



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ 291

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

March 30, 1999

AGENDA: April 13, 1999

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

SUBJECT: Approval of Contract Amendment for Drug Court Treatment Services

Dear Board Members:

This letter is to request approval and authorization for the Health Services Agency (HSA) Administrator to sign the attached amendment to an agreement with Santa Cruz Community Counseling Center – ALTO Counseling Center to add \$101,481 to implement Drug Court treatment services.

ALTO was selected through a competitive process using a request for proposals that was approved by your Board on October 27, 1998. The Drug Court team, comprised of representatives from the Superior Court, District Attorney, Public Defender, Probation Department, Health Services Agency, Criminal Justice Council, and an outside expert on Drug Court services, met on November 30, 1998 to review written proposals and hear oral presentations from bidders. The Drug Court team unanimously recommended ALTO. On December 15, 1998, your Board authorized negotiation of an agreement with Santa Cruz Community Counseling Center – ALTO Counseling Center for \$101,481 for Drug Court treatment services.

The proposed contract amendment will permit ALTO to provide intensive outpatient alcohol and drug treatment services to approximately 75 clients annually. Services include group and individual counseling, educational sessions on life skills and job readiness, monitoring of client attendance at required 12-step meetings, and frequent testing for drug and alcohol use. These services will be coordinated with the Drug Court

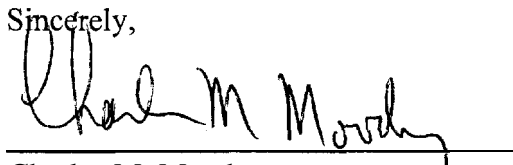
team through provision of client status information and participation in weekly Drug Court team meetings.

The cost of the ALTO services is fully offset by State and Federal grant funds that are included in the adopted HSA Alcohol and Drug Program budget. The proposed contract amendment will not result in any increase in net County cost.

It is therefore RECOMMENDED that your Board:

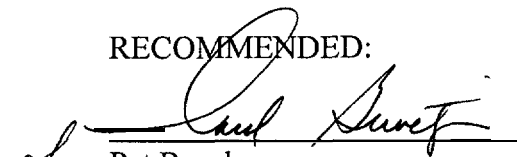
1. Authorize the Health Services Agency Administrator to sign the attached amendment to an agreement with Santa Cruz Community Counseling Center – ALTO Counseling Center to add \$101,481 for Drug Court treatment services.

Sincerely,



Charles M. Moody
Health Services Agency Administrator

RECOMMENDED:



Pat Busch
Acting County Administrative Officer

cc: County Administrative Officer
Auditor Controller
County Counsel
Courts Administration
HSA Administration
Alcohol and Drug Program Administrator
Santa Cruz Community Counseling Center

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

293

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Dept.)
C. Moody (Signature) 3/29/99 (Date)

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

- Said agreement is between the County of Santa Cruz Health Services Agency (Agency)
and Santa Cruz Community Counseling Center, 195-A Harvey West Blvd., Santa Cruz, CA 95060 (Name & Address)
- The agreement will provide for a continuation of the 1997-98 contract services for adult outpatient, family prevention, and confidential alcohol and drug treatment services at ALTO, Si Se Puede and Sunflower House as authorized in the Continuing Agreements List.
- The agreement is needed. _____
- Period of the agreement is from July 1, 1998 to June 30, 1999
- Anticipated cost is \$978,256.00 increased to \$1,079,737.00 (Fixed amount, Monthly rate, Not to exceed)
- Remarks: This amendment increases the current contract by \$101,481.00
Board agenda 4/13/99
- Appropriations are budgeted in 364042 (Index#)(Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and encumbered. Contract No. C080100A Date 3/31/99
are not

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Silva Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Agency Administrator to execute the same on behalf of the County

Health Services (Agency).

County Administrative Officer

Remarks: 44 (Analyst)

By 44 Date 4/1/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California)
County of Santa Cruz) SS

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 Officer by an order duly entered
in the minutes of said Board on _____

_____ 19 _____ By _____ Deputy Clerk

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1-9
(SUBSTITUTE)

Request for Taxpayer
Identification Number and Certification

201
Give this form to
the requester. Do
NOT send to IRS.

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)	
	Business name (Sole proprietors see instructions on page 2.) Santa Cruz Community Counsel&g Center	
	Address (number and street) 195 A Harvey West Blvd.	List account number(s) here (optional)
	City, state, and ZIP code Santa Cruz, CA 95060	
Part I Taxpayer Identification Number (TIN) :		Part II For Payees Exempt From Backup Withholding (See instructions on page 2)
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to Obtain a TIN, below.		Requester's name and address (optional)
<div>Social security number </div> <div>OR</div> <div>Employer identification number 2 3 7 2 7 5 2 9 0</div>		
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.		

Certification.—Under penalties of perjury, I certify that

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA) and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Signing the Certification on page 2.)

Please check (only one) box in each column below that best describes your type of organization and the transaction for which we make payment to you:

- | <u>ORGANIZATION</u> | <u>TRANSACTION</u> |
|---|--|
| 1. <u>I</u> ndividual | 1. _____ Medical & Health Care Service |
| 2. _____ Partnership | 2. <u>X</u> Other Service' (Specify) _____ |
| 3. <u>T</u> rust/Estate | 3. _____ Goods/Merchandise |
| 4. _____ Corporation | 4. _____ Freight |
| 5. _____ Real Estate Agent | 5. _____ Other Transaction (Specify) _____ |
| 6. <u>X</u> Tax Exempt, Organization | 6. _____ Rent (Space/Machinery) |
| 7. _____ Public Entity | 7. _____ Interest |
| 8. _____ Other Organization (Specify) _____ | |

Please Sign Here	Signature <u>[Signature]</u>	Date <u>9/11/98</u>
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**COUNTY OF SANTA CRUZ
HEALTH SERVICES AGENCY
ALCOHOL AND DRUG PROGRAM**

AMENDMENT TO AGREEMENT

Contract #: C080100A

Index: 364042

Subobject: 3975

Between: County of Santa Cruz - Health Services Agency
and

Santa Cruz Community Counseling Center Inc., 195-A Harvey West Blvd., Santa Cruz, CA 95060

The parties named above agree to amend contract C080100A as follows:

1. Amend the provision regarding compensation by increasing the amount from \$978,256 to \$1,079,737;
2. Delete Exhibit A, Provision A3; Exhibit C, Provisions C8, and C24; Exhibit D, Provision D1 and D4;
3. Add new Exhibit A, Provision A3; Exhibit C, Provisions C8 and C24; Exhibit D, Provision D4; and Exhibit E-8 as set forth in Attachment One, incorporated into and made a part of contract C080100A by this reference.

All other provisions of the agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

CONTRACTOR:

COUNTY OF SANTA CRUZ:

BY:  _____

BY: _____

DATE: 3/3/99 _____

DATE: _____

Approved as to form:

Attest:


Assistant County Counsel

Clerk, Board of Supervisors

Distribution:

County Administrative Officer
Auditor-Controller
County Counsel
HSA Administration
Alcohol and Drug Program Administrator
Community Mental Health
Santa Cruz Community Counseling Center, Inc.

ATTACHMENT ONE

- A.3. **COMPENSATION FOR FEE-FOR-SERVICE CONTRACTS:** County agrees to pay Contractor a total sum not to exceed One Million, Seventy-Nine Thousand, Seven Hundred Thirty-Seven Dollars and No/100 (\$1,079,737.00) for services performed during the term of this Agreement in accord with negotiated rates set forth in Exhibit D. CalWORKS funds may only be used for activities described in Exhibits E-5, E6 and E-7 related to CalWORKS clients. Governor's 15% Welfare-to-Work Grant funds may only be used for activities described in Exhibit E-6 related to Welfare-to-Work clients. Drug Court funds may only be used for activities described in Exhibit E-8. In no event shall County obligation of State Drug and Alcohol Allocation base and required COUNTY funds exceed this amount.

COST-BASED REIMBURSEMENT FOR CalWORKS START-UP ACTIVITIES: Out of the total sum stated in the paragraph above, County agrees to pay Contractor a total sum not to exceed One Thousand and Ninety-Two Dollars and No/100 (\$1,092.00) for reimbursement of actual costs of start-up activities related to CalWORKS services as described in Exhibit E-7 in accordance with the attached start-up budget. Any changes in line items of the start-up budget that exceed the greater of 10% of the line item amount or \$500 must be approved by the County's Alcohol and Drug Program Administrator.

FOR COST REIMBURSEMENT CONTRACTS (DRUG COURT): County agrees to pay Contractor a total sum not to exceed One Hundred One Thousand, Four Hundred and Eighty-One Dollars and No/100 (\$101,481 .00) for 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.

- C.8. **METHOD OF PAYMENT:**

FEE FOR SERVICE CONTRACTS: County shall compensate Contractor on a fee-for-service basis for performing the services listed in Exhibit E. Contractor shall report to County in arrears all costs and units of service provided. All reports shall clearly reflect all required information regarding the services for which claim is made. Each report shall reflect any, and all, payments made to Contractor by, or on behalf of, clients. County shall make payment to Contractor in accordance with the unit of service rates set forth in Exhibit D.

COST REIMBURSEMENT CONTRACT (DRUG COURT): County shall compensate Contractor on a cost reimbursement basis for actual net costs incurred for drug court services as described in Exhibit E-8 in accordance with the attached budget. Any costs in excess of the approved budget must be approved by the County Alcohol and Drug Program Administrator. Contractor shall report to County all costs for providing services. All reports shall clearly reflect all required information regarding the costs for which claim is made. Each report shall reflect any, and all payments made to Contractor by, or on behalf of, clients.

- C.24. **CLIENT FEES:**

FEE FOR SERVICE CONTRACT: All clients, except those receiving treatment through Drug Medical funds, shall be charged a fee by Contractor for services provided hereunder. This fee shall be based upon the client's ability to pay for services, but shall not be in excess of Contractor's negotiated unit costs of providing said services. Contractor shall submit client fee schedule to County's Administrator for approval.

COST REIMBURSEMENT CONTRACT (DRUG COURT): All clients will be charged a fee set and mandated by the court.

- D.I. **MAXIMUM ALLOCATION:** Contractor agrees that County's Maximum Allocation under the terms of this Agreement for each mode of service are listed below. The County reserves the right to change the source of funds based on County and State requirements.

BY FUNDING SOURCE

TOTAL	Modality	ADP Drug Court	FBG (93,959)	STATE	COUNTY	CalWorks Funds	Governor's 15% Funds	Governor's 15% Backfill	CalWorks Start-up Activities Funds	Federal Drug court
14,915	ALTO – Prevention		13,915		1,000					
135,027	ALTO - Outpatient Treatment			79,880	55,147					
292,989	Si Se Puede-Residential		292,989							
455,225	Sunflower House – Residential		455,225							
8,000	Alto – CalWORKS Outpatient					8,000				
42,100	Alto – Governor's 15% Relapse Prevention						35,696	6,404		
30,000	Sunflower House – CalWORKS Residential					28,908			1,092	
101,481	Drug Court	12,766								88,715
1,079,737	TOTAL	12,766	762,129	79,880	56,147	36,908	35,696	6,404	1,092	88,715

- D.4. **ADVANCE BASE:** Advances shall be made on a base of \$978,256.

COST REIMBURSEMENT CONTRACT: Total reimbursement for the contract will not exceed the contract allocation. Reimbursement for NNA units of service will be paid based on the actual costs. Settlement of NNA funds will be based on the final Cost Report. Payment of Federal Block Grant, State and County funds will not exceed base amount of \$101,481.

EXHIBIT E-8

DESCRIPTION OF SERVICES

Contractor: Santa Cruz Community Counseling Center
 Component: The ALTO Counseling Center
 Modality: Drug Court Outpatient Treatment
 Primary Target Groups Treated: Drug Court program referred adults
 Provider #: 44-4487 & 44-4485

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Budget and Unit of Service (UOS) Data	96-97 Past Year Actual	97-98 Current Year Estimated	98-99 New Budget Estimated
Gross Program Cost			\$116,105
Drug Court Funding			\$101,481
Number of clients funded by County			75

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PRIMARY PROBLEMS TREATED

The ALTO Counseling Center provides comprehensive intake/assessment and outpatient treatment services in two geographically accessible clinics in Watsonville and Santa Cruz. Services are provided by culturally competent staff. Outpatient services for this modality are designed to meet Drug Court Program sanctions.

PROGRAM GOALS AND OBJECTIVES

GOAL I: To provide comprehensive intake/assessment and outpatient counseling services to an ongoing caseload of 75 Drug Court program referred adults of Santa Cruz County in an environment specifically designed to meet Drug Court Program sanctions. Outpatient services will include individual and group counseling, life skills family training and urinalysis and alcohol breathalyzer testing as determined by client needs and the 3-phase Drug 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, justice system involvement and health/medical history. Number of clients provided services will be reported.

OBJECTIVE B.: To provide group counseling services according to the 3-phase Drug Court program schedule. Phase I will include four groups a week, Phase II three groups per week, and Phase III two groups per week. Groups will be 1.5 hours long and will have 8 to 10 participants. Group focus will be on developing a recovery plan, positive social support networking, relapse prevention, and resolving problems that increase the possibility of relapse. Number of group sessions, number of face-to-face visits and number of unduplicated clients will be reported.

OBJECTIVE C.: To provide individual counseling services. Individual sessions will be provided to each client at least monthly and will focus on evaluating client needs and progress. Frequency of individual sessions may increase when necessary to support successful program participation. Number of individual sessions and number of unduplicated clients will be reported.

OBJECTIVE D. : To provide weekly education/training classes that will focus on life skills training and family classes. Number of classes, number of face-to-face visits and number of unduplicated clients will be reported.

OBJECTIVE E.: To provide staffing at Drug Court team meetings and status hearings.

OBJECTIVE F.: To provide urinalysis collection and testing and alcohol breathalyzer testing according to the 3-phase Drug Court program schedule. Phase I will be tested twice a week, Phase II one to two times a week, and Phase III once a week. Actual number of tests will be reported.

OBJECTIVE G.: To provide data and statistical reports as required by DADPA and CAL Research requirements.

GOAL II. To comply with all contract provisions and DADPA claim and reporting requirements in order to fulfill the terms and conditions of the contract.

STAFFING (F.T.E)

Program Manager	.10
Program Coordinator	1.00
Counselor I	3.00
Program Assistant II	1.00
TOTAL	5.10

BUDGET SUMMARY

Contract

#

300

CONTRACTOR: Santa Cruz Community Counseling Center, Inc. SUBMISSION DATE: 11/20/98

PRELIMINARY

FINAL

AMENDED

PROGRAM COMPONENT: Community Recovery Services - AL TO Counseling Center

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MODALITY OF SERVICE: Outpatient Treatment

TYPE OF SERVICE: CONTINUING

☐

NEW

☐

EXPANDED

☒

PERIOD		12 MONTH BUDGET			
Begin	*See Note below		Through		
BUDGET		Other	County	FY 97/98	TOTAL
TOTAL		Funds	HSA	Total Contract	Actual Expenses
AMOUNT			Funds	Budget	FY 96/97
1. PERSONNEL SERVICES	170,741	21,514	149,227		
2. TRANSPORTATION	202	26	176		
3. EQUIPMENT, MATERIALS, SUPPLIES	2,780	341	2,439		
4. OPERATING EXPENSE	34,725	4,375	30,350		
5. SPECIAL EXPENSE	0	0	0		
SUBTOTAL DIRECT COSTS	208,448	26,256	182,192		
6. ADMINISTRATIVE COSTS	23,763	2,994	20,769		
TOTAL	232,211	29,250	202,961		

*SOURCE OF OTHER FUNDS	AMOUNT	CURRENT FY 97/98 TOTAL CONTRACT	ACTUAL FY 96-97
Client Fees	29,250		
Grants (List)			
Fundraising			
Gifts			
Other (Describe)			
Client Fees			
TOTAL	29,250	0	0

*Note: This budget represents a full 12 month contract. The actual contract amendment is for six (6) months only. Each line item in this budget presentation is halved for the six-month contract amendment.

COUNM OF SANTA CRUZ

Health Services Agency

DADPA SA-11

Signature

3/3/99
Date

Contractor: SCCCC, Inc.		Component: Community Recovery Services 'ALTO COUNSELING CENTER				Modality: Outpatient		
etailed Budget for This Period	Monthly Salary Range in F.T.E.	% time FTE	Budget	Source Of Funds		cost alloc code	FY 97/98 Total Contract Budget	ACTUAL EXPENSES LAST FY: 96197
	(1)	(2)	Total Amount	Other	County HSA	(6)	(7)	(8)
PERSONNEL SERVICES								
(List by Position Title)								
Director	\$4219-\$6786	0.04	2,889	364	2,525	E		
Program Manager II	\$2545-\$4094	0.10	4,792	604	4,188	F		
Program Coordinator	\$2426-\$3903	1.00	34,287	4,320	29,967	A		
Counselor I	\$1527-\$2456	3.00	83,174	10,480	72,694	A		
Admin Coordinator	\$2762-\$4443	0.04	1,545	195	1,350	E		
Program Assistant II	\$1796-\$2870	1.00	23,701	2,986	20,715	E		
SUBTOTAL SALARIES		Number of FTE's	5.18	150,388	1 a,949	131.439		
Fringe Benefits			20,353	2,565	17,788	A,E&F		
Fringe Benefit Rate (13.5%)			Subtotal	170,741	21,514	149,227		
TRANSPORTATION								
Staff Travel - Local Mileage			202	26	176	D		
SUBTOTAL			202	26	176			
EQUIPMENT, MATERIALS, SUPPLIES								
Office Supplies			480	60	420	B		
Program Supplies			300	38	262	D		
Postage			100	13	87	B		
Equip Rental / Maintenance			600	76	524	B		
Printing /Copying			300	38	262	B		
Small Equipment			1,000	116	884	A, D		
SUBTOTAL			2,780	341	2,439			

COUNTY OF SANTA CRUZ

Health Services Agency

DAOFA 12-A

LINE ITEM BUDGET (Continued)

362

Contractor: SCCCC, Inc.		Component: Community Recovery Services ALTO COUNSELING CENTER			Modality: Outpatient		
DETAILED BUDGET FOR THIS PERIOD (Continued)		BUDGET SOURCE OF FUNDS			Cost alloc code	N 97/98 Total Contract Budget	ACTUAL EXPENSE: LAST N: 96197
		Total Amount	Other Funds	County HSA			
		(3)	(4)	(5)	(6)	(7)	(8)
. OPERATING EXPENSES							
Computer Consulting		2,000	252	1,748	D		
Consultant Fees		3,100	391	2,709	D		
Telephone		1,500	189	1,311	B		
Messenger/Delivery		120	15	105	B		
Rent		7,800	983	6,817	B		
Utilities		1,200	151	1,049	B		
Facility/Repair & Maintenance		300	38	262	B		
Drug Screening		17,875	2,252	15,623	D		
Recruitment		150	19	131	D		
Employee Training		200	25	175	D		
Misc. Hiring Costs		0	0	0	D		
Insurance		480	60	420	B		
SUBTOTAL		34,725	4,375	30,350			
. SPECIAL EXPENSE							
SUBTOTAL		0	0	0			
. ADMINISTRATIVE COSTS (List only if this is budgeted as indirect rate)							
Administrative Cost Rate: 11.4%		23,763	2,994	20,769	C		
SUBTOTAL		23,763	2,994	20,769			

COUNTY OF SANTA CRUZ

Health Services Agency

DADPA 12-A

S: Recontract 98 section/Budget forms - revised (4/29/98)

COST ALLOCATION PLAN

Contractor: Santa Cruz Community Counseling Center, Inc./Community Recovery Services ALTO COUNSELING CENTER			
Cost Allocation Code	Describe Cost Allocation Method (see Instructions)	Category	Line Item
(1)	(2)	(3)	(4)
A	Salary Allocation - costs allocated based on percentage of staff time spent on contract activities as determined by time sheets.	1	Counselors, Benefits & Hourly
B	Full Time Equivalent - based upon the number of FTE positions funded by the cost center.	3	Office Supplies
		3	Postage/Freight
		3	Equip Rental/Maint.
		3	Printing/Copying
		4	Telephone
		4	Messenger & Delivery
		4	Rent
		4	Utilities
		4	Facility Repair & Maint.
		4	Insurance
C	Approved Indirect Cost Rate.	6	Admin Rate
D	Direct costs directly applicable to this contract.	2	Staff Travel
		3	Program Supplies
		3	Small Equipment
		4	Computer Consultant
		4	Consultant
		4	Drug Screening
		4	Recruitment
		4	Employee Training
		4	Misc Hiring Costs
E	Administrative staff costs are allocated based on direct service salary/hourly costs assigned to cost centers.	1	Director and Admin Staff Benefits
F	Program Manager is allocated as a factor of FTE's supervised under each cost center.	1	Program Manager Benefits

COUNTY OF SANTA CRUZ

Health Services Agency

DADPA 12-A

SA-13

**SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
COMMUNITY RECOVERY SERVICES/ALTO COUNSELING CENTER**

304

DRUG COURT PROPOSAL - BUDGET NARRATIVE

SOURCES OF FUNDS

County of Santa Cruz:	\$202,961
Client Fees (\$520 x 75 clients x 75%):	<u>\$29,250</u>
TOTAL REVENUE	\$232,211

EXPENSES

1. PERSONNEL SERVICES: \$170,741

All salaries are based on the Santa Cruz Community Counseling Center, Inc. (SCCCC) approved Salary Step Schedule.

Director-Community Recovery Services (.04 FTE) \$2,889: This position has overall responsibility to ensure contract compliance and leads ongoing program planning efforts. Supervised Program Manager and reports to SCCC's Executive Director. The CRS Director is bilingual and bicultural with exceptional experience with the target population.

Program Manager-Clinical (.10 FTE) \$4,792: This position has overall clinical responsibility for this program and supervises the Program Coordinator. Ensures compliance with programmatic and reporting requirements. Ensures effective working relationships with interfacing entities, as well as ensuring implementation and maintenance of service component standards. The ALTO Program Manager is a Licensed Marriage and Family Counselor.

Program Coordinator (1 .0 FTE) \$34,287: This position is responsible for day-to-day program operations Countywide. Ensures completion of case plans through supervision of Counselors. Maintains effective working relationships with interfacing entities. This position will be filled by a bilingual, bicultural hire.

Counselor I (3.0 FTE) \$83,174: These positions are responsible for direct service counseling to clients in compliance with agency procedures and requirements of Drug Court protocols. It is our intention to fill all positions with bilingual, bicultural staff.

Administrative Coordinator (.04 FTE) \$1,545: This position supervises the Program Assistant and is responsible for overall coordination of all administrative support functions including: client data collection systems, reporting requirements, fee collections, purchasing. The CRS Administrative Coordinator is bilingual and bicultural.

Program Assistant II (1 .0 FTE) \$23,071: This bilingual position will provide day-to-day clerical support to this program. This includes tracking of client service forms, data input for client information system, organization and ensuring confidentiality of client files, client fee collections, maintaining correspondence, purchasing, and reception duties.

SUBTOTAL SALARIES: \$150,388

Fringe Benefits Rate @ 13.5% includes the following:	\$20,353
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<u>Social Security @ 7.65% x annual salaries</u>	\$11,505
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<u>Unemployment Insurance @ 1.8% of annual salaries</u>	\$2,707
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<u>Workers' Compensation @ .42% per \$1.00/wages</u>	\$ 632
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<u>Health/Life/Dental Insurance @ varied coverage/month:</u>	\$5,479
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Note: no coverage assumed for Counselor 1 positions

Single: \$172; +1: \$340; Family: \$467

SUBTOTAL PERSONAL SERVICES	\$170,741
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2. TRANSPORTATION: \$202

305

Staff Travel (Local) represents reimbursement for private vehicle use related to program activities (60 miles/month x 12 months x \$.28/mi). \$ 202

3. EQUIPMENT, MATERIAL, SUPPLIES

Office Supplies for pens, paper, file folders; \$ 480
Program Supplies for educational/training materials \$ 300
Postage/Delivery represents an allocated portion of stamps for mailing program materials, as well as a courier service which transports program documents between program locations and the centralized administrative unit of SCCCC. \$ 200
Equipment Rent represents allocated lease costs for photocopiers and computers used for program operations. \$ 600
Printing/Copying represents an allocated portion of cost for duplication, offset printing and quick print for brochures, forms, and other printed materials. \$ 300
Equipment represents cost for two Breathalyzer machines @ cost of \$500/each for North and South County program sites. \$ 1,000

4. OPERATING EXPENSES

Computer Consultant represents computer support cost to adapt current client data system to meet Drug Court program requirements (40 hours x \$50/hour) \$ 2,000
Consultant Fees represents the following: \$ 3,100
 Acupuncture sessions held alternate weeks at North and South County sites provided by Acupuncture Associates (\$50/wk x 50 weeks=\$2500)
 Assessment and career profiles provided by Cabrillo College Career Planning (\$30/session x 20 sessions = \$600) \$ 120
Messenger/Delivery represents an allocated portion of courier service which transports program documents between program locations and the centralized administrative unit of SCCCC.
Telephone represents estimated \$180/mo cost for phone lines for program operations. \$ 1,500
Rent represents projected cost for additional office/group meeting space in North and South County estimated @ \$650/month. \$ 7,800
Utilities represents an allocated portion of cost for gas, electric, water, garbage for program facilities budgeted @ \$1 00/month. \$ 1,200
Facility Repair/Maintenance represents an allocated portion of cost for necessary building repairs and upkeep for program facilities. \$ 300
Drug Screening represents cost for urinalysis testing projected at 308 tests/month analyzed for 4 assays projected cost of \$4.84/test. \$17,875
Recruitment/Hiring Costs represents cost of advertising for new/vacant staff positions and fingerprint screening. \$ 150
Employee Training represents cost of staff attending trainings, conferences, meetings outside of the agency which are relevant to programmatic issues and activities. \$ 200
Insurance represents allocated portion of property, contents, business/professional liability, Directors and Officers, Fidelity Bond to ensure coverage for program activities budgeted @ \$40/month. \$ 480

5. SPECIAL EXPENSES – Not applicable.

SUBTOTAL DIRECT COSTS: \$208,448

6. ADMINISTRATIVE COSTS: \$23,763

TOTAL COSTS: \$232,211