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HEALTH SERVICES AGENCY DIRECTOR

# County of Santa Cruz

HEALTH SERVICES AGENCY

0493

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**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

Attachments: Strategic Plan 2014-2019; ADM-29s (5), Amendments (5), AUD-60 Resolution



**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, 2014 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:

  
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				\$ 1,310,264

## APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363210	3638		PROFESSIONAL & SPECIAL SERVICES - OTHER	5,151
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				\$ 1,310,264	

**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](http://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 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.

0511

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, 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](http://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](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](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 11<sup>th</sup> Community Conversation by KSBW on evening news program
5. [http://www.santacruzsentinel.com/santacruz/ci\\_26886670/draft-plan-offers-solutions-drug-alcohol-problems-santa](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
3. What additional opportunities, innovations and activities can further strengthen success.

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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.

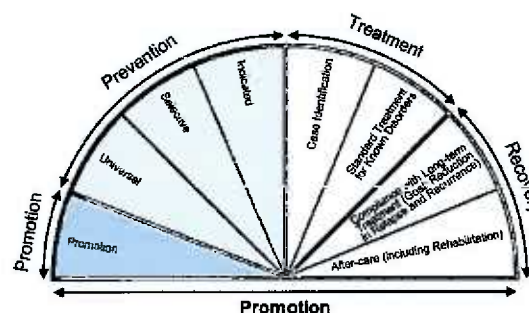
## Planning Team

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 25<sup>th</sup>, July 8<sup>th</sup>, and August 6<sup>th</sup> 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 11<sup>th</sup> 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

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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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
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 Medi-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	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	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.

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

- 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

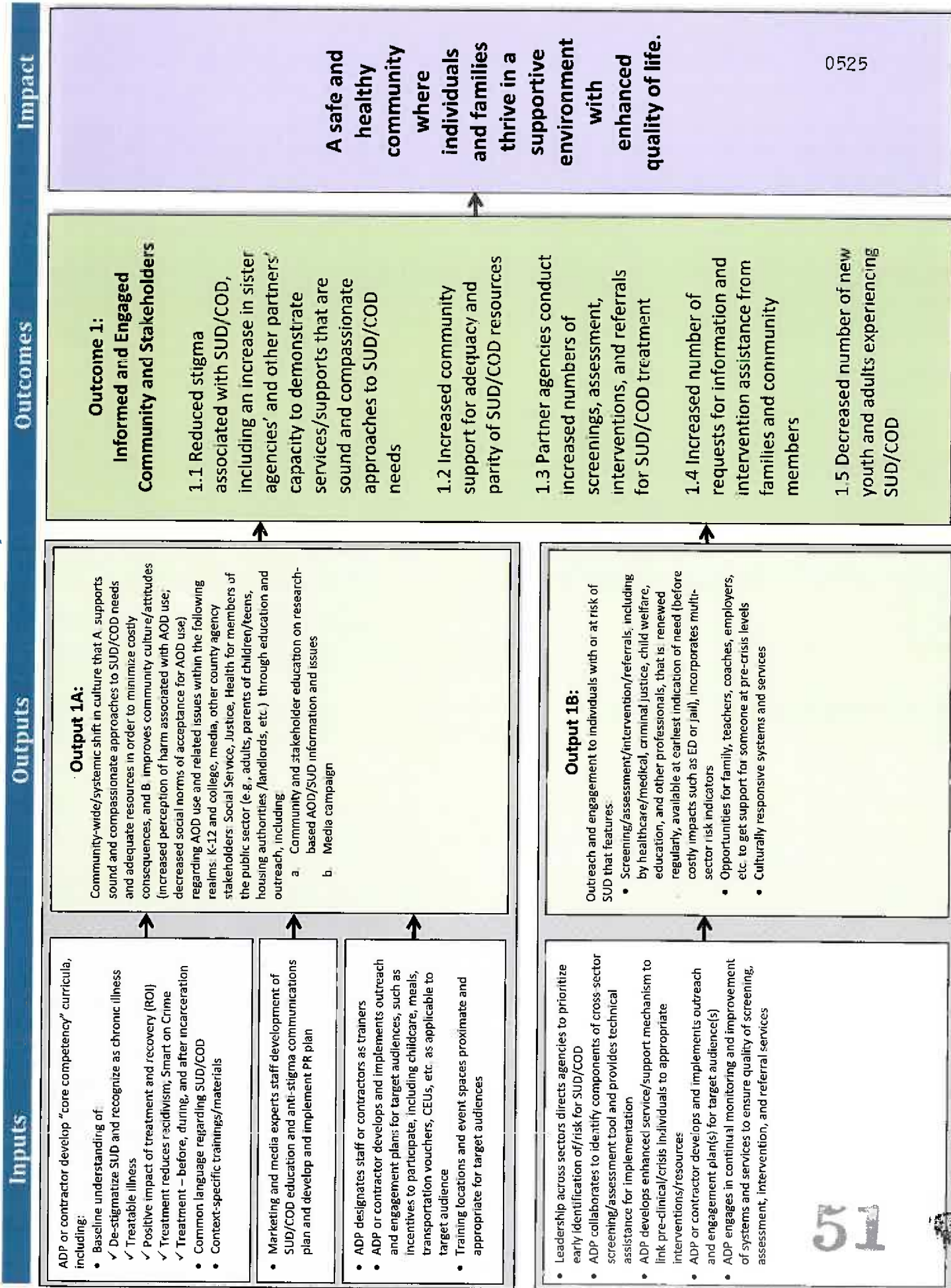
**Issue #4: Costly Impacts of SUD/COD**

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





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

### Inputs

### Outputs

### Outcomes

### Impact

- Leadership across 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

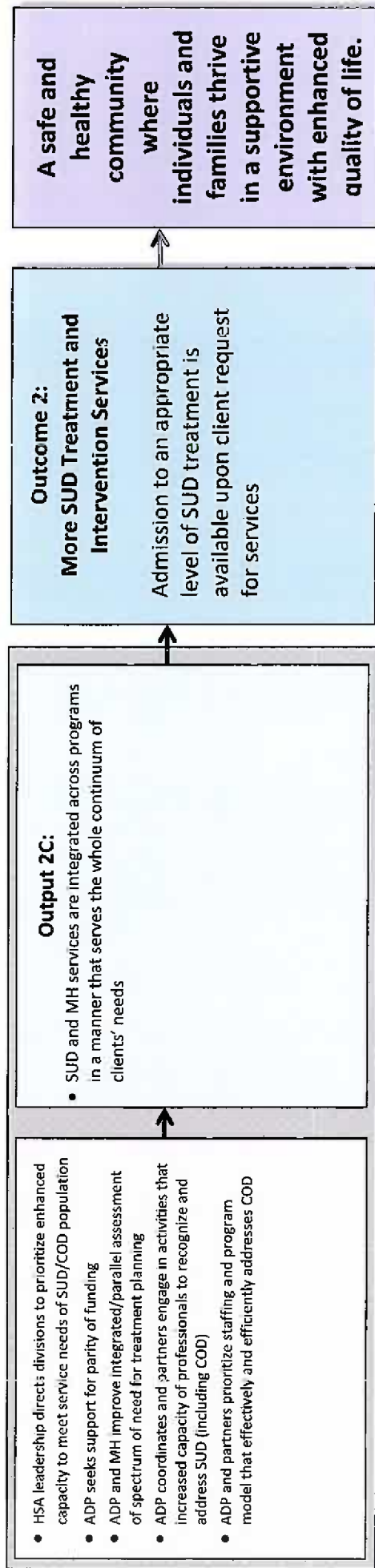
- ADP and partners establish evidence-based SUD/COD practices and effective service modalities as criteria for implementation
- ADP and partners commit to continued use of effective practices: CBT, Drug Court, Family Preservation Court, Wrap around models for youth/families, successful pilots, SLEs, 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:

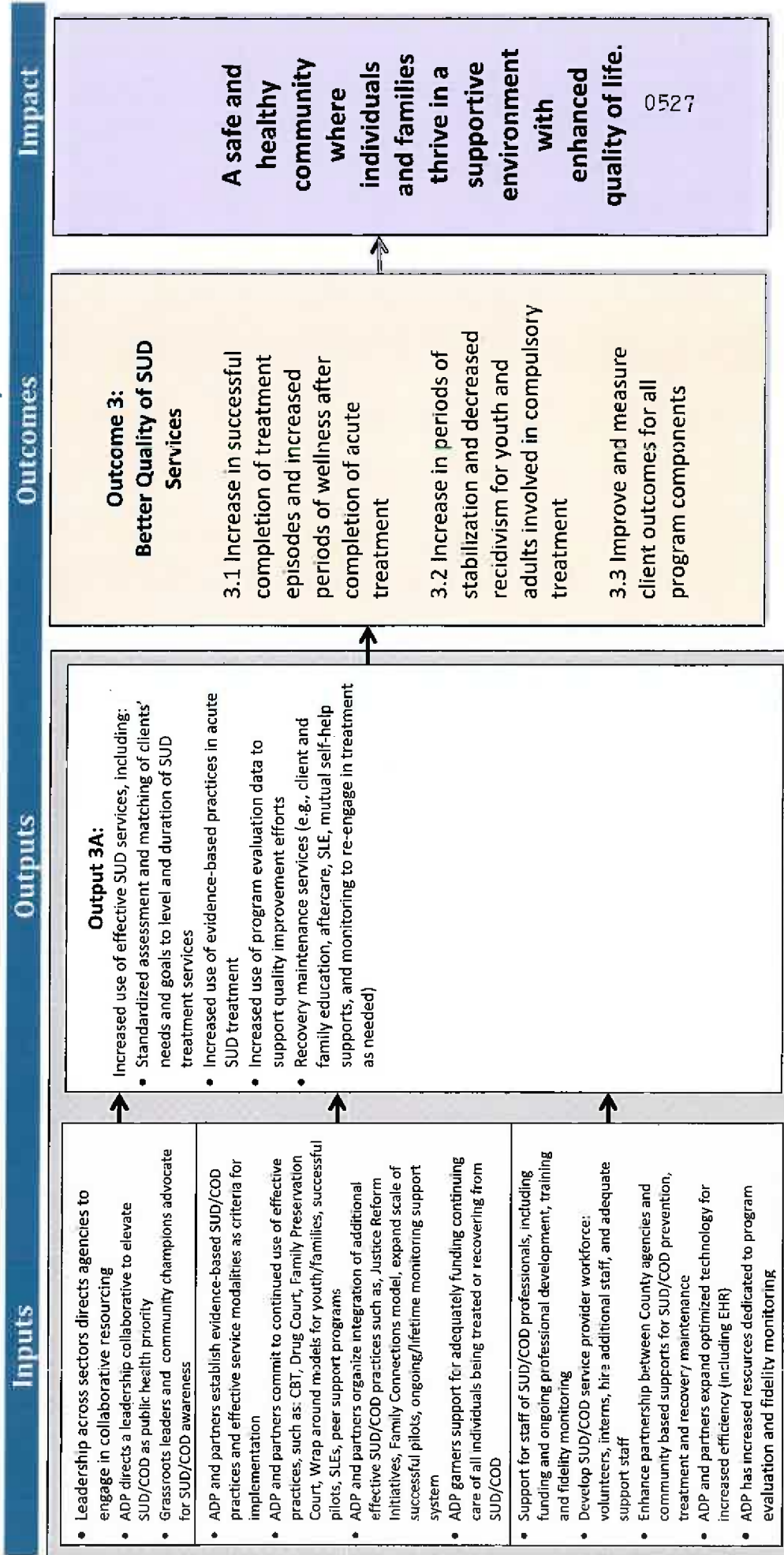
- Diversity of effective SUD services, including:
  - Treatment on demand available for all populations with SUD/COD needs, including CWS clients, criminal offenders, health care patients, students, mental health services consumers, etc.
  - Treatment matching, i.e., level and intensity of care delivered 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.

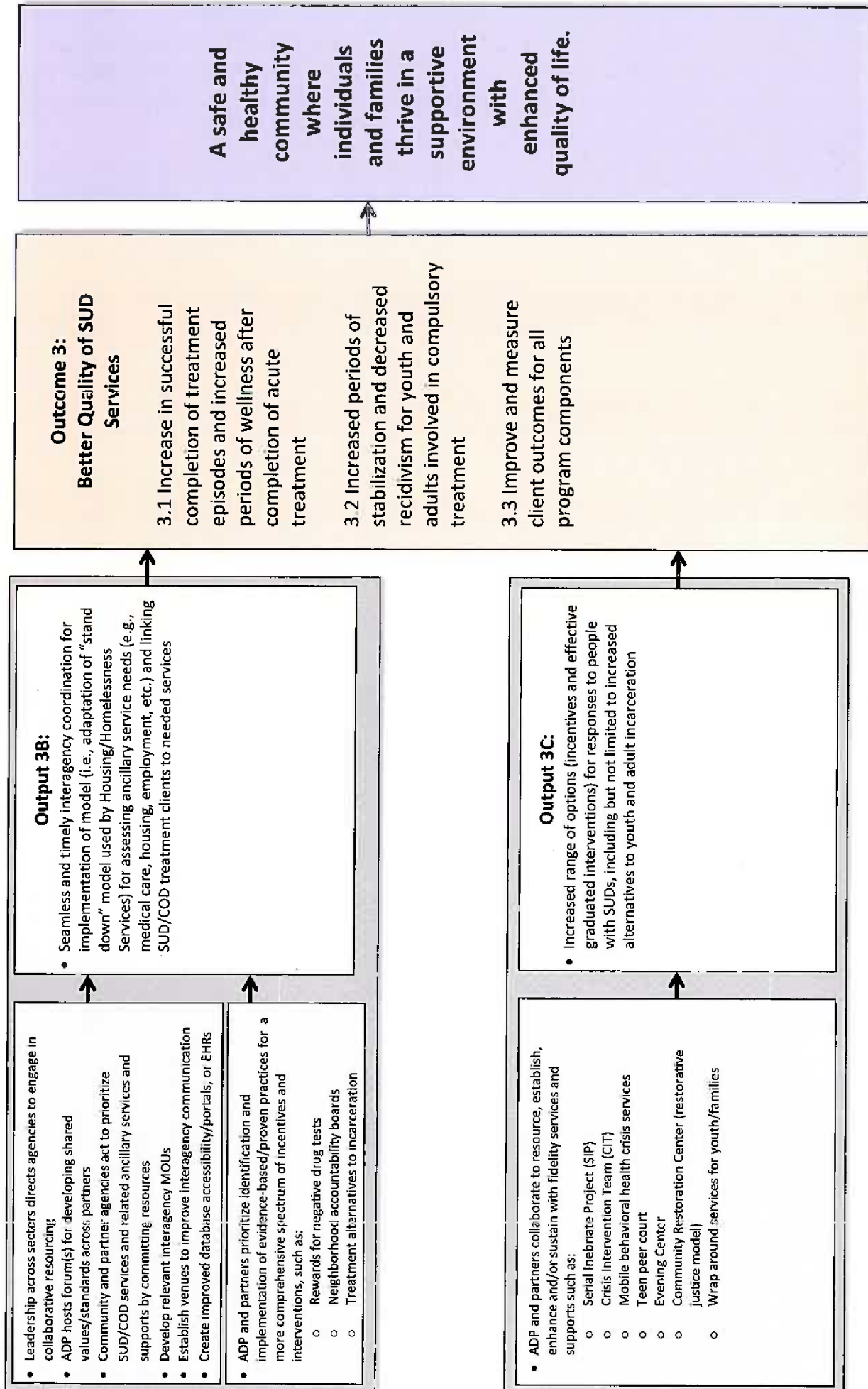
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### #3 Improve the Quality of SUD Prevention, Treatment, and Recovery Services



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# #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)

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

### 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

- 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

- 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

- Support for existing staff of SUD/COD professionals, including funding and ongoing professional development
- Develop SUD/COD service provider workforce, including: 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

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 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.

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## 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

0534

**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

0537

### **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.

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 engagement<sup>1</sup>.  
(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.

<sup>1</sup> 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

0541

**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?

0542

- 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.  
are not X will be

Contract No: EH40133 -01,-02

By: [Signature]  
Auditor-Controller Deputy

Date: 11-24-14

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: 11/5/14

By: [Signature]  
County Administrative Office

**Distribution:**

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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	\$	Index	Sub object	User Code
Auditor Description	Amount			

Vendor: Janus of Santa Cruz

Contract: EH40133

0546

Index: 364042

Sub-Object: 3638

User Code:

## 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 SIGNS  
For Rod Libbey  
Rod Libbey, Executive Director  
Janus of Santa Cruz

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

Approved as to form:

Maria Costa  
County Counsel

**COUNTY OF SANTA CRUZ**

**EXHIBIT A-1 – Scope of Services**

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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.

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**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 MEDI-CAL:** 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.

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**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 (HPHP).

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 (HPHP) 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 (HPHP) clients will be informed at intake that their residential treatment at Janus is linked to HPHP. Clients will be informed about what services HPHP offers, and that an HPHP case coordinator will be contacting them to arrange an appointment to take place in the third week of their program.
  - (2) All HPHP clients will be asked at the time of intake to sign an authorization for release of information to HPHP Case Coordinator.
  - (3) The Janus case manager for HPHP clients will be responsible for contacting HPHP 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 HPHP Coordinator and the HPHP client according to the client's need and interest.
  - (5) Janus will continue to support HPHP clients in recovery, aftercare, relapse prevention and issues related to homelessness after the residential treatment program is over.
  - (6) Janus staff and HPHP 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 15<sup>th</sup> of the month following the services provided which shall include:



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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

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**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.

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- 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.

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**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.

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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.

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**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

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**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

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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.

**COUNTY OF SANTA CRUZ**

**EXHIBIT A-9 – Scope of Services**

Component: Methadone Services

Provider #: 44-4460

Modality: Methadone Maintenance

Primary Target Groups Treated: Opiate-Addicted Adults

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PRIMARY PROBLEMS TREATED: Opioid Drug Dependency

LEVEL OF CARE: Outpatient Narcotic Treatment and Detoxification; ASAM Level I and I-D

PROGRAM DESCRIPTION: The Janus North and South County methadone maintenance treatment programs, with a combined capacity of 490 patients per day, treat chronic opioid addicts who have relapsed to daily drug use. Patients receive daily oral doses of methadone, medical exams, counseling services and HIV counseling and education. Services include providing client access and information related to health and Medi-Cal programs. Patients who comply with program requirements remain on methadone maintenance between 6-24 months.

**PROGRAM GOALS AND OBJECTIVES:**

**GOAL I.** Provide methadone maintenance treatment services to patients who qualify for services under state and federal regulations.

**OBJECTIVE A.** Provide 11,912 County funded perinatal and non-perinatal slot (dosing) days per month and a total of 142,946 slot (dosing) days during the fiscal year for all combined county funding sources.

A.1. Maintain an absenteeism dosing rate of not more than 7% of active patients. (Does not include patients in jails, hospitals, or institutions that are having slots held.)

A.2. Continue to provide jail dosing to pregnant or chronically and terminally ill patients.

**OBJECTIVE B.** Provide a minimum of 5 counseling units of service to each patient per month and to strive for 10 units of service per client per month. (1 unit of service (UOS) = 10 minutes of either individual or group counseling.)

**OBJECTIVE C.** CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): Provide full methadone maintenance treatment services for CalWORKs patients who qualify for services under state and federal regulations and who are authorized and approved by the HSA Mental Health Client Specialist. Alcohol or drug services are to be employment focused and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements.



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.

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**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 7<sup>th</sup> 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

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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 (HPHP) 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 HPHP 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 HPHP 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
<b>Total</b>	<b>3,587,913</b>

Active Federal DMC includes:

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

**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.

- B.7. INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE: Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar for dollar basis and as the maximum allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the maximum allocation for another mode of service or modes of services. COUNTY reserves the right to redirect funding to other services or organizations if funds are not utilized as intended or if other service priorities are established.



Page 10 of 11 vs1

[illegible]



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

0587

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 Sobriety Works, 105 Post Office Drive, Suite F, Aptos, CA 95003 (Name/Address)

2. The agreement will provide outpatient alcohol and drug treatment services.

**Amendment No. 1**

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

4. Anticipated Cost is \$ 551,290 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Auditor: Please increase suffix -01 by \$76,445 for a new suffix total of \$551,290 per attached schedule.

5. Detail: ☒ On Continuing Agreements List for FY 14 - 15 Page CC- 13 Contract, No: 2535 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 (Index) 3638 (Sub object)

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

Appropriations X are available and have been encumbered.  
are not X will be

Contract No: EH42535-01

By: [Signature]  
Auditor-Controller Deputy

Date: 11.24.14

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: 12/3/14

By: [Signature]  
County Administrative Office

**Distribution:**

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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 ap-  
proved 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 \_\_\_\_\_ \$ \_\_\_\_\_  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 \_\_\_\_\_ \$ \_\_\_\_\_  
Auditor Description Amount Index Sub object User Code

11-51

**Vendor:** Sobriety Works

**Contract:** EH42535

Index: 364042

Sub-Object: 3638 0588

**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 \$76,455, for a new suffix total of \$551,290; and increase total contract maximum from \$474,848 to \$551,290.

**2. Exhibit A - Scope of Services**

Delete Exhibit A- Scope of Services, sections A-1 through A-7, and replace with Amended Exhibit A- Scope of Services, sections A-1 through A-7.

**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: Sarah Cooper  
Sarah Cooper, Executive Director  
Sobriety Works

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

Approved as to form:

Maria Costa  
County Counsel

COUNTY OF SANTA CRUZ

0589

EXHIBIT A  
SCOPE OF SERVICES

Component: Outpatient

Provider #: 44-4419

Modality: Individual and Group Counseling

Primary Target Groups Treated: Adults

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

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

PROGRAM: The Sobriety Works Outpatient Program provides co-ed, 12 Step, social model, bilingual (Spanish/English) addiction treatment and education to authorized clients. Treatment includes assessments, intake, recovery planning, individual and group counseling, family sessions, substance abuse and recovery education, case management and referrals. Groups include process work, recovery support, drug and alcohol education, relapse prevention, special assignments, special populations and aftercare activities. Court appearances will be provided by treatment staff as required.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): To provide a total of 1.33 FCS staff hours (80 minutes) of which 55% or at least .73 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, court appearances and session planning. Clients are men and women referred by the FCS case manager. Services provided will include assessment, treatment, case management, court appearances, referral and aftercare services that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist and in ongoing collaboration with the FCS Social Worker. Random alcohol and drug testing will be provided for cause or as ordered by the Court or indicated in the FCS Service Plan. 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 FCS Social Worker.

GOAL II. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): To provide a total of 26.67 CalWORKs outpatient staff hours (1,600 minutes) of which 55% or at least 14.67 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 2 unduplicated CalWORKs clients including assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HSD CalWORKs Employment and Training staff and the ADP Mental Health Service Coordinator. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information, as well as Client Progress Reports, in accordance with County Protocols. Substance use disorder services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements.

**GOAL III. FAMILY PRESERVATION COURT (FPC):** To provide a total of 1.33 outpatient staff hours (80 minutes) of which 55% or at least .73 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, court appearances, referral and aftercare services that are authorized and approved by the HSA Mental Health Client Specialist. In addition, services will include collecting fees designated by the Court and providing a monthly accounting to HSA. Random alcohol and drug testing will be provided as ordered by the Court. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information, as well as Client Progress Reports, in accordance with County Protocols.

**GOAL IV. SERIAL INEBRIATE PROGRAM (SIP)/PROJECT HOME BASE (PHB):** To provide a total of 1.33 outpatient staff hours (80 minutes) of which 55% or at least .73 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, court appearances, referral and aftercare services for clients authorized and approved by the HSA Mental Health Client Specialist and/or PHB staff as a part of the Serial Inebriate Program. Ancillary services will be provided through referral or directly. CONTRACTOR will provide admission and discharge information in accordance with County Protocols.

**GOAL V. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP):** To provide a total of 11.20 outpatient staff hours, (672 minutes) of which 55% or at least 6.16 hours will be for direct face-to-face service. 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, court appearances, referral and aftercare services for clients authorized and approved by the HSA Mental Health Client Specialist and/or the DAP program staff as a part of the Downtown Accountability Program project. Ancillary services will be provided through referral or directly.

CONTRACTOR will provide admission and discharge information in accordance with County Protocols.

GOAL VI. AB109: To provide a total of 40 outpatient staff hours (2,400 minutes), 55% or at least 22 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. Random alcohol and drug testing will be provided for cause, as ordered by the Court, or as indicated in the probation plan. 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.

GOAL VII. DRUG MEDI-CAL: 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 and 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. Sobriety Works will provide 3.35 DMC units (167.41 minutes) of Counseling to 1 unduplicated client. One Individual Counseling unit of service equals 50 minutes.

OBJECTIVE B. DMC GROUP COUNSELING. Sobriety Works will provide 26 DMC units (2,344.83 minutes) of Group Counseling to 4 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.



EXHIBIT A-2  
SCOPE OF SERVICES

Component: Intensive Outpatient Treatment/IOT

Provider #: 44-4419

Modality: Day Care Rehabilitative Services

Primary Target Groups Treated: Adults

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

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

PROGRAM: The Sobriety Works Intensive Outpatient Treatment Program provides co-ed, 12 Step, social model, bilingual (Spanish/English) addiction treatment and education to authorized clients. Intensive Outpatient Treatment (IOT) services are conducted 3 hours per day, 3 to 5 days a week. Treatment includes assessments, intake, recovery planning, individual and group counseling, family sessions, substance abuse and recovery education, case management, referrals, aftercare and alcohol and drug testing. Groups include process work, recovery support, drug and alcohol education, relapse prevention, special assignments, special populations and aftercare activities. Court appearances will be provided by treatment staff as required.

PROGRAM GOALS AND OBJECTIVES:

- GOAL I. HUMAN SERVICES DEPARTMENT/FAMILY & CHILDREN'S SERVICES DIVISION: To provide a total of 2 County-funded Intensive Outpatient Treatment days to clients authorized and approved by HSA Mental Health Client Specialist. CONTRACTOR will provide admission and discharge information in accordance with County Protocols and Client Progress Reports.
- GOAL II. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): To provide a total of 20 County-funded Intensive Outpatient Treatment days to clients that are authorized and approved by HSA Mental Health Client Specialist and the CalWORKs treatment team. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County Protocols.
- GOAL III. SERIAL INEBRIATE PROGRAM (SIP)/PROJECT HOME BASE (PHB): To provide a total of 113 County-funded Intensive Outpatient Treatment days to clients authorized and approved by HSA Mental Health Client Specialist and/or PHB staff. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County Protocols.

GOAL IV. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): To provide a total of 40 County-funded Intensive Outpatient Treatment/IOT days to clients authorized and approved by HSA Mental Health Client Specialist and/or the DAP program staff. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County Protocols.

GOAL V. AB109: To provide 312 Intensive Outpatient Treatment days to AB109 clients that are authorized and approved by HSA Mental Health Client Specialist and/or Adult Probation staff. Services will be conducted in coordination with the ADP and Adult Probation staff. 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.

GOAL VI. DRUG MEDI-CAL: To provide 411 Intensive Outpatient Treatment days to clients. Services will be conducted per Drug Medi-Cal service guidelines and standards. CONTRACTOR will provide admission and discharge information and Client Progress Reports in accordance with County Protocols.

EXHIBIT A-3  
SCOPE OF SERVICES

Component: Drug Testing

Provider #: 44-4419

Modality: Drug and Alcohol Testing

Primary Target Groups Treated: Adults

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

LEVEL OF CARE: N/A

PROGRAM: CONTRACTOR will include drug and alcohol testing according to a schedule mandated by the Court or in keeping with other COUNTY requirements.

PROGRAM GOALS AND OBJECTIVES:

- GOAL I. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): CONTRACTOR will provide 1,120 random alcohol and drug test screens of FCS Outpatient and Intensive Outpatient Treatment clients for cause, as required by the case plan, or as ordered by the Court. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.
- GOAL II. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): CONTRACTOR will provide 288 random alcohol and drug test screens of CalWORKs Outpatient and Intensive Outpatient Treatment clients for cause or as required by the case plan. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.
- GOAL III. FAMILY PRESERVATION COURT (FPC): CONTRACTOR will provide 160 random alcohol and drug test screens of FPC Outpatient and Intensive Outpatient Treatment clients for cause, as required by the case plan, or as ordered by the Court. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.
- GOAL IV. SERIAL INEBRIATE PROGRAM (SIP): CONTRACTOR will provide 48 random alcohol and drug test screens of SIP Outpatient and Intensive Outpatient Treatment clients for cause or as ordered by the Court. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

GOAL V. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): CONTRACTOR will provide 25 random alcohol and drug test screens of DAP Outpatient and Intensive Outpatient Treatment clients for cause or as ordered by the Court. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

GOAL VI: AB109: CONTRACTOR will provide 1,400 random alcohol and drug test screens of AB109 Outpatient and Intensive Outpatient Treatment clients for cause, as required by the probation plan, or as ordered by the Court. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

FOR ALL OF THE ABOVE GOALS I-VI:

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.

OBJECTIVE D. Report any positive test results to the program case manager within two working days of receiving the positive result.

EXHIBIT A-4  
SCOPE OF SERVICES

Component: Outpatient Services and Staff Training

Modality: MATRIX Model Individual and Group Counseling

Primary Target Groups Treated: Family Preservation Court program referred adults

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PRIMARY PROBLEMS TREATED:

The Sobriety Works Matrix Outpatient Services provides a co-ed, bilingual (Spanish/English), 16-week Matrix Model intensive treatment program to authorized clients. Treatment is specifically designed for stimulant abuser clients and includes assessments, intake, recovery planning, individual and group counseling, family sessions, substance abuse and recovery education, case management, referrals, aftercare and drug and alcohol testing. Groups include process work, early recovery skills, relapse prevention, family and client education, and social support. Court appearances will be provided by treatment staff as required.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. To provide comprehensive intake/assessment and outpatient counseling services to an ongoing caseload of 65 County-funded and Drug Medi-Cal funded Court program-referred adults of Santa Cruz County, in an environment specifically designed to meet Family Preservation Court treatment requirements. Services will be conducted with fidelity to the Matrix Model and will include individual and group counseling, recovery and relapse prevention skills, family training, aftercare, and urinalysis and alcohol breathalyzer testing, as determined by client needs and the 3-phase Family Preservation Court program schedule.

OBJECTIVE A. To provide comprehensive intake services to include: assessment of the impact of drug use and degree of dysfunction in the areas of psychosocial and educational/vocational functioning and justice system involvement; and health/medical history.

OBJECTIVE B. To provide individual and group counseling and drug education groups according to the 3-phase Family Preservation Court (FPC) program schedule. Phase I and II will include Matrix Model intensive outpatient treatment and 12-Step participation. Phase III will include a transition to continuing-care participation, along with continued drug/alcohol testing, 12-Step

participation, and Parent Mentoring contact. Childcare will be provided for all treatment program activities.

0597

OBJECTIVE C. To provide data and statistical reports as required by the Alcohol and Drug Program (ADP).

GOAL II. Contractor agrees to exercise special attention in providing training in concert with funding, following the timelines and project design, including:

- Training staff in the Matrix Model Intensive Outpatient Treatment protocol and Network for Improvement of Addiction Treatment (NIATx) client engagement and retention procedures.
- Training Human Services Department (HSD) and Court Personnel about addiction and recovery.
- Demonstrating an operational effectiveness and institutionalization of the structured, manual-based interventions presented in the Matrix Model of Intensive Outpatient treatment.
- Developing mechanisms to train new staff to program protocols and procedures to ensure ongoing operational fidelity to the Matrix Model.



EXHIBIT A-5  
SCOPE OF SERVICES

0599

Component: Parent Mentor

Modality:

Primary Target Groups Treated: Family Preservation Court Program-Referred Adults

Contractor agrees to exercise special skills to provide activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

CONTRACTOR will perform activities as described in the FPC Operations Manual, following the timeline and project description, including:

- GOAL I. In cooperation with the COUNTY and the FPC Project Team, will hire and supervise a Parent Mentor dedicated to provide informal support, and services described by and in support of the FPC. The Parent Mentor position may be split among part-time positions; however, when filled, at least one Parent Mentor must be bilingual, Spanish and English speaking, and all must have experience with recovery and the Child Welfare Services system.
- GOAL II. In cooperation with the COUNTY and the FPC Team, will lead in Parent Mentor supervision and critical aspects of employee management, ensuring the Parent Mentor(s) work closely with the FPC Team and Mental Health Client Specialist.



EXHIBIT A-6  
SCOPE OF SERVICES

Component: Outpatient Services and Staff Training  
Modality: MATRIX Model Individual and Group Counseling  
Primary Target Groups Treated: AB-109 Probation-Referred Adults

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PRIMARY PROBLEMS TREATED:

The Sobriety Works Matrix Outpatient Services provides a co-ed, bilingual (Spanish/English), 16-week Matrix Model intensive treatment program to clients authorized by the Mental Health Client Specialist and/or the Probation Department. Treatment is specifically designed for stimulant abuser clients and includes assessments, intake, recovery planning, individual and group counseling, family sessions, substance abuse and recovery education, case management, referrals, aftercare, and drug/alcohol testing. Groups include process work, early recovery skills, relapse prevention, family and client education, and social support. Court appearances will be provided by treatment staff as required.

PROGRAM GOALS AND OBJECTIVES:

GOAL I. To provide comprehensive intake/assessment and outpatient counseling services to an ongoing caseload of 72 County-funded and Drug Medi-Cal funded AB 109 program-referred adults of Santa Cruz County, in an environment specifically designed to meet Matrix treatment requirements. Services will be conducted in fidelity with the Matrix Model and will include individual and group counseling, recovery and relapse prevention skills, family training, aftercare, and urinalysis and alcohol breathalyzer testing as determined by client needs.

OBJECTIVE A. To provide comprehensive intake services to include: assessment of the impact of drug use and degree of dysfunction in the areas of psychosocial and educational/vocational functioning and justice system involvement, and health/medical history.

OBJECTIVE B. To provide individual and group counseling and drug education groups according to the 3-phase program schedule. Phase I and II will include Matrix Model Intensive Outpatient Treatment and 12-Step participation. Phase III will include a transition to continuing-care participation, along with continued drug/alcohol testing and 12-Step participation.

OBJECTIVE C. To provide data and statistical reports as required by Alcohol and Drug Programs (ADP).

GOAL II. Contractor agrees to exercise special attention in providing training in concert with funding, following the timelines and project design, including:

- Training staff in the Matrix Model Intensive Outpatient Treatment protocol and Network for Improvement of Addiction Treatment (NIATx) client engagement and retention procedures.
- Training Human Services Department (HSD) and Court Personnel about addiction and recovery.
- Demonstrating an operational effectiveness and institutionalization of the structured, manual-based interventions presented in the Matrix Model of Intensive Outpatient Treatment.
- Developing mechanisms to train new staff to program protocols and procedures to ensure ongoing operational fidelity to the Matrix Model.

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COUNTY OF SANTA CRUZ

EXHIBIT A-7  
SCOPE OF SERVICES

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**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 eligible clients 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 **Five Hundred Fifty-One Thousand, Two Hundred Ninety and No/100 dollars (\$551,290.00)** 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 - NON-DRUG MEDI-CAL: COUNTY agrees to pay CONTRACTOR a total sum not to exceed **Ninety-Three Thousand, Three Hundred Thirty-Five and No/100 dollars (\$93,335.00)** for non-Drug Medi-Cal services performed during the term of this Agreement in accord with the negotiated rates set forth in the Service Agreement Budget. CalWorks, AB109, FCS, FPC, SIP/PHB & DAP funds may only be used for activities related to clients meeting the requirements of these funding sources. In no event shall County obligation of State Drug and Alcohol Allocation base, allocations and required County funds exceed this amount.

FOR COST REIMBURSEMENT CONTRACTS: COUNTY agrees to pay CONTRACTOR a total sum not to exceed **Three Hundred Eighty-Three Thousand, Nine Hundred Ninety-Four and No/100 dollars (\$383,994.00)** for Family Preservation Court (FPC) Matrix Treatment, AB109 Matrix Treatment, and Parent Mentor services. Payment shall be made for contracted services performed during the term of this Agreement, based on reimbursement of allowable costs as described in Exhibit B Service Agreement Budget.

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 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 at the discretion of the County, not to exceed the actual costs of the Medi-Cal program.

Contractor may apply 14-15 budgeted allowable non-Drug Medi-Cal funds to Drug Medi-Cal costs which exceed the State-authorized rate cap. However, if seeking to use allowable non-Drug Medi-Cal 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

**FOR INACTIVE NON-PERINATAL, NON-METHADONE DRUG MEDI-CAL SERVICES:** Subject to State approval of billing for inactive Drug Medi-Cal services, COUNTY agrees to pay CONTRACTOR a total sum not to exceed **Seventy-Three Thousand, Nine Hundred Sixty-One and No/100 dollars (\$73,961.00)** for non-perinatal, non-methadone Drug Medi-Cal services performed during the term of this agreement, based on fixed rates, as follows:

- **State Drug Medi-Cal Realignment Funds: Eleven Thousand, Three Hundred Sixty-Five and No/100 dollars (\$11,365.00)** of State Drug Medi-Cal realignment funds for active services.
- **Federal Drug Medi-Cal Funds: Sixty-Two Thousand, Five Hundred Ninety-Six and No/100 dollars (\$62,596.00)** of Federal Drug Medi-Cal funds for active services.

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 in the service agreement. Settlement will be done at the end of the contract with the Cost Report. CONTRACTOR may request a change in the below rates, by 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 units of service shall be as follows:

- 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 twelve (12) 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. **INTENSIVE OUTPATIENT TREATMENT DAY (IOT):** A day in which a minimum of 3 hours of treatment is provided. IOT will provide a minimum of three (3) hours per day, three to five days per week, of scheduled treatment services, for a total of 36 sessions in 12 weeks.
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, case management, transportation and childcare will be provided to meet Perinatal Treatment Standards, for women who are pregnant or post-partum.
  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.

Staff hours, IOT days and Drug and Alcohol Tests may be claimed for the following:

1. **CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKs):** Services that are referred by the Human Services Department (HSD) CalWORKs Employment and Training staff and the Mental Health Client Specialist, and authorized by the HSA Alcohol and Drug Program staff. Substance Use Disorder services are to be employment-focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. If access to services for clients referred under CalWORKs cannot be provided within seven days of

the receipt of the HSD referral, CONTRACTOR shall inform HSD and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HSD and HSA to address access issues.

2. **FAMILY AND CHILDREN'S SERVICES (FCS):** Services that are authorized and approved by the Health Services Agency (HSA) Mental Health Client Specialist as part of the Family and Children's Services Program. CONTRACTOR will provide Client Progress Reports in accordance with County Protocols established in compliance with federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. part 2.
  3. **FAMILY PRESERVATION COURT (FPC):** Services that are authorized and approved by the HSA Mental Health Client Specialist as part of the FPC Treatment Team. CONTRACTOR will provide Client Progress Reports in accordance with County protocols established in compliance with federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.
  4. **SERIAL INEBRIATE PROGRAM (SIP)/PROJECT HOME BASE (PHB):** Services that are authorized and approved by the HSA Mental Health Client Specialist and/or PHB staff. CONTRACTOR will provide Client Progress Reports in accordance with County protocols.
  5. **DOWNTOWN ACCOUNTABILITY PROGRAM (DAP):** Services authorized and approved by the HSA Mental Health Client Specialist and/or the DAP program staff. CONTRACTOR will provide Client Progress Reports in accordance with County protocols.
  6. **AB109:** Services that are referred by the Probation Staff and the HSA Mental Health Client Specialist, and authorized by ADP. CONTRACTOR will provide Client Progress Reports in accordance with County Protocols and agreement made with County Probation Staff.
- c. **MATRIX MODEL TREATMENT:** A day in which 1.5 - 4.5 hours of treatment is provided, including intensive case management, in a 3-phase standardized one-year treatment program. Child care is provided for non-AB109 Matrix clients.
- d. **DRUG AND ALCOHOL TESTING:** 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.



B.4. COST REIMBURSEMENT: Payment of Matrix Model and Parent Mentor Program services shall be based on actual costs and shall not exceed **Three Hundred Eighty-Three Thousand, Nine Hundred Ninety-Four and No/100 dollars (\$383,994.00)**.

- a. 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. Settlement of final contract payments will be based on the final Cost Report.
- b. CONTRACTOR will bill in the format and in the manner required by COUNTY. 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.5. INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE: Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar for dollar basis and as the maximum allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the maximum allocation for another mode of service or modes of services. County reserves the right to redirect Child Welfare Services, Family Preservation Court, SIP, DAP, AB109, and CalWORKs funding to other services or organizations if funds are not utilized as intended or if other service priorities are established.

51

LEGAL ENTITY: Sobriety Works					
PROGRAM NAME: Substance Abuse Services					
INDEX NUMBER: 364042					
REPORTING UNIT	CONTRACT TOTAL				
PROGRAM COMPONENT		SOBDPI	DMC		
PROVIDER #		IOP	IOT/Ind	Drug Test	
		4419	4419	4419	
FUNDING SOURCES					
DRUG MEDICAL REALIGNMENT	11,365		1,639		
DRUG MEDICAL FEDERAL/STATE	62,596		4,916		
CALWORKS	46,969	2,000			3,600
AB109	208,000				17,500
FAMILY AND CHILDREN'S SVCS	173,674	200			14,000
FAMILY PRESERVATION COURT-REA	30,369				2,000
SERIAL INEBRIATE PROGRAM PHB	12,150	11,450			600
DOWNTOWN ACCOUNTABILITY PROGRAM	5,187	4,007			320
NET CONTRACT AMOUNT	551,290	17,657	6,555		38,020
CLIENT/PATIENT FEES	0				
OTHER (CONTRACTOR)	0				
TOTAL FUNDING SOURCES	551,290	17,657	6,555		38,020
UNIT COST CALCULATION					
CONTRACTOR'S COSTS	0				
COUNTY'S DIRECT COSTS	551,290	17,657	6,555		38,020
TOTAL DIRECT COSTS	551,290	17,657	6,555		38,020
COUNTY FUNDED UNITS OF SERVICE					
COST PER UNIT - TOTAL					
CONTRACT COST PER UNIT		101.05	56.44		12.50
COUNTY COST PER UNIT		101.05	56.44		12.50
REIMBURSEMENT TYPE		RATE	CAP	RATE	
The COUNTY agrees to purchase up to the number of Contracts by type of service for all services with Reimbursement Type=1 unit calculated above, up to the maximum shown in Net Contract reimbursement and final reconciliation to actual costs, as limit. The COUNTY agrees to reimburse CONTRACTOR actual costs.					
CONTRACT UNITS		175	116		3,042
CONTRACT MEDICAL UNITS					

Page 7 of 7

0610

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

0611

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 New Life Community Services, 707 Fair Avenue, Santa Cruz, CA 95060 (Name/Address)

2. The agreement will provide outpatient drug & alcohol counseling and drug & alcohol testing.

**Amendment No. 1**

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

4. Anticipated Cost Is \$ 58,530 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Auditor: please increase suffix -01 encumbrance by \$14,639 for a new contract total of \$58,530 per attached schedule.

5. Detail: ☒ On Continuing Agreements List for FY 14 - 15 Page CC- 13 Contract, No: 2537 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 (Index) 3638 (Sub object)

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

Appropriations X are available and X will be encumbered.

Contract No: EH42537-01

By: [Signature]  
Auditor-Controller Deputy

Date: 11-24-14

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: 12/3/14

By: [Signature]  
County Administrative Office

**Distribution:**

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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 ap-  
proved 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 \_\_\_\_\_ \$ \_\_\_\_\_  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 \_\_\_\_\_ \$ \_\_\_\_\_  
Auditor Description Amount Index Sub object User Code

County of Santa Cruz Health Services Agency  
 ADM 29 SUPPORTING SCHEDULE: CHANGES TO ENCUMBRANCES

0612

**FY:** 14-15  
**Vendor:** New Life Community Services  
**Contract:** 2537 Amendment No.1  
**Suffixes:** -01,-02

SUFFIX	INDEX	SOBJ	User Code	Contract Amount	14-15 CAL Amount	CAL Page	FAMIS Encumbrance	Encumbrance Change Needed
01	364042	3638	-	\$58,530	\$42,600	13	\$43,891	\$14,639

TOTAL:				<u>\$58,530</u>	<u>\$42,600</u>		<u>\$43,891</u>	<u>\$14,639</u>
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Note: Total increase from last year's encumbrance = 34.2%

**Vendor:** New Life

**Contract:** EH42537  
**Index:** 364042  
**Sub-Object:** 3638

**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 \$14,639, for a new suffix total of \$58,530; and increase total contract maximum from \$43,891 to \$58,530.

**2. Exhibit A - Scope of Services**


Delete Exhibit A - Scope of Services, sections A-1 through A-4, and replace with Amended Exhibit A - Scope of Services, sections A-1 through A-4.

**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

By:   
Larry Holser, Executive Director  
New Life Community Services

COUNTY OF SANTA CRUZ

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

Approved as to form:

  
County Counsel

**EXHIBIT A-1 – Scope of Services**

Contractor: New Life Community Services  
Component: Outpatient  
Modality: Individual and Group Counseling  
Primary Target Groups Treated: Adults

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Provider #: 44-4418

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

**LEVEL OF CARE:** Outpatient Treatment, ASAM Level 1

**PROGRAM:** The New Life Community Services, Inc. Outpatient Program provides co-ed, 12 Step, social model, bilingual (Spanish/English) addiction treatment, case management and referrals. Treatment includes individual and group therapy sessions used to facilitate the recovery process. Groups include intra-psychic, recovery support, broad-based education, drug and alcohol education, relapse prevention, special assignments, special populations, aftercare activities and drug and alcohol testing. Services will include providing client access and information related to health and MEDICAL programs. Court appearances will be provided by treatment staff as required.

**PROGRAM GOALS AND OBJECTIVES:**

**GOAL I. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs):** To provide a total of 10.46 outpatient CalWORKs staff hours (628 minutes), of which 55% or at least 5.75 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 2 unduplicated clients, including assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HSA Mental Health Client Specialist. Ancillary services will be provided through referral or directly. Alcohol or Other Drug (AOD) services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. Contractor will provide admission and discharge information and Client Progress Reports in accordance with County Protocols.

**GOAL II. AB109:** To provide a total of 209.2 outpatient AB 109 staff hours (12,552 minutes), of which 55% or at least 115 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 6 unduplicated clients, including assessment, treatment, case management, referral, aftercare and drug & alcohol testing services that are authorized and approved by the HSA Mental Health Client Specialist and/or the Probation Officer. 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.

**GOAL III. HUMAN SERVICES DEPARTMENT (HSD) FAMILY & CHILDREN'S SERVICES (FCS):** To provide a total of 10.46 outpatient FCS staff hours (628 minutes), of which 55% or at least 5.75 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 2 unduplicated clients, including assessment, treatment, case management, referral, aftercare and drug and alcohol testing services that are authorized and approved by the HSA Mental Health Client Specialist. 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.

**GOAL IV. SERIAL INEBRIATE PROGRAM (SIP):** To provide a total of 2.09 outpatient SIP staff hours (126 minutes), of which 55% or at least 1.15 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 client, including assessment, treatment, case management, referral, aftercare and drug and alcohol testing services that are authorized and approved by the HSA Mental Health Client Specialist. 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.

**GOAL V. DRUG MEDI-CAL (DMC):** To provide 463.19 outpatient DMC units of service to eligible clients, as described below. Services will meet the Medi-Cal service guidelines and standards.

**Objective A:** DMC (Drug MediCAL) Individual Counseling: New Life Community Services will provide 52.89 DMC units (2,644 minutes) of Counseling to 3 unduplicated clients. One individual counseling unit equals 50 minutes.

**Objective B:** DMC Group Counseling: New Life Community Services will provide 410.3 DMC units (36,931 minutes) of Group Counseling to 4 or more unduplicated clients. One group counseling unit of service equals 90 minutes. To qualify as a DM group, group size must be at least four (4) and not more than ten (10) clients.



**EXHIBIT A-2**

**Scope of Services**

Component: Residential Treatment  
Modality: Residential Treatment  
Primary Target Groups Treated: Adults

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Provider #: 44-4418

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

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

**PROGRAM:** New Life Community Services, Inc. will operate and maintain a residential treatment facility for adult residents and their children 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. The New Life Residential Treatment Program includes individual and group therapy sessions, used to facilitate the recovery process. Groups include intra-psychic, recovery support, broad-based education, drug and alcohol education, relapse prevention, special assignments, special populations, aftercare activities and drug and alcohol testing. Services will include providing client access and information related to health and medical programs. Court appearances by treatment staff will be provided as required. Random alcohol and drug testing will be provided as ordered by the Court. New Life Community Services, Inc. will collect fees designated by the Court and provide monthly accounting to Health Services Agency (HSA) and Probation.

**PROGRAM GOALS AND OBJECTIVES:**

**GOAL I. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS**

(CalWORKs): To provide 28 bed days of treatment per year to 2 unduplicated clients that are authorized and approved by the HSA Mental Health Client Specialist. Services will include assessment, treatment, case management, random alcohol and drug testing, referral and aftercare, as indicated in the Treatment 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.

**GOAL II. AB109:** To provide 401 bed days of treatment per year to 4 unduplicated clients that are authorized and approved by the HSA Mental Health Client Specialist and/or the Adult Probation staff. Case coordination will occur with the AB109 Multi-Disciplinary Team. Services will include assessment, treatment, case management, random alcohol and drug testing, referral and aftercare services, as indicated in the Treatment Service Plan. Ancillary services will be provided directly or through referral. Contractor will provide admission and discharge information in accordance with County Protocols,

and Client Progress Reports per the agreement Contractor makes with the AB109 Probation Staff.

**GOAL III. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS):** To provide 14 County-funded bed days of treatment per year to 2 unduplicated clients that are authorized and approved by the HSA Mental Health Client Specialist. Services will include assessment, treatment, case management, random alcohol and drug testing, referral and aftercare. 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.

**GOAL IV: SERIAL INEBRIATE PROGRAM (SIP):** To provide 7 bed days of treatment per year to 1 unduplicated client that is authorized and approved by the HSA Mental Health Client Specialist, as a part of the Serial Inebriate Program. Services will include assessment, treatment, case management, random alcohol and drug testing, referral and aftercare. 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.

**GOAL V. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP):** To provide 9 bed days of treatment per year to 1 unduplicated client that is authorized and approved by the HSA Mental Health Client Specialist and/or the DAP staff, as a part of the Downtown Accountability Program. Services will include assessment, treatment, case management, random alcohol and drug testing, referral and aftercare, as indicated in the Treatment 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.

EXHIBIT A-3

Scope of Services

Component: Drug Testing

Provider #: 44-4418

Modality: Drug and Alcohol Testing

Primary Target Groups Treated: Adults

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

PROGRAM: The New Life Community Services, Inc. services will include drug and alcohol testing for clients receiving treatment services

PROGRAM GOALS AND OBJECTIVES

GOAL I. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs): Provide 8 random alcohol and drug tests of CalWORKs outpatient and residential clients as requested by Health Services Agency (HSA) Mental Health Client Specialist. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

GOAL II. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN SERVICES (FCS): Provide 16 random alcohol and drug tests of FCS outpatient and residential clients as requested by HSA Mental Health Client Specialist. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

GOAL III. SERIAL INEBRIATE PROGRAM (SIP): Provide 8 random alcohol and drug tests of SIP outpatient and residential clients as requested by HSA Mental Health Client Specialist. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

GOAL IV. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): Provide 4 random alcohol and drug tests of DAP residential clients as requested by the HSA Mental Health Client Specialist and/or DAP staff. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

Objectives apply to all Goals above:

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.

OBJECTIVE D. Report any positive test results to HSA Mental Health Client Specialist within two working days of receiving the positive result.

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

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PROVISIONS TO SUPPORT 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. Contractor 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. These activities are provided 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.

**EXHIBIT B - Budget, Fiscal and Payment Provisions**

- B.1. COMPENSATION: Total contract amount shall not exceed Fifty-Eight Thousand, Five Hundred Thirty and No/100 dollars (\$58,530.00) 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 - NON-DRUG MEDI-CAL: COUNTY agrees to pay CONTRACTOR a total sum not to exceed **Forty-Four Thousand, Two Hundred Fifty and No/100 dollars (\$44,250.00)** for non-Drug Medi-Cal services performed during the term of this Agreement in accord with the negotiated rates set forth in the Service Agreement Budget. CalWorks, AB109, FCS, FPC, SIP/PHB & DAP funds may only be used for activities related to clients meeting the requirements of these funding sources. In no event shall County obligation of State Drug and Alcohol Allocation base, allocations 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 at the discretion of the County, not to exceed the actual costs of the Medi-Cal program.

Contractor may apply 14-15 budgeted allowable non-Drug Medi-Cal funds to Drug Medi-Cal costs which exceed the State-authorized rate cap. However, if seeking to use allowable non-Drug Medi-Cal 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

FOR INACTIVE NON-PERINATAL, NON-METHADONE DRUG MEDI-CAL SERVICES: Subject to State approval of billing for inactive Drug Medi-Cal services, COUNTY agrees to pay CONTRACTOR a total sum not to exceed **Fourteen Thousand, Two Hundred Eighty and No/100 dollars (\$14,280.00)** for non-perinatal, non-methadone Drug Medi-Cal services performed during the term of this agreement, based on fixed rates, as follows:

- Federal Drug Medi-Cal Funds: **Fourteen Thousand, Two Hundred Eighty and No/100 dollars (\$14,280.00)** of Federal Drug Medi-Cal funds for active services.

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. Non-Drug MediCAL funding may only be used for:

- a. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKs): Services that are authorized and approved by the Health Service Agency's Mental Health Client Specialist. Substance Use Disorder services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. If access to services for clients referred under CalWORKs cannot be provided within seven days of the receipt of the referral, CONTRACTOR shall inform the HSA Mental Health Client Specialist, and work to address access issues.
- b. AB109: Services that are referred and authorized by the Probation Staff and/or the HSA Mental Health Client Specialist.
- c. FAMILY AND CHILDREN'S SERVICES DIVISION (FCS): Services that are authorized and approved by the HSA Mental Health Client Specialist.
- d. SERIAL INEBRIATE PROGRAM (SIP): Services that are authorized and approved by the HSA Mental Health Client Specialist.
- e. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP): Services that are referred and approved by the HSA Mental Health Client Specialist and/or the DAP staff.

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.3. 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 by 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.4. 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 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. **CalWORKs OUTPATIENT SERVICES:** Staff Hours may be claimed for authorized assessment, treatment, case management, referral, aftercare and drug and alcohol services. Substance Use Disorder services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements.
- c. **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. See this exhibit for authorization, case management, and reporting responsibilities.
- d. **DRUG AND ALCOHOL TESTING:** All 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.



B.5. ADVANCES: CONTRACTOR shall be provided the option of receiving a monthly advance payment as described in Exhibit D.10 of this agreement.

B.6. ADVANCE BASE: Advance base will be **Forty-Four Thousand, Two Hundred Fifty and No/100 dollars (\$44,250.00)**, subject to County approval.

Advance Base does not include cost reimbursement, Multiple Offender (MO) Assessment allocation, or inactive Medi-Cal funds.

For active Medi-Cal funding, advance base will not include 15% of Federal Medi-Cal funds: the County will withhold 15% of all active DMC-funded service costs pending settlement of the final 14.15 Cost Report. Settlement of final contract payments will be based on the final Cost Report.

B.7. For payment not advanced, CONTRACTOR will bill in the format and in the manner required by COUNTY. 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.8. INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE: Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar-for-dollar basis and as the maximum allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the maximum allocation for another mode of service or modes of services. County reserves the right to redirect FCS, SIP, DAP, CaWORKs and AB109 funding to other services or organizations if funds are not utilized as intended or if other service priorities are established.

51

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

0626

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 United Way of Santa Cruz County, 4450 Capitola Road, Suite 106, Capitola, CA, 95010 (Name/Address)

2. The agreement will provide community based alcohol and drug abuse prevention services.

**Amendment No. 1**

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

4. Anticipated Cost Is \$ \$51,364 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Auditor: please increase suffix -01 encumbrance by \$7,231 for new suffix total of \$51,364 per attached schedule.

5. Detail: ☒ On Continuing Agreements List for FY 14 - 15 Page CC- 13 Contract, No: 3276 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 (Index) 3665 (Sub object)

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

Appropriations X are available and X will be encumbered.

Contract No: EH43276-01

By: [Signature]  
Auditor-Controller Deputy

Date: 11-24-14

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: 12/3/14

By: [Signature]  
County Administrative Office

**Distribution:**

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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 ap-  
proved 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 \_\_\_\_\_ \$ \_\_\_\_\_  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_  
Auditor Description Amount Index Sub object User Code

**81**

**Vendor:** United Way of Santa Cruz County

**Contract:** EH43276

**Index:** 364042

**Sub-Object:** 3665 0627

**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**

- a) Increase Suffix 01, Index 364042, Sub-Object 3665 by \$7,231, for a new suffix total of \$51,364; and increase total contract maximum from \$44,133 to \$51,364.

**2. Exhibit A - Scope of Services**

Delete Exhibit A - Scope of Services, section A, and replace with Amended Exhibit A - Scope of Services, section A.

**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:



Mary Lou Goette, Executive Director  
Encompass Community Services

By:

Giang T. Nguyen, HSA Director  
Health Services Agency

Approved as to form:

  
County Counsel

**EXHIBIT A  
SCOPE OF SERVICES  
County of Santa Cruz**

Contractor: United Way of Santa Cruz County  
Component: Primary Prevention  
Modality: Environmental Prevention Strategies  
Primary Strategy: Community Based Process

**PRIMARY PROBLEMS TREATED:** Risk of Alcohol and/or Other Drug Use/Abuse

**PROGRAM:** The United Way of Santa Cruz County (UW) will use its expertise to provide community leadership, organization, implementation and support for alcohol and other drug use prevention services through a countywide prevention coalition, Community Prevention Partners (CPP). CPP addresses community access and availability of alcohol, marijuana, and prescription drugs, and coordinates and promotes initiatives which decrease high risk use of alcohol and misuse of marijuana and prescription drugs, based upon identified individual, family, school and community risk and protective factors.

**GOAL I: COMMUNITY PREVENTION**

Provide staff hours in support of ongoing interagency collaboration and community involvement in prevention activities (Strategic Plan goals and objectives: to increase community participation in prevention planning with a special focus on alcohol, marijuana, and prescription drug use).

Program	Funding	\$ Source	Hours	Pertinent Prevention Strategies
CPP Initiatives A	\$5,250	SAPT	105	<b>CalOMS Prevention Data:</b> 17 – Environmental
	\$33,633	Stop ACT <sup>1</sup>	672.66	<b>County Prevention Strategic Plan Alcohol Initiative:</b> Goal 1, Objectives 1a, 1b, 1c
CPP Initiatives B	\$5,250	SAPT	106	<b><u>Marijuana Initiative:</u></b> Goal 2, Objective 2a
	\$7,231	SAPT	260	<b><u>Rx Initiative:</u></b> Goal 3, Objective 3

<sup>1</sup> Stop Act-funded services are not to be entered into CalOMS Prevention.

### **CPP Initiatives A**

1. Provide oversight and staff support for Project CURB (Community United to Reduce Bingeing) Alcohol and Marijuana Initiative.
2. Provide leadership, oversight and support for all CPP Initiatives and associated Initiative activities.
3. Provide coordination, implementation and oversight of CPP activities targeting access and availability of substances, in keeping with the Communities Mobilizing for Change on Alcohol and County Prevention Strategic Plan.
4. Prepare and disseminate approved media releases and coordinate media events.
5. Participate in and provide Initiative updates for Alcohol and Marijuana at:
  - a. monthly executive meetings;
  - b. quarterly general membership meetings; and
  - c. Prescription Drug Initiative meetings as required.
6. Promote, organize and conduct planning meetings, workgroups, and program and policy development of Alcohol and Marijuana Initiatives.
7. Support, develop and conduct media outreach and communication on behalf of CPP and specifically, the Alcohol and Marijuana Initiatives.
8. Develop and present trainings and education to increase and improve capacity of CPP, including community organizing, environmental prevention strategies and policy development.
9. Attend community and other meetings relevant to the ongoing success of the project.
10. Coordinate and advocate with media and policy makers on behalf of initiatives.
11. Assist with ongoing development, monitoring and evaluation of County Prevention Strategic Plan.
12. Identify, plan and coordinate information for Project CURB and CPP Websites and Social Media postings.
13. Develop and implement media outreach and communication through the Alcohol Initiative Committee.

### **CPP Initiatives B**

1. Provide coordination, leadership, oversight of media postings and policy initiatives.
2. Organize, coordinate and promote Marijuana Initiative planning meetings, workgroups, and program and policy development.
3. Identify, plan and coordinate information for Project CURB and CPP Websites and Social Media postings.
4. Support implementation of CPP activities targeting access and availability of substances, in keeping with the Communities Mobilizing for Change on Alcohol and County Prevention Strategic Plan.

### **GOAL 2: DATA ENTRY AND REPORTING**

United Way will enter data as required by the County, and will meet State and County deadlines for data entry, as identified by the County. Substance Abuse Prevention and Treatment (SAPT)-funded Primary Prevention services shall be data-entered into the state CalOMS Prevention data base.

**OBJECTIVE A:** Maintain complete and accurate prevention data records containing all information required by the County, including CalOMS.

**OBJECTIVE B:** Complete timely entry of prevention data as follows:

- 1) Data entry for services that occur in a calendar month must be completed within 7 calendar days of the last day of that month, and
- 2) Data entry for services that occur in the last calendar month in each quarter must be finished within 7 calendar days of the last day of that quarter.

COUNTY OF SANTA CRUZ

EXHIBIT B - Budget, Fiscal and Payment Provisions

- B.1. COMPENSATION: Total contract amount shall not exceed **Fifty-One Thousand, Three Hundred Sixty-Four and No/100 dollars (\$51,364.00)** for services performed during the term of this Agreement. In no event shall Santa Cruz County's (COUNTY) obligation of State Drug and Alcohol Allocation base, Grant Funds and required County funds exceed this amount.

FOR FEE-FOR-SERVICE CONTRACTS: COUNTY agrees to pay CONTRACTOR total sum not to exceed **Fifty-One Thousand, Three Hundred Sixty-Four and No/100 dollars (\$51,364.00)** for services performed during the term of this Agreement in accord with the negotiated rates set forth in the Service Agreement Budget. Payment shall be made for contracted services performed during the term of this Agreement, based upon timely submission of required documentation. Funds may only be used for activities related to meeting the requirements of this funding source.

- B.2. FEE FOR SERVICE CONTRACTS UNIT OF SERVICE RATES: COUNTY agrees to compensate CONTRACTOR at the hourly 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. Subject to requirements from grant funders, CONTRACTOR may request a change in the rates by 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. STAFF HOUR: Those hours that a direct service staff person is on the job and available to provide service activities as described in Exhibit A of this contract. 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.

- B.4. ADVANCE BASE: Approved advances for Net Negotiated Amount (NNA) and Stop Act Grant funded services shall be made on a base of **Fifty-One Thousand, Three Hundred Sixty-Four and No/100 dollars (\$51,364.00)**. Settlement of final contract payments may be based on the final Cost Report.

- B.5. INVOICE: For payment not advanced, CONTRACTOR will bill in the format and in the manner required by COUNTY. COUNTY will pay CONTRACTOR within 30 days of receipt of invoice, or after cost report review and final payment agreement at contract end.



- B.6. INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE: Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar-for-dollar basis, and as the maximum allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the maximum allocation for another mode of service or modes of services. COUNTY reserves the right to redirect allocated funding to other services or organizations if funds are not utilized as intended or if other service priorities are established.

LEGAL ENTITY: United Way Santa Cruz County	FISCAL YEAR 14/15	SANTA CRUZ COUNTY
PROGRAM NAME: Substance Abuse Services	CONTRACT #3276-01	MENTAL HEALTH & SUBSTANCE ABUSE
INDEX NUMBER: 364042	DATE: 12/9/2014	SERVICE AGREEMENT BUDGET
		EXHIBIT B-AMENDMENT 1
PROGRAM COMPONENT	ENTER NO DATA IN SHADED SECTIONS	
PROVIDER #	Prevention	CPP
FUNDING SOURCES	Initiative A	Initiative B
NNA (COUNTY, SGF, SAPT)	5,250	7,231
OTHER GRANT (CO) - Stop Act	33,633	5,250
NET CONTRACT AMOUNT	38,883	5,250
CLIENT/PATIENT FEES		
OTHER (CONTRACTOR)		
TOTAL FUNDING SOURCES	38,883	5,250
UNIT COST CALCULATION		
CONTRACTOR'S COSTS		
COUNTY'S DIRECT COSTS	38,883	5,250
TOTAL DIRECT COSTS	38,883	5,250
COUNTY FUNDED UNITS OF SERVICE	777.66	105.00
COST PER UNIT - TOTAL	50.00	50.00
CONTRACT COST PER UNIT	50.00	50.00
COUNTY COST PER UNIT	50.00	50.00
REIMBURSEMENT TYPE	Rate	Rate
<p>The COUNTY agrees to purchase up to the number of Contract Units specified below at the Contract Cost Per Unit calculated above, up to the maximum shown in Net Contract Amount by type of service for all services with Reimbursement Type=RATE. The COUNTY agrees to purchase up to the number of Contract Units specified below at the Contract Cost Per unit calculated above, up to the maximum shown in Net Contract Amount by type of service for all services with Reimbursement Type=RATE - CAP, with a further limitation of reimbursement and final reconciliation to actual costs, as limited by and to the cost per unit listed on this page multiplied by actual units delivered as an upper limit of reimbursement.</p> <p>The COUNTY agrees to reimburse CONTRACTOR actual costs up to the maximum shown by type of service for all services with Reimbursement Type=COST.</p>		
CONTRACT UNITS	777.66	105.00
CONTRACT MEDICAL UNITS		
Page 3 of 3		

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

0634

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 Encompass Community Services, 195A Harvey West Blvd., Santa Cruz, CA 95060 (Name/Address)

2. The agreement will provide drug and alcohol counseling, residential, treatment, and prevention services.

**Amendment No. 1**

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

4. Anticipated Cost is \$ 1,466,642 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☒ Not to Exceed

Remarks: Auditor: please increase suffix -01 encumbrance by \$116,934 for a new suffix total of 1,466,642 per attached schedule.

5. Detail: ☒ On Continuing Agreements List for FY 14 - 15 Page CC- 13 Contract, No: EH40100 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 (Index) 3638 (Sub object)

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

Appropriations X are available and X will be encumbered.

Contract No: EH40100-01

By: [Signature]  
Auditor-Controller Deputy

Date: 11.24.14

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: 12/3/14

By: [Signature]  
County Administrative Office

**Distribution:**

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

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 ap-  
proved 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 \_\_\_\_\_ \$ \_\_\_\_\_  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 \_\_\_\_\_ \$ \_\_\_\_\_  
Auditor Description Amount Index Sub object User Code

**51**

**Vendor:** Encompass Community Services

**Contract:** EH40100  
**Index:** 364042<sup>0635</sup>  
**Sub-Object:** 3638

**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**

- a) Increase Suffix 01, Index 364042, Sub-Object 3638 by \$116,934, for a new suffix total of \$1,466,642; and increase total contract maximum from \$1,349,708 to \$1,466,642.

**2. Exhibit A - Scope of Services**

Delete Exhibit A- Scope of Services, sections A-1 through A-8, and replace with Amended Exhibit A- Scope of Services, sections A-1 through A-8.

**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: Kathleen Martinez CFO  
for Monica Martinez, Executive Director  
Encompass Community Services  
11/13/14

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

Approved as to form:

Maria Costa  
County Counsel

## COUNTY OF SANTA CRUZ

## EXHIBIT A-1 – Scope of Services

Component: Environmental Prevention/Community Organizing

Provider #: 44-4489

Modality: Community-Based Prevention

Primary Target Groups Treated: Community Members, Parents, Youth, Latinos

PRIMARY PROBLEM ADDRESSED: Youth Access to Alcohol and Local Alcohol Policy

LEVEL OF CARE: Universal Population

**GOAL I: COUNTY PREVENTION SERVICES: Project CURB**

Participate in developing and implementing Community Mobilizing for Change on Alcohol (CMCA) Environmental Prevention strategies to enhance public health and safety through reduced youth access to alcohol from on and off sale outlets, and community mobilization to support enhanced local ordinances to address access and availability of alcohol.

Conduct activities for Project CURB, as follows:

Program	\$ Amt	\$ Source	Hrs	Data Strategy
Project CURB activities are as follows: Initiative Meetings, 5 hours @ 2 people @ 6 meetings; Merchant Visits/Capacity Building, 5 hrs. @ 20 stores; DAO Writing, Public Speaking or other Community Workshops; City Council Meetings; Community Mobilizing & Engagement, Watsonville DAO and other Strategic Plan and DFC/Stop Act grant mandated projects; CPP Executive Meetings, 2 hrs @ 12 meetings. Total hours include meetings/activities, preparation, and travel.	8,588	NNA/SAPT	146.50	CalOMS Prevention Data: 17 -Environmental  County Prevention Strategic Plan: Goal 1, Objectives 1a.; Goal 4, Objective 4b.

**GOAL II. DATA ENTRY REQUIREMENTS**

Prevention services funded by Substance Abuse Prevention and Treatment funding must be data-entered into the CalOMS Prevention database.

County Assigned Objectives are: Goal 1, Objective 1a and 1c and Goal 4, Objective 4b.

Encompass will enter data as required by the County, and will meet State and County deadlines for data entry, as identified by the County.

**OBJECTIVE A:** Maintain complete and accurate prevention data records containing all information required by the County, including CalOMS.

OBJECTIVE B: Complete timely entry of prevention data as follows:

- 1) Data entry for services that occur in a calendar month must be completed within 7 calendar days of the last day of that month, and
- 2) Data entry for services that occur in the last calendar month in each quarter must be finished within 7 calendar days of the last day of that quarter.

## COUNTY OF SANTA CRUZ

## EXHIBIT A-2 – Scope of Services

Component: Youth Outpatient Services

Provider #: 44-4489

Modality: Outpatient

Primary Target Group: Youth, Poly Drug Users, Latino Youth, LGBTQ Youth, Youth involved in the criminal justice system (underserved population)

PRIMARY PROBLEM ADDRESSED: Youth Substance Use Disorders

PROGRAM DESCRIPTION: Youth Services will provide culturally and linguistically competent assessment, early intervention and treatment services to adolescent youth with substance abuse disorders and youth presenting at risk of serious emotional disturbances and their families. Services will increase protective factors and decrease risk factors.

School-based instruction and asset-based family education components are the foundation of the larger program, provided by Youth Services through multiple funding sources.

**GOAL I: SEVEN CHALLENGES**

Youth Services will provide Santa Cruz County youth with the Seven Challenges evidence-based treatment program (with fidelity to the evidence-based model), aimed at reducing high-risk use of alcohol, marijuana and other drugs. Program goals, objectives and activities will be in alignment with the Santa Cruz County Alcohol and Drug Program Prevention Strategic Plan goals and desired outcomes.

**Objective A**

Program	\$ Amt	\$ Source	Hrs	Data Strategy
Seven Challenges Treatment: evidence-based treatment program (with fidelity to model), aimed at reducing high-risk use of alcohol, marijuana and other drugs. Treatment and admissions will meet the County's Youth Treatment Guidelines.	\$ 5,000	No County (Statham/SB920)	68	ShareCare for all these funders' clients and hours
	\$18,000	PEI	243	
	\$18,000	Realignment	243	
	\$100	Drug Medi-Cal	2	
	\$41,100			
Service delivery model:				
• Minimum 8-week health decision-making curriculum				
• Group format, plus journals/ readers				
• 8 groups, min. 8 sessions, 1.5 hrs ea				
• 4-8 youth per group				

<p><u>Screening, Assessment and Discharge:</u> provide a CRAFFT, ASAM Level 1 or county-approved screening and a comprehensive intake/assessment with all referred youth, including impact of drug use and degree of dysfunction in the areas of psychosocial, education/ vocational and justice system involvement. Provide an individual discharge session to 40 youth.</p>					
<p><u>Seven Challenges Training, Leadership Meetings, fidelity monitoring:</u> Designate a certified 7-Challenges leader to:</p> <ul style="list-style-type: none"> <li>• coordinate/implement training,</li> <li>• attend 2 leadership meetings &amp; quarterly calls,</li> <li>• attend annual fidelity monitoring visit</li> <li>• conduct quarterly journal review</li> <li>• annual peer support group meeting</li> <li>• annual group observations</li> <li>• coordinate journal transfers between sites</li> </ul>					

Objective B

Program	\$ Amt	\$ Source	Hrs	Data Strategy
<p><u>Evaluating &amp; Reporting:</u> In County format, Encompass will provide (in County's format)</p> <ul style="list-style-type: none"> <li>• Pre-Post 7 Challenges Tests</li> <li>• County Customer Satisfaction Survey</li> <li>• Quarterly Program Report</li> <li>• Annual Program Summary Report which shows in detail: <ul style="list-style-type: none"> <li>○ Number of persons served</li> <li>○ Numbers of sessions provided (group and individual)</li> <li>○ Any relevant program challenges and/or accomplishments.</li> </ul> </li> <li>• Evaluation surveys.</li> </ul>	See above	See above	See above	

GOAL II: YOUTH OUTPATIENT SERVICES



**Objective A**

Program	\$ Amt	\$ Source	Hrs	Data Strategy
<p><u>Screening, Assessment and Discharge:</u> provide a CRAFFT, ASAM Level 1 or County-approved comprehensive screening of all referred youth, to include:</p> <ul style="list-style-type: none"> <li>• Impact of substance abuse and</li> <li>• Degree of dysfunction in the areas of psychosocial, education/ vocation and justice system involvement.</li> </ul> <p><u>Outpatient services:</u> Outpatient treatment will include:</p> <ul style="list-style-type: none"> <li>• Individual or group counseling and/or Family therapy as determined by client's individual treatment plan.</li> </ul> <p><u>Service delivery model:</u></p> <ul style="list-style-type: none"> <li>• Individual Sessions</li> <li>• Group Sessions</li> <li>• Family Sessions</li> </ul> <p>In numbers determined by the assessment and screening administered for each youth.</p>	\$167,688	NNA/ SAPT Tx	2,263	<p>ShareCare data entry for all clients</p> <p>Admission and discharge data for all clients</p>

**EXHIBIT A-3 – Scope of Services**

Component: Outpatient Services Provider #s: 44-4487; 44-4485  
 Modality: ALTO, Fenix, Perinatal Individual and Group Counseling  
 Primary Target Groups Treated: Poly Drug Abusers, Women, Latinos & Individuals Involved With the Criminal Justice System.

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

**LEVEL OF CARE:** Outpatient, ASAM Level I

**PROGRAM DESCRIPTION:** The Alto and Fenix Outpatient Counseling Centers treat clients in North and South Santa Cruz County with a constellation of chemical dependence problems, including educational deficits, unemployment, financial difficulties, health concerns, family problems, and criminal justice system involvement. Service design is based on the severity of these chemical dependency problems and the wide scope of client needs. Traditional substance abuse services are combined with comprehensive assessment, regular clinical consultation, and extensive support services, and include providing client access and information related to health and Medi-Cal programs.

**PROGRAM GOALS AND OBJECTIVES: OUTPATIENT SERVICES**

Fifty-five percent of all service hours will be for direct face-to-face services. Non face-to-face hours include charting, no-shows, session planning and case management. Special emphasis is placed on serving hard-to-reach populations including women, Latinos, and intravenous drug users (IVDU). Services will include comprehensive intake/assessment and outpatient counseling services.

Intake will include:

- Assessment of impact of drug use,
- degree of dysfunction in the areas of psychosocial, education/vocation, justice system involvement, and
- Medical review of health history for obtaining physical exams as needed.

Outpatient services will include (as determined by client need):

- individual counseling,
- group counseling, or
- family therapy.

ALL FUNDING SOURCES OTHER THAN REALIGNMENT AND FEDERAL DRUG MEDI- CAL		TOTAL	ALTO-NORTH	FENIX- SOUTH
	Total Hours	1078	539	539
	Direct Service @ 55% Face-to-Face hours	593	297	296
	Total Clients	165	83	82
	Individual Counseling Hours	296	148	148
	Group Counseling Hours	297	149	148

**Objective A: Net Negotiated Amount (NNA)**

Net Negotiated Amount (NNA)		TOTAL	ALTO-NORTH	FENIX-SOUTH
	Total Hours	665	332	333
	Direct Service @ 55%	366	183	183
	Total Clients	73	37	36
	Individual Counseling Hours	183	91	92
	Group Counseling Hours	183	92	91

Encompass will encourage non-Medi-Cal/NNA clients to participate financially in their own recovery by charging clients for outpatient services according to each individual's ability to pay, in order to extend the units of service that may be provided by public funds. No client will be turned away because of inability to pay.

**Objective B: California Work Opportunity and Responsibility to Kids (CalWorks)**

CalWorks		TOTAL	ALTO-NORTH	FENIX-SOUTH
	Total Hours	58	29	29
	Direct Service @ 55%	32	16	16
	Total Clients	3	1	2
	Individual Counseling Hours	16	8	8
	Group Counseling Hours	16	8	8

Services provided to CalWorks clients will include assessment, treatment, case management, referral and aftercare services that are authorized and approved by the Health Services Agency Mental Health Client Specialist. Services are to be employment-focused, and in accordance with CalWorks Welfare-to-Work plans and/or participation agreements.

**Objective C: Human Services Department Family and Children's Services Division (FCS)**

FCS		TOTAL	ALTO-NORTH	FENIX-SOUTH
	Total Hours	229	115	114
	Direct Service @ 55%	126	63	63
	Total Clients	69	35	34
	Individual Counseling Hours	63	31	32
	Group Counseling Hours	63	32	31

Services provided will include assessment, treatment, case management, court appearances, referral and aftercare services that 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. 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 D: Downtown Accountability Program (DAP)**

DAP		TOTAL	ALTO-NORTH	FENIX-SOUTH
	Total Hours	102	51	51
	Direct Service @ 55%	56	28	28
	Total Clients	8	4	4
	Individual Counseling Hours	28	14	14
	Group Counseling Hours	28	14	14

Services provided to DAP clients will include assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HSA Mental Health Client Specialist and/or DAP staff.

**Objective E: AB109**

AB109		TOTAL	ALTO-NORTH	FENIX-SOUTH
	Total Hours	23	12	11
	Direct Service @ 55%	13	7	6
	Total Clients	7	3	4
	Individual Counseling Hours	6	3	3
	Group Counseling Hours	7	3	4

Services to AB109 clients will include assessment, treatment, case management coordination with the AB109 multidisciplinary 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 and Client Progress Reports in accordance with County protocols and per the agreement Contractor makes with the AB109 Probation Staff.

**Objective F: DRUG MEDI-CAL**

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.

	REALIGNMENT	FEDERAL
GROUP COUNSELING	1,187.00	3,563.00
INDIVIDUAL COUNSELING	35,625.00	49,875.00

DMC (Drug Medi-Cal) INDIVIDUAL COUNSELING. Encompass will provide 545 DMC units (27,268 minutes) of individual counseling to up to 33 unduplicated clients. One Individual Counseling unit of service equals 50 minutes.

DMC (Drug Medi-Cal) GROUP COUNSELING. Encompass will provide 2,047 DMC units (184,269 minutes) of Group Counseling to up to 105 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.

**COUNTY OF SANTA CRUZ**

**EXHIBIT A-4 – Scope of Services**

Component: Residential Services

Provider #: 44-4486

Modality: Santa Cruz Residential Recovery and Si Se Puede

Primary Target Groups Treated: Adult Poly Drug Users; Substance-Abusing Latinos and Latinas

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

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

PROGRAM DESCRIPTION: Encompass operates two licensed community-based residential treatment programs providing comprehensive rehabilitation services for substance abusing men and women ages 18 and over. These programs place a special emphasis on providing treatment services to high risk, hard-to-reach populations including Latinos, women and clients referred from the criminal justice system. Services will include providing client access and information related to health and Medi-Cal programs.

Santa Cruz Residential Recovery (SCRR) is a co-ed program located in the City of Santa Cruz. The term of treatment is 2 to 6 months in length, depending on referral source. Si Se Puede (SSP) is located in the City of Watsonville. Treatment is 3 to 6 months in length, depending on referral source. Si Se Puede places a special emphasis on providing culturally-relevant treatment services to Latino adult males involved in the criminal justice system.

**PROGRAM GOALS AND OBJECTIVES:****GOAL I: RESIDENTIAL AND REHABILITATION SERVICES**

To provide comprehensive residential treatment and rehabilitation services for substance-dependent poly-drug users, women and Latinos in Santa Cruz County. To maintain 48 County-funded facility beds with an average 80% occupancy rate. To provide 9,262 bed days of residential treatment per year, with a 60-day range of treatment. To extend the units of service that are provided from public funding, Encompass will encourage non-Medi-Cal clients to participate financially in their own recovery by charging for residential services according to each individual's ability to pay. No client will be turned away because of inability to pay.

OVERALL	TOTAL	SCRR	SSP
BED DAYS	9,259	4,516	4,743

**Objective A. NET NEGOTIATED AMOUNT (NNA) RESIDENTIAL:**

Maintain 24 County-funded facility beds with an average 80% occupancy rate. To extend the units of service that are provided from public funding, Encompass will encourage non-Medi-Cal clients to participate in their own recovery by charging for residential services according to each individual's ability to pay. No client will be turned away because of inability to pay.

NNA OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	6,669	2,706	3,963

**Objective B. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS**

**Contractor: Encompass**

0645

**(CalWORKS) RESIDENTIAL:**

Maintain 1 County-funded facility bed with an average 80% occupancy rate. Services provided to CalWORKS clients will include assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HSA Mental Health Client Specialist. Services are to be employment-focused, and in accordance with CalWORKS Welfare-to-Work plans and/or participation agreements.

CALWORKS OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	44	44	0

**Objective C. AB109:**

Maintain 5 County-funded beds with an average 80% occupancy rate. Services include assessment, treatment, case management coordination with MDT and Probation staff, referral and aftercare services. 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 and the agreement Contractor makes with the AB109 Probation Staff.

AB109 OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	1,159	650	509

**Objective D. HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS):**

Maintain 2 County-funded beds with an average 80% occupancy rate. Services provided to FCS clients will include assessment, treatment, case management, referral and aftercare services that 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. 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.

FCS OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	416	269	147

**Objective E. SERIAL INEBRIATE PROGRAM (SIP):**

Provide residential bed days for clients that are authorized, screened and approved by the HSA Mental Health Client Specialist and/or the Project Home Base (PHB) Treatment Team. Contractor will provide admission and discharge information in accordance with County protocols.

SIP OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	627	536	91

**Objective F. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP)**

Provide residential bed days for DAP clients that are authorized, screened and approved by the HSA Mental Health Client Specialist and/or the DAP staff. Contractor will provide admission and discharge information in accordance with County protocols.

DAP OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	306	274	32

**Contractor: Encompass**

0646

**Objective G. MENTAL HEALTH STABILIZATION (MHS)**

Provide residential bed days for MHS clients that are authorized, screened and approved by the HSA Mental Health Client Specialist and/or the County ADP. Contractor will provide admission and discharge information in accordance with County protocols.

MHS OBJECTIVE	TOTAL	SCRR	SSP
BED DAYS	37	37	0





COUNTY OF SANTA CRUZ

**EXHIBIT A-6 – Scope of Services**

Component: Outpatient Services

Provider's #: 44-4487; 44-4485

Modality: Drinking Driver Assessment Program

Primary Target Groups Treated: Court-Ordered Drinking Driver Offenders

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

**LEVEL OF CARE:** N/A

**PROGRAM DESCRIPTION:** The ALTO Counseling Center provides comprehensive assessment services in Santa Cruz. Services are provided by qualified, culturally competent staff. Outpatient services for this modality are designed to meet Drinking Driver Program (DDP) requirements.

**PROGRAM GOALS AND OBJECTIVES:**

**GOAL I. ASSESSMENT and TREATMENT RECOMMENDATIONS**

Encompass will complete 5 assessments and treatment recommendations for referred clients, as described below.

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 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 ADP and meet the minimum State specifications. Treatment evaluation of client problem areas will include, but not be limited to, current/past drug/alcohol use, legal history/status, Medi-Cal 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 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 with the client during the assessment.

**Objective B.** A Treatment Evaluation and Recommendation Report will be completed using a standardized court-approved form and mailed or faxed to County Alcohol and Drug Programs Administration within 5 calendar days of the assessment interview.

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

COUNTY OF SANTA CRUZ

EXHIBIT A-7 – Scope of Services

Component: Drug Testing

Provider #: 44-4482

Modality: Drug and Alcohol Testing

Primary Target Groups Treated: Drug Offenders

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

LEVEL OF CARE: N/A

PROGRAM DESCRIPTION: Encompass services will include drug and alcohol testing according to a schedule mandated by the Court.

PROGRAM GOALS AND OBJECTIVES

**GOAL I: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs):** Encompass will provide 8 random alcohol and drug tests to CalWORKs outpatient clients. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

**GOAL II: AB109:** Encompass will provide 160 random alcohol and drug tests to AB109 outpatient clients. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

**GOAL III: HUMAN SERVICES DEPARTMENT (HSD) FAMILY AND CHILDREN'S SERVICES DIVISION (FCS):** Encompass will provide 96 random alcohol and drug tests to FCS outpatient 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.

**GOAL IV. SERIAL INEBRIATE PROGRAM (SIP):** Encompass will provide 8 random alcohol and drug tests to SIP outpatient clients. Testing will be conducted on site using the protocols established by the COUNTY. Results of the tests will be included in all reports on client progress.

**GOAL V. DOWNTOWN ACCOUNTABILITY PROGRAM (DAP):** Encompass will provide 102 random alcohol and drug tests to DAP outpatient clients. Testing will be conducted on site using the protocols established by the COUNTY. Results will be included in all reports on client progress.

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.

**COUNTY OF SANTA CRUZ**

**EXHIBIT A-8 – 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

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**PROVISIONS TO SUPPORT 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, Covered California and other insurance information, or will be able to direct clients to sites where such information can be accessed. Contractor 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 eligible clients 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/re-determination 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 Medi-Cal 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 One Million, Four Hundred Sixty-Six Thousand, Six Hundred Forty-Two and No/100 dollars (\$1,466,642) 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, Three Hundred Twenty-Four Thousand, One Hundred Eighty-Five and No/100 dollars (\$1,324,185) for services performed during the term of this Agreement, in accord with the negotiated rates set forth in the Service Agreement Budget. Net Negotiated Amount (NNA), California Work Opportunity and Responsibility to Kids (CalWORKs), Human Services Department (HSD) Family and Children's Services Division (FCS), AB109, Youth Services Prevention and Outpatient Treatment, Serial Inebriate Program (SIP), Downtown Accountability Program (DAP) and Mental Health Stabilization Beds (MHSB) funds may only be used for activities related to clients meeting the requirements of these funding sources. In no event shall County obligation of State Drug and Alcohol Allocation base and required County funds exceed this amount.

**FOR COST REIMBURSEMENT CONTRACTS:** County agrees to pay CONTRACTOR a total sum not to exceed Five Hundred and No/100 dollars (\$500) for Multiple Offender (MO) Assessment services and Fifty-One Thousand, Six Hundred Seven and No/100 dollars (\$51,607) for Adult Drug Court services. Payment shall be made for contracted services performed during the term of this Agreement, based on reimbursement of allowable costs.

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

**FOR ALL DRUG MEDI-CAL CONTRACTS:**

**COST OVER RATE CAP:** 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, at the discretion of the COUNTY, not to exceed the actual costs of the Medi-Cal program. Contractor must demonstrate that their actual costs for providing Drug Medi-Cal services exceed the 14-15 rate cap.

FOR ACTIVE DRUG MEDI-CAL SERVICES: COUNTY agrees to pay CONTRACTOR a total sum not to exceed One Hundred and no/100 dollars (\$100) for active Drug MEDI-CAL services performed during the term of this Agreement, based on fixed rates, as follows:

- One Hundred and No/100 (\$100.00) of Federal Drug Medi-CAL 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 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. Subject to State approval of billing for inactive Drug Medi-Cal services, COUNTY will pay CONTRACTOR a total sum not to exceed Ninety Thousand, Two Hundred Fifty and No/100 dollars (\$90,250) for Drug Medi-Cal services performed during the term of this Agreement, based on fixed rates, as follows:

- Four Thousand, Seven Hundred Fifty and No/100 dollars (\$4,750) in State Drug Medi-Cal Realignment Funds.
- Eighty-Five Thousand, Six Hundred and No/100 dollars (\$85,500) in Federal funds for services performed during the term of this Agreement, based on fixed rates.

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, by 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. **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 are claimed for the following modes of service:
  1. **Outpatient Services:** Staff Hours may include individual counseling and group therapy of a minimum of 3 and not more than 15 unrelated individuals, intake, assessment, case management and aftercare. County will allow no more than 45% of non face-to-face indirect time for outpatient counseling services, as specified in the Exhibit A of this agreement. 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.
  2. **CalWORKs Outpatient Services:** Staff Hours may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the 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 Health Services Agency (HSA) Alcohol and Drug Program, and work with HSA to address access issues.
  3. **Prevention Services:** Those hours that a direct service staff person is on the job and available to provide prevention services. Time is billed in one-minute increments of direct work time.
  4. **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 as indicated in the FCS Service Plan.



5. 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.
  6. 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 DAP and COUNTY protocols.
  7. AB109: Services that are referred by the Probation Staff and/or the Mental Health Services Coordinator, and authorized by the HSA ADP. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols and the agreement made with COUNTY Probation Staff.
  8. Mental Health Stabilization Beds (MHSB): Services that are authorized and approved by the HSA Mental Health Client Specialist and / or Project Home Base staff. CONTRACTOR will provide Client Progress Reports in accordance with COUNTY protocols.
- b. DRUG AND ALCOHOL TESTING: All CalWORKs, FCS, AB109, SIP and DAP clients will be randomly tested using standard urinalysis and breathalyzer tests as ordered by the Court and per program standards. 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.
- c. 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 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. A billable bed 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 and DAP. See Exhibit A for authorization, case management and reporting responsibilities.

- d. **ASSESSMENT:** A County Alcohol and Drug Program (ADP) -approved assessment completed within 21 calendar days of client presentation of Drinking Driver Assessment Instructions Form, and submission of a standardized court-approved Treatment Evaluation and Recommendation Report to County ADP within 5 calendar days of completion of the assessment interview. Provider will be reimbursed by County only for assessments of clients referred by County.

B.4. **ADVANCE BASE:** Advance base will be **One Million, Three Hundred Twenty-Four Thousand, Seven Hundred Seventy and No/100 dollars (\$1,324,770)**, subject to County approval. The County will withhold 15% of all active DMC-funded and DMC Reallocation-funded service costs pending settlement of the final 14.15 Cost Report.

Advance Base does not include cost reimbursement, Multiple Offender (MO) Assessment allocation, or inactive Drug Medi-Cal 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:

Negotiated Net Amount	966,122
CalWorks	9,850
PEI	18,000
Youth Services Realignment	18,000
AB109	130,243
FCS	66,500
SIP	68,436
DAP	43,478
MHSB	4,056
Active Federal Drug Medi-Cal	100
Subtotal	1,324,785
Minus 15% Withheld Active Drug Medi-Cal	15
Total	1,324,770

Inactive Realignment and Federal DMC include:

Outpatient Individual DMC - Realignment	1,187
Outpatient Individual DMC - Fed	35,625
Outpatient Group DMC - Realignment	3,563
Outpatient Group DMC - Fed	49,875
Total	90,250

- B.5. COST REIMBURSEMENT:** Multiple Offender Assessments and Adult Drug Court services are Cost Reimbursement-claimable. Multiple Offender Assessments shall not exceed Five Hundred and No/100 dollars (\$500). Adult Drug Court services shall not exceed Fifty-One Thousand, Six Hundred Seven and No/100 dollars (\$51,607).
- a. **COST REIMBURSEMENT 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. **CONTRACTOR** will bill in the format and in the manner required by **COUNTY**. **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. INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE:** Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar for dollar basis and as the maximum allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the maximum allocation for another mode of service or modes of services. County reserves the right to redirect allocated funding to other services or organizations if funds are not utilized as intended or if other service priorities are established.

LEGAL ENTITY: Encompass Community Services				FISCAL YEAR 2014-2015	
PROGRAM NAME: Substance Abuse Services				MENTAL HEALTH & SUBSTANCE ABUSE CONTRACT #0	
INDEX NUMBER: 364042				SERVICE AGREEMENT BUDGET	
				EXHIBIT B - Amendment 1	
				10/22/14	
CONTRACT TOTAL					
PROGRAM COMPONENT PROVIDER #					
FUNDING SOURCES					
NNA (COUNTY, SGF, SAPT)	966,122	8,588	431,778		
DRUG MEDI-CAL REA	4,750			172,688	
DRUG MEDI-CAL - FEDERAL	85,600				
CALWORKS	9,850				
PREVENTION: PEI	18,000				
YOUTH SERVICES TREATMENT: REA	18,000				
AB109	130,243				
ADULT DRUG COURT	51,607				
FAMILY AND CHILDREN'S SVCS	66,500				
SERIAL INEBRIATE PROGRAM (SIP)	68,436				
DOWNTOWN ACCOUNTABILITY PROGRAM	43,478				
MHS BEDS	4,056				
NET CONTRACT AMOUNT	1,466,642	8,588	516,655	0	208,688
CLIENT/PATIENT FEES	0				
OTHER (CONTRACTOR)	0				
TOTAL FUNDING SOURCES	1,466,642	8,588	516,655	0	208,688
UNIT COST CALCULATION					
CONTRACTOR'S COSTS	0	0	0	0	0
COUNTY'S DIRECT COSTS	1,466,642	8,588	516,655	0	208,688
TOTAL DIRECT COSTS	1,466,642	8,588	516,655	0	208,688
COUNTY FUNDED UNITS OF SERVICE					
COST PER UNIT - TOTAL		58.62	108.94	99.43	99.43
CONTRACT COST PER UNIT		58.62	108.94	99.43	99.43
COUNTY COST PER UNIT		58.62	108.94	99.43	99.43
REIMBURSEMENT TYPE		RATE	RATE	CAP	CAP
The COUNTY agrees to purchase up to the number of Contract Units specified below at the Contract Cost Per Unit calculated above, up to the maximum shown in Net Contract Amount by type of service for all services with Reimbursement Type=RATE. The COUNTY agrees to purchase up to the number of Contract Units specified below at the Contract Cost Per unit calculated above, up to the maximum shown in Net Contract Amount by type of service for all services with Reimbursement Type=RATE - CAP, with a further limitation of reimbursement and final reconciliation to actual costs, as limited by and to the cost per unit listed on this page multiplied by actual units delivered as an upper limit of reimbursement.					
The COUNTY agrees to reimburse CONTRACTOR actual costs up to the maximum shown by type of service for all services with Reimbursement Type=COST.					

[illegible]

## Alicia Murillo

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**From:** cdbbosmail@co.santa-cruz.ca.us  
**Sent:** Sunday, December 07, 2014 10:17 AM  
**To:** CBD BOSMAIL  
**Subject:** Agenda Comments

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**Meeting Date :** 12/9/2014

**Meeting Type :** County Board of Supervisors

**Item Number :** 51.00

**Name :** Sylvia Caras

**Email :** Not Supplied

**Address :** Not Supplied

**Phone :** Not Supplied

### **Comments :**

If this item is pulled and scheduled at the end of the agenda, 66 A, as is customary, I might be able to get there in time to say this in person during comments. But in case it's not pulled or I'm too late, I'm also posting this electronically.

My name is Sylvia Caras. I've lived near Downtown since the early '80s. I'm a member of the Smart Solutions to Homelessness Leadership Council and a social justice advocate.

I appreciate the hard work and often painful process that has gone into this draft. And I agree that increasing and improving services will reduce overall costs. I'm commenting now because I'm uncomfortable with the education piece, which the plan says is basic.

Foundational concepts and messaging for cohesive positive engagement ought to be OPEN, not ANTI- .

ANTI-campaigns fuel a hate:bias response, feed unconscious bias, reinforce fear.

OPEN is about all of us, where we are alike - OPEN is caring, inclusive, just, personal ...

Buildings with poor foundations decompose. So do Strategic Plans.

It's time to tell a new story.

## The place of difference

Comments on the community engagement component of *Substance Use Disorder Treatment and Intervention Services Strategic Plan* – December 9, 2014 Agenda

Sylvia Caras, PhD

Messaging guidelines can frame positive images for raising awareness and understanding of humans in emotional distress, humans making bad choices. Guidelines can expand the writer's and the reader's consciousness, invite neutral language, and reject language that is biased and exclusive. Because words matter.

Language creates social truth, language creates perception, language is prior to thinking. Which is why labeling theory directs us towards people-first phrases instead of using a deficit-based language of social rejection which perpetuates stereotypes and permits discrimination.

Good language does not mean finding better words for wrong concepts. The word stigma, for example, is associated with the exposure of sin and shame.

But we are really talking about the place of difference in society. Stigma puts my difference on my palms, nailing me to a cross. The social model of disability instead locates problems outside the disabled person and looks at how economic and social processes discriminate and can be improved to accommodate our differences. Instead of creating a new and isolating stigma language and stigma concept, advocates sensitive to this nuance prefer the more generally understood language of prejudice and discrimination.

Politicians have found negative campaigning doesn't succeed with voters. Negative campaigning doesn't change attitudes either.

Wellness isn't a battle, it's an integration. War language like battle, conquer, oppositional words like anti-stigma, solidly embed just what is being opposed.

Instead:

### Watch your language

Remember to show not tell. Even though English words to render emotional distress are few, use that extra word or two to describe the experience.

### Do your homework

Biology isn't everything, despite all the money behind it. There are half a dozen models of misbehavior.

### Put us on your contact list and paint us at our best

Balance every sensational event with a normalizing quote from a professional and a personal quote from a person with lived experience.

Language is everything. The story is ours to shape. Use the power of your thumbs and keyboard to make sure your words matter.

*Excerpt from presentation prepared for National Institute of Mental Health (NIMH) media guidelines group meeting, Bethesda, 2002.*

#51

'Each other on the internet' is the tag line of the **People Who** website which Sylvia Caras established. She was an early adopter of what has become social networking and blogging, and was the first to develop advocacy-focused software-managed email lists for **people who** experience mood swings, fear, voices and visions.

Caras emphasizes mindful attention to language that is respectful, graceful, and affirmative. She argues that psychiatric disability is part of disability and that mental health is part of health. She believes that if the people directly affected are at the table when decisions are made, a good product will result. Her life has been an example of change and growth.

Isolation is the hardest part of psychiatric disability. The diagnosis isolates. The treatment isolates. The shame isolates. Caras' focus has been on process and inclusion, processes that would benefit others as well as herself; her successes are building blocks. Before the web, she used email to report back in almost real time from conferences and committees and uploaded reports that mixed impressions and objective reporting. She introduced the word discrimination into the US federal SAMHSA vocabulary, insisted that users of services get paid for serving on boards and committees, introduced the "*Nothing About Me Without Me*" image and motto to the consumer/survivor/ex-patient movement.

She has published in disability, internet and behavioral health print journals and presented on these areas in Europe, Asia, Australia, and North and South America. She has received several national and state organization awards, and many personal kudos on her 70th birthday blog.

She attended the World Summits on the Information Society (2003, 2005) and the subsequent Internet Governance Forums (2006, 2007) and presented there about disability and access.

She attended U N Convention on the Rights of Persons with Disabilities meetings in DC, Quito, and New York (2002 - 2005), chaired several plenaries, and was active in the International Disability Caucus.

Sylvia Caras, PhD  
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[www.peoplewho.org](http://www.peoplewho.org)

Highlights:

Awards - American Public Health Association; Mental Health America  
Former Boards - World Federation for Mental Health; SAMHSA Subcommittee on Consumer Issues; Disability Rights California; SCC Mental Health Advisory Board; SCCCC; ...  
Chair, UN International Disability Caucus  
Incorporator, Mental Health Client Action Network

...