

**SECOND AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
WOMEN'S RECOVERY ASSOCIATION**

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and **Women's Recovery Association**, hereinafter called "Contractor";

W I T N E S S E T H:

**WHEREAS**, on June 16, 2009, the parties hereto under Resolution 070201 entered into an Agreement, (the "Original Agreement"), for the furnishing of alcohol and drug services by Contractor to County as set forth in that Agreement; and

**WHEREAS**, on October 13, 2009, the parties amended the Original Agreement to incorporate funding in the amount of \$3,000 for a Grant Writer, for a new maximum obligation of \$6,492,426; and

**WHEREAS**, it is now necessary and the mutual desire and intent of the parties hereto to amend the Original Agreement to incorporate Second Chance Act Re-Entry Residential Services, increase the maximum obligation by \$103,445, for a new maximum obligation of \$6,595,871 dollars, and no change to the term, July 1, 2009 through June 30, 2011.

**NOW, THEREFORE**, the Original Agreement is hereby amended to read as follows:

1. Maximum Amount
- A. Maximum Amount

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein, in Exhibit A1, and in the Alcohol and Other Drug Services Policy and Procedure Manual, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B1 and attachments herein for the contract term. The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable.

The total fiscal obligation under this Agreement shall not exceed SIX MILLION FIVE HUNDRED NINETY FIVE THOUSAND EIGHT HUNDRED SEVENTY-ONE DOLLARS (\$6,595,871).

The County's total fiscal obligation under this Agreement shall include (a) a fixed amount, and (b) a variable amount, which shall be a portion of an aggregate amount allocated between all contractors who provide the same or similar services as those described in this Agreement.

The County's total fiscal obligation for the fixed amount shall not exceed TWO MILLION NINE HUNDRED NINE THOUSAND NINE HUNDRED FORTY-THREE DOLLARS (\$2,912,943), including \$1,406,249 for FY 2009-10, and \$1,506,694 for FY 2010-11.

The County's total fiscal obligation for the aggregate amount allocated between all contractors who provide the same or similar services as those described in this Agreement shall not exceed THREE MILLION SIX HUNDRED EIGHTY-TWO THOUSAND NINE HUNDRED TWENTY-EIGHT DOLLARS (\$3,682,928). The maximum aggregate amount for FY 2009-10 is \$1,841,464, and the maximum aggregate amount for FY 2010-11 is \$1,841,464.

The Contractor acknowledges that the County has agreed to pay a "variable amount" to all contractors who provide fee for service alcohol and drug treatment and drug testing services authorized individually or collectively by a County Resolution, which shall be the Contractor's share of an aggregate amount allocated between all contractors who provide the same or similar services as those described in this Agreement.

Therefore, the funds available to pay each individual contractor are dependent upon the amount or volume of services provided by the other contractors, as authorized by County.

The aggregate amount to be allocated between all contractors who provide the same or similar services as those described in this Agreement shall include and shall be limited to the following amounts:

For FY 2009-10:

1. NINE HUNDRED FIFTY THOUSAND EIGHT HUNDRED SIXTY-THREE DOLLARS (\$950,863) for SACPA Funded alcohol and drug treatment and prevention services as described in Exhibit A1.
2. THREE HUNDRED THIRTY-NINE THOUSAND FOUR HUNDRED THIRTY-EIGHT DOLLARS (\$339,438) for SACPA OTP services as described in Exhibit A1.
3. ONE HUNDRED SIXTY THOUSAND SIX HUNDRED-SEVEN DOLLARS (\$160,607) for SB223 Drug Testing described in Exhibit A1.
4. TWO HUNDRED THIRTY THREE THOUSAND THREE HUNDRED TWENTY-FIVE DOLLARS(\$233,325) for Comprehensive Drug Court Implementation funded alcohol and drug treatment services as described in Exhibit A1.
5. SEVENTY TWO THOUSAND TWO HUNDRED THIRTY-ONE DOLLARS (\$72,231) for Drug Court Partnership funded alcohol and drug treatment services as described in Exhibit A1.
6. EIGHTY FIVE THOUSAND DOLLARS (\$85,000) for Ryan White Services as described in Exhibit A1.

For FY 2010-11:

1. NINE HUNDRED FIFTY THOUSAND EIGHT HUNDRED SIXTY-THREE DOLLARS (\$950,863) for SACPA Funded alcohol and drug treatment and prevention services as described in Exhibits A1.
  2. THREE HUNDRED THIRTY-NINE THOUSAND FOUR HUNDRED THIRTY-EIGHT DOLLARS (\$339,438) for SACPA OTP services as described in Exhibit A1.
  3. ONE HUNDRED SIXTY THOUSAND SIX HUNDRED-SEVEN DOLLARS (\$160,607) for SB223 Drug Testing described in Exhibit A1.
  4. TWO HUNDRED THIRTY THREE THOUSAND THREE HUNDRED TWENTY-FIVE DOLLARS(\$233,325) for Comprehensive Drug Court Implementation funded alcohol and drug treatment services as described in Exhibit A1.
  5. SEVENTY TWO THOUSAND TWO HUNDRED THIRTY-ONE DOLLARS (\$72,231) for Drug Court Partnership funded alcohol and drug treatment services as described in Exhibit A1.
  6. EIGHTY FIVE THOUSAND DOLLARS (\$85,000) for Ryan White Services as described in Exhibit A1.
2. Exhibit A – Description of Services is hereby deleted in its entirety and replaced with Exhibit A1, attached hereto.
  3. Exhibit B – Rates of Payment and Payments, is hereby deleted in its entirety and replaced with Exhibit B1, attached hereto.

**NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES THAT:**

1. The Original Flat Rate Agreement between the parties dated June 9, 2009, as further amended by a First Amendment on October 13, 2009, is further amended as set forth herein.
2. This Second Amendment is hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
3. All provisions of the Original Agreement, as amended by the First Amendment, unless expressly deleted, modified, or otherwise superseded in this Second Amendment shall continue to be binding on all parties hereto.

This Second Amendment, including any exhibits and attachments hereto, constitutes the entire understanding of the parties hereto with respect to the amendment to the parties' Original Agreement dated June 16, 2009, as amended by a First Amendment on October 13, 2009, and correctly states the rights, duties, and obligations of each party as of this document's date. Any understandings, promises, negotiations, or representations between the parties concerning the amendment to the Original Agreement that are not expressly stated in this document are not binding. All subsequent modifications to this Second Amendment shall not be effective unless set forth in a writing executed by both parties.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
Richard S. Gordon, President  
Board of Supervisors, County of San Mateo

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

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Women's Recovery Association

By: \_\_\_\_\_  
Linda Carlson, Executive Director

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

**Exhibit A1 - Description of Services  
WOMEN'S RECOVERY ASSOCIATION**

**Alcohol and Drug Treatment and Recovery Services**

Contractor will provide the following alcohol and drug treatment and prevention services at a mutually agreed upon location in San Mateo County. All payments under this Original Agreement must directly support services specified in this Exhibit A1. Contractor will give priority admission to San Mateo County residents and who are referred by County Behavioral Health and Recovery Services (BHRS) and Alcohol and Drug Services (AOD). Contractor will provide the following services to clients, who meet Alcohol and Drug Services (AOD) treatment and recovery and prevention services criteria in the following priority populations and service modalities. In providing its services and operations, Contractor will maintain compliance with requirements of the AOD Policy and Procedure Manual including additions and revisions, incorporated by reference herein.

**I. Alcohol and Drug Treatment and Recovery Services**

**A. STRATEGIC DIRECTION 1: PRIORITY POPULATIONS**

1. The base of the funds must be used to serve priority population clients. Specifically:
  - a. 85% of annualized flat rate base funding must serve clients from one or more of Priority Populations as identified in Strategic Directions 2010.
  - b. 15% of the flat rate base funding is discretionary.
  - c. 100% of the Strategic Directions 2010 funding shall be used to fund services for clients in the four priority populations as outlined in the Strategic Directions 2010.

**Units of Service - March 1, 2010 - June 30, 2011**

| Modality                               | Individuals Served | Units of Service (UOS) Bed Days (BD) |
|--|--------------------|--------------------------------------|
| Second Chance Act Re-Entry Residential | 12                 | 1217                                 |

**Units of Service - July 1, 2009 - June 30, 2010**

| Modalities / Priority Populations   | Individuals Served | Units of Service (UOS)- Staff Available Hours (SAH) Bed Days (BD) |
|---|--------------------|---|
| Residential – Adult (Families with young children, Youth, Homeless families and individuals, Adults in the criminal justice system and 1-slot Second Chance Re-Entry) | 28                 | 2917  |
| Residential – Perinatal Adult (Families with young children, Homeless families and individuals, Adults in the criminal justice system)*                               | 33                 | 4395  |
| Residential – Perinatal Children (Families with young children, Homeless families and individuals, Adults in the criminal justice system)                             | 11                 | 987   |
| Outpatient – Adult (Families with young children, Homeless families and individuals, Adults in the criminal justice system)   | 40                 | 384   |
| Intensive Outpatient (Families with young children, Homeless families and individuals, Adults in the criminal justice system)   | 15                 | 432   |
| Women’s Treatment Pilot   | 20                 | N/A   |
| * <b>Specific condition(s):</b> 1-slot will be dedicated to referrals from the Second Chance Re-Entry Program   |                    |   |

**Priority Population Funding: UOS Breakdown**

| Funding Type   | Total Units of Service (UOS) | Priority Population UOS | Priority Population UOS % | Allowable Discretionary UOS | Allowable Discretionary UOS % |
|--|------------------------------|-------------------------|---------------------------|-----------------------------|-------------------------------|
| NRC Non Residential – Flat Rate  | 384 SAH                      | 326 SAH                 | 85%                       | 58 SAH                      | 15%                           |
| NRC Perinatal Residential Flat Rate  | 2228 BD                      | 1894 BD                 | 85%                       | 334 BD                      | 15%                           |
| NRC Residential – Women’s Flat Rate  | 2917 BD                      | 2479 BD                 | 85%                       | 438 BD                      | 15%                           |
| County Residential – Children Flat Rate  | 987 BD                       | 840 BD                  | 85%                       | 147 BD                      | 15%                           |
| County Intensive Outpatient – Women’s Flat Rate  | 432 VD                       | 367 VD                  | 85%                       | 65 VD                       | 15%                           |
| Strategic Directions 2010 Funding Residential – Families w/young children- 1-slot Second Chance Re-entry | 2167 BD                      | 2167 BD                 | 100%                      | 0                           | 0%                            |
| Strategic Directions 2010 Women’s Treatment Pilot  | 20 Clients                   | 20 Clients              | 100%                      | 0                           | 0%                            |
| TOTAL (UOS) (Bed Days Does not include Strategic Directions 2010, below)                                 | 6132                         | 5212                    | 85%                       | 920 BD                      | 15%                           |
| TOTAL (UOS) (Staff Available Hours)  | 384                          | 326                     | 85%                       | 58 SAH                      | 15%                           |
| TOTAL (UOS) (Visit Days)   | 432                          | 367                     | 85%                       | 65 VD                       | 15%                           |
| Strategic Directions 2010  | 2167                         | 2167                    | 100%                      | 0                           | 0%                            |

**Units of Service - July 1, 2010 - June 30, 2011**

| Modalities / Priority Populations   | Individuals Served | Units of Service (UOS)- Staff Available Hours (SAH) Bed Days (BD) |
|---|--------------------|---|
| Residential – Adult (Families with young children, Youth, Homeless families and individuals, Adults in the criminal justice system and 1-slot Second Chance Re-Entry) | 28                 | 2917  |
| Residential – Perinatal Adult (Families with young children, Homeless families and individuals, Adults in the criminal justice system)*                               | 33                 | 4395  |
| Residential – Perinatal Children (Families with young children, Homeless families and individuals, Adults in the criminal justice system)                             | 11                 | 987   |
| Outpatient – Adult (Families with young children, Homeless families and individuals, Adults in the criminal justice system)   | 40                 | 384   |
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| Women’s Treatment Pilot   | 20                 | N/A   |
| * <b>Specific condition(s)</b> : 1-slot will be dedicated to referrals from the Second Chance Re-Entry Program  |                    |   |

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| Strategic Directions 2010 Women’s Treatment Pilot  | 20 Clients                   | 20 Clients              | 100%                      | 0                           | 0%                            |
| TOTAL (UOS) (Bed Days Does not include Strategic Directions 2010, below)                                     | 6132                         | 5212                    | 85%                       | 920 BD                      | 15%                           |
| TOTAL (UOS) (Staff Available Hours)  | 384                          | 326                     | 85%                       | 58 SAH                      | 15%                           |
| TOTAL (UOS) (Visit Days)   | 432                          | 367                     | 85%                       | 65 VD                       | 15%                           |
| Strategic Directions 2010  | 2167                         | 2167                    | 100%                      | 0                           | 0%                            |
| NRC Non Residential – Flat Rate  | 384 SAH                      | 326 SAH                 | 85%                       | 58 SAH                      | 15%                           |
| <i>*Specific condition(s):</i> 1-slot will be dedicated to referrals from the Second Chance Re-Entry Program |                              |                         |                           |                             |                               |

**2. Best Practices**

To enhance services to these priority populations, services must align with evidence based and promising practices.

Contractor will utilize the following Evidence Based Practices:

- a. Dr. Marsha Linehan’s *Dialectical Behavioral Therapy (DBT)*
- b. Dr. Lisa Najavits’ *Seeking Safety: A Treatment Manual for Post-Traumatic Stress Disorder (PTSD) and Substance Abuse*
- c. Dr. Stephen J. Bavolek’s *Nurturing Parent Programs* curriculum.
- d. Trauma-informed treatment services.
- e. Drs. William R. Miller and Stephen Rollnick’s *Motivational Interviewing* techniques

**3. Client-Centered Continuum of Care**

Contractor will involve clients in a treatment plan that includes a continuity of care plan beginning with the initial assessment focusing on the client's resources, issues and strengths. A client's relapse plan and other crisis planning will also be incorporated into the treatment plan. The plan will be evaluated and evolve during the course of the client's engagement with the contractor. The plan and the modifications will be documented in the client file. Contractor will also document referrals and linkages to other services and providers. Contractor shall include the following components when developing a treatment plan.

a. Client Involvement

Contractor will involve client in the development, review, and revision of the client's treatment plan. Contractor will use Motivational Enhancement Therapy and the Stages of Change Model in client treatment plans. Treatment plans will be formally reviewed with the client at a minimum of every ninety (90) days, but will be reviewed on an informal basis every other week, or more frequently.

b. Crisis Planning

Contractor will develop crisis plans, including relapse plans, with the client. When a crisis occurs, the counselor will link the client to needed ancillary services and will document the services in the case notes.

c. Continuum of Care

Contractor will involve client in treatment plans that include a continuity of care plan beginning with the initial assessment focusing on the client's resources, issues, and strengths. The plans will be evaluated and evolve during the course of the client's engagement with the Contractor. The plans and any modifications will be documented in the client's file. Contractor will also document referrals and linkages to other services and providers.

## **B. STRATEGIC DIRECTION 2: SYSTEM-WIDE IMPROVEMENTS**

### **1. Co-occurring Disorders**

- a. Contractor will continue participation as a Change Agent and will participate in monthly activities to effect the changes necessary to maintain and enhance Co-occurring Disorders (COD) capability.
- b. Based on Contractor self-assessment utilizing the COMPASS, (Co-morbidity Program Audit and Self-Survey for Behavioral Health Services) Contractor will continue implementation of COMPASS action plan as recommended by the CCISC. Contractor will provide quarterly progress on implementation.
- c. Contractor will work to improve COD outcomes by providing the following:
  - i. Contractor's treatment staff will increase competencies with respect to conducting culturally sensitive assessment and referral to identify and address clients' mental health issues and concerns.
  - ii. Contractor will provide and/or access staff training and implement culturally appropriate strategies to reduce stigma and improve outcomes for clients with co-occurring mental health and AOD issues by facilitating three (3) specialized groups: Seeking Safety, Food and Feelings and Dialectical behavioral therapy (DBT).
  - iii. Additional co-occurring services are medication management and administration and scoring of the Beck Depression Inventory (BDI-II)
  - iv. Improve identification of co-occurring clients. Eighty percent of all clients who remain in treatment for at least 30 days will be assessed against DSM-IV criteria for a co-occurring mental illness. The diagnosis (or absence of a DSM-IV mental health diagnosis) will be recorded in WRA's database.



- v. To improve retention of clients with co-occurring diagnosis, fifty percent of clients diagnosed with a co-occurring disorder will complete their primary/acute treatment episode.

## 2. Standards of Care

- a. There is a need for a coordinated system of treatment services within San Mateo County for those with substance abuse problems. The County has identified specific standards of care for treatment services which incorporate scientific research and clinical practice. Contractor will maintain compliance with requirements of the AOD Policy and Procedure Manual including additions and revisions, incorporated by reference herein
  - i. Screening and Assessment Standards
  - ii. Treatment Standards of Care that incorporate Evidence Based Treatment Standards.
- b. Contractor will develop an analysis of program elements which align with the Standards of Care by September 1, 2009.
- c. Contractor shall submit training and technical assistance needs to BHRS no later than October 1, 2009.
- d. Contractor will report quarterly on progress towards Standards of Care

## 3. AOD Policy Implementation

AOD Services implements new policies to advance the quality of treatment services and to align with scientific and clinical research about best practices in substance abuse treatment. Contractors shall also develop guidelines and procedures consistent with County Policy and continue staff training and development of policy adherence. The following new policies were effective July 1, 2008: Medications, Relapse, and Narcotic Replacement Therapy Policies.

Contractor will participate in training to further develop the implementations needs of these policies.

## **C. STRATEGIC DIRECTIONS 3: BUILDING CAPACITY**

### 1. Quality Improvement Program

To enhance the quality of services, all contractors must have an established Quality Improvement (QI) program. A QI program must include a QI committee made up of staff from all levels that guide the development and implementation of the QI Plan. AOD Services intends for Contractor QI programs to establish a mechanism whereby contractors will identify processes and practices at the organizational level which undermine client access and retention in treatment. A QI program does not look at the level of individual employee performance. BHRS requires all contractors to:

- a. Use the Plan-Do-Study-Act (PDSA) rapid change cycle process as at least one component of the organizational quality improvement program. This process improvement initiative must focus on improving client outcomes.
- b. Defined measure(s) of change (i.e.: rate of “no shows” for intake)
- c. Baseline data (using the above identified measures) has been collected
- d. A change action/activity has been identified for implementation
- e. A timeline for measuring change data and sharing with QI team
- f. Contractor will regularly complete two (2) PDSA change cycles annually as part of this contract.
- g. Contractor will report quarterly to BHRS on the status of the PDSA process.

### 2. Client Feedback Required

A rigorous Quality Improvement program must solicit and integrate feedback from service recipients. Contractor will implement a process to include client feedback to understand the client experience of treatment services. This client feedback process may include but is not limited to: focus groups, client satisfaction surveys, etc. Feedback will be shared with the QI committee which is urged to address identified improvement areas through future QI plans.

- a. Contractor will incorporate client feedback by implementing a client satisfaction feedback survey by June 30, 2010.
  - b. Contractor will utilize client feedback in conjunction with the QI process for program improvement.
  - c. Contractor will report quarterly to BHRS on the status of the client feedback process and outcomes on a quarterly basis.
3. Contractor will work with Behavioral Health and Recovery Services and other consultants to develop skills and implement infrastructure to maximize Medi-Cal billing and the billing of other private insurance by February 2010.

#### **D. FEE FOR SERVICE**

In providing its services and operations, Contractor will maintain compliance with requirements of the AOD Policy and Procedure Manual including additions and revisions, incorporated by reference herein. The maximum length of stay is set by the specific funding source and an extension beyond a 90 day period may be granted only by written approval from the Alcohol and Other Drug Services (AOD) Administrator, pursuant to a Contractor's written request outlining and justifying the client's clinical need. Reimbursement will be approved only for clients who referred through the formal referral process outlined in the AOD Policy and Procedure Manual.

##### **1. SACPA and SACPA OTP Services**

In accordance with the AOD Policy and Procedure Manual, contractor will provide the following alcohol and drug treatment and recovery services for clients referred to SACPA and SACPA OTP services as:

- a. Level 1 / Level 1 Plus - Basic Outpatient Treatment Services;
- b. Level 2 - Day Treatment Services;
- c. Level 3 - Residential Treatment;
- d. Level 3- COD Residential Treatment
- e. SB223 drug testing

##### **2. Comprehensive Drug Court Implementations (CDCI) Grant and Drug Court Partnership (DCP) Grant funded Services**

In accordance with the AOD Policy and Procedure Manual, Contractor will provide the following alcohol and drug treatment and recovery services to clients who have been referred by the San Mateo County Drug Court Team(s):

- a. Outpatient Treatment Services
- b. Day Treatment Services
- c. Residential Treatment Services
- d. Aftercare Treatment Services
- e. Sober Living Environment Services
- f. Drug Testing

##### **3. Ryan White CARE Act funded services**

In accordance with the AOD Policy and Procedure Manual, contractor will provide the following alcohol and drug treatment and recovery services to clients who have been referred by the Ryan White Case Manager. The maximum length of stay is 90 days

and an extension beyond a 90 day period may be granted only by written approval from the Alcohol and Other Drug Services (AOD) Administrator, pursuant to a Contractor's written request outlining and justifying the client's clinical need. Requests must be submitted by 1-month prior to the 90 day maximum.

- a. Outpatient Treatment Services
- b. Day Treatment Services
- c. Residential Treatment Services

## **II. Description of Unique Program Services**

### **A. TREATMENT SERVICES AT WRA**

WRA is a 90-day treatment program for residential, day outpatient and evening outpatient. Women can extend on a month-to-month basis for up to one year. Extensions are granted when the treatment team decides that an extension is clinically warranted and necessary. Treatment is organized into a range of groups and services, including individual counseling, psycho-educational groups (educational groups that include the whole community and provide information important for women in recovery), process groups, specialized groups, case management and vocational, educational and housing services.

WRA provides services to clients with co-occurring disorders by employing counselors who are registered with the BBS as Marriage Family Therapist – Interns. As part of their employment, we provide clinical supervision and training to each MFT-I. Per the requirements of the BBS, each MFT-I receives one hour of individual and 2 hours of group supervision each week. We contract with a supervisor @ \$80 per hour to provide this supervision. In addition, we utilize counselor trainees to co-facilitate groups and take a small caseload. We provide each of them with one hour of individual and three hours of group supervision each week. The Program Director provides the group supervision and we contract with an outside provider @ \$80 per hour to provide individual supervision. The Program Director, also schedules multiple trainings each year for the counseling staff and the house operations managers. These include trainings by outside (private) trainers, trainings by BHRS and in-service trainings by program director or other staff.

### **B. RECOVERY MANAGEMENT PILOT PROGRAM**

The Women's Recovery Association in collaboration with San Mateo County Department of Behavioral Health is offering San Mateo County women a unique one-year program for women who are seeking addiction recovery services. This program is based on the concept that addiction treatment, like the treatment of any other disease, is best managed with primary care during the acute phase, followed by long-term recovery management support and regular check-ups.

The target populations eligible for the Recovery Management Project are women with histories of incarceration, homeless women and women with children under the age of six who are willing to make a commitment to receive services from WRA and to maintain contact with WRA for a period of one year.

Services provided during the one year project may include: residential and/or intensive outpatient substance abuse treatment, individual counseling, case management services, assistance meeting educational goals, assistance with meeting vocational goals, assistance with housing needs, aftercare groups, recovery case management, telephone counseling and supportive check-ups for one year. Additionally, there will be

Addiction Severity Index (ASI) follow-up surveys to measure client change across each of the ASI domains with monetary incentives.

### **C. PATHWAYS PROGRAM**

Contractor shall provide women's residential alcohol and drug treatment services/beds and/or perinatal residential alcohol and drug treatment services/beds on an as-available and as-needed basis in accordance to the instructions below. Referrals for the use of beds must come through Mental Health Services Deputy Director or designee. In addition to the AOD Policy and Procedure Manual contractor will provide the following:

#### **1. Residential and Perinatal Alcohol and Drug Treatment Services**

Contractor shall provide the following services which are part of Contractor's basic women's residential alcohol and drug treatment program:

- a. Refer all appropriate unemployed program participants to the Department of Rehabilitation for assessment, job training, and placement;
- b. Review all medical needs of program participants and make appropriate referrals as required;
- c. Provide aftercare services upon completion of Contractor's residential alcohol and drug treatment program. Such aftercare services shall include development of an aftercare plan with each program participant prior to the final phase of the treatment program; and

#### **2. Transitional Living**

Contractor shall operate a transitional living program at a minimum of the following guidelines:

- a. Treatment is not provided at Juniper House, but resident lodgers are required to engage in counseling with an experienced drug and alcohol counselor; seek mental health services and take medications as prescribed; attend aftercare or continuing care support groups as recommended and actively follow and update a continuing care / relapse prevention plan.
- b. Lodgers are encouraged to attend 12 step meetings daily for the first ninety days and three times per week thereafter; and work the 12 steps of recovery under the direction of a sponsor.
- c. All lodgers are expected to actively engage an activity of at least 20 hours per week, which could be school, employment, or volunteer work.

#### **3. Intensive Outpatient Services Alcohol and Drug Treatment Services**

- a. Contractor shall provide three (3) hours a day of intensive nonresidential alcohol and drug treatment services. Such services shall be provided for clients three (3) to five (5) days per week as referred by the Mental Health Services Deputy Director or designee.
- b. Contractor shall provide the following services which are part of Contractor's basic women's intensive nonresidential alcohol and drug treatment program:
  - i. Case coordination and referrals with other San Mateo County providers as necessary;
  - ii. Collateral services will be provided to family member including education on substance abuse behavior and lifestyle, along with educational meetings on how to give support to the family member in treatment;
  - iii. Opportunities will be provided for participants to engage in community involvement activities, encouraging them to be active in their community and in society. These activities may include community service;

- iv. Aftercare services upon completion of Contractor's intensive nonresidential alcohol and drug treatment program. Such aftercare services shall include development of an aftercare plan with each program participant prior to the final phase of the treatment program.
4. **Nonresidential Alcohol and Drug Treatment Services (Outpatient Services)**  
For each client referred to Contractor's nonresidential alcohol and drug treatment services Contractor shall provide:
    - a. Recovery-oriented group counseling. Program topics will include addiction and recovery, parenting skills, health issues, the twelve-step model of recovery, family dynamics, self-esteem, communication and conflict resolution, disease model of substance abuse, health issues, housing options, financial management, interviewing and job application skills, and ongoing educational workshops; and
    - b. Two (2) hours of relapse prevention each month including ongoing program activities, group and individual support, education, and ongoing links to community services.
  5. Contractor's representative shall participate three (3) hours a week in the Pathways for Women program meetings at a time and location determined by the County.
  6. County staff will develop and maintain mental health client treatment plans, provide case management and medication support services, and work with Contractor to coordinate client transportation needs.

**D. FLAT RATE SERVICES – SECOND CHANCE RE-ENTRY PROGRAM**

Contractor shall provide the following alcohol and drug treatment and recovery services to clients who have been referred by the San Mateo County Re-entry team or designee.

Second Chance Act Residential Services shall include:

1. A total of 1217 days of residential alcohol and drug treatment and recovery services to a minimum of 12 re-entry participants during the term of the Agreement March 1, 2010 through June 30, 2011.
2. Contractor will give priority admission to San Mateo County residents and who are referred by the San Mateo county re-entry team or case manager.
3. In accordance with the AOD Policy and Procedure Manual, contractor will provide the following alcohol and drug treatment and recovery services for a period of no more that a total of ninety (90) days to each client referred by the Re-Entry Case Manager. An extension beyond the 90 day period may be granted only by written approval from the Re-Entry Team, pursuant to the Contractor's written request outlining and justifying the client's clinical need. Requests must be submitted at least one month prior to the end of the original 90 day period.
4. Contractor will work in partnership with the re-entry team on continued bed utilization, treatment planning and reporting needs.
5. Contractor will provide attendance and progress reports to the re-entry case manager and supervising probation officer from the re-entry team, on a monthly basis.

**EXHIBIT B1 – PAYMENTS AND RATE OF PAYMENTS  
WOMEN'S RECOVERY ASSOCIATION**

In full consideration of the services provided by Contractor, County shall pay Contractor as follows:

**I. Alcohol and Drug Treatment and Recovery Services**

**A. FIXED RATE Negotiated Rate Contract (NRC):**

In full consideration of the funded alcohol and drug treatment services provided to clients who lack the necessary resources to pay for all, or part of these services themselves. The County will pay Contractor the total contract amount in twenty four (24) monthly payments in a manner as outlined in the charts below. County will pay Contractor's monthly payment within (thirty) 30 days, upon timely submission of reports as outlined in the Alcohol and Other Drug Services (AOD) Policy and Procedure Manual.

**March 1, 2010 – June 30, 2011  
Second Chance Act Re-Entry Allocation**

| <b>Services</b>                        | <b>Funding Amount</b> | <b>Monthly Amount</b> | <b>Units of Service</b> | <b>Rate</b> | <b># of clients to be served</b> | <b>Slots</b> |
|--|-----------------------|-----------------------|-------------------------|-------------|----------------------------------|--------------|
| Second Chance Act Re-Entry Residential | \$103,445             | \$6,465               | 1217                    | \$85.00     | 12                               | 2.5          |

**July 1, 2009- June 30, 2010**

| <b>Services</b>   | <b>Funding amount</b>  | <b>Monthly amount</b> | <b>Units Of Service per Fiscal Year BD, VD or SAH</b> | <b>Rate</b> | <b># clients to be served</b>     | <b>Slots</b>                              |
|---|------------------------|-----------------------|---|-------------|-----------------------------------|---|
| NRC Non Residential – Flat Rate   | \$32,527               | \$2,711               | 384   | \$84.62     | 40                                | 8   |
| NRC Perinatal Residential Flat Rate   | \$227,288              | \$18,941              | 2228  | \$102.00    | 17                                | 6   |
| NRC Residential – Women's Flat Rate   | \$255,360              | \$21,280              | 2917  | \$87.54     | 28                                | 8   |
| County – Residential – Children Flat Rate   | \$100,713              | \$8,393               | 987   | \$102.00    | 11                                | 3   |
| County – Intensive Outpatient – Flat Rate   | \$69,202               | \$5767                | 432   | \$160.00    | 15                                | 3   |
| Strategic Directions 2010 Funding Residential – Families with young children- 1-slot Second Chance Re-entry | \$221,093              | \$18,424              | 2167  | \$102.00    | 12- with families 4-Second Chance | 5 with families, 1 Second Chance Re-entry |
| Strategic Directions 2010 Women's Treatment Pilot   | \$300,000              | \$25,000              | N/A   | N/A         | 20                                | 10  |
| MHSA Co-Occurring Disorders   | \$52,066               | \$4338.83             | N/A   | N/A         | 0                                 | 0   |
| <b>TOTAL</b>  | <b>\$1,258,249 (*)</b> | <b>\$104,855</b>      |   |             |                                   |   |

(\*) This amount does not include \$145,000 for Pathway Program and \$3000 for the Grant Writer.

**Summary of Funding for Priority Population**

| Funding Type              | Total Funding Allocation | Priority Population Funding | Priority Population % | Allowable Discretionary Funding | Allowable Discretionary % |
|---------------------------|--------------------------|-----------------------------|-----------------------|---------------------------------|---------------------------|
| Annual Flat Rate          | \$737,156                | \$626,583                   | 85%                   | \$110,573                       | 15%                       |
| Strategic Directions 2010 | \$521,093                | \$521,093                   | 100%                  | 0                               | 0%                        |
| <b>TOTAL Funding</b>      | <b>\$1,258,249</b>       | <b>\$1,147,676</b>          | <b>91.2%</b>          | <b>\$110,573</b>                | <b>8.8%</b>               |

(\*) Priority Populations as identified in the AOD Strategic Directions 2010 plan. The plan, as well as the funding, was approved by the Board of Supervisors. Discretionary funding can be used for non-priority population clients.

**July 1, 2010- June 30, 2011**

| Services  | Funding amount        | Monthly amount   | Units Of Service per Fiscal Year BD, VD or SAH | Rate     | # clients to be served                | Slots |
|---|-----------------------|------------------|--|----------|---------------------------------------|-------|
| NRC Non Residential – Flat Rate   | \$32,527              | \$2,711          | 384  | \$84.62  | 40                                    | 8     |
| NRC Perinatal Residential Flat Rate   | \$227,288             | \$18,941         | 2228   | \$102.00 | 17                                    | 6     |
| NRC Residential – Women’s Flat Rate   | \$255,360             | \$21,280         | 2917   | \$87.54  | 28                                    | 8     |
| County – Residential – Children Flat Rate   | \$100,713             | \$8,393          | 987  | \$102.00 | 11                                    | 3     |
| County – Intensive Outpatient – Flat Rate   | \$69,202              | \$5767           | 432  | \$160.00 | 15                                    | 3     |
| Strategic Directions 2010 Funding Residential – Families with young children- 1-slot Second Chance Re-entry | \$221,093             | \$18,424         | 2167   | \$102.00 | 12- with families<br>4- Second Chance | 6     |
| Strategic Directions 2010 Women’s Treatment Pilot   | \$300,000             | \$25,000         | N/A  | N/A      | 20                                    | 10    |
| MHSA Co-Occurring Disorders   | \$52,066              | \$4338.83        | N/A  | N/A      | 0                                     | 0     |
| <b>TOTAL</b>  | <b>\$1,258,249(*)</b> | <b>\$104,855</b> |  |          |                                       |       |

(\*) This amount does not include \$145,000 for Pathway Program.

**Summary of Funding for Priority Population**

| Funding Type              | Total Funding Allocation | Priority Population Funding | Priority Population % | Allowable Discretionary Funding | Allowable Discretionary % |
|---------------------------|--------------------------|-----------------------------|-----------------------|---------------------------------|---------------------------|
| Annual Flat Rate          | \$737,156                | \$626,583                   | 85%                   | \$110,573                       | 15%                       |
| Strategic Directions 2010 | \$521,093                | \$521,093                   | 100%                  | 0                               | 0%                        |
| <b>TOTAL Funding</b>      | <b>\$1,258,249</b>       | <b>\$1,147,676</b>          | <b>91.2%</b>          | <b>\$110,573</b>                | <b>8.8%</b>               |

(\*) Priority Populations as identified in the AOD Strategic Directions 2010 plan. The plan, as well as the funding, was approved by the Board of Supervisors. Discretionary funding can be used for non-priority population clients.

**B. VARIABLE RATE /FEE FOR SERVICE**

In full consideration of the fee for service funded alcohol and drug treatment services provided to individuals who lack the necessary resources to pay for all, or part of these services themselves and are referred by the County, the variable amount County shall be obligated to pay for such services rendered under this Agreement and all other Agreements approved individually, or collectively by a resolution, shall not exceed the aggregate amounts stated in Section 3. Payments – Maximum Amount, in the main body of this Agreement.

**1. SACPA and SACPA OTP Funded Services**

The fees for SACPA and OTP funded services shall be as follows:

**a. Level I Standard Outpatient Treatment and Level I Plus Additional Outpatient Treatment**

- i. \$30.00 per individual for each one and one half (1½) hour group counseling session provided within the approved treatment period for SACPA and SACPA OTP funded outpatient alcohol and drug treatment and recovery services.
- ii. \$40.00 per individual for each one half (1/2) hour individual counseling session provided within the approved treatment period for SACPA and SACPA OTP funded outpatient alcohol and drug treatment and recovery services.
- iii. \$80.00 per individual for each one (1) hour intake assessment provided for SACPA and SACPA OTP funded outpatient alcohol and drug treatment and recovery services.
- iv. \$80.00 per individual for each one (1) hour exit assessment provided for SACPA and SACPA OTP funded outpatient alcohol and drug treatment and recovery services.

**b. Level II Day Treatment**

\$85.00 per individual for each visit day provided within the approved treatment period for SACPA and SACPA OTP funded alcohol and drug day treatment and recovery services.

**c. Level III Residential Treatment**

\$80.00 per individual for each bed day provided within the approved treatment period for SACPA and SACPA OTP funded residential alcohol and drug treatment and recovery services, including food, shelter and other basic needs.

**d. Level III- COD Residential Treatment**

\$118.00 per client with co-occurring disorders for each residential treatment day completed within the approved treatment period.

**e. SB223 Drug Testing**

The rate will not exceed the actual cost of the drug screen, plus an administrative fee as specified in the Contractor's approved Drug Testing Plan. Total cost reimbursed, including the administrative fee, will not exceed \$30.00 per screen.

**2. CDCI and DCP Grant Funded Services**

The fees for CDCI and DCP funded services shall be as follows:

**a. Outpatient Treatment Services**

\$37.00 per individual for each one (1) hour individual and/or group counseling session provided for CDCI/DCP funded outpatient alcohol and drug treatment and recovery services.



- b. Day Treatment Services \$88.00 per individual for each visit day provided for CDCI/DCP funded alcohol and drug day treatment and recovery services.
  - c. Residential Treatment Services  
\$85.00 per individual for each bed day provided for CDCI/DCP funded residential alcohol and drug treatment and recovery services.
  - d. Aftercare Treatment Services \$37.00 per individual for each one (1) hour group counseling session provided for CDCI/DCP funded aftercare alcohol and drug treatment and recovery services.
  - e. Sober Living Environment Services  
\$22.00 per bed day provided for CDCI/DCP funded sober living environment services. The individual receiving services will be charged a co-payment of \$330.00 per month. The first month's co-payment will be due on the day of move-in, and each subsequent co-payment will be due on the 1st of each month. Co-payments will be pro-rated if client does not receive services for the entire month.
  - f. Drug Testing  
The rate will not exceed the actual cost of the drug screen, plus an administrative fee as specified in the Contractor's approved Drug Testing Plan. Total cost reimbursed, including the administrative fee, will not exceed \$30.00 per screen.
3. Ryan White CARE Act Funded Services
- a. Outpatient Treatment Services  
\$37.00 per individual for each one (1) hour individual and/or group counseling session provided for Ryan White CARE Act funded outpatient alcohol and drug treatment and recovery services.
  - b. Day Treatment Services  
\$88.00 per individual for each visit day provided for CDCI/DCP funded alcohol and drug day treatment and recovery services.
  - c. Residential Treatment Services  
\$85.00 per individual for each bed day provided for Ryan White CARE Act funded residential alcohol and drug treatment and recovery services, including food, shelter and other basic needs.

**C. FEE FOR SERVICE WITH ALLOCATION**

1. Pathways Program

In providing its services and operations, Contractor will maintain compliance with requirements of the AOD Policy and Procedure Manual including additions and revisions, incorporated by reference herein. In full consideration of the Pathways Program services provided by Contractor, County shall allocate contractor a maximum of \$290,000 for the Pathways Program for the term of the Agreement. \$145,000 for FY 2009-10, and \$145,000 FY 2010-11.

Maximum amounts for specific services rendered by Contractor shall be as follows:

- \$18,000 for Outpatient Treatment Services;
- \$36,000 for Intensive Outpatient Treatment Services;
- \$73,000 for Residential Treatment Services; and
- \$18,000 for Sober Living Environment (SLE) Services.

Payment Rates for specific services by Contractor shall be as follows:

- a. \$38.70 per direct staff hour for Pathway Program funded outpatient alcohol and drug treatment and recovery services.

- b. \$116.00 per individual for each visit day provided for Pathway Program funded alcohol and drug day treatment and recovery services.
- c. \$135.00 per bed day provided for Pathway Program funded residential alcohol and drug treatment and recovery services.
- d. \$22.00 per bed day provided for Pathway Program funded services Sober Living Environment (SLE) alcohol and drug treatment and recovery services.

**D. FLAT RATE SECOND CHANCE RE-ENTRY RESIDENTIAL SERVICES**

In full consideration of the Second Chance re-entry Program as outlined in Exhibit A1, Contractor shall:

- a. Keep a separate tracking system for individuals receiving Re-entry funded alcohol and drug treatment services.
- b. Submit monthly-itemized documentation, which includes/adheres to the following:
  - i. Name of individual, DAISY ID numbers, dates services were provided including admission and discharge dates, and the number of bed-days provided each month for each individual.
  - ii. Monthly invoices shall be submitted by the tenth (10) day of the month following the month services were provided.

**E. REQUIRED FISCAL DOCUMENTATION**

- 1. Contractor's annual budget, and line item narrative justification covering all contracted services under this Agreement is subject to review and approval by the San Mateo County Alcohol and Other Drug Services program liaison for each fiscal year.
- 2. Contractor will comply with all fiscal and reporting requirements for funded services as specified in the AOD Policy and Procedure Manual.

**F. AUTHORIZATION TO AMEND AGREEMENT**

The Chief of the Health System is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

**ATTACHMENT 3 - CONTRACTOR'S DECLARATION FORM  
COUNTY OF SAN MATEO  
WOMEN'S RECOVERY ASSOCIATION**

**I. CONTRACTOR INFORMATION**

|                  |   |        |                |
|------------------|---|--------|----------------|
| Contractor Name: | Women's Recovery Association                      | Phone: | (650) 348-6603 |
| Contact Person:  | Linda Carlson, Executive Director                 | Fax:   | (650) 348-0615 |
| Address:         | 1450 Chapin Ave 1st Floor<br>Burlingame, CA 94010 |        |                |

**II. EQUAL BENEFITS (check one or more boxes)**

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
  - offering equal benefits to employees with spouses and employees with domestic partners.
  - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
  - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_ (date) and expires on (date), and intends to offer equal benefits when said agreement expires.

**III. NON-DISCRIMINATION (check appropriate box)**

- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

**IV. EMPLOYEE JURY SERVICE (check one or more boxes)**

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
  - the contract is for \$100,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_ (date) and expires on (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

|           |       |
|-----------|-------|
| Signature | Name  |
| Date      | Title |