



# County of Santa Cruz

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## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4000 FAX: (631) 454-4488 TDD: (831) 454-4123

September 7, 1999

AGENDA: September 21, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

Subject: **APPROVAL OF DRUG COURT ENHANCEMENT GRANT AGREEMENTS**

Dear Board Members:

On August 17, 1999 your Board accepted and appropriated State Drug Court Enhancement Grant funds and authorized the Health Services Agency (HSA) to negotiate contract amendments with Santa Cruz Community Counseling Center (SCCCC) and Janus of Santa Cruz (Janus) to implement grant-funded services. This letter is to request your Board's approval and authorization for the HSA Administrator to sign the attached contract amendments with SCCC and Janus.

### Santa Cruz Community Counseling Center

The attached amendment to the agreement with SCCC for alcohol and drug services adds \$103,550 to provide the following services:

- Augment the contract with SCCC -ALTO Counseling Center to add 20 new slots to the Drug Court treatment capacity, increasing it to 95 clients per year.
- Fund the SCCC to develop a clean and sober living house in South County, which currently has no such facilities.
- Provide short-term rent subsidies pending the securing of employment for ALTO Drug Court clients who need a sober living environment.
- Purchase 56 bed days at Si Se Puede for clients who are failing in outpatient treatment but remain motivated for recovery.
- Add a half-time Job Developer at ALTO to help Drug Court clients secure jobs as they stabilize and become ready for employment.

- Augment ALTO to support transportation in the form of bus passes for clients who have no other means of transportation.

### Janus of Santa Cruz

The attached amendment to the agreement with Janus for alcohol and drug services adds \$6,270 for the provision of 78 bed days of residential treatment services for Drug Court clients who are failing in outpatient treatment but remain motivated for recovery.

Funding for each of the above amendments is provided for in the adopted 1999-00 budget using State Drug Court Enhancement Grant revenues. The proposed contract amendments will not result in an increase in net County cost.

It is, therefore, RECOMMENDED that your Board:

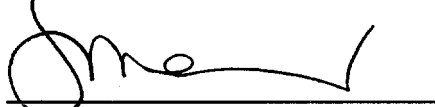
1. Approve and authorize the Health Services Agency Administrator to sign the attached amendments adding \$103,550 to the FY 1999/2000 agreement with Santa Cruz Community Counseling Center (CO90100-01) and \$6,270 to the FY 1999/2000 agreement with Janus of Santa Cruz (CO90133-01) to provide Drug Court Enhancement Grant services.

Sincerely,



Charles M. Moody  
Health Services Agency Administrator

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Officer  
Auditor-Controller  
County Counsel  
HSA Administration  
MH Administration  
Alcohol and Drug Program Administrator

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0 0235

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
\_\_\_\_\_  
(Signature) \_\_\_\_\_ (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 Outpatient, prevention and residential alcohol and drug treatment services.
- The agreement is needed to provide for the above mentioned services.
- Period of the agreement is from July 1, 1999 to June 30, 2000
- Anticipated cost is \$ increased to \$1,329,838 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: This amendment increases the current contract by \$103,550. The encumbrance for C090100-01 should be increased by this amount.
- Appropriations are budgeted in and 364042 - 01 (Index#) 3975 (Subobject) 364032 - 02 3975 (\$202,961) (\$1,126,877)

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

Appropriations are available and have been encumbered. Contract No. C090100-01& 02 Date \_\_\_\_\_  
are not available and will be encumbered. Contract No. \_\_\_\_\_ Date \_\_\_\_\_  
GARY A. KNUTSON, Auditor - Controller  
By \_\_\_\_\_ 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: \_\_\_\_\_ (Analyst) By \_\_\_\_\_ Date \_\_\_\_\_  
Agreement approved as to form. Date \_\_\_\_\_

Distribution:  
Bd. of Supv. - White  
Auditor-Controller - Blue  
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 \_\_\_\_\_.  
County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

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COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

236

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
E Moody (Signature) \_\_\_\_\_ (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)
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NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. C090100-01 & 0 2 e  
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).

County Administrative Officer

Remarks: SS (Analyst)

By Ch G Date 9/10/99

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 \_\_\_\_\_ County Administrative Officer  
By \_\_\_\_\_ Deputy Clerk

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D - 29 (6-95)

# Request for Taxpayer Identification Number and Certification

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)

**237** Taxpayer Identification Number (TIN)

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, set How To Obtain a TIN, below.

Social security number  
| | | | | | |

OR

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

For Payees Exempt From Backup Withholding (See instructions on page 2)

Requester's name and address (optional)

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:

ORGANIZATION

TRANSACTION

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

- 1. \_\_\_ Medical & Health Care Service
- 2. X Other Service (Specify)
- 3. \_\_\_ Goods/Merchandise
- 4. \_\_\_ Freight
- 5. \_\_\_ Other Transaction (Specify)
- 6. \_\_\_ Rent (Space/Machinery)
- 7. \_\_\_ Interest

Please Sign Here  
Signature [Signature]

Date 8/11/98

COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
ALCOHOL AND DRUG PROGRAM

AMENDMENT TO AGREEMENT

Contract #: C090100-01

Index: 364032 and 364042

Subject: 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 C090100-01 as set forth in the attached Exhibit "A" by increasing the amount of compensation from \$1,226,288 to \$1,329,838; and by amending Exhibit A, Provision A3; Exhibit D, Provisions D1 and D4; and Exhibits E-6 and E-8 as attached; said amendments are incorporated into and made a part of contract C090100-01 by this reference. 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: 

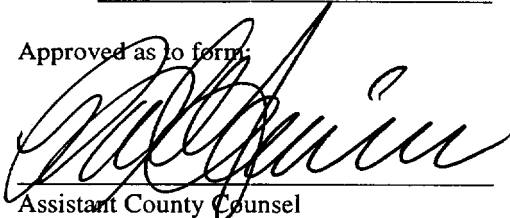
BY: \_\_\_\_\_

DATE: 8/19/99.

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.

EXHIBIT A  
INDIVIDUAL CONTRACTOR INFORMATION

- A. 1. ADMINISTRATION: County's Alcohol and Drug Program Administrator, hereinafter called County's Administrator, under the direction of the Health Services Agency Administrator shall represent County in all matters pertaining to services rendered pursuant to this Agreement and shall administer this Agreement on behalf of County. Contractor's Executive Director shall administer this Agreement on behalf of Contractor.
- A.2. TERM: The term of this Agreement shall commence on July 1, 1999 and continue through and including June 30, 2000 during which time Contractor shall perform the services provided herein.
- A.3. COMPENSATION: Total contract amount shall not exceed ~~One Million, Two Hundred Twenty-Six Thousand, Two Hundred Eighty Eight and no/100 (\$1,226,288.00)~~ **One Million, Three Hundred Twenty-Nine Thousand, Eight Hundred Thirty-Eight and no/100 (\$1,329,838.00)** 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: County agrees to pay Contractor a total sum not to exceed ~~One Million, Twenty-three Thousand, Three Hundred Twenty seven and No/100 Dollars (\$1,023,327.00)~~ **One Million, Twenty-Seven Thousand, Seven Hundred Twenty-Three (\$1,027,723.00)** for services performed during the term of this Agreement in accord with the negotiated rates set forth in Exhibit D. CalWORKs funds may only be used for activities related to CalWORKs clients. Governor's 15% Welfare-to-Work Grant funds may only be used for activities related to Welfare-to-Work clients.

FOR COST REIMBURSEMENT CONTRACTS (DRUG COURT): County agrees to pay Contractor a total sum not to exceed ~~Two Hundred Two Thousand, Nine Hundred Sixty-one and No/100 Dollars (\$202,961.00)~~ **Three Hundred Two Thousand, One Hundred Fifteen and No/100 Dollars (\$302,115.00)** for services performed during the term of this Agreement, based on reimbursement of allowable costs. **Of this amount, Two Thousand, Two Hundred Fifty and No/100 Dollars (\$2,250.00) shall be for start-up costs related to developing a clean and sober living house in Watsonville.**

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.

- A.4. NOTICE: Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or may be served by mail to the County's Administrator at: County of Santa Cruz, HEALTH SERVICES AGENCY, Alcohol and Drug Programs, 1060 Emeline Avenue, Santa Cruz CA 95060, or to Contractor at: Santa Cruz Community Counseling Center, 195-A Harvey West Blvd., Santa Cruz, CA 95060.

EXHIBIT D  
FISCAL PROVISIONS

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	Other	CalWORKs SAT	Governor's 15% Funds	Federal Drug court	State Drug Court
\$ 15,362	Prevention	\$ 15,362				
\$ 139,078	Outpatient Counseling	\$ 139,078				
\$ 21,662	Outpatient Counseling - Gov. 15%			\$ 21,662		
\$ 144,404	Outpatient Counseling - CalWORKs		\$ 14,404			
\$ 468,882	Residential - Sun Flower House	\$ 468,882				
\$ 333,939	Residential - Se Si Puede	\$ 333,939				\$ 4,396
\$ 338,335						
\$ 30,000	Residential - CalWORKs		\$ 30,000			
\$ 202,961	Drug Court				\$202,961	\$ 99,154
\$ 302,115						
\$1,226,288	Total	\$957,261	\$44,404	\$21,662	\$202,961	\$103,550
\$1,329,838						

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.

UNIT	RATE	SERVICE
Staff Hour -- d, e	\$ 49.98	Prevention & MAA Outreach (Prevention)
Staff Hour -- a, b, c	\$ 40.97	Outpatient Services, CalWORKs, Gov. 15% and MAA Outreach (Outpatient)
Bed Day	\$ 58.49	Residential - Sunflower House
Bed Day - a	\$ 98.67	CalWORKs Residential - Sunflower House
Bed Day	\$ 73.38	Residential - Se Si Puede

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

**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 15-minute increments of direct staff time. Staff Hours are claimed for the following modes of service:

- a. **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.
- b. **CalWORKs and Governor's 15%:** Staff Hours may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the Human Resources Agency (HRA) CalWORKs Employment and Training staff. A copy of the CADDs form for each new client enrolled during the report month will be submitted with each monthly claim. Alcohol or drug (AOD) services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. As



authorized and approved by HRA, CalWORKs funds may also be claimed for participation in CalWORKs multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging CalWORKs recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a CalWORKs recipient and refer CalWORKs recipients who were not initially referred by the I-IRA back to HRA for inclusion of alcohol and drug treatment into their CalWORKs activity agreement and/or CalWORKs Welfare-to-Work plan. If access to service for clients referred under CalWORKs cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the CalWORKs program. Contractor will also work with I-IRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.

- c. **MAA Outreach (Outpatient):** Staff hours used to provide Medical information to 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 Medical and will encourage persons to apply for Medical benefits by referring them to Medical 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 Medical or referred to Medical offices in accordance with current State MAA guidelines and regulations.
- d. **Prevention Services:** Those hours that a direct service staff person is on the job and available to provide prevention services. Time is billed in **15-minute** increments of direct work time.
- e. **MAA Outreach (Prevention):** Staff hours used to provide Medical information to 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 Medical and will encourage persons to apply for Medical benefits by referring them or giving directions to Medical 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 Medical services and location of offices are given to meeting participants or individuals in accordance with current State MAA guidelines and regulations.

**BED DAY:** A day in which one (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 their 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.

- a. **CalWORKs BED DAY:** CalWORKs bed days may be claimed for alcohol and drug residential services that are employment focused, and in accordance with CalWORKs Welfare to Work plans and/or participation agreements. CalWORKs bed days may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HRA CalWORKs Employment and Training staff. As authorized and approved by HRA, CalWORKs funds may also be claimed for participation in CalWORKs multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging CalWORKs recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a CalWORKs recipient

and refer **CalWORKs** recipients who were not initially referred by the Human Resources Agency (HRA) back to HRA for inclusion of alcohol and drug treatment into their **CalWORKs** activity agreement and/or **CalWORKs** Welfare-to-Work plan. If access to service for clients referred under **CalWORKs** cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the **CalWORKs** program. Contractor will also work with HRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.

- D.4. ADVANCE BASE: Advances for NNA, **CalWORKs**, and Drug Medical services shall be made on a base of ~~\$1,001,666~~ \$1,006,062. Base does not include Governor's 15% Retention Funds or 15% of Federal Medical funds if applicable as outlined in the Fiscal Provisions at Exhibit C.8. Settlement of final NNA and Drug Medical contract payments will be based on the final Cost Report.

GOVERNOR'S 15% RETENTION FUNDS: Reimbursement for services funded by Governor's 15% Retention funds will be based upon receipt of an approved HRA voucher to be submitted monthly or quarterly with contractor's claim report.

COST REIMBURSEMENT (Drug Court): Payment of Federal Block Grant, State and County funds shall be based on actual costs and shall not exceed ~~\$202,961~~ \$302,115.

- 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-6  
DESCRIPTION OF SERVICES

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

Budget and Unit of Service (UOS) Data

	97-98 Past Year Actual	98-99 Current Year Estimated	99-00 New Budget Year Estimated
Gross Program Cost	\$399,630	\$43 1,486	<del>\$455,303</del> \$460,086
County Funding	\$284,455	\$298,349	<del>\$339,939</del> \$344,335
Number of clients funded by County	58	58	<del>60</del> 62

PRIMARY PROBLEMS TREATED

Si Se Puede is a licensed residential treatment community providing comprehensive rehabilitation services targeting substance abusing **Latino** juveniles and adult males, ages 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 involved in the criminal justice system.

GOALS AND OBJECTIVES

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

OBJECTIVE A. RESIDENTIAL. Santa Cruz Community Counseling Center will provide residential treatment with an average length of treatment of 9 months to juvenile and adult **Latino** males, and poly-drug users, at Si Se Puede.

- A.1. Santa Cruz Community Counseling Center agrees to the following reporting standards:
  - a. To record Residential services according to the standards established by HSA, as are defined in Exhibit D, pertaining to Residential Bed Day.
  - b. As is applicable to Residential, to submit to DADPA a count, summary and/or report of items as specified in this Exhibit, Goal I, Objective A.5, and Exhibit E- 1, Goal II through Goal VI.
- A.2. Si Se Puede will provide the following:
  - a. A total of 20 facility beds with an average 85% occupancy rate.
  - b. ~~4,783~~ **4,843** bed days of Residential treatment per year.
  - c. Residential services to ~~60~~ **62** juvenile and adult **Latino** males, and poly-drug users.
- A.3. To extend the units of service that are provided from public funding Santa Cruz Community Counseling Center will encourage non-Medical 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.

- A.4. Of the ~~60~~ **62** clients, Santa Cruz Community Counseling Center will provide Residential services to the following hard to reach populations:
  - a. 3,836 bed days to Latinos
  - b. 3,357 bed days to clients referred from the criminal justice system.
  - c. 621 bed days to juveniles.
  - d. 60 bed days (2 short-term treatment episodes) to 2 Drug Court clients who are failing in outpatient but remain motivated for recovery**
  
- A.5. Quarterly reports will at a minimum include a count and summary the following:
  - a. Bed days provided **to** the above listed clients.
  - b.** Ethnicity and gender of clients.

**STAFFING**

Director	0.20
Admin. Coordinator	0.20
Program Assistant	0.45
Program Manager I	1 .00
Counselors II	1 .00
Counselor I	3.00
Counselor Assist.	1 .00
Night Supervisor	2.00
 Total FTE	 8.85

EXHIBIT E-8  
DESCRIPTION OF SERVICES

Contractor: Santa Cruz Community Counseling Center  
 Component: Outpatient Services Provider #: 44-4487 & 44-4485  
 Modality: Drug Court Individual and Group Counseling  
 Primary Target Groups Treated: Drug Court program referred adults

Budget and Unit of Service (UOS) Data			
	97-98 Past Year Actual	98-99 Current Year Estimated	99-00 New Budget Year Estimated
Gross Program Cost		\$116,105	<del>\$232,211</del> <b>\$339,165</b>
Drug Court Funding		\$101,481	<del>\$202,961</del> <b>\$302,115</b>
Number of clients funded by County		<b>75</b>	<del>1 400</del> <b>7</b>

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~~ **95** Drug Court program referred adults of Santa Cruz County in an environment specifically designed to meet Drug Court Program treatment requirements. 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. To provide intake services to ~~400~~ **127** clients.

OBJECTIVE B. To provide group counseling and drug education 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. To provide ~~7,956~~ **10,078** group visits to Drug Court participants.

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. To provide ~~900~~ **1,140** individual sessions to Drug Court participants,

OBJECTIVE D. To provide weekly education/training classes to all phase I participants.

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.

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

OBJECTIVE H. Santa Cruz Community Counseling Center agrees to the following reporting standards:

- a. To record Drug Court Outpatient Services according to the standards established by HSA, as are defined in Exhibit D, D.4., pertaining to COST REIMBURSEMENT (Drug Court).
- b. As is applicable to Drug Court, to submit to DADPA a count, summary and/or report of items as specified in this Exhibit, Goal I, Objective I, Goal II, and Exhibit E- 1, Goal II through Goal VI.

OBJECTIVE I. Quarterly reports will at a minimum include a count and summary the following:

- a. Number of clients provided services.
- b. Number of Individual Counseling visits.
- c. Number of Group Counseling visits.
- d. Actual number of drug tests provided.

**GOAL II: Expand and strengthen the existina Drug Court program as follows:**

**OBJECTIVE A. Add a 0.5 full-time equivalent (FTE) Job Developer who will provide assistance with job readiness, job search and job development to all Drug Court participants who need such services.**

**OBJECTIVE B. Strengthen the existing Drug Court urogram by developing a clean and sober living house in Watsonville.**

**OBJECTIVE C. Provide \$13,500 in rent subsidies for up to three months for at least 10 clients per year (913 bed days).**

**OBJECTIVE D. Provide \$1,000 to support transportation in the form of bus passes for Drug Court clients who have no other means of transuortation.**

STAFFING

Director	<b>0.062</b>
Admin Manager I	<b>0.062</b>
Program Assistant II	<b>0.600</b>
Program Manager II	<b>0.183</b>
Program Manager I	1 .000
Counselor I	<b>0.750</b>
<b><u>Job Developer</u></b>	<b><u>0.500</u></b>
Hourly/Overtime	<b><u>1.500</u></b>
 Total FTE	 4.157

# Request for Taxpayer Identification Number and Certification

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.**

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.

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. X Tax Exempt Organization
- 7. \_\_\_ Public Entity
- a. \_\_\_ Other Organization (Specify)

- 1. \_\_\_ Medical & Health Care Service
- 2. X Other Service (Specify)
- 3. \_\_\_ Goods/Merchandise
- 4. \_\_\_ Freight
- 5. \_\_\_ Other Transaction (Specify)
- 6. \_\_\_ Rent (Space/Machinery)
- 7. \_\_\_ Interest

Please Sign Here

Signature [Handwritten Signature]

Date 8/11/98

COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
ALCOHOL AND DRUG PROGRAM

AMENDMENT TO AGREEMENT

Contract #: C090100-01

Index: 364032 and 364042

Subject: 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 C090100-01 as set forth in the attached Exhibit "A" by increasing the amount of compensation from \$1,226,288 to \$1,329,838; and by amending Exhibit A, Provision A3; Exhibit D, Provisions D1 and D4; and Exhibits E-6 and E-8 as attached; said amendments are incorporated into and made a part of contract C090100-01 by this reference. 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:

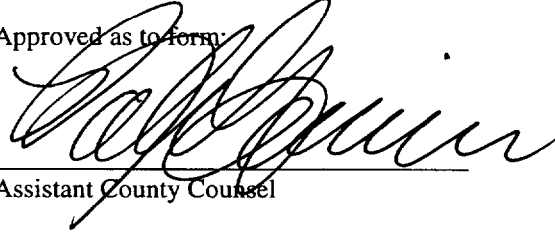
COUNTY OF SANTA CRUZ:

BY: 

BY: \_\_\_\_\_

DATE: 8/19/99.

DATE: \_\_\_\_\_

Approved as to form:  
  
Assistant County Counsel

Attest:

\_\_\_\_\_  
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.



EXHIBIT A  
INDIVIDUAL CONTRACTOR INFORMATION

- A.1. ADMINISTRATION: County's Alcohol and Drug Program Administrator, hereinafter called County's Administrator, under the direction of the Health Services Agency Administrator shall represent County in all matters pertaining to services rendered pursuant to this Agreement and shall administer this Agreement on behalf of County. Contractor's Executive Director shall administer this Agreement on behalf of Contractor.
- A.2. TERM: The term of this Agreement shall commence on July 1, 1999 and continue through and including June 30, 2000 during which time Contractor shall perform the services provided herein.
- A.3. COMPENSATION: Total contract amount shall not exceed ~~One Million, Two Hundred Twenty-Six Thousand, Two Hundred Eighty Eight and no/100 (\$1,226,288.00)~~ **One Million, Three Hundred Twenty-Nine Thousand, Eight Hundred Thirty-Eight and no/100 (\$1,329,838.00)** 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: County agrees to pay Contractor a total sum not to exceed ~~One Million, Twenty-three Thousand, Three Hundred Twenty-seven and No/100 Dollars (\$1,023,327.00)~~ **One Million, Twenty-Seven Thousand, Seven Hundred Twenty-Three (\$1,027,723.00)** for services performed during the term of this Agreement in accord with the negotiated rates set forth in Exhibit D. CalWORKs funds may only be used for activities related to CalWORKs clients. Governor's 15% Welfare-to-Work Grant funds may only be used for activities related to Welfare-to-Work clients.

FOR COST REIMBURSEMENT CONTRACTS (DRUG COURT): County agrees to pay Contractor a total sum not to exceed ~~Two Hundred Two Thousand, Nine Hundred Sixty-one and No/100 Dollars (\$202,961.00)~~ **Three Hundred Two Thousand, one Hundred Fifteen and No/100 Dollars (\$302,115.00)** for services performed during the term of this Agreement, based on reimbursement of allowable costs. **Of this amount, Two Thousand, Two Hundred Fifty and No/100 Dollars (\$2,250.00) shall be for start-up costs related to developing a clean and sober living house in Watsonville.**

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.

- A.4. NOTICE: Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or may be served by mail to the County's Administrator at: County of Santa Cruz, HEALTH SERVICES AGENCY, Alcohol and Drug Programs, 1060 Emeline Avenue, Santa Cruz CA 95060, or to Contractor at: Santa Cruz Community Counseling Center, 195-A Harvey West Blvd., Santa Cruz, CA 95060.

EXHIBIT D  
FISCAL PROVISIONS

0250

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	Other	CalWORKs SAT	Governor's 15% Funds	Federal Drug court	State Drug court
\$ 15,362	Prevention	\$ 15,362				
\$ 139,078	Outpatient Counseling	\$ 139,078				
\$ 21,662	Outpatient Counseling - Gov. 15%			\$ 21,662		
\$ 14,404	Outpatient Counseling - CalWORKs		\$ 14,404			
\$ 468,882	Residential - Sun Flower House	\$ 468,882				
<del>\$ 333,939</del>	Residential - Se Si Puede	<del>\$ 333,939</del>				\$ 4,396
\$ 338,335						
\$ 30,000	Residential - CalWORKs		\$ 30,000			
<del>\$ 202,961</del>	Drug Court				\$202,961	\$ 99,154
\$ 302,115						
\$1,226,288	Total	\$957,261	\$44,404	\$21,662	\$202,961	\$103,550
<b>\$1,329,838</b>						

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.

UNIT	RATE	SERVICE
Staff Hour-d, e	\$ 49.98	Prevention & MAA Outreach (Prevention)
Staff Hour - a, b, c	\$ 40.97	Outpatient Services, CalWORKs, Gov. 15% and MAA Outreach (Outpatient)
Bed Day	\$ 58.49	Residential - Sunflower House
Bed Day - a	\$ 98.67	CalWORKs Residential - Sunflower House
Bed Day	\$ 73.38	Residential - Se Si Puede

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

**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 15-minute increments of direct staff time. Staff Hours are claimed for the following modes of service:

- a. **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.
- b. **CalWORKs and Governor's 15%:** Staff Hours may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the Human Resources Agency (HRA) CalWORKs Employment and Training staff. A copy of the CADDs form for each new client enrolled during the report month will be submitted with each monthly claim. Alcohol or drug (AOD) services are to be employment focused, and in accordance with CalWORKs Welfare-to-Work plans and/or participation agreements. As

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authorized and approved by HRA, CalWORKs funds may also be claimed for participation in CalWORKs multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging CalWORKs recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a CalWORKs recipient and refer CalWORKs recipients who were not initially referred by the HRA back to HRA for inclusion of alcohol and drug treatment into their CalWORKs activity agreement and/or CalWORKs Welfare-to-Work plan. If access to service for clients referred under CalWORKs cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the CalWORKs program. Contractor will also work with HRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.

- c. **MAA Outreach (Outpatient):** Staff hours used to provide Medical information to 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 Medical and will encourage persons to apply for Medical benefits by referring them to Medical 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 Medical or referred to Medical offices in accordance with current State MAA guidelines and regulations.
- d. **Prevention Services:** Those hours that a direct service staff person is on the job and available to provide prevention services. Time is billed in **15-minute** increments of direct work time.
- e. **MAA Outreach (Prevention):** Staff hours used to provide Medical information to 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 Medical and will encourage persons to apply for Medical benefits by referring them or giving directions to Medical 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 Medical services and location of offices are given to meeting participants or individuals in accordance with current State MAA guidelines and regulations.

**BED DAY:** A day in which one (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 their 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.

- a. **CalWORKs BED DAY:** CalWORKs bed days may be claimed for alcohol and drug residential services that are employment focused, and in accordance with CalWORKs Welfare to Work plans and/or participation agreements. CalWORKs bed days may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HRA CalWORKs Employment and Training staff. As authorized and approved by HRA, CalWORKs funds may also be claimed for participation in CalWORKs multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging CalWORKs recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a CalWORKs recipient

and refer **CalWORKs** recipients who were not initially referred by the Human Resources Agency (HRA) back to HRA for inclusion of alcohol and drug treatment into their **CalWORKs** activity agreement and/or **CalWORKs** Welfare-to-Work plan. If access to service for clients referred under **CalWORKs** cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the **CalWORKs** program. Contractor will also work with HRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.

- D.4. ADVANCE BASE: Advances for NNA, **CalWORKs**, and Drug Medical services shall be made on a base of ~~\$1,001,666~~ **\$1,006,062**. Advance Base does not include Governor's 15% Retention Funds or 15% of Federal Medical funds if applicable as outlined in the Fiscal Provisions at Exhibit C.8. Settlement of final NNA and Drug Medical contract payments will be based on the final Cost Report.

GOVERNOR'S 15% RETENTION FUNDS: Reimbursement for services funded by Governor's 15% Retention funds will be based upon receipt of an approved HRA voucher to be submitted monthly or quarterly with contractor's claim report.

COST REIMBURSEMENT (Drug Court): Payment of Federal Block Grant, State and County funds shall be based on actual costs and shall not exceed ~~\$202,964~~ **\$302,115**.

- 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-6  
DESCRIPTION OF SERVICES

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

Budget and Unit of Service (UOS) Data

	97-98 Past Year Actual	98-99 Current Year Estimated	99-00 New Budget Year Estimated
Gross Program Cost	\$399,630	\$431,486	<del>\$455,303</del> \$460,086
County Funding	\$284,455	\$298,349	<del>\$339,939</del> \$344,335
Number of clients funded by County	58	58	<del>60</del> <b>62</b>

**PRIMARY PROBLEMS TREATED**

Si Se Puede is a licensed residential treatment community providing comprehensive rehabilitation services targeting substance abusing **Latino** juveniles and adult males, ages 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 involved in the criminal justice system.

**GOALS AND OBJECTIVES**

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

**OBJECTIVE A. RESIDENTIAL.** Santa Cruz Community Counseling Center will provide residential treatment with an average length of treatment of 9 months to juvenile and adult **Latino** males, and poly-drug users, at Si Se Puede.

- A.1. Santa Cruz Community Counseling Center agrees to the following reporting standards:
- a. To record Residential services according to the standards established by HSA, as are defined in Exhibit D, pertaining to Residential Bed Day.
  - b. As is applicable to Residential, to submit to **DADPA** a count, summary and/or report of items as specified in this Exhibit, Goal I, Objective **A.5**, and Exhibit E-I, Goal II through Goal VI.
- A.2. Si Se Puede will provide the following:
- a. A total of 20 facility beds with an average 85% occupancy rate.
  - b. ~~4,783~~ **4,843** bed days of Residential treatment per year.
  - c. Residential services to ~~60~~ **62** juvenile and adult **Latino** males, and poly-drug users.
- A.3. To extend the units of service that are provided from public funding Santa Cruz Community Counseling Center will encourage **non-Medical** 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.

- A.4. Of the ~~60~~ **62** clients, Santa Cruz Community Counseling Center will provide Residential services to the following hard to reach populations:
- a. 3,836 bed days to Latinos
  - b. 3,357 bed days to clients referred from the criminal justice system.
  - c. 621 bed days to juveniles.
  - d. **60 bed days (2 short-term treatment episodes) to 2 Drug Court clients who are failing in outpatient but remain motivated for recovery**
- A.5. Quarterly reports will at a minimum include a count and summary the following:
- a. Bed days provided to the above listed clients.
  - b. Ethnicity and gender of clients.

#### STAFFING

Director	<b>0.20</b>
Admin. Coordinator	<b>0.20</b>
Program Assistant	<b>0.45</b>
Program Manager I	<b>1.00</b>
Counselors II	1.00
Counselor I	<b>3.00</b>
Counselor Assist.	1.00
Night Supervisor	<u>2.00</u>
<b>Total FTE</b>	<b>8.85</b>

EXHIBIT E-8  
DESCRIPTION OF SERVICES

Contractor: Santa Cruz Community Counseling Center  
 Component: Outpatient Services Provider #: 44-4487 & 44-4485  
 Modality: Drug Court Individual and Group Counseling  
 Primary Target Groups Treated: Drug Court program referred adults

Budget and Unit of Service (UOS) Data

	97-98 Past Year Actual	98-99 Current Year Estimated	99-00 New Budget Year Estimated
Gross Program Cost		\$116,105	<del>\$232,211</del> <b>\$339,165</b>
Drug Court Funding		\$101,481	<del>\$202,961</del> <b>\$302,115</b>
Number of clients funded by County		<b>75</b>	<del>100</del> <b>127</b>

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~~ **95** Drug Court program referred adults of Santa Cruz County in an environment specifically designed to meet Drug Court Program treatment requirements. 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. To provide intake services to ~~100~~ **127** clients.

OBJECTIVE B. To provide group counseling and drug education 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 I .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. To provide ~~7,956~~ **10,078** group visits to Drug Court participants.

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. To provide ~~900~~ **1,140** individual sessions to Drug Court participants.

OBJECTIVE D. To provide weekly education/training classes to all phase I participants.

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.

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

OBJECTIVE H. Santa Cruz Community Counseling Center agrees to the following reporting standards:

- a. To record Drug Court Outpatient Services according to the standards established by HSA, as are defined in Exhibit D, D.4., pertaining to COST REIMBURSEMENT (Drug Court).
- b. As is applicable to Drug Court, to submit to DADPA a count, summary and/or report of items as specified in this Exhibit, Goal I, Objective I, Goal II, and Exhibit E- 1, Goal II through Goal VI.

OBJECTIVE I. Quarterly reports will at a minimum include a count and summary the following:

- a. Number of clients provided services.
- b. Number of Individual Counseling visits.
- c. Number of Group Counseling visits.
- d. Actual number of drug tests provided.

**GOAL II: Expand and strengthen the existine Drug Court program as follows:**

**OBJECTIVE A. Add a 0.5 full-time equivalent (FTE) Job Developer who will provide assistance with job readiness, job search and job development to all Drug Court participants who need such services.**

**OBJECTIVE B. Strengthen the existing Drug Court program by developine a clean and sober living house in Watsonville.**

**OBJECTIVE C. Provide \$13,500 in rent subsidies for up to three months for at least 10 clients per year (913 bed days).**

**OBJECTIVE D. Provide \$1,000 to support transportation in the form of bus passes for Drug Court clients who have no other means of transportation.**

STAFFING

Director	0.062
Admin Manager I	0.062
Program Assistant II	0.600
Program Manager II	0.183
Program Manager I	1 .000
Counselor I	0.750
<b><u>Job Developer</u></b>	<b><u>0.500</u></b>
Hourly/Overtime	<u>1.500</u>
 Total FTE	 4.157



COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0257

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

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 Services Agency (Agency)  
and Janus of Santa Cruz, 200 7th Ave., Suite 150, Santa Cruz, CA 95062 (Name & Address)

2. The agreement will provide Residential, detox and outclient alcohol and drug abuse treatment as  
authorized in the 1998-99 continuing agreements list.

3. The agreement is needed to provide for the above mentioned services.

4. Period of the agreement is from July 1, 1999 to June 30, 2000

5. Anticipated cost is \$ increased to \$939,064 (~~XXXXXXX~~; Not to exceed)

6. Remarks: This amendment increases the current contract by \$6,270. The encumbrance for  
C090133-01 should be increased by this amount.

7. Appropriations are budgeted in 362950 and 364042 (Index#) 3665 (\$30,000) 3975 (\$909,064) (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C090133-01 Date 9/9/99  
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: ES (Analyst) By Ch. Sch... County Administrative Officer Date 9/10/99

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.  
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 \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_ BY \_\_\_\_\_ Deputy Clerk

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Form **W-9**

# Request for Taxpayer Identification Number and Certification

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

SUBSTITUTE)

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.)

**Janus of Santa Cruz, Inc.**

Address (number and street)

**200 7th Avenue, Suite 150**

City, state, and ZIP code

**Santa Cruz, CA 95062**

List account number(s) here (optional)

**9441** Taxpayer Identification Number (TIN)

**9441** 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

**9 4 + 2 7 | 3 | 9 | 1 | 3 | 0**

Requester's name and address (optional)

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:

### ORGANIZATION

### TRANSACTION

1.      Individual

1.      Medical & Health Care Service

2. Partnership

2. X Other Service (**Specify**)

3. Trust/Estate

4. Corporation

3.      Goods/Merchandise

5.    Real Estate Agent-

4.      Freight

6. X Tax Exempt Organization

5.      Other Transaction (**Specify**)

7. Public Entity

6.      Rent (Space/Machinery)

8. Other Organization (**Specify**)

7.      Interest

Please Sign Here

Signature

Date

8/11/98

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

**AMENDMENT TO AGREEMENT**

Contract #: C090133-01

Index: 364042  
362950

Subject: 3975  
3665


Between: County of Santa Cruz - Health Services Agency  
and  
Janus of Santa Cruz, Inc., 200 7th Avenue, Suite 150, Santa Cruz, CA 95062

The parties named above agree to amend contract C090133-01 as set forth in the attached Exhibit "A" by increasing the amount of compensation from \$932,794 to \$939,064; and by amending Exhibit A, Provision A3; Exhibit D, Provisions D1, D2, D3 and D8; and Exhibit E-5 as attached; said amendments are incorporated into and made a part of contract C090133-01 by this reference. 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.

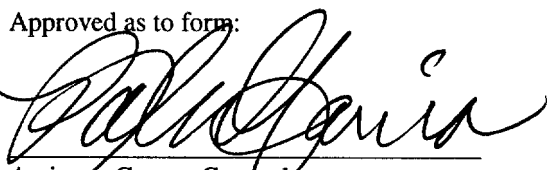
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

CONTRACTOR:

COUNTY OF SANTA CRUZ:

BY:   
DATE: 8/23/99

BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

Approved as to form:  
  
Assistant County Counsel

Attest:  
\_\_\_\_\_  
Clerk, Board of Supervisors

Distribution:

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

EXHIBIT A  
INDIVIDUAL CONTRACTOR INFORMATION

- A.1. ADMINISTRATION: County's Alcohol and Drug Program Administrator, hereinafter called County's Administrator, under the direction of the Health Services Agency Administrator shall represent County in all matters pertaining to services rendered pursuant to this Agreement and shall administer this Agreement on behalf of County. Contractor's Executive Director shall administer this Agreement on behalf of Contractor.
- A.2. TERM: The term of this Agreement shall commence on July 1, 1999 and continue through and including June 30, 2000 during which time Contractor shall perform the services provided herein.
- A.3. COMPENSATION: Total contract amount shall not exceed ~~Nine Hundred Thirty Two Thousand, Seven Hundred Ninety Four and no/100 (\$932,794.00)~~ **Nine Hundred Thirty-Nine Thousand, Sixty-Four and no/100 (\$939,064.00)** 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: County agrees to pay Contractor a total sum not to exceed ~~Eight Hundred Seventy Seven Thousand, Six Hundred Seventy Four and no/100 Dollars (\$877,674.00)~~ **Eight Hundred Eighty-Three Thousand, Nine Hundred Forty-Four and no/100 Dollars (\$883,944.00)** for services performed during the term of this Agreement in accord with the negotiated rates set forth in Exhibit D.

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 DRUG MEDI-CAL CONTRACTS: County agrees to pay Contractor a total sum not to exceed Fifty-Five Thousand, One Hundred Twenty and no/100 Dollars (\$55,120.00) for Drug Medical services, as follows:

- (a) \$27,560.00 State General Fund Match to Medi-Cal and
- (b) \$27,560.00 Federal Drug Medical funds,

for services performed during the term of this Agreement, based on reimbursement of allowable costs. In no event shall County obligation of State Drug and Alcohol Allocation base exceed the amount on Line (a).

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.

- A.4. NOTICE: Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or may be served by mail to the County's Administrator at: County of Santa Cruz, HEALTH SERVICES AGENCY, Alcohol and Drug Programs, 1060 Emeline Avenue, Santa Cruz CA 95060, or to Contractor at: Janus of Santa Cruz, Inc., 200 7<sup>th</sup> Avenue, Suite 150, Santa Cruz, CA 95062.

EXHIBIT D  
FISCAL PROVISIONS

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	Other Funds	Federal DMC	CalWORKs SAT	Governor's 15%	State Drug Court
\$ 58,710	Outpatient	\$ 58,710				
\$ 14,000	CalWORKs Outpatient			\$ 14,000		
\$ 23,332	Governor's 15% Outpatient				\$ 23,332	
\$ 30,000	Homeless Residential	\$ 30,000				
\$141,000						
\$147,270	Residential 28 Day	\$141,000				\$ 6,270
\$230,102	Detox	\$230,102				
\$ 4,000	CalWORKs Detox			\$ 4,000		
\$ 87,442	Day Care Habilitative	\$ 84,033	\$ 3,409			
\$314,208	Perinatal Residential	\$290,057	\$ 24,151			
\$ 30,000	Perinatal Transitional Housing			\$ 30,000		
\$932,794						
\$939,064	TOTAL	\$833,902	\$ 27,560	\$ 48,000	\$ 23,332	\$6,270

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.

UNIT	RATE	SERVICE
Staff Hour – a., c.	\$ 37.15	Outpatient Counseling Services
Staff Hour – b.	\$ 37.15	CalWORKs/Gov. 15% Outpatient Counseling
Bed Day	\$ 80.31	Residential 28-Day & Drug Court 28-Day Residential
Bed Day	\$ 80.31	Residential Homeless
Bed Day – c., d.	\$117.77	Detox Special Care Unit & CalWORKs Detox
DCH Day	\$ 82.37	Day Care Habilitative – NNA Day Treatment
DCH Day	\$ 79.28	Day Care Habilitative – DMC Day Treatment (Cost/Cap)
Bed Day	\$ 71.10	Perinatal Residential – NNA Housing
Bed Day – b.	\$ 74.57	Perinatal Residential – NNA Treatment
Bed Day – b.	\$ 74.31	Perinatal Residential – DMC Treatment (Cost Cap)
Bed Day – c.	\$ 29.72	Transitional Housing

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

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 15-minute increments of direct staff time. Staff Hours are claimed for the following modes of service:

- a. 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.

- b. **CalWORKs** and Governor's 15%: Staff Hours may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the Human Resources Agency (I-IRA) **CalWORKs** Employment and Training staff. A copy of the CADDs form for each new client enrolled during the report month must be submitted with each monthly claim. Alcohol or drug (AOD) services are to be employment focused, and in accordance with **CalWORKs** Welfare-to-Work plans and/or participation agreements. As authorized and approved by HRA, **CalWORKs** funds may also be claimed for participation in **CalWORKs** multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging **CalWORKs** recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a **CalWORKs** recipient and refer **CalWORKs** recipients who were not initially referred by the I-IRA back to HRA for inclusion of alcohol and drug treatment into their **CalWORKs** activity agreement and/or **CalWORKs** Welfare-to-Work plan. If access to service for clients referred under **CalWORKs** cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the **CalWORKs** program. Contractor will also work with I-IRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.
- c. **MAA Outreach (Outpatient)**: Staff hours used to provide Medical information to 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 Medical and will encourage persons to apply for Medical benefits by referring them to **MediCal** 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 **MediCal** or referred to Medical offices in accordance with current State **MAA** guidelines and regulations.

**BED DAY**: A day in which one (1) treatment bed is utilized to provide 24-hour inpatient care. 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.

- a. **CalWORKs BED DAY**: Includes provisions for beds for and care of both the client and their accompanying children. **CalWORKs** bed days may be claimed for alcohol and drug residential services that are employment focused and in accordance with **CalWORKs** Welfare to Work plans and/or participation agreements. **CalWORKs** bed days may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HRA **CalWORKs** Employment and Training staff. As authorized and approved by HRA, **CalWORKs** funds may also be claimed for participation in **CalWORKs** multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging **CalWORKs** recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a **CalWORKs** recipient and refer **CalWORKs** recipients who were not initially referred by the Human Resources Agency (HRA) back to HRA for inclusion of alcohol and drug treatment into their **CalWORKs** activity agreement and/or **CalWORKs** Welfare-to-Work plan. If access to service for clients referred under **CalWORKs** cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the **CalWORKs** program. Contractor will also work with HRA and HSA to develop protocols for protecting client confidentiality and exchanging

necessary and appropriate information as required for reporting purposes.

- b. Treatment BED DAY: A day in which a treatment bed is provided to a **Drug Court**, NNA or Medical eligible client to provide 24-hour inpatient care. The bed must be licensed and funded. Drug Medical pays for only the cost of treatment and does not pay for housing costs. The facility, staffing and other conditions necessary to provide the treatment services to a client occupying that bed must be available
- c. 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. **CalWORKs Detox BED DAY:** CalWORKs Detox bed days may be claimed for alcohol and drug residential services that are employment focused, and in accordance with CalWORKs Welfare to Work plans and/or participation agreements. CalWORKs bed days may be claimed for assessment, treatment, case management, referral and aftercare services that are authorized and approved by the HRA CalWORKs Employment and Training staff. As authorized and approved by HRA, CalWORKs funds may also be claimed for participation in CalWORKs multi-disciplinary team meetings; for outreach and education activities related to informing and encouraging CalWORKs recipients to enter into alcohol and drug treatment services; for start-up activities approved by the County Alcohol and Drug Program Administrator; and for participation as requested in multi-disciplinary team meetings. Contractor shall establish procedures for screening all clients at intake regarding their status as a CalWORKs recipient and refer CalWORKs recipients who were not initially referred by the Human Resources Agency (HRA) back to HRA for inclusion of alcohol and drug treatment into their CalWORKs activity agreement and/or CalWORKs Welfare-to-Work plan. If access to service for clients referred under CalWORKs cannot be provided within seven days of the receipt of the HRA referral, Contractor shall inform HRA and the Health Services Agency (HSA) Alcohol and Drug Program, and work in cooperation with HRA and HSA to address access issues. Contractor will coordinate with HRA and HSA to develop participant tracking and monitoring systems, as needed, by the CalWORKs program. Contractor will also work with HRA and HSA to develop protocols for protecting client confidentiality and exchanging necessary and appropriate information as required for reporting purposes.

**DCH DAY (Day Care Habilitative):** A day in which 3 hours of treatment is provided. DCH will be provide a minimum of three (3) hours per day, three (3) days per week of scheduled, formalized services for pregnant and postpartum women and/or to **EPSDT-eligible** beneficiaries. The services include assessment, intake, medical referrals, treatment planning, individual and group counseling, body specimen screens, medication services, collateral services, and crisis intervention as well as case management, transportation and childcare be provided to meet Perinatal Treatment Standards.

- D.4. **ADVANCE BASE:** Advances for NNA, CalWORKs, and Drug Medical services shall be made on a base of \$905,328. Advance Base does not include Governor’s 15% Retention Funds or 15% of Federal Medical funds if applicable as outlined in the Fiscal Provisions at Exhibit C.8. Settlement of final NNA and Drug Medical contract payments will be based on the final Cost Report.
- D.5. **GOVERNOR’S 15% RETENTION FUNDS:** Reimbursement for services funded by Governor’s 15% Retention funds will be based upon receipt of an approved HRA voucher to be submitted monthly or quarterly with contractor’s claim report.
- D.6. **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.
- D.7. **PERINATAL MEDI-CAL SERVICES.** Contractor agrees to provide services that meet the Perinatal Medical service guidelines and standards.

- D.8. COST REIMBURSEMENT CONTRACT: Total reimbursement for the contract will not exceed the contract allocation. Reimbursement for NNA **and Drug Court** units of service will be paid based on the amount earned at the fee-for-service rates listed above in D.2. DMC (Drug Medical) units of service will be paid based on actual costs, up to the rate cap. DMC unit of service costs which exceed the rate cap will be paid up to the limit of County funds available, not to exceed the actual costs of the Perinatal program. Settlement of NNA and Medical funds will be based on the final Cost Report. Payment of Federal Perinatal Block Grant, State and County funds will not exceed base amount of ~~\$905,234~~ **\$911,504**.
- D.9. COUNTY DRUG MEDICAL ADMINISTRATIVE CHARGES: County administrative charges for Residential and Day Treatment units of service will not exceed 10% of the approved State rate cap per unit of service, unless provider cost is less than the contract amount and County administrative cost is higher.
- D. 10. 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-5  
DESCRIPTION OF SERVICES

Contractor: JANUS of Santa Cruz  
 Component: Residential Services Provider #: 44-4498  
 Modality: Residential 28-Day  
 Primary Target Groups Treated: Santa Cruz County residents - men and women, age 18 and over who are dependent on alcohol and/or other drugs.

Budget and Unit of Service (UOS) Data

	97-98 Past Year Actual	98-99 Current Year Estimated	99-00 New Budget Year Estimated
Gross Program Cost	\$469,591	\$450,802	\$473,444 \$479,714
County Funding	\$138,235	\$138,235	\$141,000 \$147,270
Number of clients funded by County	83	83	83 86

PRIMARY PROBLEMS TREATED

Janus of Santa Cruz maintains a 19-bed, 28-day, residential treatment center for men and women who have become dependent on alcohol and/or other drugs. Group and individual counseling, educational, recreational, family, aftercare and referral services are provided by well-trained personnel. Both degreed and paraprofessional staff are employed and supervised by experienced and licensed professionals.

The Janus staff believes in each resident's effectiveness, drive for health, and ability to discipline him/herself. To enhance these competencies the program coordinates (1) supervised and unsupervised house groups; (2) formal and informal contact with members of Alcoholics Anonymous; (3) education on the effects of alcohol, alcoholism, and drug abuse; (4) education on how to effectively use the program of Alcoholics Anonymous; and, (5) specifically designed tools for re-entry into the community as a sober, responsible individual. All admissions into the program are on a voluntary basis only.

In addition to providing residential treatment services to local residents under 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 19 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 28-DAY. Janus will provide residential treatment with an average length of treatment of 22 days to Men and women, age 18 and over, who are dependent on alcohol and/or other drugs.

A.1. Janus agrees to the following reporting standards:

- a. To record Residential 28-day services according to the standards established by HSA, as are defined in Exhibit D, pertaining to BED DAY.
- b. As is applicable to Residential 28-day, to submit to DADPA a count, summary and/or report of items as specified in this Exhibit, Goal I, Objective, A.5. and Exhibit E- 1, Goal II through Goal VII.

- A.2. Janus Residential will provide the following:
  - a. A total of 19 facility beds with an average 85% occupancy rate.
  - b. ~~1,905~~ **1,983** bed days of Residential 28-day treatment per year.
  - c. Residential 28-day services to ~~83~~ **86** Men and women, age 18 and over, who are dependent on alcohol and/or other drugs.
  - d. Of the 1,983 days, 78 bed days of Residential 28-day treatment to 3 clients referred from Drug Court.**
  
- A.3. To extend the units of service that are provided from public funding Janus will encourage 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.
  
- A.4. Of the ~~83~~ **86** clients, Janus will provide Residential 28-day services to the following hard to reach populations:
  - a. 572 bed days to Women.
  - b. 457 bed days to Latinos (Janus will provide translation services on an as-needed basis).
  
- A.5. Quarterly reports will at a minimum include a count and summary the following:
  - a. Bed days provided to the above listed clients.
  - b. Ethnicity and gender of clients.
  - c. Amount of fees (excluding food stamps) collected from clients.

STAFFING

Clinical Director	.30
Intake Coordinator	1.00
Res. Treatment Manager	1.00
Counselor II	1.00
Counselor I Spanish	.80
Counselor I (Span)	.80
Detox Specialist	.75
Clinical Assistant	2.00
Receptionist Clerk	<u>.02</u>
 Total FTE	 6.87