intervention clients. In addition, ADP staff is closely tracking the progress of the proposed DHCS waiver to determine its programmatic and fiscal implications and recommend whether the County should opt into the DHCS waiver system of care.

Adoption of treatment on request as a County commitment will bring the County into conformance with State (DHCS, 2014) and Federal (SAMHSA, 2010) standards for an adequate, comprehensive system of SUD services. By committing to a goal of treatment on request now, the County positions itself to become a leader among other California counties in SUD services, and thus access increased opportunities that are likely to become available as the State and Federal governments encourage localities to move toward adopting evidence-based standards of care for a comprehensive SUD treatment system. As an initial step toward this proposed treatment standard, ADP is researching the implementation of this approach in other localities (e.g., San Francisco County and Baltimore, MD) to understand lessons learned from adopting this goal.

Expansion of the SUD treatment and intervention system also requires enhancement of an infrastructure that supports services. This includes designating additional funds for ongoing professional development, training and program fidelity monitoring. The current staff of professionals will need to be extended, so the Plan suggests further development of the SUD/COD service provider workforce, including volunteers, interns, hiring of additional staff, and adequate support staff. Finally, implementation of an electronic health record (EHR) that provides timely and complete information on SUD services and outcomes is needed and is underway.

Achieving sufficient provision of SUD services is not limited to ADP. As described in Issue #3 below, additional resources will be needed by partner agencies to implement improved SUD screening, assessment, early intervention, and treatment referral and engagement services, as well as to support partner agency participation in inter-disciplinary coordinated care teams for people in SUD treatment. Specifically, additional resources are needed for integration of County Mental Health and ADP services to ensure that services are integrated across programs in a manner that supports people with co-occurring mental health and substance use disorders (CODs). In addition, new resources are needed to ensure that there are non-treatment alternatives to the jail and emergency department available for acutely intoxicated individuals (e.g., sobering center).

How Do We Measure Progress and Success of the Result?

- Proportion of SUD/COD treatment requests for which treatment is available.

- Number of unduplicated youth and adults served by SUD/COD treatment system (e.g., number who enter treatment, number who complete treatment, number who engage in monitored sobriety maintenance activities). 0536
- Proportion of SUD/COD treatment programs that implement County and contractor policies and procedures for routine Medi-Cal eligibility screening of new clients.
- Proportion of SUD/COD treatment programs that offer/provide Medi-Cal enrollment assistance for eligible new clients.
- Proportion of County-contracted SUD/COD treatment programs that have obtained DHCS certification for Drug Medi-Cal (DMC) claiming.
- Level of administrative support for Drug Medi-Cal claiming, cost reports, quality assurance, and contractor technical assistance.
- Whether Santa Cruz County participates in the Drug Medi-Cal (DMC) Organized Delivery System Waiver to expand DMC-funded services, if a federal waiver is granted.
- Whether funding is obtained for non-treatment alternatives to incarceration and use of hospital emergency rooms for acutely intoxicated persons (e.g., a sobering center).

Issue #3: Need for Better SUD/COD Services

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Proposed Outcome: Improve the Quality of SUD Intervention, Treatment, and Recovery Services

Who Is the Target Population?

While this action will ultimately benefit everyone in the community, the immediate focus will be on children, youth, and adults at risk of or experiencing substance abuse or SUD.

What Is the Result?

Keeping pace with advances in medical and mental health sciences that design effective treatment modalities and systems of care means that Santa Cruz County is equipped to minimize the health and social ramifications of SUD, and help individuals, families, and communities thrive.

What Are the Milestones?

- 3.1 Increase in successful completion of treatment episodes and increased periods of wellness after completion of acute treatment
- 3.2 Increase in periods of stabilization and decreased recidivism for youth and adults involved in compulsory treatment
- 3.3 Improve and measure client outcomes for all program components

Why Is This Important?

There is a demonstrated need in Santa Cruz County for a comprehensive continuum of SUD services (prevention, intervention, treatment, continuing care, and ancillary support services) with services individually tailored to meet client needs (e.g., variable lengths of stay in treatment based on client needs).

There is a need for better integration, collaboration and comprehensive “wrap around” case management between SUD treatment and other agencies that people with SUDs come into contact with (e.g., mental health, criminal justice, homeless services, healthcare). Research on effective practices shows that this type of treatment model leads to increased entry and retention in SUD treatment, and ensures that multiple needs that affect SUDs are addressed (housing, employment, healthcare, criminal justice involvement, etc.).

How Do We Achieve the Outcome?

Much of the approach to better services overlaps with strategies for offering more services (see Issue #2 above). Leadership, scope and standards of services, and adequate resourcing are all components of this action area. Unique facets of the approach focus on coordination of care. ADP proposes to host a forum(s) for developing shared values/standards across partner agencies, requests community and partner agencies act to prioritize SUD/COD services and related ancillary services and supports by committing resources, developing relevant interagency MOUs, establishing venues to improve interagency communication; and by creating improved database accessibility/portals and EHRs.

The Plan proposes to adapt the model used to address the diverse needs of Santa Cruz County's homeless population known as the "Stand Down Model." The principle of this model entails routinely assessing for ancillary service needs (housing, medical care, mental health, employment/education, etc.) and effectively linking people who need these services with the appropriate provider. Timeliness of the connection is of course important, and the "one-stop-shop" concept is used to ensure accessibility, convenience, and efficiency of service delivery. Part of this improved approach to services would include a "universal checklist". This would inventory a common core of ancillary service needs that ADP and interagency partners identify as critical to supporting transition to, and sustainability of, independence and health. 0538

A key aspect of expanding access to additional needed services for persons with SUD is to expand access to care for persons with co-occurring substance use and mental health disorders (CODs), including improved integration of services provided through County Mental Health and the Alcohol and Drug Program. Specific activities to achieve this outcome may include:

- Develop expanded capacity through the Mental Health and Substance Abuse Division's Access Team to respond to inquiries from individuals, families and community members who are seeking help for persons with SUDs as well as those seeking help for severe mental illness and severe emotional disturbance
- Implement improved assessment and treatment planning for persons with CODs who are clients of County Mental Health through use of the CANS and ANSA assessment tools by County Mental Health
- Improve access to mental health counseling, psychiatric consultation and psychiatric medications for persons with SUDs through implementation of the new County Behavioral Health program for Medi-Cal beneficiaries with mild to moderate mental health disorders.

In addition to improving care coordination and access to ancillary services, improved quality of care inside the "black box" of SUD treatment is needed. Improving the quality of SUD treatment includes:

- Expanding to all SUD treatment clients the use of standardized assessment and matching of clients' needs and goals to level and duration of SUD treatment services
- Expanding use of evidence-based practices to all clients participating in SUD treatment;
- Ensuring linkages to recovery maintenance services (e.g., aftercare, clean and sober housing, mutual self-help groups, and client monitoring for rapid re-engagement in treatment as needed) for all clients exiting acute SUD treatment
- Implementing an electronic health record for SUD services that can be accessed by all providers within the SUD/COD system of care given appropriate confidentiality permissions.
- Increased use of program evaluation data to support ongoing quality improvement efforts.

Finally, improving the quality of SUD services involves providing an increased range of options (incentives and effective graduated interventions) for responses to people with SUDs, including but not limited to increased alternatives to incarceration for youth and adult offenders. Proposed actions to provide this increased range of options include:

- ADP and partners prioritize identification and implementation of evidence-based/proven practices for a more comprehensive spectrum of incentives and interventions, such as rewards for negative drug tests, neighborhood accountability boards, and/or treatment alternatives to incarceration; and
- ADP and partners collaborate to expand proven local services, such as Serial Inebriate Project (SIP), Crisis Intervention Team (CIT), Mobile behavioral health crisis services, Teen peer court, Evening Center, Community Restoration Center (restorative justice model), and Wrap around services for youth/families.

How Do We Measure Progress and Success of the Result?

- Level of funding received for Service Coordinator/Case Management staffing through DHCS-Drug Medi-Cal Organized Delivery System Waiver Amendment and Medi-Cal Administrative Activities (MAA).
- Whether a cross-sector interagency SUD/COD investment plan is developed (e.g., ACA, Drug Medi-Cal, AB109, grants, community donors).
- Proportions of SUD/COD treatment clients that met criteria for treatment engagement¹. *(Calculated for all clients collectively and by gender and racial/ethnic minority groups.)*
- Proportions of SUD/COD treatment clients that met criteria for treatment completion. *(Calculated for all clients collectively and by gender and racial/ethnic minority groups.)*
- Proportion of SUD/COD treatment clients who participate in sobriety maintenance services, including sober living environments and mutual self-help groups.
- Number of days of alcohol or drug use in the past 30 days among SUD/COD treatment clients.
- Proportion of SUD/COD treatment clients whose levels of care and service plan are individualized based on comprehensive periodic assessment of needs and strengths (e.g., use of ASAM patient placement criteria and other evidence-based assessments).
- Proportion of SUD/COD treatment clients who have a service coordinator.
- Proportion of SUD/COD treatment clients who are linked to (referred to and served by) indicated services such as mental health, health care, social services, housing, education, legal assistance, and employment.
- Development and implementation of a universal checklist to determine client needs for services beyond behavioral health (e.g., housing, health care, employment/education, legal services, etc.)
- Whether an electronic health record is implemented for the SUD/COD system of care
- Development and implementation of a standardized form for release of confidential health information across service agencies that complies with state and federal medical records privacy laws.
- Number of clients with Medi-Cal funding for SUD treatment who are treated with Vivitrol.
- Levels of inter-agency collaboration and services connectivity among stakeholder agencies.

¹ Engagement is defined here to mean participation in three or more outpatient sessions, for outpatient treatment clients.

- Whether the role of the MHSA Access Team is defined to include screening and treatment referral/linkage for persons with SUD regardless of mental health status. 0540
- Number of persons with SUD/COD who receive services from MHSA Access Team.
- Whether County SUD treatment and recovery contracts include definitions of and standards for inclusion of evidence-based and promising practices (e.g., assessment-based treatment and linkage to indicated services.)
- Proportion of SUD/COD treatment clients who participated in evidence-based treatment programming.
- Level of fidelity of implementation of evidence-based practices and programs in County-funded SUD/COD treatment programs.
- Level of implementation of the CANS and ANSA assessment with clients of the Health Services Administration Mental Health and Substance Abuse Services Division
- Number of Medi-Cal beneficiaries and other clients in SUD treatment who are assessed to have mild to moderate mental health disorders and who are offered mental health services.
- Number of youth and adults served by alternatives to incarceration (such as the Serial Inebriate Program (SIP), Crisis Intervention Team (CIT), Mobile Behavioral Health Crisis Services, Teen Peer Court, Evening Center, Community Restoration Center, Wraparound services for youth/families.)

Issue #4: Costly Impacts of SUD/COD

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Proposed Outcome: Reduce Costly SUD Impacts to Individuals, Families, and the Community

Who Is the Target Population?

The beneficiaries of this action will be individuals with SUD, their families, all community members, and all systems and agencies serving the community.

What Is the Result?

Individuals with SUD will experience the benefits of health, including supports for education and/or employment, while services and systems for SUD and related needs will be better positioned to advance their shared and respective missions around wellbeing through optimized application of resources. The community, across the board, will experience better quality of life.

What Are the Milestones?

- 4.1 More recovering people are engaged in productive activity (e.g., education, employment)
- 4.2 Reduce unnecessary cycling/repetitious involvement in single or multiple service systems; less of a “revolving door”
- 4.3 Decreased alcohol and drug-related crime
- 4.4 Decreased ED/hospitalizations/911 result in cost savings
- 4.5 Fewer parents have rights terminated for substance use related reasons

Why Is This Important?

Findings from the planning process and the research literature consistently support the call for increased opportunity for prosocial engagement by individuals in treatment and recovering from SUD/COD, and to reform in systems in order to discourage a “revolving door” phenomenon in terms of repetitious cycling through costly public services such as jail, the emergency department and hospital.

SUDs have a huge economic impact on our community. According to the State DHCS (2012), nearly \$208 million is spent annually on SUDs in the County. However, only \$6.8 million (3.3% of the total expenditures on SUDs) is spent on SUD treatment and prevention. The remaining 96.7% is spent on the downstream impacts of untreated SUDs. Research has consistently demonstrated a positive return on investment for SUD treatment in terms of reducing downstream health, criminal justice and social services costs. Increasing the pro-social productivity of individuals in treatment for or recovery of SUD will minimize unnecessary collateral costs and impacts.

How Do We Achieve the Outcome?

Achieving this outcome will be the cumulative effect of successfully implementing proposed actions for issues 1-3 as described above.

How Do We Measure Progress and Success of the Result?

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- Number of Emergency Department visits in the past 30 days among SUD/COD treatment clients.
- Number of inpatient hospital days in the past 30 days among SUD/COD treatment clients.
- Proportion of SUD/COD treatment clients who are enrolled in school, job training, and/or employed.
- Proportion of SUD/COD treatment clients who have housing.
- Proportion of SUD/COD clients who have a child in CWS out-of-home placement that reunify within 12 months from treatment intake.
- Number of days spent incarcerated in jail during the past 30 days among SUD/COD treatment clients.
- Proportion of youth and adult residents of Santa Cruz County who report problematic patterns of alcohol or drug use.
- Proportion of arrests that are AOD-related.
- Proportion of Emergency Room visits where AOD use is noted as a problem or part of the diagnosis.
- Proportion of 911 calls that are AOD-related.
- Proportion of parents involved with child welfare that have rights terminated for reasons related to substance use.
- Proportion of youth and adult residents of Santa Cruz County who report higher than average levels of wellness, happiness, or quality of life.

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0544

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0545

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Health Services Agency (Department)

BY: [Signature] (Signature) 11.21.14 (Date)

Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement Revenue Agreement

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of same.

1. Said agreement is between the Health Services Agency - Behavioral Health (Department/Agency)
and Janus of Santa Cruz, 200 7th Avenue, Suite 150, Santa Cruz, CA 95062 (Name/Address)

2. The agreement will provide drug & alcohol outpatient counseling, residential, detox, and narcotic treatment services.
Amendment No. 1

3. Period of the agreement is from July 1, 2014 to June 30, 2015

4. Anticipated Cost Is \$ 3,954,360 Fixed Monthly Rate Annual Rate Not to Exceed

Remarks: Auditor: please increase suffix -01 encumbrance by \$1,216,717 for a new suffix total of \$3,914,360 per attached schedule.

5. Detail: On Continuing Agreements List for FY 14 - 15 Page CC- 9 & 13 Contract, No: 0133 OR 1st Time Agreement

Section II No Board letter required, will be listed under Item 8

Section III Board letter required

Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 364042, 362950 (user code H375) (Index) 3638 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations X are available and have been encumbered. Contract No: EH40133 -01,-02

are not X will be encumbered. By: [Signature] Date: 11-24-14

Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Agency Director (Dept/Agency Head) to execute on behalf of the Health Services Agency (Department/Agency)

Date: 12/5/14 By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White State of California
Auditor Controller - Canary County of Santa Cruz
Auditor-Controller - Pink
Department - Gold

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Office by an order duly entered in the minutes of said Board on _____ 20__

ADM - 29 (8/01) Title I, Section 300 Proc Man By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO	\$	Lines	H/TL	Keyed By	Date
Document No.	JE Amount				
TC110	\$	Amount	Index	Sub object	User Code
Auditor Description					

Vendor: Janus of Santa Cruz

Contract: EH40133
Index: 364042
Sub-Object: 3638
User Code:

0546

COUNTY OF SANTA CRUZ

AMENDMENT NO. 1 TO AGREEMENT

The parties hereto agree to amend that certain above Agreement dated July 1, 2014, by the changes as follows:

1. Cover Sheet

Increase Suffix 01, Index 364042, Sub-Object 3638 by \$1,216,717, for a new suffix total of \$3,914,360, and increase total contract maximum from \$2,737,643 to \$3,954,360.

2. Exhibit A - Scope of Services

Delete Exhibit A- Scope of Services, sections A-1 through A-11, and replace with Amended Exhibit A- Scope of Services, sections A-1 through A-11.

3. Exhibit B - Payment, Budget, and Fiscal Provisions

Delete existing Exhibit B - Budget, Fiscal, and Payment Provisions, and replace with Amended Exhibit B - Budget, Fiscal, and Payment Provisions.

All other provisions of said Agreement, excepting those mentioned above, shall remain the same.

CONTRACTOR

COUNTY OF SANTA CRUZ

By: Jan Namu SIGMS
For Rod Libbey
Rod Libbey, Executive Director
Janus of Santa Cruz

By: _____
Giang T. Nguyen, HSA Director
Health Services Agency

Approved as to form:

Mario Costa
County Counsel

COUNTY OF SANTA CRUZ

EXHIBIT A-1 – Scope of Services

0547

Component: Outpatient Services

Provider #: 44-4498

Modality: Individual and Group Counseling

Primary Target Groups Treated: Men and women of Santa Cruz County, age 18 or over, who are dependent on alcohol and/or other drugs.

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: Outpatient Treatment, ASAM Level I and Level II

PROGRAM DESCRIPTION: Janus provides Intensive Outpatient services in two different tracks: intensive outpatient primary recovery treatment and intensive outpatient relapse prevention treatment. Both programs meet 3 evenings per week for 3 hours per session. The program includes group and individual counseling, chemical dependency education, recovery and relapse prevention planning, and discharge planning. Each client receives a complete bio/psycho/social assessment and individualized treatment plan. Clients may also receive individual outpatient counseling as indicated. Clients are encouraged to participate in the Janus Family program and to attend Aftercare upon completion. All staff are certified alcohol/drug counselors. Services include providing client access and information related to health and Medi-Cal programs.

PROGRAM GOALS AND OBJECTIVES:

- GOAL I. NET NEGOTIATED AMOUNT (NNA):** Provide a total of 161 County-funded NNA outpatient services staff hours (9,657 minutes) of which 85% or at least 137 hours will be for direct face-to-face services. Face-to-face staff hours will equal available staff hours because of staff time for charting, no-shows and session planning. Services will be provided to 34 unduplicated County NNA clients including the following hard to reach populations:
- a. Women.
 - b. Latinos – Janus will provide Spanish translation services on an as-needed basis.

OBJECTIVE A. INDIVIDUAL COUNSELING. Of the 161 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Individual Counseling	32	8

OBJECTIVE B. GROUP COUNSELING. Of the 161 outpatient staff hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Group Counseling	129	26

OBJECTIVE C. CLIENT FEES- Janus will encourage clients to participate financially in their own recovery by charging for outpatient services according to each individual's ability to pay, in order to extend the units of service, which may be provided by public funding. No client will be turned away because of inability to pay.

GOAL II. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS): Provide a total of 6 CalWORKs outpatient staff hours (385 minutes) of which 85% or at least 5 hours will be for direct face-to-face services. Face-to-face staff hours will not equal available staff hours because of staff time for charting, no-shows and session planning. Services will be provided to 1 unduplicated CalWORKs client including assessment, treatment, case management, referral and aftercare services that are authorized and approved by the Human Services Department (HSD) CalWORKs Employment and Training staff. Alcohol and Other Drug (AOD) services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements.

OBJECTIVE A. INDIVIDUAL COUNSELING. Of the 6 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Individual Counseling	1	1

OBJECTIVE B. GROUP COUNSELING. Of the 6 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Group Counseling	5	1

GOAL III. AB109: To provide a total of 90 outpatient staff hours (5,385 minutes) to AB109 Clients authorized and approved with a valid HSA Treatment Evaluation and Recommendation Report (TERR) authorization. Of these 90 hours, 85% or at least 77 hours will be for direct face-to-face services. Face-to-face staff hours will not equal available staff hours because of staff time for charting, no-shows and session planning. Services provided will include assessment, treatment, case management coordination with the AB109 Multi-Disciplinary Team and Probation staff, and referral and aftercare services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information in accordance with County protocols and Client Progress Reports in accordance with the agreement CONTRACTOR makes with the AB109 Probation Staff.

OBJECTIVE A. INDIVIDUAL COUNSELING. Of the 90 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Individual Counseling	18	4

OBJECTIVE B. GROUP COUNSELING. Of the 89.74 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Group Counseling	72	12

GOAL IV. DRUG MEDICAL: To provide comprehensive intake/assessment and outpatient counseling services. Intake services will include: assessment of impact of drug use and degree of dysfunction in the areas of psychosocial, education/vocational, justice system involvement, plus medical review of health history for obtaining physical

exams as needed. Outpatient services will include individual counseling, group counseling and family therapy as determined by client's individual treatment plan.

OBJECTIVE A. DMC (Drug Medi-Cal) INDIVIDUAL COUNSELING. Janus will provide 42 DMC units (2,079) of Counseling to 2 unduplicated clients. One Individual Counseling unit of service equals 50 minutes.

OBJECTIVE B. DMC GROUP COUNSELING. Janus will provide 322 DMC units (29,010 minutes) of Group Counseling to 16 unduplicated clients. One Group Counseling unit of service equals 90 minutes. To qualify as a DMC group, group size must be at least four (4) and not more than ten (10) clients.

GOAL V. DOWNTOWN ACCOUNTABILITY PROGRAM: To provide a total of 65 outpatient staff hours (3,875 minutes) to DAP Clients authorized and approved by the HSA Mental Health Client Specialist. Of these 65 hours, 85% or at least 55 hours will be for direct face-to-face services. Face-to-face staff hours will not equal available staff hours because of staff time for charting, no-shows and session planning. Services provided will include assessment; treatment, case management coordination with the County Service Coordinator; and, referral and aftercare services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County protocols.

OBJECTIVE A. INDIVIDUAL COUNSELING. Of the 65 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Individual Counseling	13	3

OBJECTIVE B. GROUP COUNSELING. Of the 65 outpatient hours, staff hours will be provided as follows:

Service	Staff Hours	Total Clients
Group Counseling	52	9

EXHIBIT A-2 – Scope of Services

Component: Residential Services Provider # 44-4498
Modality: Residential – Co-ed
Primary Target Groups Treated: Santa Cruz County residents - men and women, age 18 and over who are dependent on alcohol and/or other drugs.

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: Residential Treatment, ASAM Level III.5 less than 30 days

PROGRAM DESCRIPTION: Janus of Santa Cruz maintains a 17-bed variable length of stay residential treatment program for men and women, 18 and older who have become dependent on alcohol and/or other drugs. Janus Residential Treatment Center (RTC) is a 24/7 day a week intensive combination of individualized treatment within the modalities of group, individual, process and education. Treatment is highly individualized and each client receives a full bio/psycho/social assessment evaluation by a licensed therapist for co-occurring disorders and initiation of an individualized treatment plan that is co-developed with the client and counselor. Length of stay is dependent upon clinical need. An integral component of the RTC program consists of connecting clients to support systems within their community during treatment to sustain recovery efforts. Each client participates in the weekly Family program and develops a detailed Aftercare Plan that includes self-help meetings, aftercare and development of a relapse prevention plan. All counselors are certified alcohol and drug counselors. Services will include providing client access and information related to health and Medi-Cal programs.

In addition to providing residential treatment services to local residents using funds from the County, Janus offers these services to others, both local and out-of-County, who are able to pay for these services or who have a third-party payor.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. Janus will operate and maintain 17 residential treatment beds for residents of Santa Cruz County in accordance with the "Standards for Direct Alcohol Treatment Services" published by the State Department of Alcohol and Drug programs, and the "County Monitoring Manual For Treatment Providers," prepared by the State Division of Drug Programs.

OBJECTIVE A. RESIDENTIAL SERVICES. Janus will provide residential treatment with an average length of treatment of 21 days to men and women, age 18 and over, who are dependent on alcohol and/or other drugs.

A.1. NET NEGOTIATED AMOUNT (NNA): 640 bed days per year to 30 clients. To extend the units of service that are provided from public funding, Janus will encourage County clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No County client will be turned away because of inability to pay.

- A.2. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): 43 bed days per year that are authorized and approved by the HSA Mental Health Service Coordinator to 2 clients. Additional support services for CalWORKs clients will address barriers to employment.
- A.3. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES (FCS): To provide 66 FCS residential bed days that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist. Janus staff will collect fees for FCS clients and provide monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Ancillary services will be provided directly or through referral. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County protocols.
- A.4. SERIAL INEBRIATE PROGRAM (SIP): To provide 425 SIP residential bed days that are authorized and approved by the HSA Mental Health Client Specialist as part of the Serial Inebriate Program (SIP). Project Home Base (PHB) SIP clients must be screened and approved for services by the PHB Treatment Team. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.
- A.5. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): To provide 355 DAP residential bed days that are authorized and approved by the HSA Mental Health Client Specialist and/or the DAP Program staff, as part of the Downtown Accountability Program (DAP). CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.
- A.6. DRUG MEDI-CAL (DMC): To provide 568 DMC residential bed days. Services will meet the Medi-Cal service guidelines and standards.
- A.7. MENTAL HEALTH STABILIZATION (MHS): To provide 396 MHS residential bed days authorized by the HSA Adult Mental Health Program Manager. CONTRACTOR will provide admission and discharge information in accordance with COUNTY protocols.
- A.8. AB109: To provide 198 residential bed days to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist or the Probation Officer. Services provided will include assessment; treatment, case management coordination with the AB109 Multi-Disciplinary Team and Probation staff, referral, aftercare and testing services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.

OBJECTIVE B. RESIDENTIAL SERVICES FOR HOMELESS CLIENTS. Janus will provide residential treatment with an average length of treatment of 22 days to homeless adults age 18 and over, who are dependent upon alcohol and/or other drugs, and who are referred from the Homeless Persons Health Project (HHPH).

B.1. Janus will provide 251 bed days of residential services to 11 homeless clients per year. In addition, Janus will provide:

- a. Transportation to assist with entry into the program, when possible.
- b. Steady communication and close coordination with the County of Santa Cruz Homeless Persons Health Project (HHPH) in order to effectively link case management and treatment services for homeless clients and maximize the chance that recovery efforts may be successful and sustained through the following:
 - (1) All Homeless Persons Health Project (HHPH) clients will be informed at intake that their residential treatment at Janus is linked to HHPH. Clients will be informed about what services HHPH offers, and that an HHPH case coordinator will be contacting them to arrange an appointment to take place in the third week of their program.
 - (2) All HHPH clients will be asked at the time of intake to sign an authorization for release of information to HHPH Case Coordinator.
 - (3) The Janus case manager for HHPH clients will be responsible for contacting HHPH Substance Abuse Case Coordinator to begin coordination of care for clients within 5 days of the client's entry into Janus.
 - (4) After two weeks of care Janus staff will help facilitate regular contact between the HHPH Coordinator and the HHPH client according to the client's need and interest.
 - (5) Janus will continue to support HHPH clients in recovery, aftercare, relapse prevention and issues related to homelessness after the residential treatment program is over.
 - (6) Janus staff and HHPH staff will meet at least once per quarter to review successes and failures of recovery efforts of homeless clients, in order to identify ways in which program efforts or coordination can be changed to create more successes.
 - (7) The Janus Program Coordinator or designee will be responsible for providing a monthly written or electronic report by the 15th of the month following the services provided which shall include:

Contractor: Janus of Santa Cruz

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- (a) A list of clients provided treatment with HPHP funds and number of days of treatment completed for each client during the month.
- (b) An HPHP Encounter Form completed for each client at intake.

EXHIBIT A-3 – Scope of Services

Component: Residential Services
Modality: Detox Special Care Unit
Primary Target Groups Treated: Alcohol and Drug dependent men and women undergoing withdrawal

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: Clinically Managed Residential Withdrawal Management, ASAM Level 3.2 Withdrawal Management

PROGRAM DESCRIPTION: Janus of Santa Cruz maintains a 5-bed Special Care Unit for adults aged 18 or older. The Special Care Unit (SCU) provides 24-hour intensive supervision and treatment for individuals who are in the stages of withdrawal from alcohol and/or other drugs. Treatment staff members are trained and certified Alcohol and Other Drug Counselors. Clients are observed closely for physical or psychological complications of withdrawal. Clients are provided with group and individual counseling to assist in the early recovery process. Rest, emotional support, proper nutrition and hydration, vitamin supplementation and social support are provided as additional interventions. The length of stay is determined by the individual's withdrawal symptoms. Referrals for continuing care and development of an Aftercare Discharge Plan are developed with the client. Aftercare group services are available for SCU clients. Services will include providing client access and information related to health and Medi-Cal programs.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. Janus will operate and maintain a social setting Special Care Unit in accordance with the "Standards for Direct Alcohol Treatment Services" and the "County Monitoring Manual for Treatment Providers" published by the State Department of Alcohol and Drug Programs.

OBJECTIVE A. RESIDENTIAL SPECIAL CARE UNIT. Janus will provide a total of 5 County funded residential treatment beds, for a total of 638 bed days, to alcohol and drug dependent men and women undergoing withdrawal. Janus will provide:

A.1. NET NEGOTIATED AMOUNT (NNA): 452 bed days per year to 102 clients. To extend the units of service that are provided from public funding Janus will encourage County clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No County client will be turned away because of inability to pay.

- A.2. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): 11 bed days per year to 2 clients, authorized and approved by the HSA Mental Health Client Specialist. Additional support services for CalWORKs clients will address barriers to employment.
- A.3. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN SERVICES (FCS): To provide 34 bed days per year to clients that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist. Janus staff will collect fees for FCS clients and provide monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Ancillary services will be provided directly or through referral. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.
- A.4. SERIAL INEBRIATE PROGRAM (SIP): To provide 17 SIP residential bed days that are authorized and approved by the HSA Mental Health Client Specialist as part of the Serial inebriate Program (SIP). CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY Protocols.
- A.5. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): To provide 38 DAP residential bed days that are authorized and approved by the HSA Mental Health Client Specialist and/or DAP staff, as part of the Downtown Accountability Program (DAP). CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY Protocols.
- A.6. MENTAL HEALTH STABILIZATION (MHS): To provide 41 residential bed days that are authorized by a County Adult Mental Health Program Manager. CONTRACTOR will provide admission and discharge information in accordance with COUNTY protocols.
- A.7. AB109: To provide 45 residential bed days to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist and/or the Probation Officer. Services provided will include assessment, treatment, case management coordination with the AB109 multidisciplinary team and Probation Staff, referrals, aftercare and testing services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.
- A.8. Referrals to ongoing treatment for 100% of individuals completing the program.

- A.9. Janus will provide Residential Special Care Unit services to the following hard to reach populations:
- a. 20% of total services to Latinos: 128 days
 - b. 20% to Dual Diagnosis clients: 128 days

EXHIBIT A-4 – Scope of Services

Component: Intensive Outpatient Treatment Services Provider #: 44-4496
Modality: Perinatal Intensive Outpatient (old Day Care Habilitative)
Primary Target Groups Treated: Pregnant and parenting women and their children.

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency; parenting or pregnant women

LEVEL OF CARE: Day Treatment/IOP- ASAM Level II-II.5

PROGRAM DESCRIPTION: The Janus perinatal day intensive outpatient treatment program serves pregnant, postpartum and parenting women 18 and older, who have been identified as having a substance abuse problem. The perinatal day treatment program operates 5 days per week, Monday-Friday from 9am-12pm. Women are provided gender-specific, trauma-informed treatment, complete bio/psycho/social assessments and individualized treatment plans. Length of treatment is dependent upon completion of phases. Staff are all alcohol and other drug certified counselors. Services will include providing client access and information related to health and Medi-Cal programs.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. To operate the Intensive Outpatient Treatment program activities for three or more hours per day, a minimum of 3 days per week, with available capacity to serve up to 10 County-funded women and their children on a daily basis.

OBJECTIVE A. INTENSIVE OUTPATIENT TREATMENT (IOT). Janus will provide intensive outpatient treatment (old day care habilitative treatment) with a length of treatment ranging from 2 months to 1 year to pregnant and/or parenting women and their children, at Janus Perinatal. Services include childcare for children of IOT clients and to weekly sessions to mothers in areas involving child development, parenting, and related living issues. Janus will provide the following:

- A.1. NET NEGOTIATED AMOUNT (NNA): 415 days per year to 7 clients. To extend the units of service that are provided from public funding Janus will encourage County clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No County client will be turned away because of inability to pay.
- A.2. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): 77 days per year to 1 client, authorized and approved by the HSA Mental Health Client Specialist. Additional support services for CalWORKs clients will address barriers to employment.

- A.3. DRUG MEDI-CAL: To provide at least 943 days per year to 15 clients. Services will meet the Perinatal Drug Medi-Cal service guidelines and standards.
- A.4. HUMAN SERVICES DEPARTMENT (FCS) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): CONTRACTOR will provide 48 days per year to clients that are authorized and approved by the HSA Mental Health Client Specialist. Janus staff will collect fees for FCS clients and provide monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Ancillary services will be provided directly or through referral. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.
- A.5. AB109: To provide 39 days to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist and/or the Probation Officer. Services provided will include assessment, treatment, case management coordination with the AB109 multidisciplinary team and Probation Staff, referrals, aftercare and testing services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.

COUNTY OF SANTA CRUZ

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EXHIBIT A-5 – Scope of Services

Component: Residential Services Provider #: 44-4496
Modality: Perinatal Residential
Primary Target Groups Treated: Pregnant and parenting women and their children.

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency, pregnant or parenting women.

LEVEL OF CARE: Residential greater than 30 days; ASAM Level III.5

PROGRAM DESCRIPTION: The Janus perinatal residential treatment program serves pregnant, postpartum and parenting women 18 and older, who have been identified as having a substance abuse problem. Perinatal residential is an intensive 24-hour treatment setting utilizing a combination of individual, group and educational processes. Perinatal women may have children 3 years old and under residing with them in the residential environment. Treatment is gender-specific and trauma-informed. Each woman is provided a complete bio/psycho/social assessment and an individualized treatment plan. Length of stay is determined by completion of Phases or clinical need, and is generally 60-90 days. Childcare is provided while the women are in groups. Development of a detailed Relapse Prevention Plan, an Aftercare Discharge Plan and referrals to community resources are provided for each woman. Perinatal residential has a Family and Aftercare program available. Services will include providing client access and information related to health and Medi-Cal programs.

PROGRAM GOALS AND OBJECTIVES

GOAL I. Janus Perinatal will provide 8 County funded beds, for a total of 3,147 treatment days, in a drug-free, non-drinking environment for up to 30 pregnant/post-partum/parenting women and up to 30 of their children through age 3.

OBJECTIVE A. RESIDENTIAL TREATMENT. Janus will provide a 7-day per week Residential Treatment program consistent with California State Alcohol and Drug Program standards for alcohol and drug treatment certification, perinatal treatment standards, and Medi-Cal standards. Janus will provide:

- A.1. **NET NEGOTIATED AMOUNT (NNA):** To provide 306 treatment days per year to 5 clients. To extend the units of service that are provided from public funding, Janus will encourage County clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No County client will be turned away because of inability to pay.
- A.2. **CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs):** To provide 68 treatment days per year to 2 clients, authorized and approved by the HSA Mental Health Client Specialist. Additional support services for CalWORKs clients will address barriers to employment.

- A.3. DRUG MEDI-CAL: To provide at least 2,610 treatment days per year to 42 clients. Services will meet the Perinatal Drug Medi-Cal service guidelines and standards.
- A.4. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): To provide 120 treatment days per year. Treatment will be authorized and approved by the HSA Mental Health Client Specialist. Janus staff will collect fees for FCS clients and provide monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Ancillary services will be provided directly or through referral. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.
- A.5. AB109: To provide 43 treatment days per year to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist and/or the Probation Officer. Services provided will include assessment; treatment, case management coordination with the AB109 multidisciplinary team and Probation Staff, referrals, aftercare and testing services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.

OBJECTIVE B. RESIDENTIAL HOUSING. Janus will provide residential housing for clients in perinatal residential treatment with a length of stay ranging from 2 months to 1 year to pregnant and parenting women and their children, at Janus residential program. Janus will maintain a total of 9 adult beds and 9 children's beds, for a total of 2,241 bed days, for county qualified clients. Janus will provide:

- B.1. NET NEGOTIATED AMOUNT (NNA): To provide 1,998 bed days per year to 33 clients. To extend the units of service that are provided from public funding Janus will encourage County clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No County client will be turned away because of inability to pay.
- B.2. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): To provide 95 bed days per year, to clients authorized and approved by the HSA Mental Health Client Specialist. Additional support services for CalWORKs clients will address barriers to employment.
- B.3. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): To provide 108 bed days per year. Treatment will be authorized and approved by the HSA Mental Health Client Specialist. Janus staff will collect fees for FCS clients and provide

monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Ancillary services will be provided directly or through referral. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols.

- B.4. AB109: To provide 40 bed days per year to AB109 clients that are authorized and approved by the HSA Mental Health Service Coordinator and/or the Probation Officer. Services provided will include assessment; treatment, case management coordination with the AB109 multidisciplinary team and Probation Staff, referrals, aftercare and treatment services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with COUNTY protocols and per the agreement that CONTRACTOR makes with the AB109 Probation Staff.

EXHIBIT A-6 – Scope of Services

Component: Outpatient Services Provider #: 44-4498
Modality: Drinking Driver Assessment Program
Primary Target Groups Treated: Self-referred Drinking Driver Offenders

PRIMARY PROBLEMS TREATED: Assessment of Alcohol and/or Other Drug Abuse/Dependency

PROGRAM DESCRIPTION: Janus maintains a counseling center which provides assessment and referral services that are provided by degreed/licensed and experienced personnel.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. Upon receipt of the Drinking Driver Assessment Instructions Form from client, an Alcohol and Other Drug (AOD) assessment interview will be scheduled and completed within 21 calendar days. The following protocols will be followed:

OBJECTIVE A. The AOD assessment will include the following:

- A.1. If client previously completed a Drinking Driver Program (DDP) assessment with Provider within the last six months, the DDP assessment may be updated with information from the AOD assessment.
- A.2. If client has not completed a DDP assessment with Provider within the last six months, a new AOD assessment will be completed.
- A.3. The AOD assessment tool shall be approved by County Alcohol and Drug Program (ADP) and meet the minimum State specifications. Treatment evaluation of client problem areas will include, but is not limited to, current/past drug/alcohol use, legal history/status, medical status, psychiatric status, employment/lifestyle, family/social, relapse potential, and treatment acceptance.
- A.4. Treatment level of care recommendations as appropriate to the completed AOD assessment results.
 - a. Recommendations will be reviewed with the client during the AOD assessment.
 - b. Treatment source options will be discussed with the client. Client preference for a provider for each treatment recommendation will be obtained and included in the Treatment Evaluation and Recommendation Report.

- c. Prior to the conclusion of the AOD assessment, client will sign a statement stating that results of the assessment, treatment recommendations and treatment source options were reviewed during the assessment.

OBJECTIVE B. At conclusion of the AOD assessment, Provider will give client a court-approved handout explaining the procedure for the pending court hearing on the treatment recommendations.

OBJECTIVE C. A Treatment Evaluation and Recommendation Report will be completed using a standardized court-approved form and mailed or faxed to County ADP within 5 calendar days of the assessment interview.

OBJECTIVE D. Once each quarter, Provider will report number of AOD assessments completed and will claim the amount as stipulated in Exhibit B of this contract.

EXHIBIT A-7 – Scope of Services

Component: Housing

Provider #: 44-4496

Modality: Clean and Sober Housing and Vivitrol

Primary Target Groups Treated: Adults

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: Aftercare/Continued Care and Recovery

PROGRAM DESCRIPTION: CLEAN AND SOBER HOUSING: Janus will administer COUNTY funding for clean and sober housing services for approved COUNTY clients, through agreements established between the COUNTY and pre-authorized and approved clean and sober housing providers in the community. Janus may also provide clean and sober housing services to COUNTY clients using its own clean and sober housing facilities, provided that client stays at Janus clean and sober houses are authorized and approved by the County.

The County will provide Janus with advance written authorization for advance payment of a specified maximum amount of funds to a clean and sober housing provider for a specific client. Janus will advance the clean and sober housing provider the approved amount within three working days of receiving appropriate documentation from the provider that the client has entered and remains at the provider's clean and sober house. If a client voluntarily leaves or has tenancy terminated by the Sober Living Environment (SLE) prior to completion of the authorized length of stay, the SLE provider will submit to Janus a completed Notice of Departure, calculating the actual cost of the client's SLE stay, plus three days early leave adjustment (total not to exceed the authorized length of stay and cost amount). SLE provider will submit a refund to Janus for over-advances.

COUNTY will reimburse Janus for the actual cost of County-approved SLE housing services, plus 10% of the total SLE budget as an administrative cost.

PROGRAM DESCRIPTION: VIVITROL: Administer injections of Vivitrol for clients pre-authorized by the COUNTY.

PROGRAM GOALS AND OBJECTIVES:

GOAL I: CLEAN AND SOBER HOUSING: Janus will administer funds for clean and sober housing services for clients authorized by the County, and will provide monthly reports to COUNTY demonstrating SLE expenditures and costs.

OBJECTIVE A. Janus will advance funds and receive refunds for COUNTY clients utilizing community clean and sober houses, as well as Janus' own clean and sober houses, as follows:

- A.1. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): Up to a total of 13 months of clean and sober housing services, for a maximum of 291 months, to CalWORKs clients that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist and ADP Admin.
- A.2. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): Up to a total of 20 months of clean and sober housing services to FCS clients that are authorized and approved by the HSA Mental Health Client Specialist and ADP Admin.
- A.3. SERIAL INEBRIATE PROGRAM (SIP) HOUSING: Up to a total of 77 months of clean and sober housing services that are authorized and approved by the HSA Mental Health Client Specialist and ADP Admin.
- A.4. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP) HOUSING: Up to a total of 24 months of clean and sober housing services that are authorized and approved by the HSA Mental Health Client Specialist and/or DAP staff, and ADP Admin.
- A.5. AB109 HOUSING: Up to a total of 157 months of clean and sober housing services to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist or the Probation Officer, and ADP Admin.

OBJECTIVE B. MONTHLY REPORTS. Janus will submit written monthly reports (in a format agreed to by Janus and the County) which demonstrate expenditures for each client at each clean and sober house, client length of stay, and fund balance in the clean and sober housing allocation.

GOAL II: VIVITROL: Janus will provide Vivitrol and administer injections of Vivitrol for eligible clients pre-authorized by the County. See Vivitrol funding language in Exhibit B.1.

COUNTY OF SANTA CRUZ

EXHIBIT A-8 – Scope of Services

Component: Drug Testing

Provider #: 44-4496

Modality: Alcohol and Drug Testing

Primary Target Groups Treated: Adults

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: N/A

PROGRAM DESCRIPTION: Janus Services will include drug and alcohol testing, for a maximum of 819 tests, according to a schedule mandated by the Court or funding agent.

PROGRAM GOALS AND OBJECTIVES:

- GOAL I:** HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): Janus will provide 64 random alcohol and drug testing of FCS outpatient and residential clients as ordered by the Court. Testing will be conducted on site as ordered by the Court or indicated in the FCS Service Plan, using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress provided to the COUNTY.
- GOAL II:** CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS): Janus will provide at least 200 random alcohol and drug testing of CalWORKs outpatient and residential clients as ordered by the Court.
- GOAL III:** SERIAL INEBRIATE PROGRAM (SIP): Janus will provide at least 80 random alcohol and drug tests of SIP clients as ordered by the Court or HSA Mental Health Client Specialist.
- GOAL IV:** DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): Janus will provide at least 235 random alcohol and drug tests of DAC clients as ordered by the Court or HSA Mental Health Client Specialist.
- GOAL V:** AB109: Janus will provide at least 240 random alcohol and drug tests of AB109 clients as ordered by the Court or County Probation.

For the above goals:

- OBJECTIVE A.** Assay at least 85% of samples collected.
- OBJECTIVE B.** Conduct at least one full panel test per month, and test the remaining samples to be assayed for the client's primary drug(s) of choice.
- OBJECTIVE C.** Where non-evidentiary tests are used, be prepared to submit the specimen for confirmatory analysis if a positive result is challenged by the client.

CalWORKs Funding Objective	Non-Perinatal Units of Service	Perinatal Units of Service
Dosing	104	13
Individual Counseling	27	2
Group Counseling	6	0
Estimated # of patients served	2	2

OBJECTIVE D. PROJECT CONNECT: Provide full methadone maintenance treatment services for homeless persons who qualify for services under Project Connect and who are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist and/or program staff.

HPHP-Project Connect Funding Objective	Non-Perinatal Units of Service	Perinatal Units of Service
Dosing	143	
Individual Counseling	32	
Group Counseling	5	
Estimated # of patients served	2	

OBJECTIVE E. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): Provide full methadone maintenance treatment services for FCS patients who qualify for services under state/federal regulations and who are authorized and approved by the HSA Mental Health Client Specialist. Random alcohol and drug testing will be provided as ordered by the Court or indicated in the FCS Service Plan. Janus will provide Client Progress Reports in accordance with COUNTY protocol.

HSD-FCS Funding Objective	Non-Perinatal Units of Service	Perinatal Units of Service
Dosing	486	
Individual Counseling	125	
Group Counseling	24	
Estimated # of patients served	3	

OBJECTIVE F. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): Provide full methadone maintenance treatment services for DAP patients who qualify for services under state/federal regulations, and who are authorized and approved by the HSA Mental Health Client Specialist and/or DAP program staff. Janus will provide Client Progress Reports in accordance with County requirements.

DAP Funding Objective	Non-Perinatal Units of Service
Dosing	139
Individual Counseling	36
Group Counseling	7

OBJECTIVE G. DRUG MEDI-CAL: Provide full methadone maintenance treatment services for Medi-Cal patients who qualify for services under state/federal regulations and who are authorized and approved by the COUNTY.

- G.1. Janus will provide methadone services to opiate-addicted adults in the following hard to reach populations:
 - a. Latinos.
 - b. Women.
 - c. Pregnant or chronically and terminally ill jail patients.
- G.2. Priority admission status will be given and emergency slots will be kept open for:
 - a. Pregnant women.
 - b. HIV positive patients.
- G.3. Janus will continue to do outreach in the County with a focus on South County, Latinos, HIV patients and pregnant patients.

Medi-Cal Funding Objective	Non-Perinatal Units of Service To provide at least:	Perinatal Units of Service To Provide at least:
Dosing	136,686	3,992
Individual Counseling	53,172	1,858
Group Counseling	12,964	293
Estimated # of patients served	375	11

OBJECTIVE H: AB109: Provide full methadone maintenance treatment services for AB109 clients authorized and approved by the HSA Mental Health Client Specialist or the Probation Officer. CONTRACTOR will provide entrance and discharge information in accordance with County protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.

AB109 Objectives	Non-Perinatal Units of Service	Perinatal Units of Service
Dosing	1,319	64
Individual Counseling	338	11
Group Counseling	65	1
Estimated # of patients served	3	2

OBJECTIVE I: Provide HIV testing and counseling to patients and education and training to staff via a Memorandum of Understanding with Health Services Agency.

- I.1. Review and revise as necessary the Memorandum of Understanding with HAS as necessary.
- I.2. Work closely with HSA to facilitate HIV testing, counseling, and HIV education for all patients. Monitor implementation, training, education, and evaluate effectiveness.
- I.3. Provide HIV prevention and education materials in English or Spanish to all patients.

COUNTY OF SANTA CRUZ

EXHIBIT A-10 – Scope of Services

Component: Intensive Outpatient Services Provider #: 44-4498
Modality: Intensive Outpatient – Non Perinatal
Primary Target Groups Treated: Men and women of Santa Cruz County, age 18 or over, who are dependent on alcohol and/or other drugs.

PRIMARY PROBLEMS TREATED: Alcohol and/or Other Drug Abuse/Dependency

LEVEL OF CARE: Day Treatment/Intensive Outpatient Treatment (IOT); ASAM Level II-II.5

PROGRAM DESCRIPTION: The non-perinatal intensive outpatient treatment program (old day care habilitative treatment) provides services to men and women, 18 and older, who are dependent on alcohol and/or other drugs. Janus provides intensive outpatient treatment services three or more hours per day for five to six days per week. Length of treatment is dependent upon clinical need. Patients will receive treatment at the Janus facility located at 200 7th Ave. in Santa Cruz, CA. Each treatment client will be provided a complete bio/psycho/social assessment and individualized treatment plan. Both the Family and Aftercare programs are available for IOT clients. Services will include providing client access and information related to health and Medi-Cal programs.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. Janus will operate a non-perinatal Day Care Habilitative/Intensive Outpatient Treatment (IOT) program that will operate three or more hours per day, five to six days per week. The program will be consistent with California State Alcohol and Drug Program standards.

OBJECTIVE A. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): Provide an estimated 6 days of treatment to clients that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist and in ongoing collaboration with the CalWORKs treatment team.

OBJECTIVE B. SERIAL INEBRIATE PROGRAM (SIP): Provide an estimated 1 day of treatment to clients who are authorized and approved by the HSA Mental Health Client Specialists.

OBJECTIVE C: DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): Provide an estimated 345 days of treatment to clients who are authorized and approved by the HSA Mental Health Client Specialist and/or the DAP staff.

OBJECTIVE D: AB109: To provide 10 days of treatment to AB109 clients that are authorized and approved by the HSA Mental Health Client Specialist or the Adult Probation Staff. Services provided will include assessment, treatment, case management coordination with the AB109 multidisciplinary team and Probation staff, referral, aftercare and testing services. Ancillary services will be provided through referral or directly. CONTRACTOR will provide

admission and discharge information and Client Progress Reports in accordance with County protocols and per the agreement CONTRACTOR makes with the AB109 Probation Staff.

COUNTY OF SANTA CRUZ

EXHIBIT A-11 – Scope of Services

Component: All Alcohol and Drug Program Services
Modality: All Alcohol and Drug Program Treatment Modalities
Primary Target Groups Treated: All Alcohol and Drug Program Clients

PROVISIONS TO SUPPORT MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) CLAIMING

Provision of Health Outreach, Information, and Referral Activities

in order to ensure the health and well-being of the target population, CONTRACTOR shall understand and provide basic health and benefit information and perform health advocacy with targeted individuals and families being served through this agreement. Outreach activities may include information about local health and Medi-Cal services that will benefit individuals and families in order to allow them to lead healthy and productive lives.

CONTRACTOR staff may explain benefits derived from accessing local health, mental health and substance abuse services and encourage/assist families to utilize these services to meet their identified needs. CONTRACTOR staff shall be knowledgeable regarding available health and Medi-Cal services, locations of provider sites, and how families can access needed services. CONTRACTOR staff shall assist families to understand and explain very basic Medi-Cal, Healthy Families and other insurance information or will be able to direct clients to sites where such information can be accessed. Contract staff may assist families, where needed to apply for and access health related programs and services. Staff activities may include outreach, information, referral, access and eligibility assistance, assistance with transportation, and program planning in order for clients to access Medi-Cal related eligibility, provider services and care.

Leveraging Requirement

The relationship that the CONTRACTOR has with Medi-Cal eligible families is recognized and supported. It is further recognized that the CONTRACTOR possesses expertise in identifying, assessing and case managing the health care needs of Medi-Cal eligible families and children being served. In order to take advantage of this expertise and relationship, CONTRACTOR costs supported by this agreement may be used as the basis of participation in federal, state and local leveraging programs. Such participation may include appropriate staff training; reporting and documentation of eligible activities supported by contract funds, and associated staff and overhead costs. Reporting may include written documentation associated with service delivery and related costs, and/or the tracking of staff time through time survey instruments.

Purpose and Responsibilities

1. Bring potential eligibles into the Medi-Cal program for purposes of determining Medi-Cal eligibility.
2. Bring Medi-Cal enrollees into Medi-Cal services.
3. Bring the target population into health care services to include:

- a. Campaigns directed towards bringing specific high-risk populations into health care services;
 - b. Telephone, walk-in or drop-in services for the purpose of informing or referring persons, including Medi-Cal enrolled, to Medi-Cal covered services; and
 - c. Conducting Medi-Cal specific information and referral activities included as subset of a broader general health education program.
4. Assisting with the Medi-Cal/Healthy Families application process by:
- a. Explaining the eligibility rules and process to prospective applicants;
 - b. Assisting an applicant to fill out the application;
 - c. Gathering information related to the application and eligibility determination/redetermination process; and
 - d. Providing necessary forms and packaging in preparation for actual eligibility determination.
5. Arranging or providing transportation of clients to Medi-Cal covered services, and if medically necessary, accompanying clients to these services.
6. Develop resource directories, prepare Medi-Cal data reports, conduct needs assessments, and prepare proposals for expansion of Medi-Cal services.
7. Assist the agency and Local Governmental Agency (LGA) in overseeing, documenting and accounting for MAA activities.

COUNTY OF SANTA CRUZ

EXHIBIT B- Budget, Fiscal and Payment Provisions

B.1. COMPENSATION: Total contract amount shall not exceed Three Million, Nine Hundred Fifty-Four Thousand, Three Hundred Sixty and No/100 dollars (\$3,954,360) for services performed during the term of this Agreement. In no event shall County obligation of State Drug and Alcohol Allocation base and required County funds exceed this amount.

FOR FEE-FOR-SERVICE CONTRACTS: COUNTY agrees to pay CONTRACTOR a total sum not to exceed One Million, Thirteen Thousand, Two Hundred Thirty-Seven and No/100 dollars (\$1,013,237) for non-Drug Medi-Cal services performed during the term of this Agreement in accord with the negotiated rates set forth in the following Service Agreement Budget. NNA, California Work Opportunity and Responsibility to Kids (CalWORKs), AB109, Human Services Department (HSD) Family and Children's Services Division (FCS), Serial Inebriate Program (SIP), Downtown Accountability Program (DAP), Mental Health Stabilization (MHS), Homeless Persons Health Project (HHP) and Project Connect (PC) funds may only be used for activities related to clients meeting the requirements of these funding sources.

FOR COST REIMBURSEMENT CONTRACTS: COUNTY agrees to pay CONTRACTOR a total sum not to exceed Two Hundred Eighteen Thousand, Eight Hundred Eighteen and No/100 dollars (\$218,818) for Clean and Sober Housing and Vivitrol services for CalWORKs, AB109, FCS, SIP and DAP-approved and funded clients specifically approved by County ADP for Sober Housing and Vivitrol services. CONTRACTOR shall be compensated for the actual cost of County approved expenditures for Clean and Sober Housing and Vivitrol, and shall receive a 10% CONTRACTOR administration fee for administering SLE funding. ADP funds are intended to pay for the administration of Vivitrol (i.e., the medical visit) and counseling. The cost of the Vivitrol itself is intended to be covered by fee-for-service Medi-Cal, unless there is specific ADP authorization to do otherwise.

COUNTY agrees to pay CONTRACTOR a total sum not to exceed Three Hundred and No/100 dollars (\$300) for Multiple Offender (MO) Assessment services.

In no event shall County obligation of State Drug and Alcohol Allocation base and required County funds exceed this amount.

FOR ALL DRUG MEDI-CAL CONTRACTS: Drug Medi-Cal units of service will be paid based on actual costs, up to the State-authorized rate cap. Drug Medi-Cal units of service which exceed the rate cap may be paid up to the limit of County funds available, not to exceed the actual costs of the Medi-Cal program.

Contractor may apply 14-15 budgeted NNA funds to Drug Medi-Cal costs which exceed the State-authorized rate cap.

However, if seeking to use NNA funds to cover cost over rate cap, Contractor must demonstrate that their actual costs for providing Drug Medi-Cal services exceed the 14-15 rate cap.

FOR INACTIVE DRUG MEDI-CAL SERVICES: Inactive Drug Medi-Cal services are those services that are funded in the budget but CONTRACTOR has not yet been approved to provide. Upon receipt of State approval, COUNTY will pay CONTRACTOR a total sum not to exceed Sixty-seven Thousand, Six Hundred Ninety and No/100 dollars (\$67,690).

FOR PERINATAL DRUG MEDI-CAL CONTRACTS: COUNTY agrees to pay CONTRACTOR a total sum not to exceed

- Three Hundred Thirty-Five Thousand, Six Hundred Eighty Three and No/100 dollars (\$335,683) for Drug Medi-Cal Residential and Intensive Outpatient Treatment (IOT) services, and
- Eighty-Eight Thousand, Two Hundred Forty-Nine and No/100 dollars (\$88,249) for Perinatal Methadone services

for a total not to exceed Four Hundred Twenty-Three Thousand, Nine Hundred Thirty Two and No/100 dollars (\$423,932)

- a. PERINATAL ALLOCATION: CONTRACTOR agrees that the Perinatal Federal Block Grant service allocation must be earned in full. Unearned amounts cannot be shifted to any other mode of service, and unearned Perinatal advances will be returned to the COUNTY.
- b. PERINATAL DRUG MEDI-CAL SERVICES: CONTRACTOR agrees to provide services that meet the Perinatal Drug Medi-Cal service guidelines and standards.
- c. CONTRACTOR shall be paid only for Drug Medi-Cal units of service approved by the State. COUNTY shall not be required to pay CONTRACTOR for any Drug Medi-Cal units of service denied or disallowed by the State. CONTRACTOR shall implement a continuous quality improvement process that includes routine review of Drug Medi-Cal charts for possible sources of Medi-Cal denial or disallowances.

FOR NON-PERINATAL DRUG MEDI-CAL METHADONE CONTRACTS: COUNTY agrees to pay CONTRACTOR a total sum not to exceed Two Million, Two Hundred Thirty Thousand, Six Hundred Eighty-Three and No/100 dollars (\$2,230,683) for Non-Perinatal Drug Medi-Cal methadone services performed during the term of this Agreement, based on fixed rates, as follows:

- Seven Hundred Eight Thousand, Five Hundred Seventy and No/100 dollars (\$708,570) of State Drug Medi-Cal Realignment Funds for services performed during the term of this Agreement, based on fixed rates.
- One Million, Five Hundred Twenty-Two Thousand, One Hundred Thirteen and No/100 dollars (\$1,522,113) in Federal funds.

In no event shall COUNTY be required to pay for the cost of services that are covered by funding received by CONTRACTOR from other governmental contracts or grants.

FOR NON-PERINATAL, NON-METHADONE DRUG MEDI-CAL CONTRACTS:

Subject to State approval of billing for inactive Drug Medi-Cal services, COUNTY agrees to pay CONTRACTOR a total sum not to exceed Sixty-Seven Thousand, Six Hundred Ninety and No/100 dollars (\$67,690) for Non-Perinatal, Non-Methadone Drug Medi-Cal services performed during the term of this Agreement, based on fixed rates, as follows:

- One Thousand, Four Hundred Sixty-Four and No/100 dollars (\$1,464) of State Drug Medi-Cal Realignment Funds for services performed during the term of this Agreement, based on fixed rates.
- Sixty-Six Thousand, Two Hundred Twenty-Six and No/100 dollars (\$66,226) in Federal funds.

In no event shall COUNTY be required to pay for the cost of services that are covered by funding received by CONTRACTOR from other governmental contracts or grants.

B.2. FEE FOR SERVICE CONTRACTS UNIT OF SERVICE RATES: COUNTY agrees to compensate CONTRACTOR at the unit of service rates set forth on the service agreement budget located in Exhibit B. Settlement will be done at the end of the contract with the Cost Report. CONTRACTOR may request a change in the rates as shown on the service agreement budget by submitting a written request to the County Administrator. County Administrator may approve rate changes of 10% or less. Rate changes above 10% will require a contract amendment.

B.3. DEFINITIONS: Definition of above units of service shall be as follows:

- a. **OUTPATIENT STAFF HOUR:** Those hours that a direct service staff person is on the job and available to provide services. A direct service staff person is defined as a staff person who spends time providing services directly to program clients. Administrative, clerical and other support services may not be billed as staff hours. Staff time used for vacations, holidays, sick leave and other leave may not be billed to County.

Volunteer and unpaid intern time may not be billed to County. Time to be billed in one-minute increments of direct staff time. Staff Hours may include individual counseling and group therapy of a minimum of three (3) and not more than fifteen (15) unrelated individuals, intake, assessment, case management, referral and aftercare services. COUNTY will allow no more than 45% of non face-to-face indirect time for outpatient counseling services. Indirect services in excess of that amount submitted by CONTRACTOR will be deducted from total earned amounts prior to preparation of each monthly claim. Total outpatient units of service will be reconciled at the end of the fiscal year to ensure that no more than 45% of units of service are indirect.

- b. **BED DAY:** A bed day for an individual client is one in which one (1) treatment bed is utilized to provide 24-hour inpatient care for an individual client. In the case of bed days for clients with child(ren), a "treatment bed" includes provisions for beds for and care of both the client and their accompanying child(ren). The bed must be licensed and funded. The facility, staffing and other conditions necessary to provide the treatment services to a client occupying that bed must be available. Billable day shall include the day of admission, but not the day of discharge. Bed Days are claimed for the following: Net Negotiated Amount (NNA), CalWORKs, AB109, FCS, Mental Health Stabilization (MHS), SIP, DAP and Homeless Person's Health Project/Project Connect. See this exhibit for authorization, case management, and reporting responsibilities.
- c. **DETOXIFICATION (DETOX) BED DAY:** Includes alcohol and drug detoxification and pretreatment services for the purpose of assisting acutely intoxicated individuals during the alcohol and/or drug withdrawal period. Services to clients who stay less than 12 hours may be billed at one-half (1/2) of the detox Bed Day rate.
- d. **DAY CARE HABILITATIVE/INTENSIVE OUTPATIENT TREATMENT (IOT):**
 - 1. **Medi-Cal IOT:** A day in which a minimum of three (3) hours of treatment is provided. IOT will provide a minimum of three (3) hours per day, three (3) days per week of scheduled, formalized services for Medi-Cal beneficiaries. The services include assessment, intake, Medi-Cal referrals, treatment planning, individual and group counseling, body specimen screens,

medication services, collateral services, and crisis intervention. In addition, for women who are pregnant or post-partum, case management, transportation and childcare will be provided to comport with Perinatal Treatment Standards.

2. Non-Medi-Cal IOT: A day in which a minimum of three (3) hours of treatment is provided. IOT will provide a minimum of three (3) hours per day, three (3) days per week of scheduled, formalized services for non-perinatal women and men. The services include assessment, intake, Medi-Cal referrals, treatment planning, individual and group counseling, body specimen screens, medication services, collateral services, and crisis intervention.
- e. ASSESSMENT: A County Alcohol and Drug Programs (ADP)-approved assessment completed within Twenty One (21) calendar days of client presentation of Drinking Driver Assessment Instructions Form, and submission of a standardized court-approved Treatment Evaluation and Recommendation to County ADP within five (5) calendar days of completion of the assessment interview. COUNTY will reimburse provider only for assessments of clients referred by COUNTY.
- f. DRUG AND ALCOHOL TESTING: Human Services Department (HSD) Family and Children's Services Division (FCS) and County and Criminal Justice System-referred clients will be randomly tested using standard urinalysis and breathalyzer tests as ordered by the Court. A drug and alcohol test is defined as an all-inclusive unit of service that includes collecting, handling, initial and confirmatory assaying, and reporting on a drug and alcohol specimen. Tests shall be conducted randomly and administered according to American Probation and Parole Guidelines for drug testing and COUNTY protocols.
- g. METHADONE PATIENT DOSE: A client dose is a calendar month of daily dosing services which are claimed as a daily unit of service (including in-person, take home, and extended take home doses as authorized and required in the methadone maintenance regulations). For methadone services, the cost of drug and alcohol testing is included in the patient dose unit of service rate. For Drug Medi-Cal clients who meet the Medi-Cal definition of Perinatal Services (Program Code 25) CONTRACTOR may claim at the methadone dosing rate shown in Exhibit B for Perinatal Services for services provided that meet Medi-Cal standards for Perinatal Services (Program Code 25).
- h. METHADONE PATIENT COUNSELING VISIT (Individual and/or Group Counseling): A unit of service is a calendar month of treatment services claimed in ten (10) minute increments for a minimum of fifty (50) minutes, up to a maximum of two hundred (200) minutes of individual and/or group counseling per calendar month to each beneficiary. A patient visit is a face-to-face contact between a counselor and patient, for group or individual counseling. Telephone contacts and visits not at the certified site are not billable units of service. Group

counseling shall be conducted with no less than 4 and no more than 10 patients at the same time, with at least one of the patients in the group being a Medi-Cal beneficiary, focusing on the needs of the individuals served. Counseling sessions shall meet the requirements specified in Section 10345, Title 9, California Code of Regulations. For Drug Medi-Cal clients who meet the Medi-Cal definition of Perinatal Services (Program Code 25), CONTRACTOR may claim at the methadone counseling rates shown in Exhibit B for Perinatal Services for services provided that meet Medi-Cal standards for Perinatal Services (Program Code 25).

- i. **CALWORKS SERVICES:** Staff Hours may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HSA Mental Health Client Specialist. Alcohol and Other Drug (AOD) services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. If access to service for clients referred under CalWORKs cannot be provided within seven days of the receipt of the referral, CONTRACTOR shall inform the Mental Health Client Specialist and work together to address access issues.
- j. **HOMELESS PERSONS HEALTH PROJECT (HHP) and PROJECT CONNECT (PC):** CONTRACTOR shall assess patient's ability to pay for services at the usual and customary rate. If the patient is determined to be unable to pay, CONTRACTOR shall be reimbursed with HHP or Project Connect (PC) funds up to the minimum monthly amount charged patients on the sliding fee scale. If a methadone maintenance patient becomes eligible for Drug Medi-Cal during the course of treatment, CONTRACTOR shall reimburse HHP or Project Connect by check for the total amount reimbursed for each month or part thereof covered by Drug Medi-Cal.
- k. **HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS):** Services that are authorized and approved by the HSA Mental Health Client Specialist. CONTRACTOR will provide Client Progress Reports per COUNTY protocol.
- l. **SERIAL INEBRIATE PROGRAM (SIP):** Services that are authorized and approved by the HSA Mental Health Client Specialist. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols.
- m. **DOWNTOWN ACCOUNTABILITY PROGRAM (DAP):** Services that are authorized and approved by the HSA Mental Health Client Specialist and/or the DAP staff. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols.
- n. **MENTAL HEALTH STABILIZATION (MHS):** Services that are authorized and approved by the HSA Mental Health Client Specialist. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols.

- o. AB109: Services that are referred by the Probation Staff and/or Mental Health Client Specialist, and authorized by HSA ADP. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols and agreement made with COUNTY Probation Staff.

B.4. ADVANCE BASE: Advance base will be **Three Million, Five Hundred Eighty-Seven Thousand, Nine Hundred Thirteen and No/100 dollars (\$3,587,913)**, subject to County approval. Advance Base includes services funded with NNA, CalWorks, HSDFCS, Probation/AB109, SIP, DAP, Mental Health Stabilization, HPHP & Project Connect dollars, and active Federal and Realignment DMC-supported services. The County will withhold 3% of all DMC-funded service costs pending settlement of the final 14.15 Cost Report.

Advance base does not include cost reimbursement services, Multiple Offender (MO) Assessment allocation, or inactive DMC services (funds budgeted for DMC services not yet approved by State DHCS). Settlement of final contract payments will be based on the final Cost Report.

Advance base includes:

Outpatient treatment	25,091
Residential, Non-Peri	359,571
Residential, Peri, Treatment	62,765
Residential, Peri, Housing	282,969
Detox	142,444
Intensive Outpatient, Non-Peri	37,303
Intensive Outpatient, Peri	59,856
Active Realignment DMC minus 3%	786,601
Active Fed DMC minus 3%	1,788,375
Methadone, Non- Peri	31,503
Methadone, Peri	1,200
Drug Testing	10,235
Total	3,587,913

Active Federal DMC includes:

Residential, Peri, Treatment	201,828
Intensive Outpatient, Peri	66,595
Methadone, Non-Peri	1,522,113
Methadone, Peri	53,150
Subtotal	1,843,686
Minus 3%	55,311
Total	1,788,375

Active Realignment DMC includes:

Residential, Peri, Treatment	57,665
Intensive Outpatient, Peri	9,595
Methadone, Non-Peri	708,570
Methadone, Peri	35,099
Subtotal	810,929
Minus 3%	24,328
Total	786,601

Inactive Realignment and Federal DMC include:

Outpatient Realignment	1,464
Outpatient Federal DMC	9,755
Residential, Nonperinatal	56,471
Federal DMC	
Total	67,690

B.5. COST REIMBURSEMENT:

- a. CONTRACTOR shall be provided the option of receiving a monthly advance payment as described in Section D.10 of this agreement.
- b. Cost of services shall be reimbursed based on actual cost up to the maximum amount of contract, whichever is less, at the end of the contract year. CONTRACTOR shall remit any unearned funds to the COUNTY at the time CONTRACTOR submits cost report. Settlement of final contract payments will be based on the final Cost Report.
- c. COUNTY will pay CONTRACTOR within 30 days of receipt of invoice, or after cost report review and final payment agreement at contract end as appropriate.

B.6. COST OVER RATE CAP: Drug Medi-Cal unit of service costs that exceed the rate may be paid up to the limit of county funds available, not to exceed actual costs of the Drug Medi-Cal program.