



0361

# 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: (831) 454-4488 TDD: (831) 454-4123

May 9, 2000

AGENDA: May 23, 2000

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

### **SUBJECT: Mental Health and Substance Abuse Contract Amendments**

Dear Board Members:

This letter is to request your Board's approval of and authorization for the Health Services Agency (HSA) Administrator to sign the attached contract amendments for alcohol, drug and mental health services; and adoption of resolutions accepting and appropriating unanticipated revenues and canceling estimated revenues. The contract amendments include additional alcohol and drug services funded through the CalWORKs program; cancellation of Governor's 15% Discretionary Grant funds; additional services funded through Drug Medical; new Drug Court grant-funded services; augmentation and extension of a contract for program evaluation of State grants for Drug Court and dual diagnosis services; and implementation of a new State-mandated program for assessment of persons convicted of driving under the influence.

### **CalWORKs**

As part of the 1999/00 budget, your Board approved augmentations to alcohol and drug services provider contracts to increase services for CalWORKs participants whose alcohol and drug abuse presents a barrier to employment. Over the past year, outreach and case-finding efforts by HSA and Human Resources Agency (HRA) staff have proven more successful than originally anticipated. As a result of increased referrals to treatment providers, treatment services provided by Janus and the Santa Cruz Community Counseling Center are projected to exceed the amounts originally allocated using CalWORKs funds mandated for alcohol and drug services. Utilization of CalWORKs alcohol and drug services available through Triad Community Services has been lower than originally projected, and reduction of the CalWORKs portion of this contract is recommended.

In order to meet the need for services, HSA and HRA staff has worked together to project provider funding needs through the end of 1999/00, and to use HRA CalWORKs Single Allocation funds to support the additional services in excess of available CalWORKs funds mandated for alcohol and drug services. Additional services will be contracted for at the unit of service rates contained in the existing contracts. As is the case with existing contracts, actual utilization of the services will be approved in advance by the HSA CalWORKs Alcohol and Drug Case Manager.

Specific agencies, allocation changes and services are shown below:

Janus	Outpatient, Detoxification, Residential	\$46,529
Community Counseling Center	Residential Treatment	31,662
Triad Community Services	Outpatient Treatment	<u>&lt;11,349&gt;</u>
	Total	\$66,842

### **Governor's 15% Discretionary Grant**

In 1998-99, HSA was awarded a grant of Governor's 15% Discretionary Temporary Assistance for Needy Families funds targeted to assisting persons recovering from alcohol and drug problems to obtain and retain employment. Governor's 15% funds were subcontracted to Janus and Community Counseling Center. However, State and Federal requirements for client eligibility to access these funds were so restrictive that the funds have been virtually unused. Consequently, HSA plans to liquidate these funds from these contracts in the following amounts:

Janus	Outpatient	<\$23,242>
Community Counseling Center	Outpatient	<u>&lt;21,662&gt;</u>
	Total	<\$44,904>

### **Drug Court**

On August 17, 1999 your Board took various actions to implement a State Department of Alcohol and Drug Programs Drug Court Partnership grant. This \$125,000 per year, four-year grant provides for augmentation of the existing Drug Court through addition of 20 treatment slots, short-term clean and sober housing subsidies, job development services, and other service enhancements. Subsequent to implementation of the grant, the State provided an additional \$5,360 per year to augment grant services. Based on input from the Drug Court Steering Committee, HSA plans to add \$5,360 to the Santa Cruz Community Counseling Center – ALTO Counseling Center contract for Drug Court treatment services to provide additional urinalysis services. The funds will permit the Drug Court to increase the frequency of drug testing for clients who are in the early phase of treatment.

### **Drug Court and Dual Diagnosis Program Evaluation**

As part of a Federal Drug Court grant, HSA contracts with the Center for Applied Local Research (CAL Research) to evaluate the Drug Court program. CAL Research is contracted for a total of \$27,500 over three County fiscal years beginning in 1998-99 for Drug Court program evaluation. Owing to changes in the timing of delivery of work products contained in the original evaluation workplan, HSA staff has worked with CAL Research to move \$3,468 of unexpended 1998-99 contract funds into the 1999-00 portion of the contract, and to transfer \$2,500 of 2000-01 contract funds into the 1999-00 contract year. The total increase for 1999-00 will be \$5,968, and there will be no change in the overall amount of the three-year Drug Court evaluation portion of the contract.

In 1997, the HSA Mental Health and Substance Abuse Division was awarded a three-year grant from the State Department of Mental Health for treatment services for persons with co-occurring mental health and alcohol/drug problems. The grant primarily funds the Paloma House dual diagnosis residential treatment program, and also funds CAL Research to evaluate the program. The three-year grant was originally set to expire on September 30, 2000. However, HSA recently learned that the grant has been continued for an additional 12 months. The additional grant funding includes \$21,000 for extension of the CAL Research dual diagnosis portion of the program evaluation contract, which is included in the attached contract amendment that adds \$14,000 for 2000-01 and extends the contract to 2001-02 for \$7,000.

### **Drug Medical Services**

Three alcohol and drug service providers have been working to develop new services through the Drug Medical program. As a result of changes in State financing of Drug Medical services adopted by the Legislature in the 1999-00 State budget, growth in these entitlement programs is entirely funded through a combination of Federal and State funds. Unit of service reimbursement rate caps for each of these programs are set by the State.

The attached contract amendment with Santa Cruz Community Counseling Center – Youth Services provides for \$28,265 in 1999-00 for development of outpatient aftercare services for an estimated 45 youth who are departing from the Youth Services clean and sober classrooms in Santa Cruz and Watsonville. Additional Drug Medical funds are available in the current fiscal year to pay \$16,743 of Community Counseling Center claims from the 1998-99 fiscal year for which the 1998-99 contract encumbrance was inadvertently liquidated.

The Triad Community Services contract will be amended to add \$71,390 to fund caseload-driven growth in the methadone maintenance clinic and provide services to an estimated 20 additional patients in 1999-00.

The Janus Perinatal residential and day treatment contracts will be amended to add a total of \$6,713 of Drug Medical funds. A caseload-driven increase of \$1 0,122 in the Perinatal residential program is offset by a reduction of \$3,409 in the Perinatal day treatment program resulting from a decrease in the number of Medical beneficiaries using day treatment services.

### **Drinking Driver Assessment Program**

In 1998, the Governor signed AB 1916 (Torlakson), which requires counties to develop programs that assess and make treatment recommendations regarding persons who fail multiple offender drinking driver programs for reasons other than failure to pay fees, and other driving under the influence offenders ordered by the court to attend the program. Clients will be assessed regarding their alcohol and drug problems, and treatment recommendations will be made to the court. The court is required to order completion of the treatment recommendations, or state in the record why not. The court is permitted to assess a fee of up to \$100 on each driving under the influence conviction to fund the assessment program.

The Criminal Justice Council has coordinated a planning process for implementation of AB 1916 that includes the HSA Alcohol and Drug Program, the courts, District Attorney, Public Defender, Probation, and contracted multiple offender Drinking Driver Program treatment providers. Based on this planning process, consensus was reached to:

- Use a standardized assessment tool and develop a standardized report format for assessment findings and treatment recommendations;
- Implement a \$50 fee on each DUI conviction and transfer the funds to the HSA Alcohol and Drug Program; and
- Amend HSA contracts with the agencies that currently provide multiple offender Drinking Driver Program services (Santa Cruz Community Counseling Center - ALTO Counseling Center and Janus) to reimburse providers \$100 for each completed assessment and recommendations report on clients referred through the court.

It is anticipated that approximately 200 clients per year will be referred to the drinking driver assessment program. The attached contract amendments with Janus and ALTO Counseling Center provide for \$3,500 each for the balance of the 1999-00 fiscal year to reimburse the providers for an estimated 35 clients each.

### **Summary of Contract Amendments**

The table below summarizes the above-mentioned amendments to 1999-00 contract amounts. To simplify presentation, the CAL Research dual diagnosis grant evaluation augmentations of \$14,000 for 2000-01 and \$7,000 for 2001-02 are not shown below.

<u>Auencv</u>	<u>CaWORKs</u>	<u>Gov. 15%</u>	<u>Drug Court</u>	<u>Drug Medical</u>	<u>Drinking Driver</u>	<u>Total</u>
Comm.						
Counseling Ctr.	\$31,662	<\$21,662>	\$5,360	\$45,008	\$3,500	\$63,868
Janus	46,529	<23,242>		6,713	3,500	33,500
Triad	<11,349>			71,390		60,041
CAL Research			5,968			5,968
Total	\$66,842	<\$44,904>	\$ 11,328	\$123,111	\$7,000	\$163,377

### **Financing and Budget Revisions**

Funding for the \$66,842 of new CalWORKs services will be offset by CalWORKs Single Allocation funds that are already included in the Human Resources Agency (HRA) budget. The attached resolution to accept and appropriate new funds transfers these funds from HRA to the HSA Alcohol and Drug Program budget, and appropriates them for additional contract services at Janus and Santa Cruz Community Counseling Center. Also attached is a resolution canceling estimated revenues and appropriations that will delete \$44,904 of Governor's 15% Discretionary Grant funds from the HSA budget.

Funding for the \$5,360 Drug Court augmentation to the Community Counseling Center - ALTO Counseling Center contract is provided for by the State Department of Alcohol and Drug Programs, and is included in the attached resolution to accept and appropriate unanticipated revenue.

The \$5,968 augmentation to the 1999-00 portion of the CAL Research contract for evaluation of the Drug Court program is provided by a grant from the State Department of Alcohol and Drug Programs, and is included in the attached resolution to accept and appropriate unanticipated revenue. The \$21,000 of additional funding for 2000-01 and 2001-02 portions of the Center for Applied Research contract for evaluation of dual diagnosis services will be provided by the State Department of Mental Health, and will be included in the budget requests for these years.

The \$123,111 of new Drug Medical funding for Janus, Community Counseling Center and Triad is provided for by a combination of State and Federal funds designated for Drug Medical, and is included in the attached resolution to accept and appropriate funds.

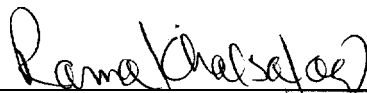
Funding in the amount of \$3,500 each for Janus and Santa Cruz Community Counseling Center – ALTO Counseling Center is offset by fees collected by the courts, and is reflected in the attached resolution to accept and appropriate unanticipated revenue.

None of the above contract amendments will result in an increase in net County cost.

It is therefore RECOMMENDED that your Board:

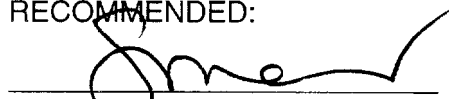
1. Approve and authorize the Health Services Agency (HSA) Administrator to sign the attached contract amendments to add \$63,868 to Santa Cruz Community Counseling Center, \$33,500 to Janus of Santa Cruz, \$60,041 to Triad Community Services, and modify a contract with the Center for Applied Local Research to move funds between fiscal years and add \$14,000 for 2000-01 and \$7,000 for 2001-02; and
2. Adopt the attached resolution accepting and appropriating \$141,439 of unanticipated revenue (including \$66,842 of cost applied to the Human Resources Agency) into the HSA Alcohol and Drug Program budget; and
3. Adopt the attached resolution canceling \$44,904 of estimated revenues and appropriations from the HSA Alcohol and Drug Program budget.

Sincerely,



Rama Khalsa, Ph.D., Administrator  
Health Services Agency

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Officer  
Auditor Controller  
County Counsel  
Risk Management  
HSA Administration  
HRA Administration  
Alcohol and Drug Program Administrator

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

0366

RESOLUTION NO. \_\_\_\_\_

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

**RESOLUTION ACCEPTING UNANTICIPATED REVENUE**

WHEREAS, the County of Santa Cruz is a recipient of funds from State Depts of  
Mental Health & Alcohol/Drugs, and Courts for Mental Health & Substance Abuse program(s); and

WHEREAS, the County is a recipient of funds in the amount of \$ 141,439  
which are either in excess of those anticipated or are not specifically set in the current  
fiscal year budget of the County; and

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

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County  
Auditor-Controller accept funds in the amount \$ 141,439 into  
Department HSA Alcohol and Drug Program

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
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See attached

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

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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See attached

Rama Khalsa (ag) 5/10/00

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

By Ram Khalsa Date 5/10/00  
Department Head

COUNTY ADMINISTRATIVE OFFICER /                      Recommended to Board 0367  
/                      Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the following

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

\_\_\_\_\_  
Chairperson of the Board

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

\_\_\_\_\_  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Ronald | Stiles 1/10/00  
Auditor-C&Troller

Distribution:

Auditor-Controller  
County Counsel  
County Administrative Officer  
Originating Department

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

RESOLUTION NO. \_\_\_\_\_

On the motion of Supervisor \_\_\_\_\_  
duly seconded by Supervisor \_\_\_\_\_  
the following resolution is adopted:

RESOLUTION CANCELING ESTIMATED REVENUES AND APPROPRIATIONS

WHEREAS, the Board of Supervisors of the County of Santa Cruz adopted by resolution certain estimated revenues and appropriations for the final budget; and

WHEREAS, certain of the estimated revenues will now not be realized; and

WHEREAS, pursuant to Government Code Section 29126.1, the Board of Supervisors may cancel any unused appropriation in whole or in part upon determining that the source of funding will be unrealized in whole or in part;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Auditor-Controller cancel estimated revenues in the amount of \$ 44,904 \_\_\_\_\_ in

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
002	364042	2367	Contracts from other (JTPA)	\$44,904

and that appropriation be cancelled as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
022	364042	3975		Special Dept. Expense	\$44,904

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and are sufficient to allow entering in the County records.

By Rama Chalsa/ag  
Department Head

Date 5/10/00



COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,  
State of California, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

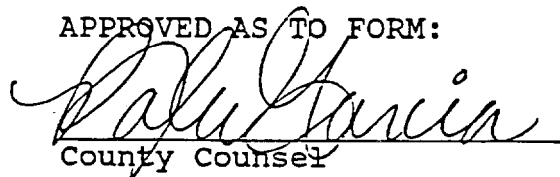
ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

  
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

 5/10/00  
Auditor-Controller

Distribution:

Auditor-Controller  
County Council  
County Administrative Officer  
Originating Department

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0370

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
Ramachandran (Signature) 5/10/00 (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 out patient, prevention and residential alcohol and drug treatment services.
- The agreement is needed to provide the above mentioned services.
- Period of the agreement is from July 1, 1999 to June 30, 2000
- Anticipated cost is \$ increased to \$1,393,706 ~~(Fixed amount. Monthly rate. Not to exceed)~~
- Remarks: This amendment increases the current contract by \$63,862. The encumbrance for C090100-01 should be increased by this amount
- Appropriations are budgeted in 364042-01 3975 (\$1,190,745)  
364032-02 (Index#) 3975 (\$202,961) (Subobject)

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

Appropriations <sup>are</sup> available and <sup>have been</sup> encumbered. \*  
<sub>are not</sub> <sub>will be</sub> Contract No. C090100-01 Date 5/10/00  
SUBJECT TO APPROVAL OF ATTACHED AUD-60 GARY A. KNUTSON, Auditor - Controller  
B y - - - ? & b & A - & - - - - Deputy

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

(Agency). County Administrative Officer  
Remarks: GH (Analyst) B y GH Date 5/11/00

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 \_\_\_\_\_

By \_\_\_\_\_ Deputy Clerk

45

COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
ALCOHOL AND DRUG PROGRAM

0371

AMENDMENT TO AGREEMENT

Contract #: C090100-01

Index: 364032 and 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 C090100-01 as set forth in the attached Exhibit "A" by increasing the amount of compensation from \$1,329,838 to \$1,393,706; and by amending Exhibit A, Provision A3 and A4; Exhibit C, Provision C8; Exhibit D, Provisions D1, D2, D3, D4 and adding D6; and adding Exhibits E-9 and E-10 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: 

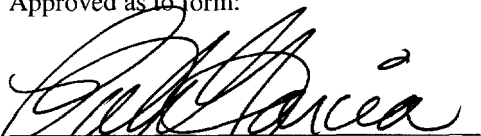
BY: \_\_\_\_\_

DATE: 5/9/00

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

0372

- 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, Three Hundred Twenty-Nine Thousand, Eight Hundred Thirty-Eight and no/100 (\$1,329,838.00)~~ **One Million, Three Hundred Ninety Three Thousand, Seven Hundred Six and 00/100 (\$1,393,706)** 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-Seven Thousand, Seven Hundred Twenty-Three (\$1,027,723.00)~~ **One Million, Forty One Thousand, Two Hundred Twenty Three and 00/100 (\$1,041,223)** 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 ~~Three Hundred Two Thousand, One Hundred Fifteen and No/100 Dollars (\$302,115.00)~~ **Three Hundred Seven Thousand, Four Hundred Seventy Five and 00/100 (\$307,475)** 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.

**FOR DRUG MEDI-CAL CONTRACTS: County agrees to pay Contractor a total sum not to exceed Forty Five Thousand, Eight and 00/100 (\$45,008) for Drug MediCal services, as follows:**

**(a) \$45,008 Minor Consent State Drug Medi-Cal Funds**

**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.

- 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, ~~4060~~ **1400** 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 C  
SPECIFIC ALCOHOL & DRUG PROGRAM PROVISIONS

FISCAL PROVISIONS

0373

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 **and Drug MediCal**): 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. **For Drug MediCal Contractors paid from County on a cost reimbursement basis, the County shall compensate Contractor for lessor of actual net costs or rate cap minus County administrative costs incurred for Drug MediCal services as described in Exhibit E-10 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.

EXHIBIT D  
FISCAL PROVISIONS

0374

- 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	<u>Minor Consent State Drug MediCal</u>
\$ 15,362	Prevention	\$ 15,362					
\$ 139,078	Outpatient Counseling	\$ 139,078					
\$ 21,662	Outpatient Counseling - Gov. 15%			\$ 21,662			
\$ 0				\$ 0			
\$ 14,404	Outpatient Counseling - CalWORKs		\$ 14,404				
\$ 14,859			\$ 14,859				
\$ 45,008	<u>Outpatient Counseling - Minor Consent D/MC</u>						\$ 45,008
\$ 468,882	Residential - Sun Flower House	\$ 468,882					
\$ 338,335	Residential - Se Si Puede	\$ 333,939				\$ 4,396	
\$ 30,000	Residential - CalWORKs		\$ 30,000				
\$ 61,207			\$ 61,207				
\$ 302,115	Drug Court				\$202,961	\$ 99,154	
\$ 307,475						\$104,514	
\$ 3,500	<u>Drinking Driver Assessment</u>	\$ 3,500					
\$1,329,838	Total	\$ 957,261	\$ 44,404	\$ 21,662	\$202,961	\$103,550	
\$1,393,706		\$ 960,761	\$ 76,066	\$ 0		\$108,910	\$ 45,008

- 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	\$ 40.79	Outpatient Services, CalWORKs, Gov. 15% and MAA Outreach (Outpatient)
<u>D/MC Individual</u>	\$ 68.12	<u>Youth Services Minor Consent D/MC Outpatient (Lessor of Cost or Rate Cap)</u>
<u>D/MC Group</u>	\$ 32.49	<u>Youth Services Minor Consent D/MC Outpatient (Lessor of Cost or Rate Cap)</u>
Bed Day	\$ 58.49	Residential - Sunflower House
Bed Day - a	\$ 98.67	CalWORKs Residential - Sunflower House
Bed Day	\$ 73.38	Residential - Se Si Puede
<u>Assessment</u>	\$100.00	<u>Drinking Driver Assessment</u>

- 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 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.

**D/MC Individual Session: Face-to-face contact between D/MC beneficiary and a counselor, limited to intake, crisis intervention, collateral services, and treatment and discharge planning.**

**D/MC Group Session: Face-to-face contact in which one or more clients in a group of not less than four and no more than 10 clients is a D/MC beneficiary. Group will focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or return to substance abuse. Each beneficiary shall receive at least two group counseling sessions per month.**

**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.

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

- D.4. **ADVANCE BASE:** Advances for NNA, CalWORKs and Drug Medical services shall be made on a base of ~~\$1,006,062~~ ~~\$1,078,335~~ 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.

**DRUG MEDI-CAL ADMINISTRATIVE CHARGES: County administrative charges for Drug MediCal services will not exceed 10% of the approved rate per unit of service, unless provider cost is less than the contract amount and County administrative cost is higher. Drug MediCal unit of service costs that exceed the rate may be paid up to the limit of County funds available, not to exceed actual costs of the Drug MediCal program.**

**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 ~~\$302,115~~ \$307,475.

- 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.

**D.6 MINOR CONSENT DRUG MEDI-CAL: Contractor agrees to provide Minor Consent Drug MediCal State services that meet the D/MC outpatient service guidelines and standards. In addition, Minor Consent D/MC Funds can only be earned for Minor Consent Drug MediCal units of service reimbursed by the State. Unearned D/MC advances will be returned to the County.**

EXHIBIT E-9  
DESCRIPTION OF SERVICES

Contractor: Santa Cruz Community Counseling Center  
 Component: Outpatient Services  
 Modality: Drinking Driver Assessment Program  
 Primary Target Groups Treated: Court-Ordered Drinking Driver Offenders

Provider #: 44-4487 & 44-4485

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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		\$0	\$3,500
Drug Court Funding		\$0	\$3,500
Number of clients funded by County		0	35

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PRIMARY PROBLEMS TREATED

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

PROGRAM GOALS AND OBJECTIVES

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

A. The AOD assessment will include the following:

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

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

- C. A Treatment Evaluation and Recommendation Report will be completed using a standardized court-approved form and mailed or faxed to County ADP for receipt within 5 calendar days of the assessment interview.
- D. Once each quarter, Provider will report number of AOD assessments completed and will claim the amount as stipulated in Exhibit D of this contract.

EXHIBIT E- 10  
DESCRIPTION OF SERVICES

0380

Contractor: Santa Cruz Community Counseling Center  
Component: Youth Services Provider #: 44-4488 & 44-4489  
Modality: Minor Consent Drug Medi-Cal Outpatient Counseling  
Primary Target Groups Treated: Poly Drug abusing Youth

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	\$0	\$0	\$45,008
County Funding	\$0	\$0	\$45,008
Number of clients funded by County	0	6	45

PRIMARY PROBLEMS TREATED

Youth Services treats chemical dependence problems, health concerns, family problems, and juvenile criminal justice system involvement. Program services are designed on the basis of the severity of these chemical dependency problems and the wide scope of client needs. These factors require that traditional therapy services be combined with comprehensive assessment and intervention, intensive clinical consultation, and extensive support services. The program provides services to the following under-served populations: poly drug abusers, female drug abusers, Latinos and individuals from these target populations who are involved with the criminal justice system.

PROGRAM GOALS AND OBJECTIVES

GOAL I. To provide comprehensive intake/assessment and outpatient counseling services to substance abusing youth. Intake services will include: assessment of impact of drug use and degree of dysfunction in the areas of psychosocial, education/vocational, and justice system involvement, and medical review of health history for obtaining physical exams as needed. Outpatient services will include individual counseling, group counseling and family therapy as determined by client's individual treatment plan.

OBJECTIVE A. INDIVIDUAL COUNSELING. Santa Cruz Community Counseling Center will provide 237 D/MC units of Individual Counseling to 45 unduplicated clients.

- a. North County: 80 total D/MC D/MC units (34%) to 20 adolescents.
- b. South County: 157 total D/MC D/MC units (66%) to 25 adolescents.

A.1. Santa Cruz Community Counseling Center agrees to the following reporting standards:

- a. To submit a monthly billing for Medical services and summary reports as required.

OBJECTIVE B. GROUP COUNSELING. Santa Cruz Community Counseling Center will provide 37 D/MC units for Group Counseling to 45 unduplicated clients.

- a. North County: 16 total D/MC D/MC units (44%) to 20 adolescents.
- b. South County: 21 total D/MC D/MC units (56%) to 25 adolescents.

B.1. Quarterly reports of clients counseled will at a minimum include a

count and summary of the following for North and South County Clinics:

- a. Number of group visits.
- b. Number of group sessions.

#### STAFFING

Program Manager	0.54
Counselor II	0.18
Total FTE	0.72

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0382

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
Pamela Halsa/aa (Signature) 5/10/00 (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, ~~the~~ Janus of Santa Cruz, 200 7th Ave., Ste., 150, Santa Cruz, CA 95062 (Name & Address)
- The agreement will provide Residential, detox and out client alcohol and drug abuse treatment as  
authorized in the 1998-99 continuing agreements list.
- 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 \$972,564 (~~Fixed amount Monthly rate~~ Not to exceed)
- Remarks: This amendment increases the current contract by \$33,500. The encumbrance for  
C090133-01 should be increased by this amount.
- Appropriations are budgeted in 362950 and 364042 (Index#) 3665 (\$30,000) 3975 (\$942,564) (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C0 90133-01 Date 5/10/00  
are not will be  
GARY A. KNUTSON, Auditor - Controller  
By Pamela J. Silva Deputy.

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

(Agency).  
Remarks: GS (Analyst) County Administrative Officer  
BY Ch S Date 5/11/00

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 )

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

45  
ADM 5/6/95

## 0383

EXHIBIT A  
INDIVIDUAL CONTRACTOR INFORMATION

0384

- 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-Nine Thousand, Sixty Four and no/100 (\$939,064.00)~~ **Nine Hundred Seventy Two Thousand, Five Hundred Sixty Four and 00/100 (\$972,564)** 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 Eighty Three Thousand, Nine Hundred Forty Four and no/100 Dollars (\$883,944.00)~~ **Nine Hundred Forteen Thousand, One Hundred Forty and 00/100 (\$914,140)** for services performed during the term of this Agreement in accord with the negotiated rates set forth in Exhibit D.

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)~~ **Fifty Eight Thousand, Four Hundred Twenty Four and 00/100 (\$58,424)** for Drug Medical services, as follows:

- (a) ~~\$27,560.00~~ **\$29,212** State General Fund Match to Medi-Cal    d  
(b) ~~\$27,560.00~~ **\$29,212** 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, ~~1040~~ **1400** 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

0385

- 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				\$ 14,000		
<b>\$ 50,434</b>	CalWORKs Outpatient			<b>\$ 50,434</b>		
\$ 23,332					\$ 23,332	
<b>\$ 90</b>	Governor's 15% Outpatient				<b>\$ 90</b>	
\$ 30,000	Homeless Residential	\$ 30,000				
\$147,270	Residential 28 Day	\$141,000				\$ 6,270
\$230,102	Detox	\$230,102				
\$ 4,000				\$ 4,000		
<b>\$ 27,945</b>	CalWORKs Detox			<b>\$ 27,945</b>		
\$ 87,442			\$ 3,409			
<b>\$ 84,033</b>	Day Care Habilitative	\$ 84,033	<b>\$ 0</b>			
\$314,208		\$290,057	\$ 24,151			
<b>\$324,330</b>	Perinatal Residential	<b>\$295,118</b>	<b>\$ 29,212</b>			
\$ 30,000				\$ 30,000		
<b>\$ 16,150</b>	Perinatal Transitional Housing			<b>\$ 16,150</b>		
<b>\$ 3,500</b>	<b>Drinking Driver Assessment</b>	<b>\$ 3,500</b>				
\$939,064		\$833,902	\$ 27,560	\$ 48,000	\$ 23,332	
<b>\$972,564</b>	<b>TOTAL</b>	<b>\$842,463</b>	<b>\$ 29,212</b>	<b>\$ 94,529</b>	<b>\$ 90</b>	\$ 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
Assessment	\$100.00	Drinking Driver Assessment

- 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 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 HRA back to I-IRA 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.

**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 I-IRA 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.

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

- D.4. ADVANCE BASE: Advances for NNA, CalWORKs, **Drinking Driver Assessment** and Drug Medical services shall be made on a base of ~~\$905,328~~ \$968,092. 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, **Drinking Driver Assessment** 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 ~~\$911,504~~ \$943,352.
- D.9. COUNTY DRUG MEDI-CAL 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- 11  
DESCRIPTION OF SERVICES

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

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	\$0	\$0	\$3,500
County Funding	\$0	\$0	\$3,500
Number of assessments funded by County	0	0	35

PRIMARY PROBLEMS TREATED

Janus maintains a counseling center which provides outclient services in a drug-free, non-drinking environment. Assessment and referral services are provided by degreed/licensed and experienced personnel.

PROGRAM GOALS AND OBJECTIVES

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

A. The AOD assessment will include the following:

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

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

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

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

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0391

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
Ramachandran (Signature) 5/10/00 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 Services Agency (Agency)  
and Triad Community Services, 5271 Scotts Valley Dr. Ste. 200, Scotts Valley, CA (Name & Address)  
95066
2. The agreement will provide for continuation of methadone maintenance drug treatment services and  
outpatient counseling
3. The agreement is needed, to provide the above mentioned services
4. Period of the agreement is from July 1, 1999 to June 30, 2000
5. Anticipated cost is \$ increased to \$489,903 (~~Fixed amount, monthly rate~~; Not to exceed)
6. Remarks: This amendment increases the current contract by a \$60,041.00 for  
C090880-01 should be increased by this amount.
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. CO 90880-01 Date 5/10/00  
are not will be

GARY A. KNUTSON, Auditor - Controller

By Ramachandran Deputy.

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

(Agency).

County Administrative Officer

Remarks: CS (Analyst)

B y Wh G Date 5/10/00

Agreement approved as to form. Date

Distribution:

Bd. of Supv. - White  
Auditor-Controller - Blue  
County Counsel - 400000  
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 \_\_\_\_\_

By \_\_\_\_\_ County Administrative Officer

48

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

**AMENDMENT TO AGREEMENT**

Contract #: C90880-01

Index: 364042

Subobject: 3975

Between: County of Santa Cruz - Health Services Agency  
and

Triad Community Services, 5271 Scotts Valley Drive, Suite 200, Scotts Valley, CA 95066

The parties named above agree to amend contract C90880-01 as set forth in the attached Exhibit "A" by increasing the amount of compensation from \$429,862 to \$489,903; and by amending Exhibit A, Provision A3 and A4; Exhibit D, Provisions D1, D3 and D5 as attached; and deleting Exhibit E-6; said amendments are incorporated into and made a part of contract C090880-01 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: \_\_\_\_\_

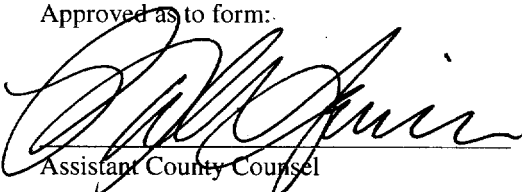
BY: \_\_\_\_\_

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

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  
Triad Community Services



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 ~~Four Hundred Twenty Nine Thousand, Eight Hundred Sixty Two and no/100 (\$429,862.00)~~ **Four Hundred Eighty Nine Thousand, Nine Hundred Three and 00/100 (\$489,903)** 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 ~~Eighty Three Thousand, Three Hundred Seventy and No/100 Dollars (\$83,370.00)~~ **Seventy Two Thousand, Twenty One and 00/100 (\$72,021)** 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.

FOR DRUG MEDI-CAL CONTRACTS: County agrees to pay Contractor a total sum not to exceed

- (a) ~~\$173,246~~ \$209,018 in State Match, and
- (b) ~~\$173,246~~ \$208,864 in Federal funds, for a total of ~~\$346,492~~ \$417,882 for Drug Medical services performed during the term of this Agreement, based on fixed rates. 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, grants or funding sources.

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, grants or funding sources.

- 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 Program, ~~1060~~ **1400** Emeline Avenue, Santa Cruz CA 95060, or to Contractor at: Triad Community Services, 5271 Scotts Valley Drive, Suite ~~200~~, **200**, Scotts Valley, CA ~~95066~~.

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
<del>\$346,492</del> <b>\$417,882</b>	Methadone Maintenance	<del>\$173,246</del> <b>\$209,018</b>	<del>\$173,246</del> <b>\$208,864</b>	
<del>\$ 4,000</del> <b>\$ 19,618</b>	Methadone Maintenance CalWORKs			<del>\$ 4,000</del> <b>\$19,618</b>
<del>\$ 18,970</del>	Outpatient – SV (NNA)	\$ 18,970		
<del>\$ 4,000</del> <b>\$ 7,033</b>	Outpatient – SV CalWORKs			<del>\$ 4,000</del> <b>\$ 7,033</b>
<del>\$ 26,400</del>	Outpatient – SLV (NNA)	\$ 26,400		
<del>\$ 30,000</del> <b>\$ 0</b>	Outpatient SLV CalWORKs			<del>\$ 30,000</del> <b>\$ 0</b>
<del>\$429,862</del> \$489,903	Total	<del>\$218,616</del> \$254388	<del>\$173,246</del> \$208,864	<del>\$ 38,000</del> \$26,651

- 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	\$40.94	Outpatient Counseling (NNA) Scotts Valley
Staff Hour	\$35.90	Outpatient Counseling (NNA) San Lorenzo Valley
Staff Hour	\$ 40.94	Outpatient Counseling (CalWORKs) San Lorenzo Valley

- D.3. **METHADONE MAINTENANCE NTP (Narcotic Treatment Program) MEDI-CAL FIXED RATES, COUNTY ADMINISTRATIVE CHARGES AND PAYMENT OF OTHER FUNDS:** Payment for services will be based on Medical fixed rates as follows, less County charges. The priority for payment of the ~~\$173,246~~ \$209,018 of State and County base funds for Methadone Maintenance will be:

Priority #1. Match for Medical units of service at the NTP fixed rates.

Priority #2. If there are base funds remaining after meeting expenses for Medical match, costs of Medical units of service that are in excess of the fixed rates may be reimbursed, provided that overall methadone clinic expenses equal or exceed revenues less 5% of the Federal share of Medical revenues.

Priority #3. If there are base funds remaining after payment according to priorities 1 and 2, payment of 50% of the cost of the Medical units of service that were provided but were disallowed by the Utilization Review Committee or the State.

In no event shall the base allocation be exceeded.

UNIT	RATE	SERVICE
Patient Dose	\$7.37	NTP – Methadone (DMC)
Patient Visit (1 Unit = 10 minutes)	\$13.62	NTP – Individual Counseling (DMC)
Patient Visit (1 Unit = 10 minutes)	\$ 3.61	NTP – Group Counseling (DMC)

The above UNIT, RATE and SERVICE rates also apply to the methadone maintenance services covered by the CalWORKs Funding as described in Exhibit E.

D.4. DEFINITIONS: Definition of above unit of service shall be as follows:

**PATIENT DOSE** Methadone Maintenance Treatment (Drug Medical and CalWORKs Methadone Maintenance Treatment): A client dose is a calendar month of daily dosing services which are claimed as a daily unit of service (including in-person, take home, and extended take home doses as authorized and required in the methadone maintenance regulations.

**PATIENT VISIT – Individual and/or Group Counseling** (Drug Medical and CalWORKs Narcotic Treatment Program): A unit of service is a calendar month of treatment services claimed in 10 minute increments for a minimum of 50 minutes, up to a maximum of 200 minutes of individual and/or group counseling per calendar month to each beneficiary. A patient visit is a face-to-face contact between a counselor and patient, for group or individual counseling. Telephone contacts and visits not at the certified site are not billable units of service. Group counseling shall be conducted with no less than 4 and no more than 10 patients at the same time with at least one of the patients in the group being a Medical beneficiary focusing on the needs of the individuals served. Counseling sessions shall meet the requirements specified in Section 10345, Title 9, CCR.

**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 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.5. **ADVANCE BASE:** Advances for NNA, CalWORKs, and Drug Medical services shall be made on a base of ~~\$403,875~~ ~~\$458,573~~ ~~\$458,573~~. 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.

**DRUG MEDICAL ADMINISTRATIVE CHARGES:** County administrative charges for Drug Medical services will not exceed 10% of the approved rate per unit of service, unless provider cost is less than the contract amount and County administrative cost is higher. Drug Medical unit of service costs that exceed the rate may be paid up to the limit of County funds available, not to exceed actual costs of the Drug Medical program.

- D.6. **INCREASE IN MAXIMUM ALLOCATION FOR MODE OF SERVICE:** Funds may not be shifted between modalities, e.g., Outpatient and Residential, without written approval by County Administrator. Shifts can be requested to the extent that there are funds available as a result of reduced billings for another mode of service or other modes of services hereunder. Such shifting of funds shall be on a dollar for dollar basis and as the Maximum Allocation for provision of a particular mode of service is augmented, there shall be a corresponding reduction in the Maximum Allocation for another mode of service or modes of services.

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0397

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

FROM: HEALTH SERVICES AGENCY (Dept.)  
Rama/Chase/og (Signature) 5/10/00 (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 Local Center for Applied Research, 5208 Huntington Avenue, Ste. #200, Richmond, CA 94804 (Name & Address)
2. The agreement will provide an amendment to an existing agreement to provide program evaluation services for federally-funded Drug Court program. The amendment will reduce \$3,468 from 1998-1999, add \$5,968 for 1999-2000, add \$11,500 for 2000-2001; and extend the agreement to 2001-2002 in the amount of \$7,000.
3. The agreement is needed to provide the above mentioned services
4. Period of the agreement is from April 1, 1997 to June 30, 2002 as amended
5. Anticipated cost is \$ 5,968 more for 1999-2000 (amended 1999-2000 total is \$37,468) (~~Fixed amount, monthly cost~~; Not to exceed)
6. Remarks: Total 1998 cost is \$20,253 (\$24,000 existing minus \$3,468); 1999-2000 total is \$37,468 (\$31,500 existing plus \$5,968); 2000-2001 total is \$20,500 (\$9,000 existing plus \$11,500); and 2001-2002 total is \$7,000 (new)
7. Appropriations are budgeted in A-363124 (\$21,000) B-364035 (\$16,468) (Index#) 3665 (Subobject)

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

Appropriations available and Contract No. CO 91471 Date 5/1 Date 5/10/00  
are not

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Silva Deputy.

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

(Agency).

Remarks: \_\_\_\_\_ County Administrative Officer

By Gh S. A. Date 5/11/00

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  
in the minutes of said Board on \_\_\_\_\_ County Administ

\_\_\_\_\_ 19 \_\_\_\_\_

BY \_\_\_\_\_ 45

**COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
COMMUNITY MENTAL HEALTH**

**AMENDMENT TO AGREEMENT**

Contract #: CO1471A

Between: County of Santa Cruz - Health Services Agency  
and  
Center for Applied Local Research  
5200 Huntington Ave., Suite 200  
Richmond, CA 94804

Effective Date of Amendment: May 23, 2000

The parties named above agree to amend contract CO1471A as set forth in the attached Exhibit "A" by decreasing the amount of compensation from \$24,000 in FY 1998-99 to \$20,532; increasing the amount of compensation from \$3 1,500 in FY 99-00 to \$37,468; increasing the amount of compensation from \$9,000 in FY 2000-01 to \$20,500; extending the contract to FY 2001-02 for \$7,000; and amending Sections 2 and 3. 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: 

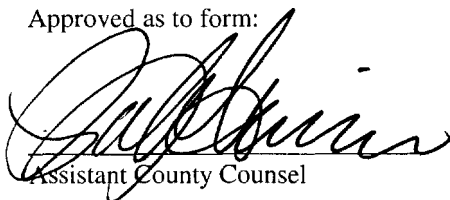
BY: \_\_\_\_\_

DATE: 5/8/00

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

Approved as to form:

Attest:

  
Assistant County Counsel

\_\_\_\_\_  
Clerk, Board of Supervisors

Distribution:

County Administrative Officer  
Auditor-Controller  
County Counsel  
HSA Administration  
Community Mental Health  
Center for Applied Local Research

## Exhibit "A"

Contract No. CO1471A

Index No. 363 124,  
363 103, and  
364035

Account No. 3665

1. DUTIES. CONTRACTOR agrees to exercise special skill to accomplish the following result: As itemized on Attachments A and C - Scope of Work.
2. COMPENSATION. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:

~~\$91,500~~ \$112,500 maximum agreement amount over ~~five~~ six fiscal years, \$6,000 for FY 96-97, \$21,000 for FY 97-98, ~~\$24,000~~ \$20,532 for FY 98-99 and ~~\$31,500~~ \$37,468 for FY 99-2000, ~~and \$9,000~~ \$20,500 for FY 2000-O 1, ~~and \$7,000 for FY 2001-02~~ as specified on Attachments B and D - Evaluation Budgets. This includes all salaries, benefits, travel, office expenses, etc. utilized in development of deliverables.

Reimbursements shall be based on receiving deliverables.

CONTRACTOR shall bill monthly. Claims shall be sent to Glenn Kulm, Administrative Deputy Director, P.O. Box 962, Santa Cruz, CA, 9506 1

3. TERM. The term of this Agreement shall be from April 1, 1997 though June 30, ~~2001~~ 2002, unless terminated by either party in accordance with Paragraph #4.

Attachment B

0400

## Dual Diagnosis Evaluation Budget FY00-01

Personnel	Hours	Rate	Subtotal	
Project Supervisor	12.00	\$130	\$1,560	
Project Director	40.00	\$100	\$4,000	
Research Assoc.	66.00	\$60	\$3,960	
Research Asst. II	80.00	\$50	\$4,000	
<b>Total Personnel</b>				<b>\$13,520</b>
<b>Other Costs</b>				
	Mileage (@.3)		<b>\$40</b>	
	Other Travel		<b>\$120</b>	
	Postage & Shipping		\$160	
	Duplication		\$80	
	Telephone		<b>\$80</b>	
<b>Total Other Costs</b>				<b>\$480</b>
<b>Total Charges</b>				<b>\$14,000</b>



## Dual Diagnosis Evaluation Budget FY01-02

Personnel	Hours	Rate	Subtotal	
Project Supervisor	6.00	\$130	\$780	
Project Director	20.00	\$100	\$2,000	
Research Assoc.	32.00	\$60	\$1,920	
Research Asst. II	40.00	\$50	\$2,000	
<b>Total Personnel</b>				\$6,709
<b>Other Costs</b>				
	Mileage (@.3)		\$20	
	Other Travel		\$120	
	Postage & Shipping		\$80	
	Duplication		\$40	
	Telephone		\$40	
<b>Total Other Costs</b>				\$300
<b>Total Charges</b>				\$7,000

## Dual Diagnosis Evaluation Budget FY00-01 & FY01-02 Combined

Personnel	Hours	Rate	Subtotal	
Project Supervisor	18.00	\$130	\$2,340	
Project Director	60.00	\$100	<b>\$6,000</b>	
Research Assoc.	98.00	\$60	\$5,880	
Research Asst. II	120.00	\$50	\$6,000	
<b>Total Personnel</b>				\$20,220
<b>Other Costs</b>				
	Mileage (@.3)		<b>\$60</b>	
	Other Travel		<b>\$240</b>	
	Postage & Shipping		\$240	
	Duplication		\$120	
	Telephone		\$120	
<b>Total Other Costs</b>				\$780
<b>Total Charges</b>				\$21,000

**Year 2 Evaluation Budget (1999-00)**

<b>Personnel</b>	<b>Hours</b>	<b>Rate</b>	<b>Subtotal</b>
Project Supervisor	12.00	\$130	<b>\$1,560.00</b>
Project Director	123.00	\$70	<b>\$8,610.00</b>
Research Asst.	118.00	\$50	<b>\$5,900.00</b>
<b>Total Personnel</b>			<b>\$16,070.00</b>
<b>Other Costs</b>			
Mileage (@.3)			\$58.80
Other Travel			\$100.00
Postage			\$60.00
Duplication			\$60.00
Telephone			\$120.00
<b>Total Other Costs</b>			<b>\$398.80</b>
<b>Total Charges</b>			<b>\$16,468.80</b>

**Year 3 Evaluation Budget (2000-01)**

<b>Personnel</b>	<b>Hours</b>	<b>Rate</b>	<b>Subtotal</b>
Project Supervisor	4.50	\$130	\$585.00
Project Director	48.00	\$70	<b>\$3,360.00</b>
Research Asst.	48.00	\$50	<b>\$2,400.00</b>
<b>Total Personnel</b>			<b>\$6,345.00</b>
<b>Other Costs</b>			
Mileage (@.3)			\$34.80
Postage & Shipping			\$30.20
Duplication			\$30.00
Telephone			\$60.00
<b>Total Other Costs</b>			<b>\$155.00</b>
<b>Total Charges</b>			<b>\$6,500.00</b>