



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ 185

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

Date: April 30, 1999

AGENDA: May 18, 1999

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95061

SUBJECT: Report Back and Related Actions Regarding Residential Treatment
for Adolescents with High Risk Drug Problems

Dear Members of the Board:

Background:

During June, 1998 budget hearings, your Board heard testimony regarding high-risk drug use by County youth. At that time and subsequently, the County Civil Grand Jury also provided both verbal and written comment on this subject. Their most recent letter on this matter is attached to this letter for your reference. All parties involved are in agreement that a significant service gap for drug involved teens is residential treatment. Your Board took a number of actions to address this problem on December 8, 1998 and February 23, 1999. This board letter implements two important recommendations previously approved by your Board:

- (1) The addition of 3 youth beds to the Si Se Puede Drug Treatment program;
- (2) The release of a Request For Proposals (RFP) for a 10 bed drug treatment facility for youth not yet in the criminal justice system.

The High Risk Drug Task Force, developed by the Board of Supervisors after last year's budget testimony on high-risk drugs, recommended a number of strategies to expand access to residential treatment for youth. One of the recommendations was to convert three adult beds at the Si Se Puede Drug Treatment Program for use by older adolescents. Si Se Puede is a successful and culturally competent drug treatment program for adults. The 3 beds proposed for conversion to adolescent care are licensed, but not funded by the County due to limited resources.

The State Department of Alcohol and Drugs is authorized to grant waivers permitting these adult beds to be used for adolescents. The population served by Si Se Puede is

young men who would be compatible with older adolescents with similar drug problems. Si Se Puede can accept both Probation and voluntary youth into these new adolescent beds and has applied for the waiver and taken the necessary steps to implement the associated program requirements. A contract amendment (Attachment A) with the Santa Cruz Community Counseling Center, Inc., which operates Si Se Puede, to begin this new service on June 1, 1999, is attached for your Board's approval.

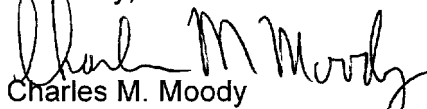
The Request for Proposals (Attachment B) will implement another important Task Force recommendation to create a IO-bed treatment facility for youth not yet involved in the criminal justice system. The proposed facility will be linked to a special education and day treatment program, and the successful applicant will be required to identify a program site. If approved by your Board, this RFP will be released to local community based organizations seeking formal proposals to operate this new service. The review process would take place in July with a recommended selection being brought to your Board in early August. The goal of the RFP process is to have the new residential program licensed by Community Care Licensing and certified by Medi-Cal by the fall of this year, with youth placements to begin no later than December, 1999.

Recommendations:

It is, therefore, RECOMMENDED that your Board:

1. Approve the contract amendment with Santa Cruz Community Counseling Center, Inc. (Contract No. 100A, Budget Index 364042, Subobject 3975) in the amount of \$5,360, and authorize the Health Services Administrator to sign; and
2. Approve the release of an RFP for a 10 bed adolescent treatment facility and related services, and direct the Health Services Agency to proceed with the process of selection of a provider for these services and report back to the Board August 10, 1999 with recommendations.

Sincerely,



Charles M. Moody

Health Services Agency Administrator

CM:RK:PS:ep
Attachments

RECOMMENDED



Susan Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Mental Health and Substance Abuse Administration

Human Resources Agency
Probation Department
Alcohol & Drug Commission
Local Mental Health Board

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0 187

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

FROM: Health Services Agency (Dept.)
C. M. W. (Signature) 5/5/99 a t e)

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

1. Said agreement is between the County of Santa Cruz Health Agency (Agency)
CA 95060
and and Santa Cruz Community Counseling Center, 195 A Harvey West Blvd., Santa Cruz (Name & Address)
2. 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.
3. The agreement is needed _____
4. Period of the agreement is from July 1, 1998 to June 30, 1999
5. Anticipated cost is \$ 1,079,737.00 increased to \$1,085,097.00 (~~XXXXXX~~ Not to exceed)
6. Remarks: This amendment increases the current contract by \$5,360.00
7. Appropriations are budgeted in 364042 (Index#) 3975 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C080100A Date 5/5/99
are not will be

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).

Remarks:

44 (Analyst)

County Administrative Officer
By 44 Silva Date 5/10/99

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.

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

Att. A

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**COUNTY OF SANTA CRUZ
HEALTH SERVICES AGENCY
ALCOHOL AND DRUG PROGRAM**

AMENDMENT TO AGREEMENT

Contract #: CO80 1 OOA

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 set forth in the attached Exhibit "A" by increasing the amount of compensation from \$1,079,737 to \$1,085,097 and by amending Exhibit A, Provision A3; Exhibit D, Provisions D1, D2, and D4; and Exhibit E-4, Goals I, I-A, I-B, I-C, I-D, II, II-A and Staffing. Additions are in **bold and underlined**, and a line has been drawn through old language to be deleted. 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: 

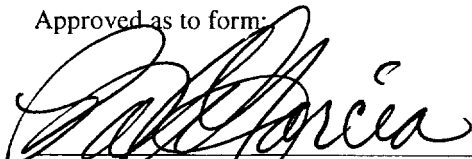
BY: _____

DATE: 4/23/99

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.

- 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)~~ One Million Eighty Five Thousand, Ninety Seven Dollars and No/100 (\$1,085,097.00) 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/1 00 (\$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.1. **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					
292,989 298,349	Si Se Puede-Residential		292,989		<u>5,360</u>					
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 1,085,097	TOTAL	12,766	762,129	79,880	56,147 61,507	36,908	35,696	6,404	1,092	88,715

- D.2. **FEE FOR SERVICE CONTRACTS UNIT OF SERVICE RATES:** County agrees to compensate Contractor at the unit of service rates set forth below. Settlement will be done at the end of the contract with the Cost Report. Contractors 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.

COMPONENT	RATE	UNIT	SERVICE
A. ALTO	\$39.38	Staff Hour	Individual & Group Counseling
B. ALTO	\$48.11	Staff Hour	Prevention Services
C. SI SE PUEDE	\$68.61	Bed Day	Residential Services <u>provided from 7/1/98 to 4/30/99</u>
D. SI SE PUEDE	<u>\$76.22</u>	Bed Day	<u>Residential Services provided from 5/1/99 to 6/30/99</u>
D. SUNFLOWER	\$57.04	Bed Day	Residential Services
E. ALTO	\$39.38	Staff Hour	CalWORKS Individual & Group Counseling
F. A L T O	\$39.38	Staff Hour	Governor's 15% Relapse Prevention
G. SUNFLOWER	\$97.04	Bed Day	CalWORKS Residential Services

- D.3. **DEFINITIONS:** Definition of above units of service shall be as follows:

#A. **STAFF HOUR/Individual & Group Counseling:** A staff hour is defined as 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 including individual counseling and group therapy of a minimum of 3 and not more than 15 unrelated individuals, intake, assessment, case management or aftercare. 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 15 minute increments of direct staff time.

Outreach/Information and Referral: A staff hour in the Outpatient program to inform individuals who call, come to the office, are contacted through outreach efforts, and/or attend community meetings about AOD services. Staff persons will give specific information about the benefits and services of Medi-Cal and will encourage persons to apply for Medi-Cal benefits by referring them to Medi-Cal eligibility offices. Information and/or referrals to other treatment services, medical services or other health and social services is part of the intake, admission, program and discharge process. Records will be kept of staff hours and numbers of people given specific information about Medi-Cal or referred to Medi-Cal offices in accordance with current State MAA guidelines and regulations.

- #B. STAFF HOUR/Prevention Services: A staff hour is defined as 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 is billed in 30 minute increments of direct work time.

Public Information/Prevention Education/Referral: A staff hour in the Prevention program to inform individuals who call, come to the office, are contacted through outreach efforts, and/or attend community meetings about AOD prevention. Staff persons will give specific information about the benefits and services of Medi-Cal and will encourage persons to apply for Medi-Cal benefits by referring them or giving directions to Medi-Cal eligibility offices. Public information and education about and/or referrals to treatment resources, medical services or other health and social services is part of the prevention activities. Records will be kept of all presentations in which AOD treatment resources are presented and specific information about Medi-Cal services and location of offices are given to meeting participants or individuals in accordance with current State MAA guidelines and regulations.

- #C. & #D. & #G. CLIENT BED DAY: A day in which 1 treatment bed is utilized to provide 24 hour inpatient care. In the case of CalWORKS clients, a "treatment bed" includes provisions for beds for and care of both the client and the accompanying children. 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.

- #E. & #F. STAFF HOUR: Staff hours are defined as 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, including individual and group counseling, intake, assessment, case management, aftercare, participation in CalWORKS multi-disciplinary team meetings, and outreach and educational activities related to informing and encouraging CalWORKS recipients to enter into alcohol and drug treatment services. 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 15 minute increments of direct staff time.

- D.4. FEE FOR SERVICE** ADVANCE BASE: Advances shall be made on a base of ~~\$898,156~~ **\$978,256**
\$983,616.

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.

- D.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.

EXHIBIT E-4

DESCRIPTION OF SERVICES

Contractor: Santa Cruz Community Counseling Center
 Component: Si Se Puede Recovery Program Provider #: 44-4482
 Modality: Residential
 Primary Target Groups Treated: ~~Latino Men, Poly Drug Juvenile and Adult Latino Males, Poly-Drug~~

Budget and Unit of Service (UOS) Data

	96-97	97-98	98-99
	Past Year Actual	Current Year Estimated	New Budget Estimated
Gross Program Cost	\$382,637	\$399,630	\$425,714 \$431,486
County Funding	\$284,455	\$284,455	\$292,989 \$298,349
Number of clients funded by County	64	58	58

Estimated Average Duration of Treatment: 3 months.

PRIMARY PROBLEMS TREATED

Si Se Puede is a licensed residential treatment community providing comprehensive rehabilitation services targeting substance abusing ~~Latino juveniles and adult males men~~, ages ~~18 -50 15 and above~~. The program consists of 6 months of residential treatment followed by 3 - 6 months of transition back into the community. Si Se Puede places a special emphasis on providing culturally relevant treatment services to ~~Latino juvenile and adult males men~~ involved in the criminal justice system.

PROGRAM GOALS AND OBJECTIVES

GOAL I: To provide comprehensive residential treatment, transition and rehabilitation services to alcohol and drug dependent ~~men juvenile and adult males~~.

OBJECTIVE A: To obtain a waiver to Si Se Puede's State license to admit 15 to 17 year old juveniles, and provide residential treatment services to those clients as appropriate.

OBJECTIVE A ~~B~~: To provide 4591 client/days of treatment per year.

OBJECTIVE ~~B~~ **C**: To provide services to 58 alcohol and drug dependent ~~men juvenile and adult males~~ per year, with an emphasis on ~~Latino-men Latinos~~.

OBJECTIVE ~~C~~ **D**: To monitor and report quarterly on the number of bed days and percentage of services for clients with a primary alcohol problem and a primary drug problem.

GOAL II: To emphasize services to ~~Latino-men Latinos~~ and clients referred from the criminal justice system.

OBJECTIVE A: To provide 3673 client/days **(80%)** to ~~Latino-men Latinos~~.

OBJECTIVE B: To provide 3214 client/days (70%) of treatment to clients referred from the ~~criminal~~ justice system.

GOAL III: To secure funding for services throughout the 98/99 Fiscal year.

OBJECTIVE A: Si Se Puede will submit a written plan for funding to balance the budget with the first Quarter Report and report quarterly on progress.

GOAL IV: To promote staff development and competency by providing training to staff.

OBJECTIVE A: To develop a Staff Training Plan and submit the Plan with the First Quarter Report due October 30, 1998. The Staff Training Plan must include the title and topic of the training, the trainer's name, the date of the training and the cost. In addition to alcohol and drug treatment and prevention training topics, the Training Plan must include the following:

- Safety and Infectious Disease policy issues (CPR and First Aid required for residential programs);
- HIV and AIDS prevention, treatment, confidentiality, referrals;
- ADA requirements and agency plan;
- Latino competency and accessibility plans;
- Dual diagnosis issues.
- Programmatic issues related to the diverse aspects of the population (e.g., culture, acculturation and assimilation, cultural competency and Latino accessibility, dual diagnosis, and other characteristics)

OBJECTIVE B: Document trainings attended by staff in individual employee training logs and maintain in employees' personnel files.

OBJECTIVE C: Report actual trainings attended by staff in each Quarterly Report including the following:

- The title and topic of the training;
- The date of the training;
- The length of the training;
- The total number of attendees at the training;
- The name and title of each staff attending the training

GOAL V: To ensure accessibility to individuals with disabilities into county funded programs and to meet the Americans with Disabilities Act (ADA) requirements, and County and ADP reporting and action requirements.

OBJECTIVE A: To conduct an annual review of the agency's ADA Accessibility Policy, and report on any revisions to the policy in the First Quarter Report. Name the agency staff person who is responsible for ADA compliance.

OBJECTIVE B: Residential treatment programs must maintain the appropriate Fire Marshal clearance and State license.

OBJECTIVE C: Work with DADPA and the State to develop and implement outpatient accessibility.

OBJECTIVE D: Report significant changes or accomplishments in each Quarterly Report, including training attended.

OBJECTIVE E: Any complaints related to ADA compliance must be reported verbally to DADPA within 24 hours and in writing within three days.

GOAL VI: To maintain a high level of Latino accessibility to services and to take needed actions to improve agency cultural competency and service accessibility for non-English speaking clients.

OBJECTIVE A: To conduct an annual review of the agency's Latino Accessibility Policy and agency's competence/accessibility objectives and submit an updated assessment, Action Plan and report with the First Quarter Report, due October 30, 1998. Report must include a list of current staff members, their ethnicity and Spanish language fluency. Board of Directors approval of the current policy and objectives must be noted in the report.

OBJECTIVE B: In each quarterly report, report on all Action Plan steps including training, hiring and/or termination/resignation of staff or Board members that were scheduled to have been completed by the end of the quarter.

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

OBJECTIVE A: To submit agency Client Fee Schedules with the First Quarter Report based on standards sent out by DADPA (Treatment providers only).

OBJECTIVE B: For programs submitting monthly or quarterly advance claims, to submit the green claim forms and required supportive documentation by the 15th of the prior month. For programs submitting quarterly claims, to submit green claim forms and required supportive documentation by 30 days after the end of the quarter.

OBJECTIVE C: To provide proof of insurance renewal on ACORD form #25 prior to expiration or before submission of next claim.

OBJECTIVE D: To submit required quarterly Progress Reports, narrative reports, and year-to-date unit of service goals versus actual utilization reports 30 days after the end of the quarter for the first, second and third quarters. Reports must address all contract goals and objectives from Exhibit E, and will describe progress or problems in achieving objectives.

OBJECTIVE E: To submit contract changes/amendment and/or contract budget revision requests for approval to DADPA Administrator by March 15, 1999.

OBJECTIVE F: To submit a final narrative and evaluation report and cost report with supporting financial statements by August 30, 1999.

OBJECTIVE G: As applicable, to submit an inventory of equipment and furnishings purchased with County funds with the Final Report in accordance with the HSA - Alcohol and Drug Inventory Policy.

OBJECTIVE H: To submit an annual audit report for contractors who exceed the \$300,000 Federal funds threshold as required by the Federal Circular A- 133 no later than March 31, 1999, for fiscal year 1997-98 or within 15 days of completion. (This does not apply to School Prevention contracts.)

OBJECTIVE I: To report any serious safety problems, infectious disease outbreaks, OSHA citations and proposed solutions, HIV testing or accessibility issues and solutions implemented, and any revisions to Safety/ Infectious Disease and HIV policies in each quarterly report.

OBJECTIVE J: Applicable to the following treatment programs: Sunflower House, Si Se Puede, Janus Residential, Janus Perinatal, Fenix Hermanas. To continue systems and policies to insure priority admission of pregnant women and HIV positive persons, referral for TB testing, interim services prior to admission for injection

drug users, and maintain waiting lists for admission.

GOAL VIII: To evaluate the effectiveness of the program.

OBJECTIVE A: To evaluate in the annual report the effectiveness of the treatment services provided including any outcome study results collected by the agency.

GOAL IX: To promote accessibility for dual diagnosis clients into the agency's residential and outpatient treatment modalities

OBJECTIVE A: Review and revise prior year Action Plan and submit with the First Quarter Report.

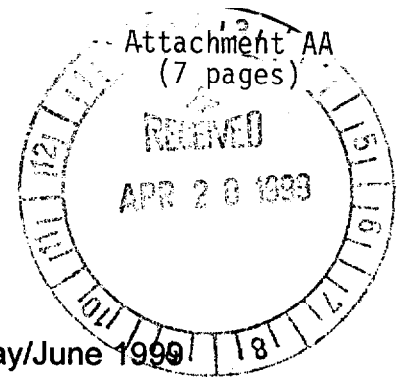
OBJECTIVE B: Designate a lead staff person to assist the County in planning staff training activities and staff rotation activities, and implementing these activities, as per the current year plan. Report the name of the staff person in the First Quarter Report.

OBJECTIVE C: Report significant changes or accomplishments in each Quarterly Report, including trainings attended, and staff rotation activities in which the agency has participated in.

STAFFING (F.T.E.)

Director	.33	
Program Manager II	.25	
Program Manager I	1.00	
Counselors	3.00	
Night Supervisor	1.45	
Admin. Coordinator	.33	
Program Assistant	.72	
<u>Juvenile Residency Counselor II</u>	<u>.17</u>	
TOTAL	<u>7.08</u>	<u>7.25</u>

SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
COMMUNITY RECOVERY SERVICES
SI SE PUEDE



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Adding capacity for up to 3 juveniles in residential treatment - May/June 1999
Beginning mid-May when waiver is approved.

		COUNTY HSA	CLIENT FEES	TOTAL
PERSONNEL	FTE			
Counselor II, bilingual, hire 5/10/99	1.00	3,822	0	3,822
SUBTOTAL SALARY	1.00	3,822	0	3,822
FRINGE BENEFITS				
Social Security		292	0	292
Unemployment Insurance		73	0	73
Workers Compensation		51	0	51
Health/Life/Dental Insurance		0	0	0
SUBTOTAL FRINGE BENEFITS		416	0	416
TOTAL PERSONNEL SERVICES		4,238	0	4,238
OPERATING EXPENSES				
Local Travel		196	0	196
Client Food		0	370	370
Client Misc. Personal Needs		100	0	100
Medical Exams		100	0	100
Recruitment		177	0	177
TOTAL OPERATING		573	370	943
TOTAL DIRECT COSTS		4,811	370	5,181
Indirect Costs		549	42	591
GRAND TOTAL		5,360	412	5,772

BUDGET SUMMARY

Contract CO#80100A

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CONTRACTOR: Santa Cruz Community Counseling Center, Inc.

SUBMISSION DATE: 4/19/99

PROGRAM COMPONENT: SI SE PUEDE

PRELIM FINAL AMENDED

MODALITY OF SERVICE: RESIDENTIAL

- X -

ADDING JUVENILE RESIDENTIAL CAPACITY - mid-May 1999

Type of Service: CONTIN. NEW EXPANDED

- X -

	PERIOD				
	Begin	7/1/98	Through	6/30/99	
	BUDGET	Source of Funds		Current	Actual Exp.
	Total Amount	Other	County HSA	Contract Budget	FY 96-97
1. PERSONAL SERVICES	268,226	88,621	179,605	263,988	171,984
2. TRANSPORTATION	13,727	3,114	10,613	13,531	9,854
3. EQUIP., MATRLS., SUPP.	39,120	13,553	25,567	38,572	23,778
4. OPERATING EXPENSE	65,896	14,534	51,562	65,896	49,384
5. SPECIAL EXPENSE	0	0	0	0	0
SUBTOTAL DIRECT COSTS	386,969	119,822	267,347	381,987	255,000
6. ADMINISTRATIVE COSTS	43,727	13,315	31,002	43,727	29,455
TOTAL	430,696	133,137	298,349	425,714	284,455

*SOURCE OF OTHER FUNDS	AMOUNT	Current FY Total Contract Budget	Actual Exp. FY 96-97
Client Fees	17,000	17,000	18,432
HRA Community Programs	24,352	24,352	15,283
City of Watsonville	5,780	5,780	1,521
Food Stamps	5,412	5,000	8,300
Fundraising/Donations	34,500	34,500	18,082
Other-Unknown	21,401	21,401	0
Watsonville Job Training	14,692	14,692	0
Subcontract Other Agencies	10,000	10,000	0
GIFTS			
OTHER (Describe)			
TOTAL	133,137	132,725	61,618

COUNTY OF SANTA CRUZ

Health Services Agency

DADPA SA-11

LINE ITEM BUDGET

Contractor:SCCCC		Component: Si Se Puede		Modality: Residential		Contract CO#80100A		
DETAILED BUDGET FOR THIS PERIOD	Monthly Salary Range in F.T.E.	% time FTE (2)	Budget Total Amount (3)	Source Of Funds		cost alloc code (6)	Current FY Contract Budget (7)	Actual Exp. FY 96-97 (8)
				Other (4)	County HSA (5)			
I. Personal Services (List by Position Titles)								
Director	4,080-6,563	0.33	23,683	5,223	18,460	B	23,683	
Admin Manager I	2,671-4,297	0.33	12,659	2,792	9,867	B	12,659	
Program Assistant II	1,742-2801	0.72	13,989	3,085	10,904	D	13,989	
Program Manager II	2,461-3,959	0.25	11,878	2,620	9,258	D	11,878	
Program Manager I	2,346-3,775	1.00	32,627	7,196	25,431	D	32,627	
Counselor I	1,481-2,382	1.00	20,614	4,547	16,067	D	20,614	
Counselor II	1,800-2,896	2.00	51,976	34,269	17,707	D	51,976	
Counselor II-Juv Resid	1,800-2,896	0.17	3,822	0	3,822	D	0	
Night Supervisor	1,112-1,789	1.45	25,398	5,602	19,796	D	25,398	
SUBTOTAL SALARIES			196,646	65,334	131,312		192,824	124,190
HOURLY/OVERTIME			14,000	3,088	10,912	D	14,000	12,347
Fringe Benefit	Rate 27.33% Number of FTE's 7.24		57,580	20,199	37,381	B & D	57,164	35,447
	SUBTOTAL		268,226	88,621	179,605		263,988	171,984
2. TRANSPORTATION								
Staff Travel			696	241	455	D	500	279
Out of Co. Travel/Hotels & Meals			900	198	702	D	900	0
Gas & Oil (Company Veh)			1,500	331	1,169	D	1,500	930
Repairs/License			1,315	290	1,025	D	1,315	715
Leasing Costs			4,476	987	3,489	D	4,476	3,643
Public Transportation			600	132	468	D	600	417
Vehicle Insurance			4,240	935	3,305	D	4,240	3,870
	SUBTOTAL		13,727	3,114	10,613		13,531	9,854
3. EQUIPMENT, MATERIALS, SUPPLIES								
Housekeeping Supplies			2,500	551	1,949	D	2,500	2,229
Office Supplies			3,000	662	2,338	D	3,000	1,796
Program Supplies			1,000	1,000	0	D	1,000	707
Postage/Freight			500	110	390	D	500	158
Equipment Rental/Maint.			1,772	391	1,381	D	1,772	1,638
Printing/Copying			800	176	624	D	800	656
Subscriptions/Publications			250	55	195	D	250	47
Medical Supplies			750	165	585	D	750	563
Food			23,370	9,340	14,030	D	23,000	12,478
Recreation/Education Supplies			1,500	331	1,169	D	1,500	618
Misc. Personal Needs			3,178	662	2,516	D	3,000	1,813
Equipment			500	110	390	D	500	1,075
	SUBTOTAL		39,120	13,553	25,567		38,572	23,778

COUNTY OF SANTA CRUZ
Health Services Agency
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LINE ITEM BUDGET (Continued)

Contractor:SCCCC		Component: Si Se Puede		Modality: Residential		ContractCO#80100A	
DETAILED BUDGET FOR THIS PERIOD (Continued)		Budget Total Amount (3)	Source Of Funds		Cost alloc code (6)	Current FY Contract Budget (7)	Actual Exp. FY 96-97 (8)
			Other (4)	County HSA (5)			
i. OPERATING EXPENSES							
Consultant		1,300	287	1,013	D	989	479
Telephone		4,000	882	3,118	D	3,195	3,146
Messenger & Delivery		864	191	673	D	612	659
Rent		38,400	8,469	29,931	D	29,211	29,948
Utilities		8,200	1,809	6,391	D	5,629	6,694
Facility Repair/Maintenance		2,700	595	2,105	D	2,054	2,322
Meeting/Retreat/Confrences		800	176	624	D	609	336
Medical Exams		2,200	485	1,815	D	1,141	1,292
Drug Screening		1,000	221	779	D	571	957
Recruitment		2,000	441	1,659	D	609	756
Employee Training		1,000	221	779	D	761	476
Misc Hiring Costs		200	44	156	D	152	8
Memberships		400	88	312	D	304	275
Insurance		2,832	625	2,207	D	1,849	2,036
SUBTOTAL		65,896	14,534	51,562	0	47,686	49,384
i. SPECIAL EXPENSE							
SUBTOTAL		0	0	0		0	0
j. ADMINISTRATIVE COSTS (List only if charged to this budget as indirect rate.)							
Administrative Indirect Cost Rate: 11.6%		43,727	13,315	31,002	C	30,663	29,455
SUBTOTAL		43,727	13,315	31,002		30,663	29,455

COST ALLOCATION PLAN

200

Contractor: Santa Cruz Community Counseling Center, Inc.			
Modality: Si Se Puede			
Cost Alloc. Code	Cost Allocation Method	Category #	Line Item(s)
1	2	3	4
A	Salary Allocation - costs allocated based on percentage of staff time spent on contract as determined by units of service (bed days)	1	Program Manager, Counselors, Night Supervisors, Program Asst. , Benefits, & Hourly
B	Salary Allocation - costs allocated to SSPISFHIALTO based on FTE's. Within program allocation based on bed days.	1	Director, Admin Coord plus benefits
C	Approved Indirect Cost Rate.	6	Admin Rate
D	Direct costs directly applicable to this contract.	2	Local Travel (pvt. veh.)
		2	Out of Co. Travel
		2	Gas & Oil (Company Veh.)
		2	Repairs/License
		2	Leasing Costs
		2	Public Transportation
		2	Vehicle Insurance
		3	Housekeeping Suppls.
		3	Office Supplies
		3	Program Supplies
		3	Postage/Freight
		3	Equip Rental/Maint.
		3	Printing/Copying
		3	Subscriptions/Publications
		3	Medical Supplies
		3	Food
		3	Rec/Ed Supplies
		3	Misc. Personal Needs
		4	Consultant
		4	Telephone
		4	Messenger & Delivery
		4	Rent
		4	Utilities
		4	Facility Repair
		4	Mtg./Retreat/Confrence.
		4	Medical Exams
		4	Drug Screening
		4	Recruitment
		4	Employee Training
		4	Misc Hiring Costs
		4	Memberships
		4	Insurance

COUNTY OF SANTA CRUZ
Health Services Agency
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Strategy by Line Item for Cost Recovery FY 1999100

MGMT FEE 8.00%

		HCD HOUSES				TOTAL	CSS HOUSES				TOTAL	
		159 Mission	Van Ness	Broadway	Water St.	HCD	40th Avenue	Lincoln	E.Lake	Bixby	c s s	Total
# of Units		5	8	4	8	25	5	8	5	8	26	51
% By Unit By Houses		20%	32%	16%	32%	700%	19%	31%	19%	31%	100%	
6310	Office salaries	\$3,225	\$5,160	\$2,580	\$5,160	\$16,124	\$3,225	\$5,160	\$3,225	\$5,160	\$16,769	\$32,892
6351	Bookkeepingfees	450	720	360	720	2,250	838	1,341	838	1,341	4,360	6,610
6540	Repairs payroll	1,461	2,338	1,169	2,338	7,305	1,461	2,338	1,461	2,338	7,598	14,903
6320	Managementfee	1,123	1,333	899	2,016	5,371	1,480	2,544	1,277	2,688	7,989	13,360
TOTAL ALLOCATED COSTS		\$6259	\$9.550	\$5.007	\$10.234	\$31.050	\$7.005	\$11.383	\$6.801	\$11,527	\$36,715	\$67,765

NET NEGOTIATED RATE REQUEST

2 0 %

CONTRACTOR: Santa Cruz Community Counseling Center, Inc.	
COMPONENT: Si Se Puede	MODALITY: Residential
DESCRIPTION OF UNIT OF SERVICE:	
Residential Bed Day - including capacity for up to 3 juveniles	
BASIS OF RATE:	
JUVENILE RESIDENTIAL:	
Current contract total program cost	\$ 425,714
Divided by 12 x 1.7 months (May/June 99)	60,309
Added cost for additional Counselor, support costs for Juv. Resid. for 2 mos.	\$ 5,772
Total program costs for May/June 99	\$ 66,082
20 beds x .85 vacancy rate x 51 days	867 days available (May 10-June 30, 1999)
\$66,082 / 867 days	\$ 78.22 cost of client day
(\$292,989+\$22,000)/12 x 1.7 mos + \$5772	50,396 County funds
\$50,396 / \$76.22	661 County funded days (May 10 -June 30, 1999)
DOCUMENTATION:	
Client records showing date of service.	
REQUESTED RATE \$:	\$76.22
PER:	Residential Day
CURRENT RATE \$:	\$68.61
PER:	Residential Day

COUNTY OF SANTA CRUZ
 Health Services Agency
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9
(SUBSTITUTE)

Request for Taxpayer
Identification Number and Certification.

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 Counseling Center

Address (number and street)
195 A Harvey West Blvd.

City, state, and ZIP code
Santa Cruz, CA 95060

List account number(s) here (optional)

203 Taxpayer Identification Number (TIN) : **203** 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.

Social security number
| | + | + | | |

OR

Employer identification number
2 | 3 | 7 | 2 | 7 | 5 | 2 | 9 | 0

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Requester's name and address (optional)

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:

ORGANIZATION

TRANSACTION

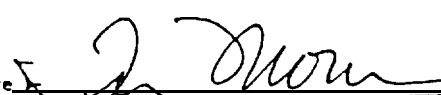
- 1. ☐ Individual
- 2. ☐ Partnership
- 3. ☐ Trust/Estate
- 4. ☐ Corporation
- 5. ☒ Real Estate Agent
- 6. ☒ Tax Exempt, Organization
- 7. ☐ Public Entity
- a. ☒ Other Organization (Specify)

- 1. ☐ Medical & Health Care Service
- 2. ☒ Other Service (Specify)

- 3. ☐ Goods/Merchandise
- 4. ☐ Freight
- 5. ☐ Other Transaction (Specify)

- 6. ☐ Rent (Space/Machinery)
- 7. ☐ Interest

Please Sign Here

Signature 

Date 8/11/98