



# County of Santa Cruz

0117

## HEALTH SERVICES AGENCY

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

(831) 4644066 FAX: (831) 4544770 TDD: (831) 454-4123

AGENCY ADMINISTRATIVE DIVISION

May 29, 2001

AGENDA: June 12, 2001

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

**Subject: Approval of Drinking Driver Program Contract Amendments with Santa Cruz Community Counseling Center and Janus of Santa Cruz**

Dear Members of the Board:

This letter requests approval of and authorization for the Health Services Agency (HSA) Administrator to sign the attached amendments to Drinking Driver Program (DDP) revenue agreements with Santa Cruz Community Counseling Center and Janus of Santa Cruz that will increase client program fees by 10%. This letter also apprises your Board of providers' concerns about the fee increase, and progress on implementing South County young adult DDP services.

### **Background**

On June 15, 1999 your Board approved renewals of 3-year contracts with Santa Cruz Community Counseling Center and Janus to provide treatment services for driving under the influence (DUI) offenders age 21 and over. State law requires that these programs be entirely self-supporting from client fees. Current contracts establish the fees that the contractors may charge clients for DDP services, and require both agencies to pay a portion of the fees collected to the County to offset County costs related to contract administration, monitoring and tracking clients' compliance with program attendance requirements.

As required by State statutes, DDP services are provided at five levels of intensity, depending on the type of offense, the client's blood alcohol level at the time of arrest, the number of prior DUI convictions, and which DUI statutes applied at the time the client was convicted. Currently, the "Wet Reckless" program, for the lesser conviction of reckless driving with alcohol involved, is 12 hours of group education and approximately 1.5 hours of individual appointments. Three-month first offender clients receive approximately 32 hours of program services that include 14 hours of group education, 14 hours of group counseling, 4 – 4.5 hours of individual assessment and counseling, and monitoring of attendance at one Alcoholics Anonymous (AA) or other self-help recovery meeting. Six-month first offender clients receive a longer first offense program, which includes the components of the 3-month program, plus 16 -18 additional hours of group

counseling, 2 additional individual counseling appointments and attendance at 12 self-help meetings.

The Multiple Offender program is an 18-month program which includes 12 hours of group education, 56 - 56.5 hours of group counseling and 9.5 hours of individual assessment and counseling. Twelve-month multiple offense clients in the system under former legislative requirements complete the same program as the 18-month multiple offenders, except that there are 5 fewer program hours of individual and group counseling.

HSA has determined that the programs are providing a high quality of service and are in compliance with state licensure regulations, with the exception that programs at both agencies are operating at a loss. Fees for these programs were last changed in November 1994.

### **Proposed Fee Increases**

HSA recommends that the fee charged to clients for program services be increased by 10%. Client fees include the program fee (which includes county and state administrative fees) and an additional county fee for referral and tracking of the client's compliance with the court's program requirements. HSA is not proposing changes to County and State components of the fees. The current and proposed fees are shown below.

<b>Type of Program</b>	<b>Current Program Fee*</b>	<b>Proposed Program Fee*</b>
Adult Wet Reckless	\$232	\$248
Adult 3-Month First Offense	\$491	\$537
Adult 6-Month First Offense	\$591	\$648
12-Month Multiple Offense	\$1,065	\$1,173
18-Month Multiple Offense	\$1,281	\$1,413

\*Includes County and State Administrative/Monitoring fees

HSA has reviewed the programs' budgets and cost reports, and has determined that expenses charged to the programs are proper. 1999-00 provider cost reports and projected 2000-01 expenses and revenues show significant operating losses for both agencies. Legislative changes mandated additional levels of program (i.e., wet reckless and 6-month first offense) that were added in June 1999, and have increased providers' administrative costs. Additionally, providers are experiencing pressures to increase salaries and improve staff retention in the face of rising housing costs and the Living Wage ordinance adopted by the City of Santa Cruz.

The courts and the Alcohol and Drug Abuse Commission have been apprised of the proposed fee increases, and have not raised any objections.

In compliance with State regulations which govern fee increase requests for these programs, the County Alcohol and Drug Program Administrator will request approval from the State Department of Alcohol and Drug Programs (ADP) for the proposed increases, upon approval of the fee increases by your Board. The attached contract amendments increase fees subject to ADP approval.

### **Provider Concerns**

Santa Cruz Community Counseling Center and Janus have stated that they believe the proposed fee increase is not sufficient to offset projected shortfalls for the 2000-01 fiscal year, and have requested a 15% fee increase. HSA will review 2000-01 provider cost reports once the fiscal year is closed, and also will review with providers additional options for increasing cost efficiency and improving client fee collection. Upon completion of this review process, additional client program fee increases may be necessary. The current provider contracts allow for the County Alcohol and Drug Program Administrator to authorize fee increases of up to 5%. Fee increases over 5% require your Board's approval of a contract amendment.

If providers and HSA are not able to reach agreement on client fees, providers have indicated that they may give the County 30 days notice of contract cancellation as provided for in the existing agreements. If providers give 30-day notice, HSA will work with contractors to ensure that client care is not interrupted until a new provider can be found.

### **South County Young Adult Services**

The County Alcohol and Drug Program Administrator has approved a 5% increase for Triad's Young Adult "Wet Reckless" and driving under the influence programs under the fee approval authority for increases up to 5% annually provided for in the existing Triad contract. HSA will review Triad's 2001-02 budget as to the viability and cost of providing Wet Reckless and DUI services in South County, to improve access for Watsonville-area residents who currently must travel to **Scotts** Valley for program services. If those costs require an additional fee increase beyond the 5% approval authority cap provided for in the existing contract, HSA will return to your Board for approval of an additional increase.

It is therefore **RECOMMENDED** that your Board:

1. Approve the attached amendments to agreements with Santa Cruz Community Counseling Center, Contract No. R-224, and Janus, Contract No. R-226, increasing client fees charged for program services and authorize the Health Services Administrator to sign.

Sincerely,



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

Attachment: ADM-29 (2)  
Contract Amendments, R-224 and R-226

### **RECOMMENDED**



**Susan A. Mauriello**  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel  
HSA Administration  
Mental Health and Substance Abuse Administration  
Alcohol and Drug Program  
Superior Court

**COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**AMENDMENT TO AGREEMENT**

Contract: R-226      Index: 364014      Subobject: 1616 and 1804

Between: County of Santa Cruz - Health Services Agency  
and  
Janus of Santa Cruz  
200 7<sup>th</sup> Avenue, Suite 150, Santa Cruz, Ca. 95062

Effective Date of Agreement: June 6, 2001

In accordance with Exhibit B, Provision 24a of the above, the parties do hereby agree to amend contract R-224 as follows. 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.

Provision D1 is hereby revised as follows:

D1. PROGRAM FEES: Contractor shall be compensated on the basis of the following maximum fee-for-service rate, **upon approval of the fees by the State Department of Alcohol and Drug Programs:**

- #A.      \$232 ~~\$248~~ per Wet Reckless client enrolled
- #B.      ~~\$494~~ **\$537** per 3-month First Offense client enrolled
- #C.      ~~\$594~~ **\$648** per 6-month First Offense client enrolled
- #D.      ~~\$1,065~~ **\$1,173** per 12-month Multiple Offense client enrolled  
(arrested before January 1, 1990)
- #E.      ~~\$1,281~~ **\$1,413** per 18-month Multiple Offense client enrolled  
(arrested on January 1, 1990 and after)

The above rate shall be charged all clients receiving services under this agreement except those clients given fee waivers. This rate shall be subject to change according to the provisions below as defined under "CHANGES IN FEES".

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0123

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

FROM: Health Services Agency (Dept.)  
SOVA (Signature) 5/25/11 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 Janus of Santa Cruz, 200 7th Avenue, Suite 150, Santa Cruz, CA 95062 (Name & Address)
2. The agreement will provide for authorization to increase client fees to operate Wet Reckless,  
First Offender and Multiple Offender Drinking Driver Programs in Santa Cruz County.

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

4. Period of the agreement is from July 1, 1999 to June 30, 2002

5. Anticipated cost is \$ None - Revenue Agreement (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: This is an amendment to a Revenue Agreement. Clients pay fees to contractor for  
services. County will receive Administrative/Monitoring and Referral/Tracking fees.  
This does not change existing budgeted revenues.

7. Appropriations are budgeted in 364014 (Index#) 1616 (Subobject)  
1619  
1804  
1805

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

Appropriations are available and have been encumbered. Contract No. R-226 Date 6/10/11  
are not will be

NA - Revenue

GARY A. KNUTSON, Auditor - Controller  
By P. D. Whang Deputy.

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

Remarks: ES (Analyst)

County Administrative Officer  
By Ch. S. J. Date 6/1/11

Agreement approved as to form. Date \_\_\_\_\_

Distribution:

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

\*To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California )  
County of Santa Cruz ) ss

I \_\_\_\_\_ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,  
State of California, do hereby certify that the foregoing request for approval of agreement was approved by  
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered  
in the minutes of said Board on \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19 \_\_\_\_\_ By \_\_\_\_\_ Deputy Clerk

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**COUNTY OF SANTA CRUZ  
HEALTH SERVICES AGENCY  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**AMENDMENT TO AGREEMENT**

Contract: R-224      Index: 364014      Subobject: 1616 and 1804

Between: County of Santa Cruz - Health Services Agency  
and  
Santa Cruz Community Counseling Center  
195-A Harvey West Blvd., Santa Cruz, Ca. 95060

Effective Date of Agreement: June 6, 2001

In accordance with Exhibit B, Provision 24a of the above, the parties do hereby agree to amend contract R-224 as follows. 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.

Provision D1 is hereby revised as follows:

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- #B.      ~~\$491~~ \$537 per 3-month First Offense client enrolled
- #C.      ~~\$591~~ \$648 per 6-month First Offense client enrolled
- #D.      ~~\$1,065~~ \$1,173 per 12-month Multiple Offense client enrolled  
(arrested before January 1, 1990)
- #E.      ~~\$1,281~~ \$1,413 per 1 8-month Multiple Offense client enrolled  
(arrested on January 1, 1990 and after)

The above rate shall be charged all clients receiving services under this agreement except those clients given fee waivers. This rate shall be subject to change according to the provisions below as defined under "CHANGES IN FEES".

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

CONTRACTOR:  
Santa Cruz Community  
Counseling Center

COUNTY OF SANTA CRUZ

BY: 

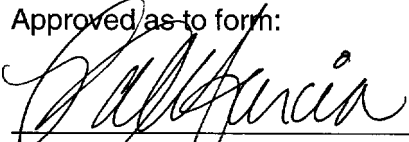
BY: \_\_\_\_\_  
Health Services Agency Administrator

DATE: 5/25/01

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  
Santa Cruz Community Counseling Center



COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0126

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

FROM: Health Services Agency (Dept.)  
SPYR (Signature) 5/25/1 (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)  
Client
- The agreement will provide for authorization to increase fees to operate Wet Reckless, First Offender and Multiple Offender Drinking Driver Programs in Santa Cruz County.
- The agreement is needed to provide the above-mentioned services.
- Period of the agreement is from July 1, 1999 to June 30, 2002
- Anticipated cost is \$ None - Revenue Agreement (Fixed amount; Monthly rate; Not to exceed)
- Remarks: This is a Revenue Agreement. Clients pay fees to contractor for services. County will receive Administrative/Monitoring and Referral/Tracking fees. This does not change existing budgeted revenues.
- Appropriations are budgeted in Revenue 364014 (Index#) 1804 (Subobject)  
1616  
1619  
1805

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

Appropriations are available and have been encumbered. Contract No. K0224 R-224 Date 6/1/01  
are not will be

NA Revenue

GARY A. KNUTSON, Auditor - Controller  
By PS Illang Deputy.

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

Health Services Agency (Agency).

Remarks: ES (Analyst) By Ed Sch County Administrative Officer Date 6/1/01

Agreement approved as to form. Date \_\_\_\_\_

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

To Orig. Dept. if rejected.

State of California )  
County of Santa Cruz ) ss  
I, \_\_\_\_\_ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,  
State of California, do hereby certify that the foregoing request for approval of agreement was approved by  
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered  
in the minutes of said Board on \_\_\_\_\_ County Administrative Officer  
\_\_\_\_\_ 19\_\_\_\_ By \_\_\_\_\_ Deputy Clerk