

**AGREEMENT  
FOR SERVICES OF INDEPENDENT CONTRACTOR**

BC \_\_\_\_\_

This Agreement (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter County) and Council on Alcoholism and Drug Abuse, having its principal place of business at Santa Barbara, California (hereafter Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

**THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

- 1. **DESIGNATED REPRESENTATIVE:** Deputy Director – Administration (telephone 805.681.5220) is the representative of County and will administer this Agreement for and on behalf of County. Penny Jenkins (telephone number 8059631433) is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.
- 2. **NOTICES.** Whenever it shall become necessary for either party to serve notice on the other respecting the Agreement, such notice shall be in writing and shall be served by Registered or Certified Mail, Return Receipt Requested, addressed as follows:
  - A. To County: Director  
Santa Barbara County  
Alcohol, Drug, and Mental Health Services  
300 N. San Antonio Road  
Santa Barbara, CA 93110
  - To Contractor: Penny Jenkins, Executive Director  
Council on Alcoholism and Drug Abuse  
PO Box 28  
Santa Barbara, CA 93102
  - B. Any such notice so mailed shall be deemed to have been served upon and received by the addressee five (5) days after deposit in the mail. Either party shall have the right to change the place or person to whom notice is to be sent by giving written notice to the other party of the change.
- 3. **SCOPE OF SERVICES.** Contractor agrees to provide services to County in accordance with Exhibit A attached hereto and incorporated herein by reference.
- 4. **TERM.** Contractor shall commence performance by **7/1/2011** and complete performance by **6/30/2012**, unless this Agreement is otherwise terminated at an earlier date pursuant to Section 17.
- 5. **COMPENSATION OF CONTRACTOR.** Contractor shall be paid for performance under this Agreement in accordance with the terms of Exhibit B, attached hereto and incorporated herein by reference. Contractor shall bill County by invoice, which

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shall include the Contract number assigned by County. Contractor shall direct the invoice to County's "Accounts Payable Department" at the address specified under Exhibit B, Section VI, after completing the increments identified in Exhibit B.

6. **INDEPENDENT CONTRACTOR.** Contractor shall perform all of its services under this Agreement as an Independent Contractor and not as an employee of County. Contractor understands and acknowledges that it shall not be entitled to any of the benefits of a County employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, Workers' Compensation insurance, and protection of tenure.
7. **STANDARD OF PERFORMANCE.** Contractor represents that it has the skills, expertise, and licenses and/or permits necessary to perform the services required under this Agreement. Accordingly, Contractor shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which Contractor is engaged. All products of whatsoever nature which Contractor delivers to County pursuant to this Agreement shall be prepared in a manner which will conform to high standards of quality and shall conform to the standards of quality normally observed by a person practicing in Contractor's profession. Contractor shall correct or revise any errors or omissions, at County's request, without additional compensation. Contractor shall obtain and maintain all permits and/or licenses required for performance under this Agreement without additional compensation, at Contractor's own expense.
8. **NON-DISCRIMINATION.** County hereby notifies Contractor that Santa Barbara County's Unlawful Discrimination Ordinance (Santa Barbara County Code, Chapter 2, Article XIII) applies to this Agreement and is incorporated herein by reference with the same force and effect as if the ordinance were specifically set out herein. Contractor hereby agrees to comply with said ordinance.
9. **CONFLICT OF INTEREST.** Contractor covenants that Contractor presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed by Contractor.
10. **RESPONSIBILITIES OF COUNTY.** County shall provide all information reasonably necessary to allow Contractor to perform the services contemplated by this Agreement.
11. **OWNERSHIP OF DOCUMENTS.** Upon production, County shall be the owner of the following items incidental to this Agreement, whether or not completed: all data collected and any material necessary for the practical use of the data and/or documents from the time of collection and/or production, whether or not performance under this Agreement is completed or terminated prior to completion. Contractor shall be the legal owner and Custodian of Records for all County client files generated pursuant to this Agreement, and shall comply with all Federal and State confidentiality laws, including Welfare and Institutions Code (WIC) §5328; 42 United

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States Code (U.S.C.) §290dd-2; and 45 CFR, Parts 160 – 164 setting forth the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor shall inform all of its officers, employees, and agents of the confidentiality provision of said laws. Contractor further agrees to provide County with copies of all County client file documents resulting from this Agreement without requiring any further written release of information.

No materials produced in whole or in part under this Agreement shall be subject to copyright in the United States or in any other country except as determined at the sole discretion of County. Within HIPAA guidelines, County shall have the unrestricted authority to publish, disclose, distribute, and/or otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

12. **RECORDS, AUDIT, AND REVIEW.** Contractor shall keep those business records or documents created pursuant to this Agreement that would be kept by a reasonably prudent practitioner of Contractor's profession and shall maintain such records in a manner consistent with applicable Federal and State laws. All account records shall be kept in accordance with generally accepted accounting practices. County shall have the right to audit and review all such documents and records, either at any time during Contractor's regular business hours, or upon reasonable notice to Contractor. Contractor agrees to retain such records and documents for a period of not less than three (3) years, following the termination of this Agreement.
13. **COMPLIANCE WITH HIPAA.** Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.
14. **INDEMNIFICATION AND INSURANCE.** Contractor shall agree to defend, indemnify and hold harmless the County and to procure and maintain insurance in accordance with the provisions of Exhibit C attached hereto and incorporated herein by reference.
15. **TAXES.** County shall not be responsible for paying any taxes on Contractor's behalf, and should County be required to do so by State, Federal, or local taxing agencies, Contractor agrees to reimburse County within one (1) week for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but are not limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and Workers' Compensation insurance.
16. **DISPUTE RESOLUTION.** Any dispute or disagreement arising out of this Agreement shall first be addressed and resolved at the lowest possible staff level between the appropriate representatives of the Contractor and of the County. If the dispute or disagreement cannot be resolved at this level, it is to be elevated to the

## AGREEMENT

Contractor's Program Manager and County's relevant Program Manager. If the Managers cannot resolve the dispute, they are to take the following actions:

- A. Decision – Each party shall reduce the dispute to writing and submit to the appropriate ADMHS Assistant Director. The Assistant Director shall assemble a team to investigate the dispute and to prepare a written decision. This decision shall be furnished to the Contractor within thirty (30) days of receipt of the dispute documentation. This decision shall be final unless appealed within ten (10) days of receipt.
- B. Appeal – The Contractor may appeal the decision to the Santa Barbara County Alcohol, Drug, and Mental Health Services Director or designee. The decision shall be put in writing within twenty (20) days and a copy thereof mailed to the Contractor's address for notices. The decision shall be final.
- C. Continued Performance - Pending final decision of the dispute hereunder, Contractor shall proceed diligently with the performance of this Agreement.
- D. Dispute Resolution - The finality of appeal described herein is meant to imply only that recourse to resolution of disputes through this particular dispute resolution mechanism has been concluded. This is in no way meant to imply that the parties have agreed that this mechanism replaces either party's rights to have its disputes with the other party heard and adjudicated in a court of competent jurisdiction.

### 17. **TERMINATION.**

- A. **BY COUNTY.** County, by written notice to Contractor, may terminate this Agreement in whole or in part at any time, whether for County convenience or because of the failure of Contractor to fulfill the obligations herein. Upon termination, Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process.
  - 1. **FOR CONVENIENCE.** County may terminate this Agreement upon thirty (30) days written notice. Following such notice of termination, Contractor shall notify County of the status of its performance and cease work at the conclusion of the thirty (30) day notice period.

Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall Contractor be paid an amount in excess of the maximum budgeted amount for this Agreement as set forth in Exhibit B, or paid for profit on unperformed portions of service. Contractor shall furnish to County such financial information as, in the judgment of County, is necessary to determine the reasonable value of the services rendered by Contractor. In the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final.

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2. **FOR CAUSE.** Should Contractor default in the performance of this Agreement or materially breach any of its provisions, County may, at County's sole option, terminate this Agreement by written notice which shall be effective upon receipt by Contractor.
- B. **BY CONTRACTOR.** Contractor may, upon thirty (30) days written notice to County, terminate this Agreement in whole or in part at any time, whether for Contractor's convenience or because of the failure of County to fulfill the obligations herein. Following such termination, Contractor shall promptly cease work and notify County as to the status of its performance.
18. **ENTIRE AGREEMENT, AMENDMENTS, AND MODIFICATIONS.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties. There have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be amended or modified only by the written mutual consent of the parties hereto. Requests for changes to the terms and conditions of this agreement after April 1 of the Fiscal Year for which the change would be applicable shall not be considered. All requests for changes shall be in writing. Changes shall be made by an amendment pursuant to this Section. Any amendments or modifications that do not materially change the terms of this Agreement (such as changes to the Designated Representative or Contractor's address for purposes of Notice) may be approved by the director of Alcohol, Drug & Mental Health Services. The Board of Supervisors of the County of Santa Barbara must approve all other amendments and modifications. Each party waives its future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral Agreements, course of conduct, waiver or estoppel.
19. **NON-EXCLUSIVE AGREEMENT.** Contractor understands that this is not an exclusive Agreement and that County shall have the right to negotiate and enter into contracts with others providing the same or similar services as those provided by Contractor as the County desires.
20. **SUCCESSORS AND ASSIGNS.** All representations, covenants and warranties set forth in this Agreement, by or on behalf of or for the benefit of any or all parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.
21. **ASSIGNMENT.** Contractor shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of County. Any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.
22. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to the parties is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder, now or hereafter existing at law or in equity or otherwise.

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23. **NO WAIVER OF DEFAULT.** No delay or omission of the parties to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to the parties shall be exercised from time-to-time and as often as may be deemed expedient in the sole discretion of either party.
24. **CALIFORNIA LAW.** This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in State Court, or in the Federal District Court nearest to Santa Barbara County, if in Federal Court.
25. **COMPLIANCE WITH LAW.** Contractor shall, at his sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County be a party thereto or not, that Contractor has violated any such ordinance or statute, shall be conclusive of that fact as between Contractor and County.
26. **SECTION HEADINGS.** The headings of the several sections, and any table of contents appended hereto shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.
27. **SEVERABILITY.** If any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof. Such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.
28. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts. Each counterpart shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.
29. **TIME IS OF THE ESSENCE.** Time is of the essence in this Agreement, and each covenant and term is a condition herein.
30. **AUTHORITY.** All parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and have complied with all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or conditions of any other Agreement or Agreement to which Contractor is obligated, which breach would have a material effect hereon.

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31. **PRECEDENCE.** In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.
32. **COMMUNICATION.** Contractor shall acknowledge in any public announcement regarding the program that is the subject of this Agreement that Santa Barbara County Alcohol, Drug, and Mental Health Department provides all or some of the funding for the program.
33. **PRIOR AGREEMENTS.** Upon execution, this Agreement supersedes all prior Mental Health Services agreements between County and Contractor.
34. **COURT APPEARANCES.** Upon request, Contractor shall cooperate with County in making available necessary witnesses for court hearings and trials, including Contractor's staff that have provided treatment to a client referred by County who is the subject of a court proceeding. County shall issue Subpoenas for the required witnesses upon request of Contractor.
35. **NONAPPROPRIATION OF FUNDS.** Notwithstanding any other provision of this Agreement, in the event that no funds or insufficient funds are appropriated or budgeted by federal, state or County governments, or funds are not otherwise available for payments in the fiscal year(s) covered by the term of this Agreement, then County will notify Contractor of such occurrence and County may terminate or suspend this Agreement in whole or in part, with or without a prior notice period. Subsequent to termination of this Agreement under this provision, County shall have no obligation to make payments with regard to the remainder of the term.

## **AGREEMENT**

### **THIS AGREEMENT INCLUDES:**

- A. EXHIBIT A, A-1, A-2, A-3, A-4, A-5, A-6, A-7 – Statements of Work
- B. EXHIBIT B – Financial Provisions
- C. EXHIBIT B-1 – Schedule of Fees
- D. EXHIBIT B-2 – Budget
- E. EXHIBIT B-3 – Sliding Fee Scale
- F. EXHIBIT C – Standard Indemnification and Insurance Provisions
- G. EXHIBIT E – Program Goals, Outcomes and Measures



**AGREEMENT**

Agreement for Services of Independent Contractor between the County of Santa Barbara and Council on Alcoholism and Drug Abuse.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_  
JONI GRAY  
CHAIR, BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

CONTRACTOR

By: \_\_\_\_\_  
Deputy Clerk  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 95-1878858.  
Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel  
Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
ANN DETRICK, PH.D.  
DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK MANAGER

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGREEMENT SUMMARY**

**BC** \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). *See also "Contracts for Services" policy. Form is not applicable to revenue contracts.*

- D1. Fiscal Year ..... 11-12
- D2. Budget Unit Number (plus -Ship/Bill codes in parenthesis) ..... 043
- D3. Requisition Number..... N/A
- D4. Department Name..... Alcohol, Drug, and Mental Health Services
- D5. Contact Person ..... Erin Jeffery
- D6. Telephone ..... (805) 681-5168

- K1. Agreement Type (*check one*):              Personal Service    ρ  
Capital
- K2. Brief Summary of Agreement Description/Purpose..... Alcohol and Drug Treatment Services
- K3. Original Agreement Amount..... 1384875
- K4. Agreement Begin Date..... 7/1/2011
- K5. Original Agreement End Date ..... 6/30/2012
- K6. Amendment History (leave blank if no prior amendments).....

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)

- K7. Department Project Number :                      :
- B1. Is this a Board Agreement? (Yes/No)..... Yes
- B2. Number of Workers Displaced (*if any*) ..... N/A
- B3. Number of Competitive Bids (*if any*)..... N/A
- B4. Lowest Bid Amount (*if bid*) ..... N/A
- B5. If Board waived bids, show Agenda Date..... N/A  
and Agenda Item Number .....
- B7. Boilerplate Agreement Text Unaffected? (Yes / or cite Paragraph) ... Yes

- F1. Encumbrance Transaction Code..... 1701
- F2. Current Year Encumbrance Amount ..... 1384875
- F3. Fund Number ..... 0049
- F4. Department Number..... 043
- F5. Division Number (*if applicable*) ..... N/A
- F6. Account Number ..... 7461
- F7. Cost Center number (*if applicable*) ..... 6243
- F8. Payment Terms..... Net 30

- V1. Vendor Numbers (A=Auditor; P=Purchasing).....
- V2. Payee/Contractor Name ..... Council on Alcoholism and Drug Abuse
- V3. Mailing Address ..... PO Box 28
- V4. City State (two-letter) Zip (include +4 if known) ..... Santa Barbara, CA 93102
- V5. Telephone Number..... 8059631433
- V6. Contractor's Federal Tax ID Number (*EIN or SSN*)..... 95-1878858
- V7. Contact Person..... Penny Jenkins
- V8. Workers Comp Insurance Expiration Date ..... 3/12/2012
- V9. Liability Insurance Expiration Date[s] (*G=Genl; P=Prof*)..... G 4/1/2012 P 4/1/2012
- V10. Professional License Number..... /N/A
- V11. Verified by (name of County staff)..... Erin Jeffery
- V12. Company Type (*Check one*):              ρ individual              ρ Sole Proprietorship              π Partnership              ☑ Corporation

**I certify** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

## EXHIBIT A

### STATEMENT OF WORK

**The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-7.**

#### 1. STAFF.

A. **TRAINING.** Contractor shall provide training to each Program staff member, within thirty (30) days of the date of hire regarding applicable programs, including the County MIS system, Drug Medi-Cal, SACPA, and Drug Court.

i. For Prevention programs:

a. Contractor shall require that Contractor's staff with responsibility for contract deliverables be trained through the web-based California Outcomes Measurement System - Prevention (CalOMS Pv) program and/or County staff, within thirty (30) days of the date of hire.

b. Contractor shall ensure that program staff have the capacity to implement and evaluate Strategic Prevention Plan (SPP) objectives by participating in the following activities:

1. Contractor shall work with County Strategic Prevention Plan Evaluation Consultant to evaluate the outcomes of SPP objectives. Contractor shall collect and report measurement indicators for short, intermediate, and long term outcomes linked to assigned goals, objectives and strategies.

2. Contractor shall attend relevant conferences and training related to Alcohol and Drug Prevention, youth leadership and development, environmental strategies, and best practices.

3. Contractor shall attend grant writing workshops or participate in training that increases agency's ability to sustain programs and agency capacity.

B. Staff hired to work directly with clients shall have competence and experience in working with clients with substance use disorders and co-occurring disorders, as required by State regulation.

C. Contractor shall notify County of any staffing changes as part of the monthly Staffing Report. Contractor shall notify the designated County Liaison and County Alcohol and Drug Program (ADP) Staff within one business day when staff is terminated from working on this Contract.

D. At any time prior to or during the term of this Contract, the County may require that Contractor staff performing work under this Contract undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Contract. County shall use its discretion in determining the method of background clearance to be used. The

## EXHIBIT A

### STATEMENT OF WORK

fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation.

- E. County may request that Contractor's staff be immediately removed from working on the County Contract for good cause during the term of the Contract.
- F. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor's staff that does not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.
- G. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

### **2. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES.**

- A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Drug Medi-Cal provider if Title 22 California Code of Regulations (CCR) Drug Medi-Cal services are provided hereunder, and/or State Alcohol and Drug Program certification if SACPA services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(ies) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided to the Alcohol, Drug, and Mental Health Services (ADMHS) Contracts Division.
- B. In the event license/certification status of a staff member cannot be confirmed, the staff member shall be prohibited from providing services under this contract.
- C. If Contractor is a participant in the Drug Medi-Cal program, Contractor shall keep fully informed of all current State ADP Bulletins and Letters, including, but not limited to, procedures for maintaining Drug Medi-Cal certification of all its facilities.

### **3. REPORTS.**

- A. **TREATMENT PROGRAMS.** In accepting funds for treatment services, Contractor agrees to submit the following by the 10<sup>th</sup> of the month following the date of service:

## EXHIBIT A

### STATEMENT OF WORK

- i) Monthly Treatment Services Report on forms supplied by County.
  - ii) Electronic Drug & Alcohol Treatment Access Report (DATAR) for each treatment site, per 45 CFR Section 96.126.
- B. PREVENTION PROGRAMS.** In accepting funds for prevention services from County, Contractor agrees to submit the following reports, to County:
- i) Monthly CalOMS Pv electronic data. Contractor shall document all project activity in CalOMS Pv according to the Center for Substance Abuse Prevention (CSAP) strategy allocation in the Contractor's budget;
  - ii) Semi-annual progress report narrative entered into CalOMS Pv;
  - iii) Semi-annual program outcomes data;
  - iv) Contractor shall enter all service delivery data documenting all activities conducted in support of SPP objectives into CalOMS Pv according to budgeted CSAP strategy on a minimum of a monthly basis.;
  - v) Contractor shall enter semi-annual narrative progress reports into the Evaluation Module of CalOMS Pv by January 10th and July 10th of each fiscal year during the term of this agreement. Entries should include all successes, challenges and progress made toward outcomes, as detailed in the Protocol on Prevention Program Progress and Outcomes Reporting;
  - vi) Contractor shall submit to County all environmental data collected and survey or focus group results prior to all interventions by January 10, and following all interventions by July 10, into the Evaluation Module of CalOMS Pv, as detailed in the Protocol on Prevention Program Progress and Outcomes Reporting.
- C. SERVICE LEVEL REPORTS.** Contractor shall use the County MIS system to track required data elements. These data elements include: units of service and/or face to face contacts (for all Drug Medi-Cal, Outpatient Drug Free, and Day Care Rehabilitative services), the number of clients admitted to the Program, unique clients served, and the total number of clients discharged and number of clients discharged to a lower/higher level of care. This requirement does not apply to Alcohol and Drug Free Housing, Prevention programs, and Individual contractors. Contractor shall provide summary reports from other Contractor data sources, as requested.
- D. FISCAL.** Contractor shall submit monthly Expenditure and Revenue Reports and Year-End Projection Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual costs and revenues and anticipated year-end actual costs and revenues for Contractor's program(s) or cost center(s) described in the Services section of this Exhibit A. Such reports

## EXHIBIT A

### STATEMENT OF WORK

shall be received by County no later than twenty (20) calendar days following the end of the month reported.

- E. **STAFFING.** Contractor shall submit monthly Staffing Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position, Documented Service Hours (DSH'S) provided by position, caseload by position, and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, and hire and/or termination date. The reports shall be received by County no later than twenty (20) calendar days following the end of the month being reported.
  - F. **PROGRAMMATIC.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Programmatic reports shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, number of active cases, number of clients admitted/ discharged, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes. For Perinatal programs, report shall include the number of women and children served, number of pregnant women served, and the number of births. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress.
  - G. **PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES.** Contractor shall work with County to ensure satisfactory data collection and compliance with the Outcomes described in Exhibit E, Program Goals, Outcomes and Measures.
  - H. **ADDITIONAL REPORTS.** Contractor shall maintain records and make statistical reports as required by County and the California State Department of Alcohol and Drug Programs on forms provided by either agency. Upon County's request, Contractor shall make additional reports as required by County concerning Contractor's activities as they affect the services hereunder. County will be specific as to the nature of information requested and allow thirty (30) days for Contractor to respond.
4. **PERFORMANCE.** Contractor shall adhere to the County's ADMHS Model of Care<sup>1</sup>, ADMHS Code of Conduct, ADMHS requirements, all relevant provisions of the California Code of Regulations Title 9, Division 4 and all relevant provisions of applicable law that are now in force or which may hereafter be in force. Contractor shall abide by State ADP Program Certification standards and regulations, and by the alcohol and drug treatment standards, policies, and procedures set forth by Santa Barbara County in the Provider Manual where applicable.

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<sup>1</sup> [ADMHS Model of Care](#)

## EXHIBIT A

### STATEMENT OF WORK

#### 5. **BILLING DOCUMENTATION.**

- A. Contractor shall use County's MIS system to enter claims for all Drug Medi-Cal (DMC) services and all Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative), Rehabilitative/Ambulatory Outpatient or ODF – Group, and Rehabilitative/Ambulatory ODF – Individual services, as specified in Exhibit B. Contractor shall document progress note in the client's file. All progress notes shall adhere to DMC guidelines. These notes will serve as documentation for billable Drug Medi-Cal units of service. Claims shall be submitted to the County MIS Unit within 72 hours of service delivery.
- B. County shall host annual training sessions regarding documentation requirements under Drug Medi-Cal and other related State, Federal and local regulations. Contractor shall ensure that each staff member providing clinical services attends annually.

#### 6. **DRUG MEDI-CAL VERIFICATION.** Contractor shall be responsible for verifying client's Drug Medi-Cal eligibility status and will take steps to reactivate or establish eligibility where none exists.

#### 7. **STANDARDS**

- A. Contractor shall make its service protocols and outcome measures data available to County and to Drug Medi-Cal site certification reviewers.
- B. Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff.

#### 8. **CONFIDENTIALITY.** Contractor agrees to maintain the confidentiality of patient records pursuant to: Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and Section 13 of this Agreement. Patient records must comply with all appropriate State and Federal requirements. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.

#### 9. **CLIENT AND FAMILY MEMBER EMPOWERMENT**

- A. Contractor agrees to support active involvement of clients and their families in treatment, recovery, and policy development.
- B. Contractor shall maintain a grievance policy and procedure to address client/family satisfaction complaints.

## EXHIBIT A

### STATEMENT OF WORK

#### 10. CULTURAL COMPETENCE.

- A. Contractor shall report on its capacity to provide culturally competent services to culturally diverse clients and their families upon request from County, including:
  - 1. The number of Bilingual and Bicultural staff (as part of the monthly staffing report), and the number of culturally diverse clients receiving Program services;
  - 2. Efforts aimed at providing culturally competent services such as training provided to staff, changes or adaptations to service protocol, community education/outreach, etc.
- B. Contractor shall fill Program service staff positions with staff that reflects the ethnic makeup of South Santa Barbara County. At all times, the Contractor shall be staffed with personnel who are Bilingual (Spanish) and able to communicate in the client preferred language;
- C. Contractor shall maintain Bilingual capacity and provide staff with regular training on cultural competency, sensitivity and the cultures within the community;

#### 11. NOTIFICATION REQUIREMENTS

- A. Contractor shall notify County immediately in the event of any suspected or actual misappropriation of funds under Contractor's control; known serious complaints against licensed/certified staff; restrictions in practice or license/certification as stipulated by a State agency; staff privileges restricted at a hospital; legal suits initiated specific to the Contractor's practice; initiation of criminal investigation of the Contractor; or other action instituted which affects Contractor's license/certification or practice (for example, sexual harassment accusations). "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the event. Contractor shall train all personnel in the use of the ADMHS Compliance Hotline.
- B. Contractor shall immediately notify the Designated ADP staff in the event a client with a case file (episode) open to the County presents any of the following client indices: suicidal risk factors, homicidal risk factors, assaultive risk factors, side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.
- C. Contractor shall notify the Designated ADP staff, regardless of whether the client has a case file (episode) open with the County, should any of the following events occur: death, fire setting, police involvement, media contact, any behavior leading to potential liability, any behavioral symptom that may compromise the appropriateness of the placement.



## EXHIBIT A

### STATEMENT OF WORK

12. **MONITORING.** Contractor agrees to cooperate with the County's Monitoring process which ensures medical necessity (for Drug Medi-Cal services) appropriateness and quality of care. This review may include clinical record peer review, client survey, and other program monitoring practices. Contractor will cooperate with these programs, and will furnish necessary assessment and treatment plan information, subject to Federal or State confidentiality laws, and provisions of this agreement.
13. **PERIODIC REVIEW.** County shall assign staff as contract monitors to coordinate periodic review meetings with Contractor's staff regarding quality of clinical services, fiscal and overall performance activity. ADMHS staff shall conduct periodic on-site reviews of Contractor's client charting.
14. **ADDITIONAL PROGRAM REQUIREMENTS**
- A. Contractor shall provide services in coordination and collaboration with ADMHS, including Mental Health Services, Probation, other County departments, and other community based organizations, as applicable.
  - B. Contractor shall provide a safe, clean and sober environment for recovery.
  - C. Contractor shall require clients to attend Twelve Step or other self-help support groups and activities.
  - D. Contractor shall provide *Seeking Safety* or other trauma-informed services where indicated.
  - E. Contractor shall stay informed on, and implement, Matrix or other current best practice curriculum in providing treatment services.
  - F. Contractor shall utilize motivational interviewing techniques, as defined by Treatment Improvement Protocol ([TIP](#)) [35: Enhancing Motivation for Change in Substance Use Disorder Treatment](#) (SAMHSA) in providing counseling services.
  - G. Contractor shall require each client to be screened for Tuberculosis prior to admission using the Alcohol and Drug Program (ADP) TB Screening Questions and Follow-Up Protocol.
  - H. Contractor shall refer pregnant clients to Perinatal specialized services, as clinically indicated.
15. Contractor shall adhere to all applicable State, Federal, and County requirements, with technical assistance from ADMHS.
16. Grant-funded services, such as those funded by Substance Abuse and Mental Health Services Administration (SAMHSA) shall adhere to the terms and conditions of the Notice of Grant Award, the original grant proposal, and any subsequent grant reapplications, if applicable.

## EXHIBIT A

### STATEMENT OF WORK

17. Contractor shall attend ADMHS ADP Provider meetings regularly to receive information and support in addressing treatment concerns.

EXHIBIT A-1  
Statement of Work  
Residential Detoxification Program

1. **PROGRAM SUMMARY:** The Project Recovery Residential Detoxification Program (hereafter, “the Program”) provides social model monitored residential detoxification services to help clients safely withdraw from alcohol and/or other drugs (AOD). Residential detoxification services provide a safe, sober and supportive living environment for acute withdrawal, stabilizing clients to achieve abstinence from AODs, and then linking them with clinically indicated treatment services once the client is discharged from detoxification. The Program is a 12 bed facility and shall be licensed to provide Residential Alcohol and/or Other Drug Services and Detoxification services. The Program is currently located at 816 Cacique Street and will relocate to at 1020 Placido Place, Santa Barbara, California.
2. **PROGRAM GOALS.**
  - A. Provide an environment that ensures clients achieve a safe and supportive withdrawal from AOD.
  - B. Assist clients to address acute withdrawal symptoms and achieve abstinence from AOD, as a first step toward recovery from chemical dependency.
  - C. Introduce participants to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
  - D. Reduce recidivism and increase community safety.
  - E. For SACPA and SATC clients, reduce costs associated with criminal case processing and re-arrest.
3. **DEFINITIONS.**
  - A. **SACPA:** The Substance Abuse Crime Prevention Act of 2000 (SACPA), also known as Prop 36, provides substance abuse treatment in lieu of incarceration to non-violent criminal drug offenders in community-based organizations. Contractor will provide SACPA Treatment Services to Court-ordered adults. Services include individual and group counseling, community referrals for ancillary services, and drug testing according to SACPA Standards and Practices.
  - B. **CalWORKs:** CalWORKs is a program that provides cash aid and services to eligible needy California families, with the goal of transitioning them into the workforce. Through the CalWORKs program, funds are provided for alcohol and drug treatment for CalWORKs clients in order to help them obtain and retain employment. Services are provided through the County’s network of contractors. Treatment needs are identified in the client’s Welfare-to-Work Plan.
4. **SERVICES.**
  - A. Contractor shall provide detoxification services to assist clients during the process in which AOD are metabolized in the body to eliminate their toxic

EXHIBIT A-1  
Statement of Work  
Residential Detoxification Program

physiological and psychological effects as described in the State of California Certification Standards.

- B. Contractor shall provide residential detoxification services for substance abusing clients designed to provide a safe withdrawal from the drug(s) of dependence and enable the client to become drug free.
  - C. Monitored residential detoxification services are appropriate for clients assessed by Contractor as not requiring medication for the management of withdrawal, but require this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure. This level is characterized by its emphasis on peer and social support (State ADP Certification Standard 16015(c)).
  - D. Contractor shall closely observe each client at least every 30 minutes during the first 12 hours following admission. Contractor shall ensure that Contractor's staff or volunteers shall check each client for breathing by a face-to-face observation at least every 30 minutes. Contractor shall closely observe client every 30 minutes beyond the initial 12-hour period for as long as the withdrawal signs and symptoms warrant.
  - E. Contractor shall document all client observations, including information that supports a decrease in observation, in the client's file (State ADP Certification Standard 16020).
  - F. Contractor shall assign at least one staff member to the observation of detoxification clients at all times.
  - G. In a program with fifteen (15) or fewer residents who are receiving detoxification services, there shall be at least one staff member on duty and awake at all times with a current cardiopulmonary resuscitation (CPR) certificate and current first aid training.
  - H. Contractor shall provide individual, group counseling and detoxification services as described in ADMHS Detox Treatment Guidelines.
  - I. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures, at minimum, at admission and discharge.
  - J. Contractor shall provide transportation to other community resources, such as Alcoholic Anonymous and Narcotics Anonymous.
  - K. Contractor shall provide appropriate storage for client medication.
5. **CLIENTS.** Contractor shall provide services as described in Section 4 to 312 clients, aged 18 and over, referred by sources described in Section 7, including court ordered clients. Contractor shall admit clients with co-occurring disorders as appropriate.

EXHIBIT A-1  
Statement of Work  
Residential Detoxification Program

**6. LENGTH OF STAY.**

- A. Contractor shall provide detoxification services for a maximum length of stay of 14 days, depending on assessment. Any length of stay over 14 days must be clinically indicated and pre-approved by ADMHS in writing.
- B. For CalWORKs clients, CalWORKs Treatment Authorizations will be for up to 14 days. In the event Contractor recommends a length of stay beyond 14 days, the CalWORKs Treatment Authorization will be reviewed by County to determine any necessary treatment reauthorization. Any length of stay over 14 days must be clinically indicated and pre-approved by ADMHS in writing.

**7. REFERRALS.**

- A. Contractor shall receive referrals from Parole, Probation, Courts, CalWORKs staff, other County agencies, other outpatient contractors, and self-referrals.
  - i. Contractor shall receive referral via phone, written referral, or walk in.
  - ii. Referrals (other than self-referrals) shall be accompanied by written documentation.
- B. If services are mandated by the court, client will contact Contractor within twenty-four (24) hours of referral (except weekends or holidays). Contractor shall contact the referral source within seventy-two (72) hours with a verification of enrollment.

**8. ADMISSION PROCESS.**

- A. Contractor shall interview client to determine client's appropriateness for the Program.
- B. Admission criteria will be determined by referral source, and/or eligibility for payor source.
- C. Contractor shall admit clients referred by sources described in Section 7 unless the client meets one or more conditions specified in Section 9, or if space is not available in the Program.
- D. Contractor shall prioritize the admission of clients discharged from ADMHS' Psychiatric Health Facility and the CARES sites in North and South County with a secondary co-occurring mental illness condition.
- E. At Contractor's intake meeting with client, no later than twenty-four (24) hours of client entry into Program, Contractor shall complete an admission packet with the following information:
  - i. Consent to Treatment form, Program rules and guidelines, signed by client;

EXHIBIT A-1  
Statement of Work  
Residential Detoxification Program

- ii. Release of information form, signed by client;
  - iii. Financial assessment and contract for fees;
  - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
    - 1. Social, economic and family background;
    - 2. Education;
    - 3. Vocational achievements;
    - 4. Criminal history, legal status;
    - 5. Medical history;
    - 6. Drug history;
    - 7. Previous treatment.
  - v. Emergency contact information for client;
- F. Contractor shall notify referral source if client is not accepted into the Program, based on Section 9, within one business day of receiving the initial referral.
- G. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.
- H. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.
9. **EXCLUSION CRITERIA:** On a case-by-case basis, the following may be cause for client exclusion from the program:
- A. Client threat of or actual violence toward staff or other clients;
  - B. Rude or disruptive behavior that cannot be redirected;
  - C. Medical detoxification is indicated.

EXHIBIT A-1  
Statement of Work  
Residential Detoxification Program

**10. DOCUMENTATION REQUIREMENTS.**

- A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program.
- B. No later than five days after admission into program, Contractor shall complete a Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. Contractor shall ensure that client is transitioned from detox into an indicated level of Treatment.

**11. DISCHARGES.**

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
  - i. Recommendations for post-discharge;
  - ii. Linkages to other services, if appropriate;
  - iii. Reason for discharge;
  - iv. Clinical discharge summary.
- B. Contractor shall refer clients to ongoing services, including referrals to local mental health services for those clients appearing to present with a primary co-occurring mental health condition.
- C. Contractor shall develop a referral plan and aftercare recovery plan appropriate to each client for post-detoxification referral to community support services, prior to discharge.
- D. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- E. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- F. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

EXHIBIT A-2  
Statement of Work  
Project Recovery

1. **PROGRAM SUMMARY:** The Project Recovery Program (hereafter, “the Program”) provides outpatient alcohol and other drug (AOD) treatment to adult and adolescent clients to assist clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling, and drug testing. The Program also provides Day Care Rehabilitative (DCR) services to perinatal clients. The DCR program will provide perinatal substance abuse services to pregnant and postpartum women including individual and group counseling, case management, child care and transportation. The Program shall be licensed as a Non-residential Outpatient Program. The Program will be located at 133 E. Haley St., Santa Barbara, California.
  
2. **PROGRAM GOALS.**
  - A. Introduce participants to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
  - B. Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community;
  - C. Reduce recidivism and increase community safety;
  - D. For SACPA and SATC clients, reduce costs associated with criminal case processing and re-arrest.
  - E. For Perinatal clients, 100% of babies born to women in the Program shall be drug free.
  
3. **DEFINITIONS.**
  - A. **Drug Medi-Cal (DMC):** DMC benefits are optional Medi-Cal benefits as described in the California State Plan for Medicaid. DMC services provide medically necessary alcohol and other drug treatment to California’s Medi-Cal eligible population. The services include Outpatient Drug-Free Treatment, Narcotic Treatment Program, and Naltrexone Treatment. In addition, Day Care Rehabilitative Treatment and Residential Treatment are available to pregnant and postpartum women who are full-scope Medi-Cal beneficiaries.
  - B. **SACPA:** The Substance Abuse Crime Prevention Act of 2000 (SACPA), also known as Prop 36, provides substance abuse treatment in lieu of incarceration to non-violent criminal drug offenders in community-based organizations. Contractor will provide SACPA Treatment Services to Court-ordered adults. Services include individual and group counseling, community referrals for ancillary services, and drug testing according to SACPA Standards and Practices.
  - C. **SATC:** Substance Abuse Treatment Court (SATC) facilitates recovery of individuals within the criminal justice system by offering alternatives to traditional criminal processing for individuals with charges related to substance abuse.



EXHIBIT A-2  
Statement of Work  
Project Recovery

SATC provides a comprehensive and judicially monitored program of drug treatment and rehabilitation services. Services include individual and group counseling, community referrals for ancillary services, and drug testing according to SATC Standards and Practices.

D. **CalWORKs:** CalWORKs is a program that provides cash aid and services to eligible needy California families, with the goal of transitioning them into the workforce. Through the CalWORKs program, funds are provided for alcohol and drug treatment for CalWORKs clients in order to help them obtain and retain employment. Services are provided through the County's network of contractors. Treatment needs are identified in the client's Welfare-to-Work Plan.

4. **SERVICES.** Contractor shall provide the following:

A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].

i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.

ii. **For DMC clients, and all ODF-Group services and DCR services:** Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.

iii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.

B. Contractor shall refer clients to ancillary services and provide referral to vocational, literacy, education, and family counseling where applicable and appropriate.

EXHIBIT A-2  
Statement of Work  
Project Recovery

C. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures, and SACPA/SATC requirements, as applicable.

**D. For SACPA and SATC:**

- i. Contractor shall provide SACPA or SATC Treatment Services to Court-ordered adults, per SACPA/SATC guidelines.
- ii. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.
- iii. Contractor shall attend Court Staffing meetings in the region served by Contractor.
- iv. Contractor shall abide by the Therapeutic Justice Policy Council Treatment Court Guidelines & Procedures as set forth by the Policy Council.
- v. Contractor shall attend SACPA/SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.

**E. For Perinatal clients only, Contractor shall provide:**

- i. **Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative (DCR))** [Service Code 30] DCR services are those that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to individuals with substance abuse impairments. DCR clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.
- ii. **DMC Perinatal DCR.** DMC reimbursement for DCR services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Within the DCR program, only pregnant and postpartum women are eligible to receive DMC services through the perinatal certified program. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met, as defined in 22 CCR Section 50260 and 50262.3(a). Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11<sup>th</sup>. Her eligibility as a pregnant and postpartum woman ends on October 31<sup>st</sup>. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs.

EXHIBIT A-2  
Statement of Work  
Project Recovery

Contractor shall ensure that at the end of the sixty day postpartum period, as defined by Title 22, women will continue in clinically indicated Treatment modalities, such as ODF Group and Individual Treatment.

- iii. Perinatal programs empower women to achieve and maintain clean and sober living, deliver healthy infants, strengthen family units, and lead productive lives. Services are designed to be gender- specific and culturally relevant, and are based on individual needs and demographics.
- iv. Contractor shall provide perinatal substance abuse/use services to pregnant and postpartum women and their children. Contractor shall provide Day Care Rehabilitative treatment model in which women receive treatment a minimum of three hours per day, three days per week. Per 22 CCR Section 51341.1:
  1. Contractor shall provide services that address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills;
  2. Contractor shall provide mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
  3. Contractor shall ensure service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment). Transportation and childcare shall be reimbursed only with non-DMC funds, as specified in Exhibit B-1;
  4. Contractor shall provide education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
  5. Contractor shall provide coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
5. **CLIENTS.** Contractor shall provide services as described in Section 4 to 547 adult clients, referred by sources described in Section 6.A. Clients receiving DCR services may live independently, semi-independently, or in a supervised residential facility which does not provide this service.
  - A. Contractor shall admit clients with co-occurring disorders where appropriate.
  - B. Contractor shall provide services as described in Section 4 to adult drug program clients with co-occurring disorders residing at the Hotel de Riviera.

EXHIBIT A-2  
Statement of Work  
Project Recovery

**6. REFERRALS.**

- A. Contractor shall receive referrals from Parole, Probation, Courts, CalWORKs staff, other County agencies, other outpatient contractors, and self-referrals.
  - i. Contractor shall receive referral via phone, written referral, or walk in.
  - ii. Referrals (other than self-referrals) shall be accompanied by written documentation.
- B. If services are mandated by the court, client will contact Contractor within 24 hours of referral (except weekends or holidays). Contractor shall contact the referral source within 72 hours with a verification of enrollment.

**7. ADMISSION PROCESS.**

- A. Contractor shall interview client to determine client's appropriateness for the Program.
- B. Admission criteria will be determined by the referral source and/or eligibility for a funding stream.
- C. Contractor shall admit clients referred by sources described in Section 6 unless the client meets one or more conditions specified in Section 8, or if space is not available in the Program.
- D. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
  - i. Consent to Treatment form, Program rules and guidelines, signed by client;
  - ii. Release of information form, signed by client;
  - iii. Financial assessment and contract for fees.
  - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
    - 1. Social, economic and family background;
    - 2. Education;
    - 3. Vocational achievements;
    - 4. Criminal history, legal status;
    - 5. Medical history;
    - 6. Drug history;

EXHIBIT A-2  
Statement of Work  
Project Recovery

7. Previous treatment.

v. Emergency contact information for client.

E. Contractor shall notify referral source if client is not accepted into the Program, based on Section 8, within one business day of receiving the initial referral.

F. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.

G. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

8. **EXCLUSION CRITERIA.** On a case-by-case basis, the following may be cause for client exclusion from the program:

A. Client threat of or actual violence toward staff or other clients;

B. Rude or disruptive behavior that cannot be redirected.

9. **DOCUMENTATION REQUIREMENTS.**

A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service. No later than thirty (30) days after client entry into Program, Contractor shall complete:

i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning. For SATC and SACPA funded clients, Contractor shall report the results of the ASI and recommendations to the court;

ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.

EXHIBIT A-2  
Statement of Work  
Project Recovery

**10. DISCHARGES.**

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
- i. Recommendations for post-discharge;
  - ii. Linkages to other services, if appropriate;
  - iii. Reason for discharge;
  - iv. Clinical discharge summary.
- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- C. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- D. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

EXHIBIT A-3  
Statement of Work  
Daniel Bryant Youth & Family Treatment Center

1. **PROGRAM SUMMARY:** The Daniel Bryant Youth and Family Treatment Center Program (hereafter, “the Program”) provides outpatient alcohol and other drug (AOD) treatment to adolescent clients to assist clients to obtain and maintain sobriety. Treatment services will include best practice individual and group counseling and drug testing that is age appropriate. Adolescent treatment will address youth-specific developmental issues, provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive, setting so they can be served within their families, classroom and community. The Program shall be certified to provide Outpatient Alcohol and/or Other Drug Services. The Program will be located at 1111 Garden Street, Santa Barbara, California.
  
2. **PROGRAM GOALS.**
  - A. Introduce participants to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
  - B. Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community;
  - C. Reduce recidivism and increase community safety;
  - D. For SATC clients, reduce costs associated with criminal case processing and re-arrest.
  
3. **DEFINITIONS.**
  - A. **Drug Medi-Cal (DMC):** DMC benefits are optional Medi-Cal benefits as described in the California State Plan for Medicaid. DMC services provide medically necessary alcohol and other drug treatment to California’s Medi-Cal eligible population. The services include Outpatient Drug-Free Treatment, Narcotic Treatment Program, and Naltrexone Treatment. In addition, Day Care Rehabilitative Treatment and Residential Treatment are available to pregnant and postpartum women who are full-scope Medi-Cal beneficiaries.
  - B. **Minor Consent DMC:** Minor Consent is a State funded program which excludes parental income and resources from consideration as a condition of Medi-Cal eligibility for certain, limited services to youth under the age of 21 who are living with their parent(s) or guardian(s), as specified in Family Code Section 6929. State law and regulations prohibit Contractor from contacting the parent(s)/guardian(s) of the youth who is applying for Minor Consent services. If the minor is twelve (12) years of age or older, he/she is eligible for substance abuse services, primarily outpatient drug free counseling services, under Minor Consent DMC. To obtain Minor Consent DMC, the client must apply for benefits through the Department of Social Services.

EXHIBIT A-3  
Statement of Work  
Daniel Bryant Youth & Family Treatment Center

C. **SATC:** Substance Abuse Treatment Court (SATC) facilitates recovery of individuals within the criminal justice system by offering alternatives to traditional criminal processing for individuals with charges related to substance abuse. SATC provides a comprehensive and judicially monitored program of drug treatment and rehabilitation services. Services include individual and group counseling, community referrals for ancillary services, and drug testing according to SATC Standards and Practices.

4. **SERVICES.** Contractor shall provide:

A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].

i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.

ii. **For DMC clients, and all ODF-Group services:** Contractor shall ensure that each client receives two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.

iii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.

B. **Case Management Services.** For Youth and Family clients only, limited staff time used to facilitate access to and coordination with complementary services identified in client treatment plans. These services could include advocacy and liaison with other community-based organizations as well as government agencies and may address issues such as education, vocational training, juvenile justice, mental health, child welfare, medical and dental care, independent living or transitional living, and housing. Drug Medi-Cal funding shall not be used to reimburse case management services.



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Daniel Bryant Youth & Family Treatment Center

C. Contractor shall refer clients to ancillary services and provide referral to vocational, literacy, education, and family counseling where applicable and appropriate.

D. Contractor shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures, and SACPA/SATC requirements, as applicable.

**E. For SATC:**

- i. Contractor shall provide SATC Treatment Services to Court-ordered clients, per SATC guidelines.
- ii. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.
- iii. Contractor shall attend Court Staffing meetings in the region served by Contractor.
- iv. Contractor shall abide by the Therapeutic Justice Policy Council Treatment Court Guidelines & Procedures as set forth by the Policy Council.
- v. Contractor shall attend SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.

**F. Contractor shall provide ODF Youth and Family Treatment:**

- i. Contractor shall provide family engagement activities and services which initiate and encourage family participation in treatment, such as groups to provide an introduction and orientation to the treatment program.
- ii. Contractor shall provide family education activities and services which educate families about relevant topics such as substance abuse, treatment, recovery, and relapse prevention.
- iii. Contractor shall provide parenting education activities and services that foster effective parenting, with an emphasis on positive parenting, communication between parents and their children, setting clear and appropriate behavioral expectations and logical consequences, awareness of social issues that confront children and how parents can help, and other topics which increase parent effectiveness and family functioning.
- iv. Contractor shall provide family counseling services to families or other significant persons in a client's life which focus on the client's treatment needs in terms of supporting the client's treatment goals. Family counseling services must address specific needs and goals in the client's treatment plan. Services may include assisting the client in developing an appropriate

EXHIBIT A-3  
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Daniel Bryant Youth & Family Treatment Center

support system to reinforce behavioral gains made during treatment, providing ongoing support to prevent relapse, or improving family dynamics in order to reduce “triggers” related to the client’s substance use.

1. No more than two family sessions may occur during any one month, and one Collateral treatment planning session with the family is a monthly prerequisite for these services.
  2. Family counseling which addresses needs and behaviors within a particular family, including family dynamics, family communications patterns, inter-generational family patterns, the beliefs or behaviors of family members, mental health diagnoses and treatment, and similar issues are outside the scope of practice for Alcohol and Other Drug (AOD) counselors and may only be provided by a licensed mental health professional, or a registered intern or psychological assistant receiving clinical supervision for the services.
  - v. Contractor shall provide celebratory activities, recognizing clients for their achievements in the recovery process through special activities in the facility or outings to events in the community. **A maximum of 2 sessions per calendar month may be billed at the ODF - individual rate for such activities.**
  - vi. Contractor shall carry out specific and scheduled outreach activities designed to increase local community awareness of treatment services.
5. **CLIENTS.** Contractor shall provide services as described in Section 4 to 245 clients referred by sources described in Section 6.A.
- A. Contractor shall admit clients with co-occurring disorders where appropriate.
  - B. Contractor shall admit clients taking non-psychoactive medications.
6. **REFERRALS.**
- A. Contractor shall receive referrals from Parole, Probation, Courts, CalWORKS staff, other County agencies, other outpatient contractors, and self-referrals.
    - i. Contractor shall receive referral via phone, written referral, or walk in.
    - ii. Referrals (other than self-referrals) shall be accompanied by written documentation.
  - B. If services are mandated by the court, client will contact Contractor within 24 hours of referral (except weekends or holidays). Contractor shall contact the referral source within 72 hours with a verification of enrollment.

EXHIBIT A-3  
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**7. ADMISSION PROCESS.**

- A. Contractor shall interview client to determine client's appropriateness for the Program.
- B. Contractor shall admit clients referred by sources described in Section 6 unless the client meets one or more conditions specified in Section 8, or if space is not available in the Program.
- C. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
  - i. Consent to Treatment form, Program rules and guidelines, signed by client;
  - ii. Release of information form, signed by client;
  - iii. Financial assessment and contract for fees;
  - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
    - 1. Social, economic and family background;
    - 2. Education;
    - 3. Vocational achievements;
    - 4. Criminal history, legal status;
    - 5. Medical history;
    - 6. Drug history;
    - 7. Previous treatment.
  - v. Emergency contact information for client;
- D. Contractor shall notify referral source if client is not accepted into the Program, based on Section 8, within one business day of receiving the initial referral.
- E. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.
- F. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.

EXHIBIT A-3  
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8. **EXCLUSION CRITERIA:** On a case-by-case basis, the following may be cause for client exclusion from the program:

- A. Client threat of or actual violence toward staff or other clients;
- B. Rude or disruptive behavior that cannot be redirected.

9. **DOCUMENTATION REQUIREMENTS.**

A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.

B. No later than thirty (30) days after client entry into Program, Contractor shall complete:

- i. Addiction Severity Index (ASI). Contractor shall administer and score. Results of the ASI shall be utilized for treatment and discharge planning. For SATC and SACPA funded clients, Contractor shall report the results of the ASI and recommendations to the court;
- ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.

10. **DISCHARGES.**

A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:

- i. Recommendations for post-discharge;
- ii. Linkages to other services, if appropriate;
- iii. Reason for discharge;
- iv. Clinical discharge summary.

EXHIBIT A-3  
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- B. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.
- C. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- D. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

1. **PROGRAM SUMMARY.** The Friday Night Live and Club Live program (hereafter “the Program”) is an alcohol and other drug (AOD) prevention program that utilizes a leadership model designed for junior and senior high school youth in Santa Barbara. The Program will maintain two prevention components: 1) the school based Club Live (CL) chapters which are designed to build leadership skills, promote positive peer influence, provide opportunities for community service, and prevent alcohol and drug use among teens and 2) a Leadership Coalition made up of high school youth from Santa Barbara and Goleta. The Program will implement an environmental approach to addressing underage youth access to alcohol and marijuana, including changing social norms that tolerate underage drinking and marijuana use, adopting policies to limit youth access, and promoting the enforcement of laws and policies that govern access, advertising and consumption of alcohol and marijuana.
  
2. **PROGRAM GOALS.** Contractor shall be responsible for achieving County Strategic Prevention Plan (SPP) goals. Each goal is linked to objectives identified in the SPP and strategies identified in the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategies. Contractor shall implement these CSAP strategies for the purpose of accomplishing prevention outcomes as identified in the SPP as follows:
  - A. SPP Priority Area 2: Reduction of Underage Drinking (Goal A): Reduce alcohol related problems associated with underage youth access to alcohol in the home.
  - B. SPP Priority Area 2: Reduction of Underage Drinking (Goal C): Increase the capacity of youth to be resilient to alcohol consumption and to effectively address and prevent problems associated with underage drinking.
  - C. SPP Priority Area 2: Reduction of Underage Drinking (Goal D): Change the social norm of parents, youth and the broader community that tolerates underage drinking.
  - D. SPP Priority Area 3: Awareness of the harms and risks of Marijuana use (Goal A): Increase youth and parents awareness of the risks and harms of marijuana use.
  
3. **DEFINITIONS.**
  - A. **Primary Prevention – Universal Prevention:** Primary Prevention programs are paid by Substance Abuse Prevention and Treatment (SAPT) Prevention Set Aside funding and must be used to implement universal prevention strategies. Universal prevention strategies address the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to prevent the problem. All members of the population

Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

B. **CSAP Strategy:** SAMHSA CSAP has classified prevention into the following six strategies, as defined by Federal Register, Volume 58, Number 60, March 31, 1993, and detailed in the Provider Manual: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-Based Process; and Environmental. The specific CSAP strategies and service codes Contractor shall implement are detailed in Section 4.

4. **SERVICES.** Contractor shall provide the following services to implement SPP outcome-based objectives and Universal Prevention strategies, further described in Exhibit E.

A. By June 30, 2012, reduce the number of youth drinking in the home from 35.1% to 33% of 11<sup>th</sup> graders, and using alcohol within last 30 days from 38% to 35% of 11<sup>th</sup> graders (SPP Objective, Goal A) using the following SPP Strategies:

1. Implement parent pledges asking parents to not provide alcohol to minors in their home (SPP Strategy).
  - a. Contractor shall include parent pledges in all CL membership and leadership packets at the time of registration.
  - b. Contractor shall provide parent pledges to be filled out at all Alcohol and Other Drug (AOD) activities where parents are present, including Speak Outs, Town Halls, and Educational Forums.
  - c. Contractor shall maintain a parent pledge on Contractor's website where parents can access the pledge.
2. Conduct outreach education and discourage adult tolerance of underage drinking (SPP Strategy).
  - a. Contractor shall conduct a total of two presentations on the effects of underage drinking to Parent Teacher Associations (PTA's), parent groups, elected officials or local Rotary, Kiwanis, Lions Clubs or other service clubs.
  - b. Contractor shall develop one media campaign that discourages adult tolerance of underage drinking which includes a Public Service Announcement or letter campaign for television, radio or print.
  - c. Contractor shall provide information on the harms associated with underage drinking at various community events, Town Hall meetings, Teen Speak Outs and other community forums.

Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

3. Establish social host liability ordinances (SHO's) throughout jurisdictions in the County.
  - a. Contractor shall participate in various community committees to develop partnerships.
  - b. Contractor shall collaborate with Fighting Back, local coalitions, and other key partners to help develop and promote a Social Host ordinance for the City of Goleta.
  
- B. By June 30, 2012, increase opportunities in the community to promote positive youth development of core assets, competencies, and skills (that enable youth to become resilient to alcohol and drug use) from 51% to 55% (SPP Objective, Goal C) using the following SPP Strategies:
  - i. Provide youth-based programs that will enable youth to meet their key developmental needs for competency, achievement, self-definition, creative expression, positive social interactions with peers and adults, structure and clear limits, and meaningful participation in creating healthy alcohol and drug free communities (SPP Strategy).
    - a. Contractor shall provide and supervise staff who will be the adult advisor for five CL chapters.
    - b. Contractor shall maintain an active CL membership of 15-20 unduplicated students per each chapter who attend regular, monthly meetings.
    - c. Contractor shall engage all active CL chapters in campus-wide AOD awareness activities a minimum of twice throughout each year.
    - d. Contractor shall engage their FNL Leadership Coalition in awareness activities a minimum of twice throughout each year.
  - ii. Provide youth with caring adult role models and mentors (SPP Strategy).
    - a. Contractor shall have an FNL Leadership Coalition with a minimum of six high school youth that will meet at least twice per month. Youth will be actively involved in planning and implementing meetings and events, which will build their skills, self-efficacy and resiliency.
  
- C. By June 30, 2012, reduce underage drinking as measured by: an increase in the number of youth responding "Never" to the questions: "In the last 4 months, how often have you had alcohol" from 70% to 75% and "How often in the past year have you failed to do what is expected of you because of drinking" from 89% to 91% as measured by ADP's Youth Survey (SPP Objective, Goal C).
  - i. Provide presentations that support youth participation in leadership programs that address AOD problems in their local community and



Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

advocate for solutions such as enrolling in health education courses and AOD prevention activities.

- a. Contractor shall provide at least one leadership training on preventing alcohol and other drug use to 40 unduplicated youth in their CL chapters and the FNL Leadership Coalition. Training could include other coalitions and organizations. The training will focus on leadership skills, being an effective coalition, environmental prevention initiatives, how to plan and implement projects, and media messages.
  - b. Provide leadership programs and structured prevention activities that engage young people's talents, skills, and interests and involve them in decision making regarding AOD prevention initiatives in their local community.
- D. By June 30, 2012, increase community members knowledge about the harms associated with underage drinking by showing a decrease of youth alcohol use from 28.5% to 26% for 9<sup>th</sup> graders (SPP Objective, Goal D).
- i. Work with community members to educate them on the risks and harms associated with underage drinking, including providing brochures, community forums, education presentations, radio, newspaper and TV spots.
    - a. Contractor shall coordinate at least one AOD-related local unpaid media campaign annually to change social norms and provide education on underage drinking which will include:
      1. Contractor shall coordinate at least one AOD-related youth-led radio spot.
      2. Contractor shall direct and engage youth in writing article/s for local teen or regular newspaper and/or magazines.
      3. Contractor shall provide a minimum of five community or school based educational presentations annually on the harms of associated with underage drinking.
      4. Distribute 30 - 40 informational materials on the harms of underage drinking.
    - b. Work with community members to educate them on the risks and harms associated with underage drinking, including providing brochures.
- E. By June 30, 2012, increase youth and parent awareness of the potency, effects, harms and risks of marijuana from 89% to 92% (SPP Objective, Goal A) using social marketing and media campaigns to increase awareness about marijuana

Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

facts as well as Educational Outreach to parents and youth about marijuana facts.

- i. Contractor shall support the FNL Leadership Coalition in developing an action plan that outlines how the coalition will get involved in addressing marijuana.
- ii. Contractor shall develop a social marketing campaign to help increase the perception of harm by youth regarding marijuana use. Campaign could be displayed at local high schools, community centers or other locations popular to teens.
- iii. Contractor shall provide information on the harms associated with marijuana use at various community events, Town Hall Meetings, Teen Speak Outs, and other community forums.

**5. ADDITIONAL PROGRAM REQUIREMENTS.**

A. Contractor shall partner and collaborate with other County funded Prevention Providers, including:

- i. Partners in Prevention, Future Leaders of America, University of California Santa Barbara, People Helping People and Isla Vista Teen Center.
- ii. Contractor shall attend Partners in Prevention quarterly meetings to evaluate progress toward underage drinking and marijuana outcomes.
- iii. Contractor shall work with County and other youth serving partners to help implement and maintain minimum youth development standards.
- iv. Contractor shall conduct pre- and post- youth drinking surveys to assess member use and access to alcohol and other drugs.
- v. Contractor shall work with County to conduct youth development surveys to assess individual benefit of member participation in prevention programs.
- vi. Contractor shall collaborate with other County-funded prevention projects on countywide and statewide prevention initiatives.

B. Contractor shall prepare for and participate in annual County monitoring site visits, and shall provide current information to County on all Program activities, including:

- i. Contractor shall provide County with 30 days advance written notice of training sessions and public/community events that the Contractor plans to sponsor.

Exhibit A-4  
Statement of Work  
Friday Night Live/ Club Live

- ii. Contractor shall submit for County review all survey instruments and assessment tools.
- iii. Contractor shall submit to County all evaluation, pre/post test and survey results summaries.
- iv. Contractor shall prepare documentation and materials to review in advance of County formal site visits conducted between the months of February and May.
- v. Contractor shall complete any Corrective Action Plans (CAP) generated by County as a result of formal site visit. CAPs are due within 30 days of receipt.

Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

1. **PROGRAM SUMMARY:** The Clean and Sober Drug Court (hereafter “the Program”), funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides AOD treatment services to assist clients obtain and maintain sobriety and treatment for mental illness. Treatment services include best practice individual and group counseling, and drug testing. The Program provides assessment, referral and treatment services to clients. CADA shall be responsible to conduct the initial screening; subsequently, the Program will provide varying levels of service, depending on client’s needs. Sanctuary Psychiatric Centers shall serve clients who require the most intensive co-occurring treatment services, Phoenix will serve clients who require less intensive services and CADA will serve clients who require the least intensive treatment. The Program shall be certified by the California Department of Alcohol and Drug Programs (ADP) to provide Outpatient Alcohol and/or Other Drug Services and will be located at 133 E. Haley St., Santa Barbara, California.
  
2. **PROGRAM GOALS.**
  - A. Assist clients to establish a clean and sober lifestyle;
  - B. Improve client’s quality of life, and reduce episodes of criminality and psychiatric disorder;
  - C. Increase capacity in the South Santa Barbara County Drug Courts for culturally competent and gender-specific co-occurring treatment.
  
3. **PROGRAM COLLABORATION.** Contractor shall receive and screen referrals from Santa Barbara area courts. The CSDC Court Team shall refer clients to appropriate providers based upon client’s treatment needs. In addition to Contractor, Program services may be provided by other treatment providers.
  
4. **DEFINITIONS. Substance Abuse Mental Health Services Administration (SAMHSA):** SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA provides funding to support substance abuse treatment.
  
5. **SERVICES.** Contractor will comply with Program requirements, and shall provide services as described in the CSDC Treatment Guidelines, accepted by the Therapeutic Justice Policy Council. Contractor’s services include:
  - A. **Screening.** Contractor will screen all clients with the Global Assessment of Individual Needs Short Screener (GAIN-SS). Results of the screening shall be used to determine referrals to appropriate treatment providers.
  - B. **Referral.** Contractor shall assign staff to screen and refer clients to appropriate treatment programs. Clients with co-occurring disorders beyond Contractor’s scope of practice will be referred to providers who can accommodate the client’s

Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

needs. Determination of the appropriate treatment program will be made by the CSDC team which shall be comprised of a representative from the District Attorney's office, Court, Probation Department, client's Attorney and ADMHS when applicable.

- C. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health, including substance use issues. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures. Contractor shall conduct assessments for each client deemed appropriate for Contractor's treatment program. Contractor's assessment of clients will include the SAMHSA Government Performance Reporting Assessment (GPRA), the Addiction Severity Index (ASI) and the Trauma Symptom Inventory (TSI).
- D. **Outpatient Drug Free (ODF)** are treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].
- i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.
- ii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.
- E. Contractor shall use the **Matrix Model** and **Seeking Safety** for all clients in accordance with SAMHSA grant requirements and specifications.
- F. Contractor shall provide referrals to vocational, literacy, education, and family counseling as applicable.
- G. Contractor shall provide random drug testing as described in the ADMHS Drug Testing Policy and Procedures, and CSDC Guidelines.
- H. Contractor shall meet once per month as part of CSDC Oversight Committee.
- I. Contractor shall participate in a quarterly graduate activity in collaboration with the Court and other treatment contractors, sharing in the cost of the celebratory activities.

Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

J. Contractor shall attend Court Team meetings in Santa Barbara.

K. Contractor shall attend SACPA/SATC Core Team and Policy Council meetings and work with County to develop recommendations, guidelines, and procedures for adult treatment services.

6. **STAFFING.** Contractor shall make available 1.5 full time equivalent (FTE) staff to provide services as described in Section 5. A minimum of 0.5 FTE shall be AOD Counselors who meet the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8.

7. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to drug court participants identified as having co-occurring substance abuse and mental health issues referred by the CSDC Court Team.

Contractor shall administer screenings to 45 unduplicated clients during the period of July 1, 2011 through June 30, 2012. Contractor is expected to screen at least 145 unduplicated clients by the conclusion of the three-year grant period.

Contractor shall provide treatment services to 53 unduplicated clients during the period of July 1, 2011 through June 30, 2012. Contractor is expected to provide treatment services to at least 94 unduplicated clients by the conclusion of the three-year grant period.

8. **LENGTH OF STAY.** Clients shall receive Program services for nine (9) to twelve (12) months.

9. **REFERRALS.**

A. Contractor shall receive identified and eligible referrals from the CSDC Court Team. Referrals shall be accompanied by written documentation.

B. Contractor shall contact the referral source within 72 hours with a verification of enrollment.

10. **ADMISSION PROCESS.**

A. Contractor shall admit clients referred by sources described in Section 9.A and only those clients whose substance use issues and treatment needs are within the scope of the Contractor's practice.

i. Admission criteria have been established by the CSDC Guidelines; determination of client's eligibility for enrollment in the Program shall be made by the CSDC Court Team.

ii. Contractor shall interview and screen client to confirm client's appropriateness for the Program.

Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

- B. Contractor shall refer clients with severe mental illness (SMI) to Sanctuary and Phoenix for treatment.
  - C. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:
    - i. Consent to Treatment form, Program rules and guidelines, signed by client;
    - ii. Release of information form, signed by client;
    - iii. Financial assessment and contract for fees.
    - iv. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
      - 1. Social, economic and family background;
      - 2. Education;
      - 3. Vocational achievements;
      - 4. Criminal history, legal status;
      - 5. Medical history;
      - 6. Drug history;
      - 7. Previous treatment.
    - v. Emergency contact information for client.
  - D. Contractor shall notify referral source if client is not accepted into the Program, based on Section 11, within one business day of receiving the initial referral.
  - E. Contractor shall complete and send a Verification of Enrollment form to the referral source upon acceptance of client into Program, no later than 72 hours after admission.
  - F. Should space not be available in the Program, Contractor shall place client on a waiting list, and refer client to interim services.
11. **EXCLUSION CRITERIA.** In addition to exclusionary criteria specified in the CSDC Guidelines, the following may be cause for client exclusion from the program on a case-by-case basis:
- A. Client threat of or actual violence toward staff or other clients;
  - B. Rude or disruptive behavior that cannot be redirected.

Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

**12. DOCUMENTATION REQUIREMENTS.**

- A. No later than seven (7) days after client entry into Program, Contractor shall complete the GPRA;
- B. No later than thirty (30) days after client entry into Program, Contractor shall complete:
  - i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning. Contractor shall report the results of the ASI and recommendations to the court;
  - ii. Trauma Symptom Inventory (TSI);
  - iii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.
- C. Follow up Assessments:
  - i. Per SAMHSA Grant requirements, Contractor shall administer a second ASI six (6) months after the initial ASI.
  - ii. Per SAMHSA Grant requirements, Contractor shall administer a follow up GPRA assessment with each client six (6) months after entry into the Program, at discharge and six (6) months after discharge.

**13. DISCHARGES.**

- A. Contractor shall develop a Discharge Plan for clients prior to discharge, in coordination with the referral source and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
  - i. Recommendations for post-discharge;
  - ii. Linkages to other services, if appropriate;
  - iii. Reason for discharge;
  - iv. Clinical discharge summary.



Exhibit A-5  
Statement of Work  
Clean and Sober Drug Court

- v. Contractor shall give client one copy of the Discharge Plan, and place one copy in the client's file.

Exhibit A-6  
Statement of Work  
Bridges to Recovery

1. **PROGRAM SUMMARY:** The Bridges to Recovery Program (hereafter “the Program”) provides outpatient alcohol and other drug (AOD) treatment to assist high-risk adolescent males who have substance abuse issues and/or co-occurring mental health issues (hereafter “clients”) obtain and maintain sobriety. The Program, funded by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) is designed to provide a collaborative multi-agency approach to juvenile re-entry for clients from Probation institutions throughout Santa Barbara County. Contractor, in conjunction with Community Action Commission (CAC), shall provide a comprehensive approach to juvenile substance use treatment and rehabilitation. Contractor will provide treatment services including best practice individual and group counseling and drug testing. Contractor shall be certified by the California Department of Alcohol and Drug Programs (ADP) to provide Outpatient AOD and Drug Medi-Cal services. The Program will be located at 1111 Garden Street, Santa Barbara, California.
2. **PROGRAM GOALS.**
  - A. Promote recovery from alcohol and other drug problems of Program clients.
  - B. Reduce the recidivism rate of Program clients.
  - C. Improve the mental health and overall wellbeing of Program clients.
  - D. Create multi-agency collaboration between corrections institutions and Community Based Organizations to provide culturally competent substance abuse treatment services for clients.
3. **PROGRAM COLLABORATION.**
  - A. CAC shall receive client referrals from the Program Court Team while clients are incarcerated at the Los Prietos Boys Camp (LPBC) and/ or Los Prietos Boys Academy (LPBA). Prior to release from LPBC/LBPA, CAC shall administer client assessments and provide clients with referrals to regional AOD treatment providers in Lompoc, Santa Barbara and Santa Maria.
  - B. Clients shall receive AOD treatment from the appropriate regional treatment provider and concurrent case management services from CAC. CAC shall provide ongoing services for a period of time after client has been discharged from the treatment program.
4. **DEFINITIONS.**
  - A. **Drug Medi-Cal (DMC):** DMC benefits are optional Medi-Cal benefits as described in the California State Plan for Medicaid. DMC services provide medically necessary alcohol and other drug treatment to California’s Medi-Cal eligible population. The services include Outpatient Drug-Free Treatment, Narcotic Treatment Program, and Naltrexone Treatment. In addition, Day Care

Exhibit A-6  
Statement of Work  
Bridges to Recovery

Rehabilitative Treatment and Residential Treatment are available to pregnant and postpartum women who are full-scope Medi-Cal beneficiaries.

- B. **Minor Consent DMC:** Minor Consent is a State funded program which excludes parental income and resources from consideration as a condition of Medi-Cal eligibility for certain, limited services to youth under the age of 21 who are living with their parent(s) or guardian(s), as specified in Family Code Section 6929. State law and regulations prohibit Contractor from contacting the parent(s)/guardian(s) of the youth who is applying for Minor Consent services. If the minor is twelve (12) years of age or older, he/she is eligible for substance abuse services, primarily outpatient drug free counseling services, under Minor Consent DMC. To obtain Minor Consent DMC, the client must apply for benefits through the Department of Social Services.
- C. **Substance Abuse Mental Health Services Administration (SAMHSA):** SAMHSA is a division of the U.S. Department of Health and Human Services. SAMHSA aims to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA provides funding to support substance abuse treatment.

5. **SERVICES.** Contractor shall provide the following:

- A. **Outpatient Drug Free (ODF)** is treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. Clients receive drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. ODF is also known as nonresidential services [Federal Definition].
  - i. **ODF – Group** [Service Code 33] Group counseling means face-to-face contacts in which one or more counselors treat four (4) or more clients, up to a total of ten (10) clients, at the same time, focusing on the needs of the individuals served, in a 90 minute session.
  - ii. **For DMC clients, and all ODF-Group services:** Contractor shall ensure that each client receives a minimum of two group counseling sessions (minimum 90 minutes per group session) per thirty (30) day period depending on the client's needs and treatment plan or be subject to discharge, as specified in 22 CCR Section 51341.1(d). Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session.
  - iii. **ODF – Individual** [Service Code 34] Individual counseling is face-to-face contact between a client and a therapist or counselor in a 50 minute session. Individual counseling is limited to intake, evaluation, assessment

Exhibit A-6  
Statement of Work  
Bridges to Recovery

and diagnosis, treatment and discharge planning, collateral services, and crisis intervention, subject to the limitations described in Title 22 CCR Section 51341.1.

B. Contractor shall provide ODF Youth and Family Treatment per Program grant guidelines:

i. Contractor shall provide youth and family treatment services in accordance with the Adolescent Community Reinforcement Approach (ACRA) as specified in the Program grant.

ii. Contractor shall provide celebratory activities, recognizing clients for their achievements in the recovery process through special activities in the facility or outings to events in the community. A maximum of 2 sessions per month may be billed at the ODF - Individual rate for such activities.

C. Contractor shall provide family engagement activities and services which initiate and encourage family participation in treatment, such as groups to provide an introduction and orientation to the treatment program.

D. Per grant requirements, Contractor shall be a member of the Program Oversight Committee and will attend monthly Program meetings for the duration of the contract period.

6. **CLIENTS/PROGRAM CAPACITY.** Contractor shall provide services to adolescent males who have substance abuse issues and/or co-occurring mental health issues discharged from LPBC and LPBA. Contractor shall provide services to an average caseload of 15 clients. For the period of July 1, 2011 through June 30, 2012, Contractor is expected to serve at least 30 unduplicated clients. Contractor is expected to serve at least 100 unduplicated clients by the conclusion of the three-year grant period.

7. **LENGTH OF STAY.** Clients shall receive treatment services from Contractor and concurrent case management services from CAC for six (6) months.

8. **STAFF.** Contractor shall use SAMHSA grant funds to provide a minimum 0.5 Full Time Equivalent (FTE) alcohol and other drug (AOD) counselor who meets the requirements as described in California Code of Regulations, Title 9, Division 4, Chapter 8 to provide the services described in Section 5.

9. **REFERRALS.**

A. Contractor shall receive Program referrals from CAC case manager(s).

i. Contractor shall receive referral via phone or written referral.

ii. Contractor shall coordinate the transition between CAC and Contractor.

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Statement of Work  
Bridges to Recovery

iii. Contractor will ensure that each client will be immediately entered into treatment, unless client is excluded per Section 11.

B. Referral Packet. Contractor shall maintain a Referral Packet within its files (either hard copy or electronic) for each client referred and treated, which shall contain a copy of the Government Performance Reporting Assessment (GPRA) and Global Appraisal of Individual Needs (GAIN) assessments administered by CAC.

**10. ADMISSION PROCESS.**

A. All clients referred by CAC will be accepted by Contractor unless excluded per Section 11 below.

B. **Admission Packet.** At Contractor's intake meeting with client, Contractor shall complete an admission packet with the following information:

- i. All required consent and release forms with appropriate signatures;
- ii. Financial assessment and contract for fees;
- iii. Personal/ demographic information of client, as described in State of California Standards for Drug Treatment Programs, including:
  1. Social, economic and family background;
  2. Education;
  3. Vocational achievements;
  4. Criminal history, legal status;
  5. Medical history;
  6. Drug history;
  7. Previous treatment.
- iv. Emergency contact information for client.

C. Contractor shall notify CAC if client is not accepted into the Program, based on Section 11, within one business day of receiving the initial referral.

D. Contractor shall complete and send a Verification of Enrollment form to CAC upon acceptance of client into Program, no later than 72 hours after admission.

**11. EXCLUSION CRITERIA.** On a case-by-case basis, the following may be cause for client exclusion from the program:

A. Client threat of or actual violence toward staff or other clients;

Exhibit A-6  
Statement of Work  
Bridges to Recovery

- B. Rude or disruptive behavior that cannot be redirected.

**12. DOCUMENTATION REQUIREMENTS.**

- A. Contractor shall enter all CalOMS treatment data and all other client data required by County into the County's MIS system no later than seven (7) days after client entry into Program. Contractor shall complete an annual update of the CalOMS treatment data on the anniversary of client's admission to the Program (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service.
- B. No later than thirty (30) days after client entry into Program, Contractor shall complete:
  - i. Addiction Severity Index (ASI). Contractor shall administer and score ASI. Results of the ASI shall be utilized for treatment and discharge planning;
  - ii. Treatment Plan. The Treatment Plan must include a statement of the problems to be addressed, the goals to be achieved for each problem, the action steps to be taken, and the target dates that these goals are to be achieved. The Treatment Plan shall describe the services to be provided (type and frequency of counseling), the diagnosis (DSM IV), and the assignment of a primary counselor. The Treatment Plan shall be consistent with the results of the client's ASI. The Treatment Plan is considered complete and effective on the date of the counselor's signature. Contractor shall periodically review and update the Treatment Plan every ninety (90) days.

**13. DISCHARGES.**

- A. Contractor shall develop a Discharge Plan for each client prior to discharge, in coordination with CAC and client, as detailed in the California Standards for Drug Treatment Programs. The Discharge Plan shall include:
  - i. Recommendations for post-discharge;
  - ii. Linkages to other services, if appropriate;
  - iii. Reason for discharge;
  - iv. Clinical discharge summary.
- B. The Discharge Plan shall include a referral to CAC for the follow up assessment. Contractor shall make efforts to obtain information from client which will assist in locating client for the follow up assessment and shall provide this information to CAC.

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- C. Contractor shall provide client and CAC with a copy of the Discharge Plan, and place one copy in the client's file.
- D. Contractor shall document discharge information in CalOMS via the County MIS system no later than thirty (30) days following discharge.
- E. Any client that does not receive any service within a 30 day period shall be discharged, as of the date of last services, per CalOMS guidelines. The date of discharge shall be the last face to face contact.

EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

1. **PROGRAM SUMMARY.** County operates the Crisis and Recovery Emergency Services (CARES), a County program providing crisis intervention and stabilization services and intake, assessment and referral services for adults experiencing mental health and/or Alcohol and Other Drug (AOD) related conditions. Contractor staff will partner with ADMHS and other agencies to assist clients in crisis and need of immediate services at the CARES South facility located at 2034 De la Vina Street, Santa Barbara, California.
  
2. **PROGRAM GOALS.**
  - A. Introduce clients to an ongoing process of recovery designed to achieve total abstinence from abuse of AOD;
  
  - B. Promote self-sufficiency and empower clients with co-occurring disorders to become productive and responsible members of the community;
  
  - C. Provide crisis intervention, assessment/evaluation and stabilization treatment services for clients with co-occurring disorders. To support clients in achieving stability in areas of life functioning such as self care, social relations, healthy daily activities, and housing.
  
3. **SERVICES.** Contractor shall provide:
  - A. **Referrals, Screening, and Intake.** Activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment, including the completion of record-keeping documents. Contractor staff shall perform screening and evaluation for crisis and routine services for clients with co-occurring AOD and mental health issues.
  
  - B. **Intake Interview.**
    - i. Evaluate client for alcohol, drug and/or mental health problems;
  
    - ii. Determine client and program needs;
  
    - iii. Educate clients in recognizing and understanding the nature of their substance use problem;
  
    - iv. Reduce risk behaviors related to substance use.
  
  - C. **Mental Health Services.** Mental Health Services, as defined in Title 9 CCR, including individual or group therapies and interventions, designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Services provided by



EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

Contractor's staff shall focus on clients with dual-diagnosis mental health and AOD issues. Services may include:

- i. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 CCR Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in Sections 1840.338 and 1840.348 (CCR).
- ii. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
- iii. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's treatment plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
- iv. **Case Management.** Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249.
- v. **Plan Development:** A service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress, as defined in Title 9 CCR Section 1810.232. A client plan is a plan for the provision of specialty mental health services to an individual beneficiary who

EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

meets the medical necessity criteria in Title 9 California Code of Regulations (CCR) Sections 1830.205 or 1830.210.

D. In addition, Contractor shall provide the following, using an integrated services approach:

- i. Emotional support and de-escalation of crisis situations.
- ii. Referral of clients to medication services.
- iii. Individual, family, and group education on alcohol and drug problems, mental disorders, and community resources.
- iv. Individual and group rehabilitative skill building.
- v. Educate clients on skills to manage the symptoms of mental illness and prevent substance abuse relapse.
- vi. Assistance with obtaining entitlements.
- vii. Assistance with obtaining and/or maintaining community housing.
- viii. Planning and implementation of integrated aftercare services, including linkage to natural supports.
- ix. Provide supervision for Contractor's staff based on the clinical needs of the employees, Contractor and County. Contractor and County shall meet to coordinate supervision needs.
- x. Refer clients to ancillary services and provide referral to vocational, literacy, education, and family counseling where applicable and appropriate.
- xi. Contractor's staff shall provide drug testing as described in the ADMHS Drug Testing Policy and Procedures.

4. **STAFFING REQUIREMENTS.** Contractor shall provide 2.0 FTE Dual Diagnosis Specialists within the CARES facility. Staff may be required to work evening and weekend hours.

A. Contractor's staff shall maintain current Cardiopulmonary Resuscitation (CPR) certification.

B. Contractor's staff shall attend County training on the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and Quality Assurance Documentation training.

C. Contractor's staff shall be Qualified Mental Health Workers (QMHW):

EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

- i. A Bachelor's, Master's, or Doctoral degree in a field related to mental health, including child development, child psychology, counseling and guidance, counseling psychology, early childhood education, human services, social psychology, social science, social welfare, social work, sociology, or another discipline determined by the Director of the Mental Health Plan or designee to have mental health application.
  - ii. One of the following combinations of education and experience:
    1. Bachelor's degree and the equivalent of four years full-time experience in a mental health setting in the areas of psycho-social functioning, social adjustment, and/or vocational adjustment.
    2. Master's degree and the equivalent of two years of such experience.
    3. Doctoral degree.
- D. Forty percent (40%) of staff hired to work in Program shall be bilingual and bicultural.
5. **DOCUMENTATION REQUIREMENTS.** The following shall be completed for each client:
- A. Treatment Plan. The ADMHS Treatment Team shall complete a treatment plan in collaboration with Contractor for each client receiving Program services within thirty (30) days of enrollment into the Program. The Treatment Plan shall provide overall direction for the collaborative work of the client, the Program, and the ADMHS Treatment Team. The Treatment Plan shall include:
- i. Client's recovery goals or recovery vision, which guides the service delivery process;
  - ii. Objectives describing the skills and behaviors that the client will be able to learn as a result of the Program's behavioral interventions;
  - iii. Interventions to help the client reach their goals.
- B. Electronic progress notes that describe the interventions conducted by Contractor's staff:
- i. The exact total number of minutes of service provided which shall be calculated by using the exact start and stop times.
  - ii. The goal from the rehabilitation plan that was addressed in the encounter;
  - iii. The intervention that was provided by the staff member;
  - iv. The response to that intervention by the client;

EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

- v. The plan for the next encounter with the client, and other significant observations.

**6. ADDITIONAL PROGRAM REQUIREMENTS.**

A. In accepting funding for Program, Contractor shall adhere to the following principals:

- i. Cultural Competence. Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- ii. Client and Family Driven System of Care. Clients and families of clients identify needs and preferences that result in the most effective services and support.
- iii. Community Collaboration. Individuals, families, agencies, and businesses work together for a shared vision.
- iv. Integrated Service Experiences. Services for clients and families are “seamless,” limiting the need for negotiating with multiple agencies and funding sources.
- v. Focus on Wellness. Includes recovery and resilience: people diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.

B. Materials provided to the public must be printed in Spanish (second threshold language).

C. Services and programs offered in English must also be made available in Spanish.

D. A measureable and documented effort must be made to conduct outreach to and to serve the underserved and the un-served communities through Santa Barbara County, as applicable.

E. Contractor shall use the County MIS system to track the following:

- i. Client age;
- ii. Client zip code;
- iii. Number of types of services, groups, or other services provided.

F. In addition to the information entered into the County MIS system, Contractor shall track the following, and report to County in Contractor’s Quarterly Programmatic Report:

EXHIBIT A-7  
Statement of Work  
CARES Dual Diagnosis Specialist

- i. Number of clients served in which language (English/Spanish/Other);
- ii. Number of groups offered in which language (English/Spanish/Other).

## EXHIBIT B

### FINANCIAL PROVISIONS

(with attached Exhibit B-1, Schedule of Services)

This Agreement provides for reimbursement for Alcohol and Drug Program services up to a Maximum Contract Amount. For all services provided under this Agreement, Contractor will comply with all requirements necessary for reimbursement in accordance with the regulations applicable to the funding sources identified in the Exhibit B-1, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

#### I. PAYMENT FOR SERVICES

- A. Performance of Services. Contractor shall be compensated on a cost reimbursement basis for provision of the Units of Service (UOS) established in the Exhibit B-1 based on satisfactory performance of the Alcohol and Drug Program services described in Exhibit A. County recognizes that the services provided by Contractor's Program described in Exhibit A and Exhibit B-1 may not be reimbursable by Drug Medi-Cal or may be provided to individuals who are not Drug Medi-Cal eligible and such services will be reimbursed by other State, Federal, and County funds only to the extent specified in Exhibit B-1.
- B. Drug Medi-Cal Services. The services provided by Contractor's Program described in Exhibit A that are covered by the Drug Medi-Cal Program will be reimbursed by County from Federal Financial Participation (FFP) funds and State funds as specified in Exhibit B-1. For Minor Consent Drug Medi-Cal services, Contractor will be reimbursed by County from One Hundred Percent (100%) State funds. Except where a share of cost, as defined in Title 22, California Code of Regulations 50090 and 50651 et. seq. is applicable, pursuant to Title 9 CCR 9533(a)(2) Contractor shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered, and shall not collect any other fees from Drug Medi-Cal clients. Contractor shall not charge fees to beneficiaries for access to Drug Medi-Cal substance abuse services or for admission to a Drug Medi-Cal treatment slot. The gross amount payable on the approved monthly invoice shall be automatically reduced by the agreed upon County Administrative Support Cost as specified in Exhibit B-1.
- C. Non-Drug Medi-Cal Services. County recognizes that some of the services provided by Contractor's Program, described in Exhibit A, may not be reimbursable by Drug Medi-Cal, or may be provided to individuals who are not Drug Medi-Cal eligible and such services may be reimbursed by other County, State, and Federal funds only to the extent specified in Exhibit B-1. Funds for these services are included within the Maximum Contract Amount.
- D. Limitations on Use of Funds Received Pursuant to this Agreement. Contractor shall use the funds provided by County exclusively for the purposes of performing the services described in Exhibit A to this Agreement. Expenses shall comply with the requirements

## EXHIBIT B

established in OMB A-87, "Cost Principles for State, Local, and Indian Tribal Governments," and applicable regulations. Violation of this provision or use of County funds for purposes other than those described in Exhibit A shall constitute a material breach of this Agreement.

### II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$1384875. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

### III. OPERATING BUDGET AND PROVISIONAL RATE

A. Operating Budget. Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, attached to this Agreement as Exhibit B-2.

B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. The Provisional Rate shall be established as follows:

i. The provisional rate shall be the current Drug Medi-Cal Schedule of Maximum Allowances (SMA) rates as determined by the State budget process for the following services:

1. All Drug Medi-Cal Services;
2. All Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative), Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Group, and Rehabilitative/Ambulatory ODF – Individual service codes.

ii. For all other services, the rate or billing increment shall be as reflected in Exhibit B-1.

At any time during the term of this Agreement, Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues, as reflected in Contractor's approved Operating Budget.

C. Adjustment of Provisional Rates. Contractor acknowledges that the Provisional Rates shall be adjusted at the time of the settlement specified in this Exhibit B, Section VIII (Pre-Audit Cost Report Settlement).

### IV. ADDITIONAL PROGRAM REQUIREMENTS. Contractors who provide services to patients

## EXHIBIT B

not eligible for Drug Medi-Cal or provide programs not covered by Drug Medi-Cal, shall be subject to the following requirements:

A. Fee Collection. In accepting funding from County, Contractor agrees to assess client fees toward the cost of treatment in accordance with Health and Safety Code Section 11841. Such fee collection shall be based on Contractor's determination of a client's ability to pay, per Exhibit B-3. In no case shall any client be refused services due to the inability to pay. Fees charged shall not exceed the actual cost for services provided. Such fees shall be:

- i. Deducted from the Contractor's Program cost of providing services as part of the Pre-audit Cost Report Settlement (Section VIII);
- ii. Identified and reported to County on the Contractor's monthly invoice, Contractor's budget, and annual year-end cost report.

All fees collected by Contractor must be separately identified for audit purposes and treated as placement fees. Contractor agrees to provide County with a copy of Contractor's Fee Collection policy. Fees shall be accounted for by Contractor and used to offset the cost of Contractor's services. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by Contractor only for the delivery of the services specified in this Agreement.

B. Match Requirements. In accepting funding from County, Contractor may be required to provide a match per year, as described in Exhibit B-1. Such matching funds shall be separately identified for audit purposes, and shall be used to supplement and/or enhance the services described in Exhibit A. These match funds shall be identified and reported to County on Contractor's monthly invoice and annual year-end Cost Report.

### V. REALLOCATION OF PROGRAM FUNDING.

Contractor shall make written application to Director, or designee, in advance, to reallocate funds as outlined in Exhibit B-1 between Programs or funding sources, for the purpose of meeting specific Program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Director's, or designee's, decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor.

### VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS.

A. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper recording, classification, and allocation of expenses, and billing and collection procedures. Contractor's procedures shall specifically provide for the identification of delinquent accounts and methods for pursuing such accounts.

B. Submission of Claims and Invoices.



## EXHIBIT B

- i. Claims for all Drug Medi-Cal services and all Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative), Rehabilitative/Ambulatory Outpatient or ODF - Group, and Rehabilitative/Ambulatory ODF – Individual services, are to be entered into the County's Management Information System (MIS) and corrected no later than 10 calendar days after the end of the month in which services are delivered, as specified in Exhibit A, Section 7, Billing Documentation, although late claims may be submitted as needed in accordance with State and Federal regulations. In addition to claims submitted in MIS, Contractor shall submit an invoice on a form acceptable to or provided by the County within 10 calendar days of the end of the month in which services are delivered that: i) summarizes the information submitted to MIS, including the UOS provided for the month, ii) states the amount owed by County, and iii) includes the contract number and signature of Contractor's authorized representative. Invoices shall be delivered electronically to [adpfinance@co.santa-barbara.ca.us](mailto:adpfinance@co.santa-barbara.ca.us). Backup documentation shall be submitted electronically to [adpfinance@co.santa-barbara.ca.us](mailto:adpfinance@co.santa-barbara.ca.us) on a form acceptable to or provided by the County, if applicable. Payment will be based on the UOS accepted into MIS on a monthly basis.
- ii. Invoices for all other services described in Exhibit A shall be delivered electronically to [adpfinance@co.santa-barbara.ca.us](mailto:adpfinance@co.santa-barbara.ca.us) on a form acceptable to or provided by County, within 10 calendar days of the end of the month in which services are delivered and shall include: i) sufficient detail and supporting documentation to enable an audit of the charges, ii) the amount owed by County, and iii) the contract number and signature of Contractor's authorized representative.

Contractor agrees that it shall be solely liable and responsible for all data and information submitted by the County to the State on behalf of Contractor.

The Director or designee shall review the monthly claim(s) and invoice to confirm accuracy of the data submitted. With the exception of the final month's payment under this Agreement, County shall make provisional payment for approved claims within 30 calendar days of the receipt of said claim(s) and invoice by County subject to the contractual limitations set forth below.

- C. Maximum Monthly and Year-to-Date Payment Limitations. For Non Drug Medi-Cal services, except grant-funded services, the County's monthly payment(s) to Contractor shall be made in a manner that ensures variations in service/activity levels from month-to-month are recognized. Accordingly, an overage in actual services/activities from the Maximum Monthly Payment amount (Maximum Contract Amount divided by the number of months covered by the contract) in one month can be applied to offset any underage in actual services/activities in another month(s), so that Contractor will be paid up to one-twelfth (1/12) of the total contract maximum per month. Any services offered in excess of the one-twelfth amount will be adjusted quarterly such that the total amount paid per quarter will be equal to the value of one quarter of the Maximum Contract Amount.

## EXHIBIT B

- D. Monthly Expenditure, Revenue, and Projection Report. Contractor shall submit a monthly Expenditure, Revenue, and Projection Report as described in the Reports Section of Exhibit A to this Agreement.
- E. Withholding of Payment for Non-Submission of MIS and Other Information. If any required MIS data, invoice or report(s) is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Director or designee. Director or designee shall review such submitted service data within 60 calendar days of receipt.
- F. Withholding of Payment for Unsatisfactory Clinical Work. Director or designee will deny payment for services when documentation of clinical work does not meet minimum State and County written standards.
- G. Claims Submission Restrictions.
1. Thirty-Day Billing Limit for Drug Medi-Cal Services and all Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative), Rehabilitative/Ambulatory Outpatient or ODF - Group, and Rehabilitative/Ambulatory ODF – Individual services: Unless otherwise determined by State or federal regulations, all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 30 days from the end of the month in which services were provided to avoid possible payment reduction or denial for late billing. Late claims may be submitted up to one year after the month in which services were rendered with documentation of good cause. The existence of good cause shall be determined by the State as provided in Title 22 CCR Sections 51008 and 51008.5.
  2. Billing Limit for all other services: For all other services, claims must be received by County within 30 days from the end of the month in which services were provided to avoid possible denial of reimbursement for late billing.
  3. No Payment for Services Provided Following Expiration/ Termination of Contract. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Contract shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Contract.
- H. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into the County's MIS System or otherwise reported to County for any

## EXHIBIT B

payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.

- I. Tracking of Expenses. Contractor shall inform County when seventy-five percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Section 2 (NOTICES).

### VII. COST REPORT.

- A. Submission of Cost Report. Within forty-five (45) days after the close of the Fiscal Year covered by this Agreement, Contractor shall provide County with an accurate and complete Annual Cost Report with a statement of expenses and revenue for the prior fiscal year. The Annual Cost Report shall be prepared by Contractor in accordance with all applicable Federal, State and County requirements and generally accepted accounting principles. Contractor shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by Contractor shall be reported with its annual Cost Report, and shall be used to offset gross cost. Contractor shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to Director or designee upon reasonable notice.
- B. Cost Report to be Used for Settlement. The Cost Report shall be the final financial and statistical report submitted by Contractor to County, and shall serve as the basis for settlement to Contractor, as described in Sections VIII and IX of this Exhibit B. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.
- C. Withholding Payment. County shall withhold the final month's payment under this Agreement until such time that Contractor submits its complete Annual Cost Report.
- D. Penalties. In addition, failure of Contractor to submit accurate and complete Annual Cost Report(s) by the ninetieth (90<sup>th</sup>) day after the close of the Fiscal Year or the expiration or termination date of this Agreement shall result in:
  1. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) is (are) not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the ninety-first (91<sup>st</sup>) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement. County shall deduct the Late Penalty assessed against Contractor from the final month's payment due under the Agreement.

## EXHIBIT B

2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred twentieth (120<sup>th</sup>) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement, then all amounts covered by the outstanding Annual Cost Report(s) and paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by Contractor to County. Further, County shall terminate any current contracts entered into with Contractor for Programs covered by the outstanding Annual Cost Reports.

E. Audited Financial Reports. Each year of the Contract, the Contractor shall submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.

F. Single Audit Report. If Contractor is required to perform a single audit, per the requirements of OMB circular A-133, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

### VIII. PREAUDIT COST REPORT SETTLEMENT.

A. Preaudit Cost Report Settlement. Based on the Annual Cost Report(s) submitted pursuant to this Exhibit B Section VII (Cost Reports) and approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the State and County will perform a pre-audit cost report settlement. Such settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable Federal and/or State programs. Settlement shall also be adjusted to the lower of:

1. The Contractor's actual costs;
2. The State's Schedule of Maximum Allowances for all Drug Medi-Cal services and for all Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative), Rehabilitative/Ambulatory Outpatient or ODF - Group, and Rehabilitative/Ambulatory ODF – Individual service codes, except grant-funded services;
3. The Maximum Contract Amount of this Agreement.

B. Issuance of Findings. County's issuance of its pre-audit cost report settlement findings shall take place no later than one-hundred-twenty (120) calendar days after the receipt by County from the State of the State's Final Cost Report Settlement package for a particular fiscal year.

C. Payment. In the event that Contractor adjustments based on any of the above methods indicate an amount due the County, Contractor shall pay County by direct

## EXHIBIT B

payment within thirty (30) days or from deductions from future payments, if any, at the sole discretion of the Director.

### IX. AUDITS, AUDIT APPEALS AND POSTAUDIT FINAL SETTLEMENT.

- A. Audit by Responsible Auditing Party. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with State and federal law, authorized representatives from the County, State or Federal governments (Responsible Auditing Party) may conduct an audit of Contractor regarding the Alcohol and Drug Program services/activities provided hereunder.
- B. Settlement. Contractor shall be responsible for any disallowance taken by the Responsible Auditing Party, as a result of any audit exception that is related to the Contractor's responsibilities herein. In the case of a State Drug Medi-Cal audit the State and County will perform a post-audit Drug Medi-Cal settlement that is based on State audit findings. Such settlement will take place when the State initiates its settlement action which customarily is after the issuance of the audit report by the State and before the State's audit appeal process. However, if the Responsible Auditing Party stays its collection of any amounts due or payable because of the audit findings, County will also stay its settlement of the same amounts due or payable until the Responsible Auditing Party initiates its settlement action with County.
- C. Invoice for Amounts Due. County shall issue an invoice to Contractor for any amount due County after the Responsible Auditing Party issues an audit report. The amount on the County invoice is due by Contractor to County thirty (30) calendar days from the date of the invoice.
- D. Appeal. Contractor may appeal any such audit findings in accordance with the audit appeal process established by the party performing the audit.

# EXHIBIT B-1

## EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Council on Alcoholism and Drug Abuse FISCAL YEAR: 2011-12

DESCRIPTION/MODE/SERVICE FUNCTION:	Unit	PROGRAM							TOTAL	
		Project Recovery	Project Recovery - Hotel de Riviera Residents	Daniel Bryant Youth & Family TC	Residential Detox	SAPT & Friday Night Live/ Club Live	CARES South Dual Diagnosis Specialist	Clean & Sober Drug Court (CSDC)		Bridges to Recovery (B2R)
		NUMBER OF UNITS PROJECTED (based on history):								
Perinatal 33-DCR	day	39	-	-	-	-	-	-	39	
Perinatal 33-ODF Group	90 min session	258	-	-	-	-	-	-	258	
Perinatal 34-ODF Individual	50 min session	75	-	-	-	-	-	-	75	
33-ODF Group	90 min session	18,049	461	5,516	-	-	-	635	24,026	
34-ODF Individual	50 min session	1,936	49	759	-	-	-	180	2,744	
50-Residential Detox	bed day	-	-	-	3,516	-	-	-	3,516	
Perinatal Childcare	staff hours	2,492	-	-	-	-	-	-	2,492	
Perinatal 71 - Transportation	staff hours	71	-	-	-	-	-	-	71	
34 - ODF Individual -Case Management	staff hours	-	-	85	-	-	-	-	85	
34 - ODF Individual -Family Engagement	staff hours	-	-	28	-	-	-	-	28	
34 - ODF Individual -Recovery Activities	staff hours	-	-	9	-	-	-	-	9	
34 - ODF Individual - Edu/ Voc Activities	staff hours	-	-	9	-	-	-	-	9	
34 - ODF Individual - Parenting Activities	staff hours	-	-	28	-	-	-	-	28	
17- Environmental	Cost Reimbursed	-	-	-	-	\$ 7,740	-	-	\$ 7,740	
13 - Education	Cost Reimbursed	-	-	-	-	\$ 7,740	-	-	\$ 7,740	
12 - Information Dissemination	Cost Reimbursed	-	-	-	-	\$ 860	-	-	\$ 860	
14 - Alternatives	Cost Reimbursed	-	-	-	-	\$ 860	-	-	\$ 860	
14 - Alternatives (FNL)	Cost Reimbursed	-	-	-	-	\$ 25,800	-	-	\$ 25,800	
13 - Education: Mentoring	Cost Reimbursed	-	-	-	-	\$ 17,200	-	-	\$ 17,200	
CARES Dual Diagnosis Specialist	Cost Reimbursed	0	0	0	0	0	\$ 121,000	-	\$ 121,000	
68-SAMHSA CSDC Grant Services	Cost Reimbursed	-	-	-	-	-	-	\$ 91,875	\$ 91,875	
68-SAMHSA B2R Grant Services	Cost Reimbursed	-	-	-	-	-	-	\$ 30,380	\$ 30,380	
<b>COST PER UNIT/PROVISIONAL RATE:</b>										
Perinatal 33-DCR						\$74.14				
Perinatal 33-ODF Group						\$55.95				
Perinatal 34-ODF Individual						\$96.66				
33-ODF Group Except Perinatal						\$28.69				
34-ODF Individual Except Perinatal						\$67.53				
50-Residential Detox						\$66.50				
Perinatal Childcare						\$17.96				
Perinatal 71 - Transportation						\$17.96				
17- Environmental, 13-Education - All, 12 - Information Dissemination, 14-Alternatives - All						As Budgeted				
CARES Dual Diagnosis Specialist						As Budgeted				
68-SAMHSA CSDC Grant Services						As Budgeted				
68-SAMHSA B2R Grant Services						As Budgeted				
<b>GROSS COST:</b>		\$ 1,793,427	\$ 40,903	\$ 749,772	\$ 289,641	\$ 178,014	\$ 125,183	\$ 98,992	\$ 32,789	\$ 3,308,721
<b>LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)</b>										
<b>CLIENT FEES</b>		\$ 152,549		\$ 6,000	\$ 13,680	\$ 1,595				\$ 173,824
<b>CLIENT INSURANCE</b>										\$ -
<b>CONTRIBUTIONS/GRANTS (includes unsecured)</b>		\$ 608,571	\$ 24,387	\$ 178,817	\$ 13,171	\$ 75,967	\$ 4,183	\$ 7,117	\$ 2,409	\$ 914,622
<b>FOUNDATIONS/TRUSTS</b>				\$ 37,500	\$ 2,000					\$ 39,500
<b>SPECIAL EVENTS</b>				\$ 120,000						\$ 120,000
<b>OTHER (LIST): OTHER GOVERNMENT</b>		\$ 204,145		\$ 49,455	\$ 27,000	\$ 40,252				\$ 320,852
<b>OTHER (LIST): UNITED WAY</b>		\$ 3,684		\$ 2,664						\$ 6,348
<b>OTHER (LIST): SCHOOL DISTRICTS</b>		\$ 185,000		\$ 18,200						\$ 203,200
<b>OTHER (LIST): INVESTMENT INCOME</b>				\$ 145,500						\$ 145,500
<b>TOTAL CONTRACTOR REVENUES*</b>		\$ 1,153,949	\$ 24,387	\$ 558,136	\$ 55,851	\$ 117,814	\$ 4,183	\$ 7,117	\$ 2,409	\$ 1,923,846
<b>MAXIMUM (NET) CONTRACT AMOUNT:</b>		\$ 639,478	\$ 16,516	\$ 191,636	\$ 233,790	\$ 60,200	\$ 121,000	\$ 91,875	\$ 30,380	\$ 1,384,875
<b>DM/C Administrative Fee**</b>		\$ 82,941		\$ 28,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,176
<b>DM/C Gross Claim Maximum</b>		\$ 552,941	\$ -	\$ 188,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 741,176

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT										
A	Medi-Cal Treatment Services (6241)	\$ 400,000		\$ 160,000						\$ 560,000
B	Medi-Cal Perinatal Services (6242)	\$ 70,000								\$ 70,000
D	SACPA Treatment Services (6240)	\$ 41,060								\$ 41,060
E	ADP Treatment Services - SAPT (6243)	\$ 35,584	\$ 16,516		\$ 232,290					\$ 284,390
G	Perinatal Non Drug Medi-Cal (6244)	\$ 60,630								\$ 60,630
I	Drug Court Services (6246)	\$ 24,704		\$ 4,116						\$ 28,820
K	SAMHSA CSDC Grant (6246)							\$ 91,875		\$ 91,875
L	CalWORKS (6249)	\$ 7,500			\$ 1,500					\$ 9,000
M	Youth Services (6250)			\$ 27,520						\$ 27,520
N	SAMHSA B2R Grant (6250)								\$ 30,380	\$ 30,380
O	Prevention Services (6351)					\$ 60,200				\$ 60,200
P	Other County Funds						\$ 121,000			\$ 121,000
<b>TOTAL (SOURCES OF FUNDING)</b>		\$ 639,478	\$ 16,516	\$ 191,636	\$ 233,790	\$ 60,200	\$ 121,000	\$ 91,875	\$ 30,380	\$ 1,384,875

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

\* Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADMHS sources secured by Contractor. The match does not apply to DM/C.

\*\* The 15% Administrative Fee is deducted from the Drug Medi-Cal portion of the DM/C Gross Claim Maximum.

## EXHIBIT B-2 CONTRACTOR BUDGET

AGENCY NAME: COUNCIL ON ALCOHOLISM AND DRUG ABUSE

COUNTY FISCAL YEAR: 2011-12

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	DANIEL BRYANT CENTER	BRIDGES TO RECOVERY	DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERINATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVIERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DUI-PC 1000	
1	Contributions	\$ 62,065	\$ 5,600		\$ 3,000		\$ -	\$ 2,500		\$ -	\$ -	\$ 100	\$ -	\$ -		
2	Foundations/Trusts	39,500	39,500		37,500		2,000									
3	Special Events	120,000	120,000		120,000											
4	Unsecured Grants & Contributions	912,816	912,816	4,183	175,817	2,409	13,171	394,020	75,967	3,794	41,425	170,526	24,387	7,117		
5	Membership Dues	-	-													
6	Program Service Fees	113,659	-													
7	SB County Superior Court/UJJS	45,000	-													
8	Investment Income	203,620	145,500		145,500											
9	Miscellaneous Revenue/Rentals	52,462	-													
10	Additional ADMHS Funding for Detox	-	-													
11	ADMHS Funding	1,489,625	1,489,625	121,000	191,636	30,380	233,790	290,000	60,200	104,750	138,130	211,348	16,516	91,875		
12	Other Government Funding	481,802	261,652		45,139		27,000	167,150				22,363	-	-		
13	SB County Probation	63,699	4,316		4,316											
14	SB County Public Health	76,752	40,252						40,252							
15	SB County Social Services	14,632	14,632								4,632	10,000	-	-		
16	United Way	32,788	6,348		2,664			3,684								
17	School Districts	214,200	203,200		18,200			185,000								
18	Total Other Revenue (Sum of lines 1 through 17)	3,922,620	3,243,441	125,183	743,772	32,789	275,961	1,042,354	176,419	108,544	184,187	414,337	40,903	98,992	-	
I.B Client and Third Party Revenues:																
19	Medicare	-	-													
20	Client Fees	646,811	597,652		6,000		13,680		1,595		2,549	150,000	-	-	423,828	
21	Insurance	-	-													
22	SSI	-	-													
23	Other (specify)	-	-													
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)	646,811	597,652	-	6,000	-	13,680	-	1,595	-	2,549	150,000	-	-	423,828	
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)	4,569,431	3,841,093	125,183	749,772	32,789	289,641	1,042,354	178,014	108,544	186,736	564,337	40,903	98,992	423,828	

## EXHIBIT B-2 CONTRACTOR BUDGET

	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	CARES	DANIEL BRYANT CENTER	BRIDGES TO RECOVERY	DETOX	YOUTH SERVICE SPECIALISTS (Project Recovery)	FRIDAY NIGHT LIVE	START	PERINATAL (Project Recovery)	PROJECT RECOVERY	HOTEL DE RIVIERA (Project Recovery)	CLEAN & SOBER DRUG COURT	DUI-PC 1000	
<b>III. DIRECT COSTS</b>															
<b>III.A. Salaries and Benefits Object Level</b>															
26	Salaries (Complete Staffing Schedule)	2,734,212	2,334,203	87,465	391,311	22,000	175,336	676,668	113,231	76,444	111,073	320,801	23,814	65,284	270,776
27	Employee Benefits	444,811	380,418	13,879	56,153	3,828	35,596	112,351	18,243	9,938	16,494	59,378	4,370	11,332	38,856
28	Consultants	22,637	22,637		6,240			6,330	-	3,120	1,560	4,680		360	
29	Payroll Taxes	202,271	171,628	6,691	29,935	1,672	6,782	51,765	8,661	5,475	8,497	24,625	1,822	4,989	20,714
30	Salaries and Benefits Subtotal	3,403,931	2,908,886	108,035	483,639	27,500	217,714	847,114	140,135	94,977	137,624	409,484	30,353	81,965	330,346
<b>III.B Services and Supplies Object Level</b>															
31	Professional Fees	69,056	42,723		-		3,840	6,920	600	-	4,490	22,273	1,400	-	3,200
32	Supplies	44,342	38,935		6,150		5,000	5,600	900	-	3,250	9,016	584	5,235	3,200
33	Telephone	33,220	22,900	500	3,700		1,750	3,500	950		3,000	5,165	335		4,000
34	Postage & Shipping	5,363	2,650		1,000			100	100		100	94	6		1,250
35	Occupancy (Facility Lease/Rent/Costs)	266,760	196,021		107,025		14,400	10,895	8,500		6,575	28,762	1,864	-	18,000
36	Rental/Maintenance Equipment	33,615	27,439		26,439		600				100	94	6		200
37	Printing/Publications	4,539	3,600		1,350		600	500	350		200	282	18		300
38	Transportation	22,627	20,516	400	2,050	633	1,900	7,700	1,893	50	2,200	2,129	161	300	1,100
39	Conferences, Meetings, Etc	29,457	23,700	100	825	800	500	15,800	2,200	-	200	1,878	122	-	1,275
40	Insurance	39,603	29,118		6,000		1,980	10,250	1,188		1,300	5,635	365		2,400
41	Program Supplies	96,977	85,691	1,000	27,507		12,000	12,000	1,000	200	8,001	20,702	1,342		1,939
42	Advertising/Recruitment	5,139	4,675		1,525			1,500	450		200	939	61		-
43	Dues & Subscriptions	12,121	3,550		750			1,700	100		200	470	30		300
44	County Admin Fees	11,191	10,000		-			-			-	-	(0)	(0)	10,000
45	Fundraising Expenses	15,390	14,000		14,000										
46	Services and Supplies Subtotal	689,400	525,518	2,000	198,321	1,433	42,570	76,465	18,231	250	29,816	97,439	6,294	5,535	47,164
47	III. C. Client Expense Object Level Total		\$ -												
48	<b>SUBTOTAL DIRECT COSTS</b>	<b>\$ 4,093,331</b>	<b>\$ 3,434,404</b>	<b>\$ 110,035</b>	<b>\$ 681,960</b>	<b>\$ 28,933</b>	<b>\$ 260,284</b>	<b>\$ 923,579</b>	<b>\$ 158,366</b>	<b>\$ 95,227</b>	<b>\$ 167,440</b>	<b>\$ 506,923</b>	<b>\$ 36,647</b>	<b>\$ 87,500</b>	<b>\$ 377,510</b>
<b>IV. INDIRECT COSTS</b>															
49	Administrative Indirect Costs (limited to 15%)	476,100	406,689	15,148	67,812	3,856	29,357	118,775	19,648	13,317	19,296	57,414	4,256	11,492	46,318
50	<b>GROSS DIRECT AND INDIRECT COSTS (Sum of lines 48+ 49)</b>	<b>\$ 4,569,431</b>	<b>\$ 3,841,093</b>	<b>\$ 125,183</b>	<b>\$ 749,772</b>	<b>\$ 32,789</b>	<b>\$ 289,641</b>	<b>\$ 1,042,354</b>	<b>\$ 178,014</b>	<b>\$ 108,544</b>	<b>\$ 186,736</b>	<b>\$ 564,337</b>	<b>\$ 40,903</b>	<b>\$ 98,992</b>	<b>\$ 423,828</b>



# EXHIBIT B-3

## COUNTY OF SANTA BARBARA ALCOHOL & DRUG PROGRAM FEE SCHEDULE FY 2011-2012

### ANNUAL GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	10,890	14,710	18,530	22,350	26,170	29,990	33,810	37,630
10	14,490	18,310	22,130	25,950	29,770	33,590	37,410	41,230
15	18,090	21,910	25,730	29,550	33,370	37,190	41,010	44,830
20	21,690	25,510	29,330	33,150	36,970	40,790	44,610	48,430
25	25,290	29,110	32,930	36,750	40,570	44,390	48,210	52,030
30	28,890	32,710	36,530	40,350	44,170	47,990	51,810	55,630
35	32,490	36,310	40,130	43,950	47,770	51,590	55,410	59,230
40	36,090	39,910	43,730	47,550	51,370	55,190	59,010	62,830
45	39,690	43,510	47,330	51,150	54,970	58,790	62,610	66,430
50	43,290	47,110	50,930	54,750	58,570	62,390	66,210	70,030
55	46,890	50,710	54,530	58,350	62,170	65,990	69,810	73,630
60	50,490	54,310	58,130	61,950	65,770	69,590	73,410	77,230
65	54,090	57,910	61,730	65,550	69,370	73,190	77,010	80,830
70	57,690	61,510	65,330	69,150	72,970	76,790	80,610	84,430
75	61,290	65,110	68,930	72,750	76,570	80,390	84,210	88,030
80	64,890	68,710	72,530	76,350	80,170	83,990	87,810	91,630
85	68,490	72,310	76,130	79,950	83,770	87,590	91,410	95,230
90	72,090	75,910	79,730	83,550	87,370	91,190	95,010	98,830

### MONTHLY GROSS FAMILY INCOME

#### NUMBER OF DEPENDENTS

FEE PER VISIT	1	2	3	4	5	6	7	8
5	908	1,226	1,544	1,863	2,181	2,499	2,818	3,136
10	1,208	1,526	1,844	2,163	2,481	2,799	3,118	3,436
15	1,508	1,826	2,144	2,463	2,781	3,099	3,418	3,736
20	1,808	2,126	2,444	2,763	3,081	3,399	3,718	4,036
25	2,108	2,426	2,744	3,063	3,381	3,699	4,018	4,336
30	2,408	2,726	3,044	3,363	3,681	3,999	4,318	4,636
35	2,708	3,026	3,344	3,663	3,981	4,299	4,618	4,936
40	3,008	3,326	3,644	3,963	4,281	4,599	4,918	5,236
45	3,308	3,626	3,944	4,263	4,581	4,899	5,218	5,536
50	3,608	3,926	4,244	4,563	4,881	5,199	5,518	5,836
55	3,908	4,226	4,544	4,863	5,181	5,499	5,818	6,136
60	4,208	4,526	4,844	5,163	5,481	5,799	6,118	6,436
65	4,508	4,826	5,144	5,463	5,781	6,099	6,418	6,736
70	4,808	5,126	5,444	5,763	6,081	6,399	6,718	7,036
75	5,108	5,426	5,744	6,063	6,381	6,699	7,018	7,336
80	5,408	5,726	6,044	6,363	6,681	6,999	7,318	7,636
85	5,708	6,026	6,344	6,663	6,981	7,299	7,618	7,936
90	6,008	6,326	6,644	6,963	7,281	7,599	7,918	8,236

## EXHIBIT C

### STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS for contracts REQUIRING professional liability insurance

#### 1. INDEMNIFICATION

##### **Indemnification pertaining to other than Professional Services:**

Contractor shall defend, indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to: any act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the County.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

##### **Indemnification pertaining to Professional Services:**

Contractor shall indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of the negligent performance or attempted performance of the provisions hereof; including any willful or negligent act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him to the fullest extent allowable by law.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

#### 2. INSURANCE

Without limiting the Contractor's indemnification of the County, Contractor shall procure the following required insurance coverages at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the County. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place Contractor in default. Upon request by the County, Contractor shall provide a certified copy of any insurance policy to the County within ten (10) working days.

**Workers' Compensation Insurance:** Statutory Workers' Compensation and Employers Liability Insurance shall cover all Contractor's staff while performing any

## EXHIBIT C

work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the County. In the event Contractor is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if Contractor has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and Contractor submits a written statement to the County stating that fact.

**General and Automobile Liability Insurance:** The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of Contractor and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the Contractor in the indemnity and hold harmless provisions of the Indemnification Section of this Agreement between County and Contractor. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of Contractor pursuant to Contractor's activities hereunder. Contractor shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. County, its officers, agents, and employees shall be Additional Insured status on any policy. A cross liability clause, or equivalent wording, stating that coverage will apply separately to each named or additional insured as if separate policies had been issued to each shall be included in the policies. A copy of the endorsement evidencing that the policy has been changed to reflect the Additional Insured status must be attached to the certificate of insurance. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000, per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000, requires approval by the County.

Said policy or policies shall include a severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form:

*"Such insurance as is afforded by this policy shall be primary and if the County has other valid and collectible insurance, that other insurance shall be excess and non-contributory."*

If the policy providing liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this agreement. Said policy or policies shall provide that the County shall be given thirty (30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

**Professional Liability Insurance.** Professional liability insurance shall include coverage for the activities of Contractor's professional staff with a combined single

## EXHIBIT C

limit of not less than \$1,000,000, per occurrence or claim and \$2,000,000, in the aggregate. Said policy or policies shall provide that County shall be given thirty (30) days written notice prior to cancellation, expiration of the policy, or reduction in coverage. If the policy providing professional liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three (3) years (ten years [10] for Construction Defect Claims) following completion of the performance or attempted performance of the provisions of this agreement.

Contractor shall submit to the office of the designated County representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. County shall maintain current certificate(s) of insurance at all times in the office of the designated County representative as a condition precedent to any payment under this Agreement. Approval of insurance by County or acceptance of the certificate of insurance by County shall not relieve or decrease the extent to which the Contractor may be held responsible for payment of damages resulting from Contractor's services of operation pursuant to the Agreement, nor shall it be deemed a waiver of County's rights to insurance coverage hereunder.

3. In the event the Contractor is not able to comply with the County's insurance requirements, County may, at their sole discretion and at the Contractor's expense, provide compliant coverage.

The above insurance requirements are subject to periodic review by the County. The County's Risk Manager is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such change is reasonable and based on changed risk of loss or in light of past claims against the County or inflation. This option may be exercised during any amendment of this Agreement that results in an increase in the nature of County's risk and such change of provisions will be in effect for the term of the amended Agreement. Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. Contractor agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.

**EXHIBIT E**  
**PROGRAM GOALS, OUTCOMES AND MEASURES**

<b>Universal Treatment Services Outcome Measures – Except Dual Diagnosis Specialist</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Reduce substance use and improve overall life functioning while in treatment and at the point of discharge including establishing a sober support system and a significant reduction in all substance abuse and accompanying mental health problems	<ul style="list-style-type: none"> <li>✓ 75% of clients admitted to treatment will complete a minimum of 90 days</li> <li>✓ 40% of clients will successfully complete treatment</li> <li>✓ 100% of clients will report no drug use 30 days prior to discharge</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients remaining in treatment for a minimum of 90 days</li> <li>➤ Number of clients that successfully complete treatment</li> <li>➤ Number of clients that are drug-free 30 days prior to discharge</li> </ul>
❖ Assist clients to develop the skills necessary to lead healthy and productive lives	<ul style="list-style-type: none"> <li>✓ Relapse rates will decrease by 40%</li> <li>✓ Decreased incarceration rates</li> <li>✓ 40% of clients reporting homelessness at admission will have stable housing at discharge</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of readmissions</li> <li>➤ Number of clients with housing at discharge</li> <li>➤ Number of client arrests and jail days</li> </ul>
<b>Additional SACPA Treatment Services Outcome Measures</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Reduce substance use and improve overall life functioning while in treatment and at the point of discharge including establishing a sober support system and a significant reduction in all substance abuse and accompanying mental health problems	<ul style="list-style-type: none"> <li>✓ Readmission rates will decline 40%</li> <li>✓ 45% of SACPA clients discharged will graduate from the program</li> <li>✓ 50% of SACPA graduates will have no new jail time compared with prior year</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of readmissions</li> <li>➤ Number of clients that successfully complete treatment the SACPA program</li> <li>➤ Number of client arrests and jail days</li> </ul>
❖ Assist clients to develop the skills necessary to lead healthy and productive lives	<ul style="list-style-type: none"> <li>✓ 55% of SACPA Graduates who reported unemployment or not seeking employment at admission will be employed or enrolled in a job development service prior to discharge</li> <li>✓ Reduction in addiction symptoms at discharge</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients employed, seeking employment or enrolled in job development activities at discharge</li> <li>➤ Improved ASI severity scores at time of discharge</li> </ul>

**EXHIBIT E**  
**PROGRAM GOALS, OUTCOMES AND MEASURES**

<b>Additional SATC Services Outcome Measures</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Assist clients who are assessed and diagnosed with trauma issues resolve those issues in the course of treatment	<ul style="list-style-type: none"> <li>✓ 85% of clients admitted to treatment will be screened for trauma history</li> <li>✓ 100% of clients that meet clinical criteria on the Trauma Symptom Inventory will be enrolled in Seeking Safety trauma-focused services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients screened for trauma symptoms</li> <li>➤ Number of clients that enrolled in Seeking Safety trauma-focused services</li> </ul>
<b>Additional Perinatal Services Outcome Measures</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Assist clients who are assessed and diagnosed with trauma issues resolve those issues in the course of treatment	<ul style="list-style-type: none"> <li>✓ 100% of clients admitted to treatment will be screened for trauma history</li> <li>✓ 100% of clients that meet clinical criteria on the Trauma Symptom Inventory will be enrolled in Seeking Safety trauma-focused services</li> <li>✓ 50% of clients that complete 6 months of trauma-focused treatment will demonstrate a reduction in trauma-related symptoms resulting in better client functioning in group and/or individual settings</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients screened for trauma symptoms</li> <li>➤ Number of clients that enrolled in Seeking Safety trauma-focused services</li> <li>➤ Number of clients with decreased trauma-related symptoms</li> </ul>
❖ Assist pregnant clients to gain sobriety and deliver drug-free babies and succeed with family reunification plans where applicable	<ul style="list-style-type: none"> <li>✓ 100% of births to women in treatment will be drug-free</li> <li>✓ 100% of clients will report no drug use 30 days prior to successful discharge</li> <li>✓ 65% of clients will accomplish their Child Welfare Services re-unification plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of drug-free births to women in treatment</li> <li>➤ Number of clients that are drug-free 30 days prior to discharge</li> <li>➤ Number of clients that reunify with family members separated because of AOD issues</li> </ul>
<b>Additional Detoxification Services Outcome Measures</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Assist clients to detoxify from AODs and become mentally and physically stabilized in the process	<ul style="list-style-type: none"> <li>✓ 70% of clients entering detoxification services will complete a minimum of 5 days</li> <li>✓ 100% of clients will be</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients completing at least 5 days of detoxification</li> <li>➤ Number of clients with mental health conditions</li> </ul>

**EXHIBIT E**  
**PROGRAM GOALS, OUTCOMES AND MEASURES**

	detoxified from all psychoactive drugs of abuse upon completion of detoxification and transfer to AOD treatment	that are stabilized prior to transfer to AOD treatment programs ➤ Number of clients that are physically screened and detoxified of psychoactive drugs of abuse at the time of transfer to an AOD treatment program
❖ Assist clients to transition from detoxification services into another treatment or service setting	<ul style="list-style-type: none"> <li>✓ Decreased detoxification admission rates due to decreased relapse</li> <li>✓ 70% of clients completing detoxification services will enter another treatment or service setting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of clients entering another AOD treatment or service setting</li> <li>➤ Number of detoxification readmissions</li> </ul>
<b>Additional Adolescent Services Outcome Measures</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Provide AOD services to adolescent clients in the most cost effective way	<ul style="list-style-type: none"> <li>✓ 80% of all adolescent clients will be covered by minor consent Drug Medi Cal</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of adolescent clients admitted to AOD programs with minor consent Drug Medi Cal</li> </ul>
<b>Adult Program Evaluation Dual Diagnosis Specialist</b>		
<b>Program Goal</b>	<b>Outcome</b>	<b>Measure</b>
❖ Reduce and stabilize mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	<ul style="list-style-type: none"> <li>✓ Decreased incarceration rates</li> <li>✓ Decreased inpatient/acute care days and length of hospital stay</li> <li>✓ Decreased emergency room utilization</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of incarceration days</li> <li>➤ Number of hospital admissions; length of hospital stay</li> <li>➤ Number of emergency room visits for physical and/or psychiatric care</li> </ul>
❖ Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community	<ul style="list-style-type: none"> <li>✓ Reduced homelessness by maintaining stable/permanent housing</li> <li>✓ Increased life skills needed to participate in purposeful activity and increase quality of life</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of days in stable/permanent housing</li> <li>➤ Number of clients employed, enrolled in school or training, or volunteering</li> <li>➤ Number of clients graduating to a lower level of care</li> </ul>

**EXHIBIT E**  
**PROGRAM GOALS, OUTCOMES AND MEASURES**

**PROGRAM EVALUATION for CADA/FNL/CL:** Contractor shall work with County SPP Evaluation Consultant to evaluate the outcomes of the services described in Exhibit A, Section 4. Contractor shall collect and report the following measurement indicators for short, intermediate, and long term outcomes linked to assigned SPP goals, objectives and strategies, as described in the County Logic Model. Contractor shall, on an ongoing basis report to County all evaluation, pre/post test and survey results summaries, including:

<b>Strategy</b>	<b>Measure</b>	<b>Outcomes</b>
✓ Implement parent pledges asking parents to not provide alcohol to minors in their home.	<ul style="list-style-type: none"> <li>➤ Number of signed parent pledges collected.</li> <li>➤ Number of pledges disturbed and received.</li> <li>➤ California Healthy Kids Survey responses</li> </ul>	By June 30, 2012: <ul style="list-style-type: none"> <li>○ Decrease the number of youth reporting drinking in the home from 35.1% to 33% for 11<sup>th</sup> graders.</li> </ul>
✓ Conduct outreach education and discourage adult tolerance of underage drinking.	<ul style="list-style-type: none"> <li>➤ Number of educational materials distributed.</li> <li>➤ California Healthy Kids Survey responses.</li> </ul>	<ul style="list-style-type: none"> <li>○ Decrease the number of youth reporting “having used alcohol in last 30 days” from 38% to 35% for 11<sup>th</sup> graders as measured by the California Healthy Kids survey.</li> </ul>
✓ Establish social host liability ordinances (SHO) throughout the county.	<ul style="list-style-type: none"> <li>➤ Number of Social Host Laws adopted.</li> <li>➤ Number of Councils or Boards who have heard and considered a Social Host ordinance.</li> </ul>	<ul style="list-style-type: none"> <li>○ By June 30, 2012, decrease the number of youth reporting having “used alcohol in last 30 days” from 38% (2008) to 35% for 11th graders measured by the California Healthy Kids Survey</li> </ul>
✓ Provide youth-based programs that will enable youth to meet their key developmental needs for competency, achievement, self-definition, creative expression, positive social interactions with peers and adults, structure and clear limits, and meaningful participation in creating healthy alcohol and drug free communities.	<ul style="list-style-type: none"> <li>➤ Number of youth participating in programs that increase their internal and external assets.</li> </ul>	<ul style="list-style-type: none"> <li>○ By June 30, 2012, increase the number of youth reporting “Because of this program: my success at school is better” from 51% (Fall 2009) to 55% as measured by ADP’s Youth Survey.</li> </ul>
✓ Provide youth with caring adult role models and mentors	<ul style="list-style-type: none"> <li>➤ Number of youth participating in program.</li> <li>➤ Number of mentors participating in program.</li> </ul>	By June 30, 2012: <ul style="list-style-type: none"> <li>○ Increase annual number of youth involved in programs with caring adult role models from 136 to 145.</li> <li>○ Increase the number of youth reporting “outside of</li> </ul>



**EXHIBIT E**  
**PROGRAM GOALS, OUTCOMES AND MEASURES**

		my home and school there is an adult who really cares about me” from 90% (Fall 2009) to 92% as measured by ADP’s Youth survey.
<p>✓ Provide presentations that support youth participation in leadership programs that address AOD problems in their local community and advocate for solutions such as enrolling in health education courses and AOD prevention activities.</p>	<ul style="list-style-type: none"> <li>➤ Number of presentations conducted in schools.</li> <li>➤ Number of presentations conducted in the community.</li> <li>➤ Number of people reached through presentations.</li> </ul>	<p>By June 30, 2012:</p> <ul style="list-style-type: none"> <li>○ Increase the number of youth responding “Never” to questions: “In the last 4 months how often have you had alcohol” from 70% (Fall 2009) to 75% and</li> <li>“How often in the past year have you failed to do what is expected of you because of drinking” from 89% (Fall 2009) to 91% as measured by ADP’s Youth Survey</li> </ul>
<p>✓ Work with community to educate them on the risks and harms associated with underage drinking, including providing brochures, community forums, educational presentations, radio, newspaper, and television spots.</p>	<ul style="list-style-type: none"> <li>➤ Number of written materials distributed.</li> <li>➤ Number or radio spots conducted.</li> <li>➤ Number of newspaper articles written</li> <li>➤ Number of television spots.</li> </ul>	<ul style="list-style-type: none"> <li>○ By June 30, 2012, decrease the number of youth reporting having used alcohol in the last 30 days from 28.5% to 26% for 9<sup>th</sup> graders as measured by the California Healthy Kids survey.</li> </ul>
<p>✓ Social Marketing and Media Campaigns to increase awareness about marijuana facts as well as Educational Outreach to parents and youth about marijuana facts.</p>	<ul style="list-style-type: none"> <li>➤ Number of community presentations</li> <li>➤ Number of forums or speakouts about the potency, harms risks and consequences of marijuana use.</li> </ul>	<ul style="list-style-type: none"> <li>○ By June 30, 2012, decrease the number of youth reporting having used marijuana in the last 30 days from 23.3% (2008) to 20% for 11th graders as measured by the California Healthy Kids survey.</li> </ul>