

**FIRST AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
EL CENTRO DE LIBERTAD.**

THIS FIRST AMENDMENT is entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and El Centro de Libertad, hereinafter called "Contractor";

WITNESSETH:

WHEREAS, on June 16, 2009, the parties hereto under Resolution 070198 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, it is now necessary and the mutual desire and intent of the parties hereto to amend the Original Agreement to reconcile current services with funds paid during FY 2008-09, change MHSA funded program service description, and decrease funds available for FY 2010-11 by the amount of \$17, 456, for a new maximum obligation of \$4,932,362, and to increase Second Chance Act Re-Entry Services to include outpatient and intensive day treatment, increasing the maximum obligation by \$24,200 for a new maximum obligation of \$4,956,562 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**

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 FOUR MILLION NINE HUNDRED FIFTY-SIX THOUSAND FIVE HUNDRED SIXTY-TWO DOLLARS (\$4,956,562).

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 ONE MILLION TWO HUNDRED NINETY-ONE THOUSAND - NINETY DOLLARS (\$1,249,434), including \$633,445, for FY 2009-10, and \$615,989 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 SEVEN HUNDRED SEVEN THOUSAND ONE HUNDRED TWENTY-EIGHT DOLLARS (\$3,707,128). The maximum aggregate amount for FY 2010-11 is \$1,841,464, and the maximum aggregate amount for FY 2010-11 is \$1,865,664.

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:

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, is amended as set forth herein.
2. This First 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 unless expressly deleted, modified, or otherwise superseded in this First Amendment shall continue to be binding on all parties hereto.

This First 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, 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 First 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 to this First Amendment.

COUNTY OF SAN MATEO

By: _____
Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

EL CENTRO DE LIBERTAD

By: George Borg, CEO

Name, Title

Signature

Date: _____

Exhibit A - Description of Services

EL CENTRO DE LIBERTAD

Alcohol and Drug Treatment and Prevention 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 A. 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 PREVENTION SERVICES

A. Community-based Partnership:

1. *Coastside/Half Moon Bay* services will be provided. Contractor will be the lead/fiscal agency for a community based partnership for prevention and other Drug related problems on the central coast community of Half Moon Bay.
2. Contractor will develop and implement the activities and achieve the objectives described in the approved Implementation Project Work Plan in collaboration with the Community-based Partnership.
3. In providing its services and operations, Contractor will maintain compliance with requirements of the AOD Policy and Procedure Manual, including additions and revisions, which is incorporated by reference herein.

B. Administrative and Reporting Requirements

1. Maintain documentation of all activities implemented in accordance with the Project Work Plan and the California Outcomes Measurement Service for Prevention (CalOMS Pv) reporting requirements. Make such documentation available to the AOD Program Analyst and Community Partners.
2. Enter data documenting the Community-Partnership's implementation activities into the California Department of Alcohol and Drug Programs' web-based CalOMS data system on a weekly basis-as services occur.
3. Work collaboratively with AOD staff and Community Partners to meet the objectives of the project work plan, achieve projected outcomes and accomplish related data collection, reporting, evaluation and quality improvement tasks.
4. The approved Implementation Work Plan and budget are hereby incorporated by reference. The Implementation Work Plan is an evolving and developing document. Any changes to the work plan and/or budget may be negotiated collaboratively and are subject to approval by the AOD administrator or designee.

5. Include the County AOD Program Analyst in the regular meetings of the Community-based Partnership during the implementation phase to provide technical assistance consultation and monitor progress according to the work plan deliverables.
6. Participate in AOD-sponsored training, networking and technical assistance opportunities designed to support community-partnership assessment, capacity building, planning, implementation, evaluation and sustainability.
7. Report hours of staff availability dedicated to alcohol and drug prevention direct program services, preparation time, and record keeping time for each program year. Annual hours of staff availability are determined based on the formula 1 FTE = 1,787 hours of staff availability.

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

Modalities / Priority Populations	Individuals Served	Units of Service (UOS)- Staff Available Hours (SAH) Bed Days (BD)
County Adolescent Outpatient	32	1044
NRC Adult Outpatient	192	5149
NRC Funded adolescent Outpatient	40	1289
Strategic Direction	64	1727

**Units of Service
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Priority Population Funding: UOS Breakdown July 1, 2009- June 30, 2010

Funding Type	Total Units of Service	Priority Population	Priority Population UOS %	Allowable Discretionary	Allowable Discretionary
	(UOS)	UOS		UOS	UOS %
County Adolescent Outpatient	1044	887	85%	157	15%
NRC Adult Outpatient	5149	4377	85%	772	15%
NRC funded Adolescent Outpatient	1289	1096	85%	193	15%
Strategic Directions 2010	1727	1727	100%	n/a	n/a
TOTAL (UOS) (SAH)	9209	8087	85%	1122	15%

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2. Best Practices

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

- a. Maintain strong collaborative partnership linkages with the Redwood City and Half Moon Bay communities.
- b. Continue to improve service accessibility through a more welcoming approach in service delivery which includes working with clients and doctors around pain management.
- c. Continue to provide client centered services by providing Motivational Enhancement Therapy and Cognitive Behavioral Therapy.
- d. Agency will begin implementation of:
 - i. Seeking Safety Curriculum
 - ii. Parent education component using the Lemman Matrix Model for active parenting.
 - iii. Incorporate a program component to service veterans returning from war.

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 a treatment plan that includes continuity of care plan beginning with an initial assessment focusing on the clients identified needs.

An agency counselor is assigned to the client to review every aspect of the "treatment plan". The plan is completed within the first three days the client is in treatment. Both the counselor and the client sign the treatment plan, which is re-evaluated every 90 days by a licensed LSW.

The plan and any necessary modifications will be documented in the client's file. The contractor will also document ancillary services, referrals, and linkages to other services and providers.

b. Crisis Planning

Both the Agency counselor and the client will develop a plan immediately when the client is in crisis. The plan will integrate the client's immediate needs and address the issues that contributed to the crisis.

During the term of the contract, Contractor will enroll/provide counselors and office staff into further training regarding suicide risks. Contractor will also continue developing crisis planning protocols within its agency.

c. Continuum of Care

Contractor will involve consumers in a treatment plan that includes continuity of care. The plan will begin with the initial assessment, focusing on the client's resources, issues and strengths. The contractor will continue to make referrals to other County contracted agencies when the client's needs are greater than the provider's services. The client plan shall be evaluated and adjusted as necessary during the course of the client's engagement with the contractor. The plan and modifications to the plan will be documented in the client's file. In addition, 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, focusing on the areas of Management Structure and Access. Under the Management Structure, Contractor will develop reporting and tracking

mechanisms for mental health, substance disorders and integrated services for clients that are co-occurring. Contractor will provide quarterly progress on implementation.

- c. Contractor will work to improve COD outcomes by providing the following:
 - a. Contractors treatment staff will increase competencies with respect to conducting culturally sensitive assessment and referral to identify and address clients' mental health issues and concerns.
 - b. 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.
 - c. Serve seventeen (15) outpatient clients with an additional one half-hour (.5) of case management per week.
2. Standards of Care
- a. There is a need for 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 aligns 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.
- a. Contractor will participate in training to further develop the implementation 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 program 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 four (4) PDSA change cycles annually (one (1) quarterly) as part of this contract.
 - g. Contractor will report quarterly to BHRS on the status of the PDSA process.
2. Client Feedback Required
- a. Contractor will incorporate client feedback by the use of surveys, in Spanish and English as required by group participants. The surveys are to be collected and reviewed once a month by the Contractor’s Consumer Advisory Committee. This committee shall incorporate Agency’s staff members and current Agency client’s.
 - b. The committee reviews the surveys and highlights areas identified for improvement, and/or areas where agency staff has excelled.
 - 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 in partnership with AOD to study the viability of billing of:
- a. Contractor will work in conjunction with AOD to assess whether contracted agency is ready to expand services to Minor Consent Medi-Cal.
 - b. Contractor will work in partnership with AOD assess the viability of developing a comprehensive Day Treatment modality. Contractor will document all capacity building efforts with a full continuum approach.

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. 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. Aftercare Treatment Services
- d. Sober Living Environment Services
- e. 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

4. Second Chance Act Re-Entry 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 San Mateo County Re-Entry team or designee.

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

E. FEE FOR SERVICE ALLOCATION

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. Reimbursement will be approved only for clients who referred through the formal referral process outlined in the AOD Policy and Procedure Manual.

Bay Area Services Network (BASN)

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.

Outpatient Alcohol and Drug Treatment Units of Service

Contractor will provide a maximum of one hundred eighty (180) days of the following BASN outpatient alcohol and drug treatment services per program participant, per year for individuals referred to the BASN outpatient program by BASN. Each program participant must be formally determined by the Parolee Services Network Case Manager to be eligible to receive BASN services.

1. Admit to Contractor's BASN outpatient alcohol and drug treatment program a minimum of one (1) program participant annually for the term of this agreement.
2. Provide one hundred forty-two (142) hours dedicated to BASN outpatient services to the BASN participants annually for the term of this agreement.

F. DESCRIPTION OF UNIQUE PROGRAM SERVICES

Contractor provides outpatient services for both Adults and Adolescents. Each client is provided with a primary counselor. The services provided under each program are as follows:

Adult Outpatient

Groups meet once a week and are based on the 12 step model. Contractor also offers weekend groups (Saturdays) for clients that cannot attend Monday through Friday. The curriculums used in the groups are Cognitive Behavioral Therapy, and Motivational Enhancement Therapy. Other components in the Adult program include family education, domestic violence, and anger management. Outpatient groups for co-occurring clients are gender specific.

Adolescent Outpatient

Contractor provides gender specific groups in order to nurture safety and comfort between adolescent clients. Groups are based on the 12 step model. Clients are referred into the program through the Contractors close relationship with the High and Junior high school, and through juvenile drug court. Components of the adolescent services include anger management, parent education and youth ancillary services. The Parent education groups are offered in Spanish for clients who are monolingual Spanish, or whose parent is monolingual Spanish.

G. NON-REIMBURSABLE SERVICES

1. Deferred Entry of Judgment (DEJ)
In accordance with the AOD Policy and Procedure Manual, Contractor will provide the DEJ to clients who have been referred by the Probation Department.

**EXHIBIT B – PAYMENTS AND RATE OF PAYMENTS
EL CENTRO DE LIBERTAD**

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

I. Flat Rate Alcohol and Drug Prevention Services

A. In full consideration of the services provided by Contractor, the total amount for alcohol and drug prevention services described in this Agreement is TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000). The program funding for each year of the project is as follows:

1. For the period of July 1, 2009 through June 30, 2010, payment shall not exceed ONE HUNDRED TWENTY FIVE THOUSAND DOLLARS (\$125,000).
2. For the period of July 1, 2010 through June 30, 2011, payment shall not exceed ONE HUNDRED TWENTY FIVE THOUSAND DOLLARS (\$125,000).
3. In any event, funding for FY2010-11 is contingent upon availability of funds for AOD Prevention and the Contractor's satisfactory progress on contracted service deliverables.

B. Payments

County will pay based on the payment schedule below. County will pay Contractor's monthly payment within 30 days, upon timely submission of reports as outlined in the AOD Policy and Procedure Manual. All payments under this Agreement must directly support services specified in this Agreement.

July 1, 2009-June 30, 2010

	Funding Amount	Payment Amount	Release of Payment
NRC Funded Prevention (community-based partnership)	\$125,000	\$10,417	Monthly

July 1, 2010- June 30, 2011

	Funding Amount	Payment Amount	Release of Payment
NRC Funded Prevention (community-based partnership)	\$125, 000	\$10, 417	Monthly

II. 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.

July 1, 2009- June 30, 2010

Services	Funding amount	Monthly amount	Units Of Service per Fiscal Year	Rate	# clients to be served
County Adolescent Outpatient	\$54,835	\$4,570	1,044	\$52.55	32
NRC Adult Outpatient	\$270,533	\$22,545	5,149	\$52.55	192
NRC funded Adolescent Outpatient	\$67,735	\$5,645	1,289	\$52.55	40
Strategic Direction Funding	\$90,728	\$7,561	1,727	\$52.55	64
Mental Health Services Act (MHSA) funding	\$17,355	\$1,446.25	330	\$52.55	15
TOTAL	\$501,186	\$41,765	9539	\$52.55	343

Summary of Funding for (*) Priority Populations FY 2009-10

Funding Type	Total Funding Allocation	Priority Population Funding	Priority Population %	Allowable Discretionary Funding	Allowable Discretionary %
Annual Flat Rate	\$410,458	\$348,889	85%	\$61,569	15%
Strategic Directions 2010	\$90,728	\$90,738	100%	0	0
TOTAL Funding	\$501,186	\$439,627	87.72%	\$61,569	12.28%

(*) 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.

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(*) 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. 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

\$44.00 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 \$85.97 per individual for each visit day provided for CDCI/DCP funded alcohol and drug day treatment and recovery services.

c. Aftercare Treatment Services \$42.00 per individual for each one (1) hour group counseling session provided for CDCI/DCP funded aftercare alcohol and drug treatment and recovery services.

d. Sober Living Environment Services

\$22.00 per bed day provided for CDCI/DCP funded sober living environment services. Co-payments will be pro-rated if client does not receive services for the entire month.

- e. 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

\$42.23 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.

4. Second Chance Act Re-Entry Services

The fees for Second Chance Act Re-Entry funded services shall be as follows:

a. 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 Second Chance Act Re-Entry 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 Second Chance Act Re-Entry 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 Second Chance Act Re-Entry funded alcohol and drug day treatment and recovery services.

C. FEE FOR SERVICE WITH ALLOCATION

1. Bay Area Services Network (BASN)

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 BASN services provided by Contractor, County shall pay Contractor \$7,259 annually for Outpatient Treatment Services.

- a. \$51.00 per direct staff hour for BASN funded outpatient alcohol and drug treatment and recovery services.

D. NON-REIMBURSABLE SERVICES

In accordance with the AOD Policy and Procedure Manual, DEJ services are a non-reimbursable service. DEJ administrative fees must be approved by the County Chief of the Health System or designee.

1. Deferred Entry of Judgment

Contractor shall remit monthly to the County Alcohol and Other Drug Services Administrator a five percent (5%) administrative fee of the gross revenues received, less refunds to participants, amount of any participant checks returned for insufficient funds, fees charged to Contractor for returned checks, and collections for drug testing for the DEJ program.

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.

**CONTRACTOR'S DECLARATION FORM
COUNTY OF SAN MATEO
EL CENTRO DE LIBERTAD**

I. CONTRACTOR INFORMATION

Contractor Name:	El Centro de Libertad	Phone:	(650) 599-9955
Contact Person:	George Borg, CEO	Fax:	(650) 599-9273
Address:	1230 - A Hopkins Ave Redwood City, CA 94062		

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