



County of Santa Cruz⁰²⁵⁹

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE, SANTA CRUZ, CA 95061-0962
(831) 454-4066 FAX: (831) 454-4770 TDD: (831) 454-4123

AGENCY ADMINISTRATIVE DIVISION

October 26, 2001

Agenda: November 20, 2001

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

Subject: Approval of Deferred Judgment Drug Program Contract Amendment with Santa Cruz Community Counseling Center

Dear Members of the Board:

This letter is to request approval of and authorization for the Health Services Agency (HSA) Administrator to sign the attached amendment to the revenue agreement with Santa Cruz Community Counseling Center – ALTO Counseling Center for the Deferred Judgment Drug Program that will increase client program fees by 13.6%. This letter also requests authorization to renew the three-year agreement as amended here for three years because the original agreement expires on June 30, 2002. The agreement certifies Community Counseling Center to provide a deferred judgement drug program, the content of which is largely mandated by State regulations, and provides approximately \$8,000 per year of revenue to offset HSA costs associated with administering the program.

Background

In 1992, AB 3555 was passed requiring certification and annual monitoring by County Alcohol and Drug Administrators of these programs, then called drug diversion programs (or "PC 1000 programs"). In 1996, SB 1369 revised the authorizing Penal Code statutes. PC 1000 programs are now called deferred judgement drug programs. They allow eligible persons arrested for minor, non-violent, first-time drug offenses the option of making a guilty plea, which judgment is then deferred from entry by the courts. If the person completes the treatment program, all drug charges and guilty pleas will be dropped. Failure to complete a program allows the court to enter the guilty judgment and proceed with sentencing.

In 1994, your Board approved program certification standards and the initial contract with Community Counseling Center for PC 1000 services. Since then your Board has approved revised program certification standards and contract renewal.

Existing Program

The 22-hour program includes an enrollment and individual assessment, 20 hours of group education and group counseling, and an individual exit interview. In addition, it provides for

- 1) Individual Treatment Activities to which a client may be assigned in lieu of group, and
- 2) Intensive Intervention Treatment, a treatment alternative for clients who, although they may have only been arrested for a minor, first-time drug charge, have drug use problems that are so severe that a short-term education/early intervention program is not adequate.

Intensive Intervention Treatment may be proposed by the program at the point that a client appears to be failing the program and, with client consent, more intensive program activities will be performed as an alternative to the existing program. Such alternative activities might include individual or family counseling, enrollment in a detox program, or short-term residential treatment. In compliance with AB 3555, for services agreed upon and offered outside of ALTO, referral would be made only to providers offering adjustable fees, including no-fee services where indicated.

Proposed Fee Increases

The fee charged to clients for program services is recommended to increase by 13.6%, from \$530 to \$602 for clients paying the full fee. No clients are denied services due to inability to pay. Attached is the revised sliding fee scale. The current provider contract allows for the Alcohol and Drug Program Administrator to authorize fee increases of up to 5% per year. Fee increases over 5% require your Board's approval of a contract amendment. The client's program fee includes the county administrative fee percentage to offset County costs related to contract administration and monitoring. The County administrative fee percent remains at 5.2% of total revenues collected. This revenue is included in the annual HSA Alcohol and Drug Program budget.

The program fee has not increased since July, 1997. HSA staff has reviewed the program's budget and cost report, and has determined that expenses charged to the program are proper. The program is entirely supported by client fees, and operated at a deficit in 2000-01. Providers are also experiencing pressures to increase salaries and improve staff retention in the face of rising housing costs, and wage increases to keep up with the cost of living. In addition, the program fee covers the cost of the estimated 14% of clients who do not pay the full fee. The proposed increase is consistent with changes in the Consumer Price Index since the last fee increase. The proposed amendment will not result in any increase in net County cost.

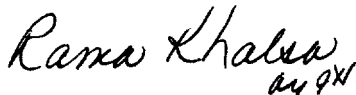
The courts and the Alcohol and Drug Abuse Commission have been apprised of the proposed fee increase, and have not raised any objections.

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

1. Approve and authorize the Health Services Agency (HSA) Administrator to sign the attached amendment to agreement with Santa Cruz Community Counseling Center to raise the Deferred

Judgment Drug Program client fee from \$530 to \$602, and extend the term of the agreement until June 30, 2005.

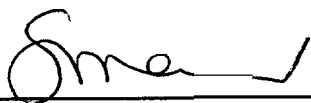
Sincerely,



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

Attachments: ADM-29
Amendment to Agreement

RECOMMENDED



Susan A. Mauriello
County Administrative Officer

Cc: County Administrative Officer
Auditor-Controller
County Counsel
HSA Administrator
Alcohol and Drug Program Administrator
Superior Court
Santa Cruz Community Counseling Center

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0262

TO: **Board of Supervisors**
county Administrative Office
Auditor Controller

FROM: HEALTH SERVICES AGENCY (Department)
BY: *RK* (Signature) 11/2/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement Revenue Agreement

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

- Said agreement is between the COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY (Department/Agency)
and SANTA CRUZ COMMUNITY COUNSELING CENTER, 195-A HARVEY ^E WAST BLVD., SANTA CRUZ, CA 95060 (Name/Address)
- The agreement will provide AUTHORIZATION TO INCREASE CLIENT FEES TO OPERATE DEFERRED JUDGMENT
DRUG PROGRAM IN ^{AN} SANTA CRUZ COUNTY, AND EXTENSION OF THE CONTRACT TO 6/30/05.
- Period of the agreement is from NOVEMBER 21, ²⁰⁰¹ to JUNE 30, ~~2002~~ 2005
- Anticipated Cost is \$ NONE - REVENUE AGREEMENT Fixed Monthly Rate Annual Rate Not to Exceed

Remarks: THIS IS AN AMENDMENT TO A REVENUE AGREEMENT. CLIENTS PAY FEES TO CONTRACTOR FOR SERVICES. COUNTY WILL RECEIVE ADMINISTRATIVE/MONITORING FEES.

- Detail: On Continuing Agreements List for FY 01-02, Page CC- 27 Contract No: 542 OR 1st Time Agreement
 Section II No Board letter required, will be listed under Item 8
 Section III Board letter required
 Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in REVENUE 364014 (Index) 2022 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

are available and have been encumbered.
are not available and will be encumbered.

Contract No: R-572
By: *Adam J. Villy* Date: 11/7/01
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize HEALTH SERVICES AGENCY ADMINISTRATOR (Dept/Agency Head) to execute on behalf of the COUNTY HEALTH SERVICES AGENCY (Department/Agency)

Date: 11-08-01 BY: *SA SA*
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold

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 Office by an order duly entered in the minutes of said Board on _____ 20__

ADM - 29 (8/01)
Title ■ Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO	\$	Lines	H/TL	Keyed By	Date
Document No.	JE Amount	Amount	Index	Sub object	User Code

4 TC110
2

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

AMENDMENT TO AGREEMENT

Contract: R-572 Index: 364014 Subobject: 2022

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: November 21, 2001

In accordance with Exhibit B, Provision 24a of the above, the parties do hereby agree to amend contract R-572 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 A2 is hereby revised as follows:

- A2. TERM: THE TERMS of this Agreement shall commence on ~~July 1, 1999~~
November 21, 2001 and continue through and include June 30, ~~2002~~ **2005**.

Provision A2 is hereby revised as follows:

- A4. 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, ~~4060~~ **1400** Emeline Avenue Santa Cruz, CA 95060, or to Contractor at: Santa Cruz Community Counseling Center Inc., 195-A Harvey West Blvd, Santa Cruz, CA 95060.

Provision D1 is hereby revised as follows:

D1. CLIENT FEES: CONTRACTOR shall be compensated on the basis of the following maximum program fee-for-service rate:

#A. ~~\$530.00~~ **\$602.00** per Deferred Judgment Drug Program client enrolled

The above rate shall be charged all clients receiving services under this Agreement except as indicated in CONTRACTOR'S sliding fee scale attached as Exhibit #D-1 of this Agreement. This rate shall be subject to change according to the provisions below as defined under "CHANGES IN FEES".


CONTRACTOR shall charge only those additional fees (e.g., rescheduling fees, Non-sufficient funds fees) as have been approved by the COUNTY Alcohol and Drug Program Administrator.

No client may be denied service solely on the basis of lack of ability to pay.

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

CONTRACTOR:
Santa Cruz Community
Counseling Center

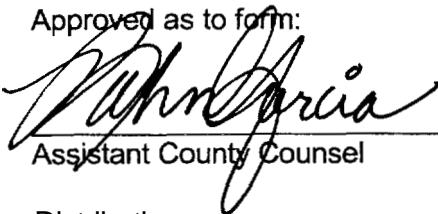
COUNTY OF SANTA CRUZ

BY:  _____

BY: _____
Health Services Agency Administrator

DATE: 10/30/01 _____

DATE: _____

Approved as to form:
 _____
Assistant County Counsel

Attest:

Clerk, Board of Supervisors

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

EXHIBIT D-1

0266

SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
 COMMUNITY RECOVERY **SERVICES** -ALTO COUNSELING CENTER
DEFERRED JUDGMENT DRUG PROGRAM
 SLIDING FEE **SCALE**

ANNUAL INCOME	FEE	INTAKE/EXIT	GROUP
\$0 - 1499	\$0	\$0	\$0
1500 - 1799'	\$1 68	18.00	13.20
1800 - 2099	\$204	22.00	16.00
2100 - 2399	\$234	25.00	18.40
2400 - 2699	\$270	28.00	21.40
2700 - 2999	\$306	33.00	24.00
3000 - 3299	\$337	36.00	26.50
3300 - 3599	\$371	40.00	29.10
3600 - 3899	\$403	43.00	31.70
3900 - 4199	\$451	49.00	35.30
4200 - 4499	\$476	51.00	37.40
4500 - 4799	\$499	53.00	39.30
4800 - 5099	\$541	57.75	42.55
5100 - 5399	\$577	61.00	45.50
5400 -	\$602	64.25	47.35