

**SECOND AMENDMENT TO AGREEMENT BETWEEN
THE COUNTY OF SAN MATEO AND YOUTH AND FAMILY ENRICHMENT SERVICES**

THIS SECOND AMENDMENT is entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Youth and Family Enrichment Services, hereinafter called "Contractor";

WITNESSETH:

WHEREAS, on July 7, 2009, the parties hereto under Resolution 070159 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 June 8, 2010, the parties under a First Amendment modified the Original Agreement to decrease Bay Area Network and services and funding in the amount of \$2,841, for a new maximum obligation \$5,968,977; and

WHEREAS, it is now necessary and the mutual desire and intent of the parties hereto to once again amend the Original Agreement to decrease First Chance Sobering services and funding by \$11,539 for a new maximum obligation of \$5,957,438, to decrease Strategic Directions 2010 services and funding from Alcohol and Other Drug Services in the amount of \$49,131 for a new maximum obligation of \$5,908,307, 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 \$5,932,507 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, Section A, paragraphs one through four are amended as follows:

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 FIVE MILLION NINE HUNDRED THIRTY-TWO THOUSAND FIVE HUNDRED SEVEN DOLLARS (\$5,932,507).

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 FOUR HUNDRED FORTY-FOUR THOUSAND FIVE HUNDRED TEN

DOLLARS (\$2,395,379), including \$1,265,434 for FY 2009-10, and \$1,129,945 for FY 2010-11.

2. Exhibit A is hereby deleted in its entirety and replaced by Exhibit A2 attached hereto.
3. Exhibit B is hereby deleted in its entirety and replaced by Exhibit B2 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 amended by a First Amendment on May 18, 2010, is 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 a Second 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 9, 2009, as amended by a First Amendment on May 18, 2010, 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: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

YOUTH AND FAMILY ENRICHMENT SERVICES

Michael Garb, Chief Executive Officer

Contractor's Signature

Date: _____

Long Form Agreement/Non Business Associate v 8/19/08

**Exhibit A2 - Description of Services
YOUTH AND FAMILY ENRICHMENT SERVICES**

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 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 and July 1, 2010- June 30, 2011

Funding Type	Total Units of Service (UOS)	Priority Population UOS	Priority Population UOS %	Allowable Discretionary UOS	Allowable Discretionary UOS %
TOTAL (UOS) (Staff Available Hours))	8,199 (SAH)	7,067 (SAH)	86.19%	1,132 (SAH)	13.81%
Flat Rate Base Funding (Intensive Outpatient)	2,280 (VD)	1,938 (VD)	85%	342 (VD)	15%
Strategic Directions 2010 (Intensive Day Treatment)	265 (VD)	265 (VD)	100%	0%	0%
TOTAL (UOS) Visit Days	3,438	2,962	88.15%	476 (VD)	13.44%
Specific condition(s): Flat rate base funding for clients at Women's Enrichment Center.					

Units of Service

July 1, 2009- June 30, 2010

Modalities / Priority Populations	Number of Unduplicated Clients Served	Units of Service (UOS)- Staff Available Hours (SAH) Visit Days (VD)
Outpatient (Youth, Criminal Justice)	Insights: 54 GIRLS Program: 10 Camp Glenwood: 10	Insights: 4,391 (SAH) GIRLS Program: 2,951 (SAH) Camp Glenwood: 857 (SAH)
Day Treatment (Cal Works and CFS; Families with Children, Homeless, Criminal Justice)	59	2,964 (VD)

Priority Population Funding: UOS Breakdown

Funding Type	Total Units of Service (UOS)	Priority Population UOS	Priority Population UOS %	Allowable Discretionary UOS	Allowable Discretionary UOS %
Flat Rate Base Funding / (Adolescent Outpatient)	7,550 (SAH)	6,418 (SAH)	85%	1,132 (SAH)	15%
Strategic Directions 2010 / (Adolescent Outpatient)	649 (SAH)	649 (SAH)	100%	0	0%
TOTAL (UOS) (Staff Available Hours)	8,199 (SAH)	7,067 (SAH)	86.19%	1,132 (SAH)	13.81%
Flat Rate Base Funding / (Intensive Day Treatment)	2,699 (VD)	2,295 (VD)	85%	404 (VD)	15%
Strategic Directions 2010 / (Intensive Day Treatment)	265 (VD)	265 (VD)	100%	0	0%
TOTAL (UOS) (VD)	3,438 (VD)	2,962 (VD)	86.15%	476 (VD)	13.85%

Specific condition(s): Flat Rate Base Funding for Intensive Day Treatment is to be used for clients enrolled at Women's Enrichment Center and who are referred by or eligible for services from either Children and Family Services or CalWORKs.

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

Modalities / Priority Populations	Number of Unduplicated Clients Served	Units of Service (UOS)- Staff Available Hours (SAH) Visit Days (VD)
Outpatient (Youth, Criminal Justice)	Insights: 54 GIRLS Program: 10 Camp Glenwood: 10	Insights: 4,391 (SAH) GIRLS Program: 2,951 (SAH) Camp Glenwood: 857 (SAH)

Priority Population Funding: UOS Breakdown

Funding Type	Total Units of Service (UOS)	Priority Population UOS	Priority Population UOS %	Allowable Discretionary UOS	Allowable Discretionary UOS %
Flat Rate Base Funding / (Adolescent Outpatient)	7,550 (SAH)	6,418 (SAH)	85%	1,132 (SAH)	15%
Strategic Directions 2010 / (Adolescent Outpatient)	649 (SAH)	649 (SAH)	100%	0	0%
TOTAL (UOS) (Staff Available Hours)	8,199 (SAH)	7,067 (SAH)	86.19%	1,132 (SAH)	13.81%
Flat Rate Base Funding / (Intensive Day Treatment)	2,280 (VD)	1,938 (VD)	85%	342 (VD)	15%
TOTAL (UOS) (VD)	2,545 (VD)	2,203 (VD)	86.56%	342 (VD)	13.44%

Specific condition(s): Flat Rate Base Funding for Intensive Day Treatment is to be used for clients enrolled at Women's Enrichment Center and who are referred by or eligible for services from Cal Works

2. Best Practices

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

Contractor will continue to use Evidenced-Based Practices.

Evidenced-Based Practices used at Insights, Camp Glenwood, Women's Enrichment Center, Archway, First Chance Outpatient Services and First Chance Sobering Stations include, but are not limited to:

- a. Substance Abuse and Mental Health Services Administration's publication entitled Tip 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
- b. Dr. Lisa Najavits' Seeking Safety: A Treatment Manual for PTSD and Substance Abuse
- c. Drs. William R. Miller and Stephen Rollnick's Motivational Interviewing techniques and Motivational Enhancement Therapy / Stages of Change Model

Evidenced-Based Practices used at Insights and Camp Glenwood include, but are not limited to:

- a. Dr. Edward Latessa's Thinking for a Change
- b. The National Institute on Drug Abuse's Cannabis Youth Treatment - Cognitive Behavioral Therapy
- c. Dr. Stephanie S. Covington's VOICES: A Program of Self-Discovery and Empowerment for Girls

Evidenced-Based Practices used at Archways, First Chance Outpatient Services, First Chance Sobering Stations and Women's Enrichment Center include, but are not limited to:

- a. Dr. Marsha Linehan's *Dialectical Behavioral Therapy*
- b. Dr. Pat Denning's *Harm Reduction Model*

Evidenced-Based Practices used at Women's Enrichment Center include, but are not limited to:

- a. Dr. Stephanie S. Covington's *Beyond Trauma: A Healing Journey for Women*

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 will use a Quality Improvement process to attempt to increase both enrollment and retention of clients with co-occurring disorders by 5% each.

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.

- a. 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. Define measure(s) of change (i.e.: rate of “no shows” for intake)
 - c. Collect baseline data (using the above identified measures)
 - d. Identify a change action/activity for implementation
 - e. Develop a timeline for measuring change data and sharing with QI team
 - f. Contractor will regularly complete one (1) PDSA change cycle 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 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: either implementing the outpatient AOD client satisfaction feedback survey, or developing and 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 infrastructure to maximize Medi-Cal billing and the billing of other private insurance.

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. 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. Drug Testing
3. 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.

1. Bay Area Service Network
Contractor will provide the following BASN outpatient alcohol and drug treatment services to 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.
 - a. BASN Outpatient Alcohol and Drug Treatment Units of Service:
Contractor will provide a total of NINE (9) hours of BASN outpatient alcohol and drug treatment to a minimum of ONE (1) BASN program participants annually, per fiscal year during the term of the Agreement.
2. Cal-WORKs
In accordance with the AOD Policy and Procedure Manual, Contractor will provide the following alcohol and drug treatment and recovery services to clients who are CalWORKS eligible. Contractor shall submit Quarterly reporting in accordance with the AOD Policy and Procedure Manual.
 - a. Day Treatment Services

F. DESCRIPTION OF UNIQUE PROGRAM SERVICES

Archway

Archway provides outpatient substance abuse treatment and recovery services to clients who are participating in Proposition 36 and are referred by the Probation or Parole Departments, and to clients mandated to complete one of the following: Wet & Reckless, First Offender Program, Multiple Offender Program, Deferred Entry of Judgment, or Domestic Non-Violence Program. Services are available to clients in English and Spanish. Archway's Proposition 36 program is a minimum of 12 weeks. Clients attend weekly group and individual sessions, and are required to complete a minimum of six community support meetings.

First Chance Outpatient Services

First Chance Outpatient Services (FCOS) provides outpatient substance abuse treatment and recovery services to clients participating in Proposition 36 or Drug Court, and who are referred by Probation, Parole, or San Mateo County Alcohol and Other Drug Services. FCOS program is a minimum of 12 weeks and is designed for clients with co-occurring mental health and substance abuse disorders. The number of required individual and group sessions are customized according to the client's individual need. The program uses a harm reduction model while challenging clients to attain sobriety.

Insights

Insights provides outpatient substance abuse treatment and recovery services to adolescent clients and their families. The program is a minimum of 8 weeks, but is often extended based upon client need. Services include family assessments, adolescent assessments, family education groups, group counseling, individual counseling, and family counseling sessions. All services are provided on-site.

GIRLS Program

The GIRLS Program is a court-mandated outpatient substance abuse treatment and recovery program that provides assessment, counseling and case management services for adolescent girls aged 13 through 18 with co-occurring substance abuse and mental health disorders. Services include family assessments, adolescent assessments, family education groups, group counseling, individual counseling, and in-home family counseling sessions.

Camp Glenwood

Camp Glenwood services include weekly psycho-educational and group counseling services to adolescent boys incarcerated at Camp Glenwood.

Women's Enrichment Center

The Women's Enrichment Center (WEC) provides intensive day substance abuse treatment and recovery services to adult women with co-occurring substance abuse and mental health disorders. Clients are either referred by or eligible for services from CalWORKs and/or Children and Family Services. WEC staff participates on the Day Treatment Center Multidisciplinary Steering Committee and the Human Services Agency's Family Self Sufficiency Teams (FSSTs) to ensure ongoing planning, coordination and services that address the needs of WEC clients. The program is a minimum of 10 weeks. The length of time any individual participant is in the program is based upon the client's need. Clients attend treatment 5 days a week for 5 hours per day, and receive: intensive case management services, group counseling, weekly individual counseling, psycho-educational group classes, supportive services such as transportation to and from treatment, light breakfast and lunch.

First Chance Sobering Stations

First Chance Sobering Stations provides two facilities (one in the northern county region and one in the southern county region) operating 24 hours a day, 7 days a week, 365 days of the year. The facilities provide temporary shelter, individualized substance abuse/dependence assessment, observation, recovery counseling and referral services for ongoing treatment, and 12-Step meetings for all individuals admitted to the facility.

First Chance Sobering Stations services are available to individuals referred by participating law enforcement agencies, San Mateo County Health Services, and partnering substance abuse treatment and recovery agencies providing residential and intensive day treatment services. Partnering agencies may access First Chance Sobering Station services for clients in need of a temporary safe shelter until the client sobers up and is able to be admitted or re-

admitted into treatment. To access services, the partnering agency will transport the client to the nearest First Chance Sobering Station and remain present with the client until admitted into the Sobering Station, in accordance with the Youth and Family Enrichment Services - First Chance Sobering Stations Program Policy.

Alcohol and Drug Information and Referral Services Helpline

The Alcohol and Drug Information and Referral Services Helpline is a 24-hour-a-day, 7-days-a-week phone line. Staff at the First Chance Sobering Stations answer the line, and provide crisis counseling and alcohol and drug education and referral services. Records are kept of all calls received, and call-backs are conducted as-needed. Staff also responds to schools during crises to provide counseling and conflict resolution services to students.

G. NON-REIMBURSABLE SERVICES

1. Driving Under The Influence (DUI)

In accordance with the AOD Policy and Procedure Manual, Contractor will provide the DUI program services to clients who have been referred by the Department of Motor Vehicles, Probation, and the Superior Courts.

2. 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.

H. HELPLINE REPORTING REQUIREMENTS

Contractor shall collect and the following information and report it to AOD on a quarterly basis:

1. The number of alcohol and other drug – related calls received, including the date and time of the call,
2. The services the caller was referred to, and
3. Whether any call-backs were made to the caller, including referrals to additional services.

I. REPORTING REQUIREMENTS AND OUTCOMES DATA COLLECTION FOR WEC CLIENTS FUNDED BY CFS OR CALWORKS

Contractor shall collect the following information and report it on a monthly basis: the client's name, DOB, DAISY ID#, CPSI# or CalWORKs/CalWIN#, Medi-Cal/BIC# (if applicable), case worker name, admission date, discharge date, the number of visit days, and the referring agency.

Contractor shall collect the following outcomes data on each client exiting treatment, and report it on a quarterly basis:

1. Employment status
2. Family status (are children residing with the client? If CFS client, are children on track to be reunified?)
3. Status of current alcohol or other drug use.

**EXHIBIT B2 – PAYMENTS AND RATE OF PAYMENTS
YOUTH AND FAMILY ENRICHMENT SERVICES**

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

In full consideration of the services provided by Contractor, the total **Flat Rate** amount for alcohol and drug treatment and prevention services contained in this Exhibit ONE MILLION, ONE THOUSAND ONE HUNDRED TWENTY-NINE AND NINE HUNDRED FORTY-FIVE DOLLARS (\$1,129,945)

I. Alcohol and Drug Treatment and Recovery Services

A. FIXED RATE Negotiated Rate (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 FY	Rate	# clients to be served	Slots
NRC Outpatient – Adolescent (Insights)	\$147,086	\$12,257.17	3224	\$45.50	40	10
County Outpatient – Adolescent (Insights)	\$23,624	\$1,968.67	518	\$45.50	6	2
CalWORKs Funding – Intensive Day Treatment (Women's Enrichment Center)	\$422,782	\$35,321.83	2280	\$185.50	46	12
Camp Glenwood	\$44,133	\$3,677.75	857	\$51.50	10	3
MHSA Co-Occurring Disorders Funding (GIRLS Program)	\$46,289	\$3,857.41	1017	\$45.50	4	1
MHSA Funding (GIRLS Program)	\$88,000	\$7,333.33	1934	\$45.50	6	2
County Funded Ancillary Services – First Chance North Sobering Station	\$192,230	N/A*	5136	\$37.43	N/A	N/A
County Funded Ancillary Services – First Chance South Sobering Station	\$97,658	N/A*	2609	\$37.43	N/A	N/A
NRC- AOD Helpline	\$46,850	\$3,904.16	1197	\$39.14	N/A	N/A
Strategic Directions 2010 Funding – Adolescent Outpatient (Insights)	\$29,613	\$2,467.75	649	\$45.50	8	2
Strategic Directions 2010 – Intensive Day Treatment (Women's Enrichment Center)	\$49,131	\$4,094.25	265	\$185.50	5	1
SUB-TOTAL	\$1,187,396					
CFS Funding – Intensive Day Treatment (Women's Enrichment Center), July 1, 2009 –	\$77,660	\$12,943.33	419	\$185.50	8	2

December 31, 2009						
TOTAL	\$1,265,056					

*Payment is made as follows: One-half paid on July 1 of each fiscal year. One-half paid on January 1 of each fiscal year.

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	\$1,186,312	\$1,008,365	85%	\$177,947	15%
Strategic Directions 2010	\$78,744	\$78,744	100%	0	0%
TOTAL Funding	\$1,265,056	\$1,087,109	85.93%	\$177,947	14.07%

** 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	Rate	# clients to be served	Slots
NCC outpatient (Insights)	\$147,086	\$12,257.17	3,224	\$45.50	40	10
County outpatient (Insights)	\$23,624	\$1,968.67	518	\$45.50	6	2
CalWORKs Funding – Intensive Day Treatment (Women’s Enrichment Center)	\$422,782	\$35,321.83	2280	\$185.50	46	12
Camp Glenwood	\$44,133	\$3,677.75	857	\$45.50	10	3
Mental Health Services Act (MHSA) Co-occurring funding GIRLS	\$46,289	\$3,857.41	1017	\$45.50	4	1
MHSA funding GIRLS	\$88,000	\$7,333.33	1934	\$45.50	6	2
County Funded Ancillary First Chance North Sobering Station	\$186,460	N/A	4981	\$37.43	N/A	N/A
County Funded Ancillary First Chance South Sobering Station	\$91,889	N/A	2455	\$37.43	N/A	N/A
NCC AOD Helpline	\$46,850	\$3,904.16	1197	\$39.14	N/A	N/A
Strategic Directions 2010 Adolescent Outpatient (Insights)	\$29,613	\$2,467.75	649	\$45.50	8	2
TOTAL	\$1,126,726					
Services	Funding amount	Monthly amount	Units Of Service per Fiscal Year	Rate	# clients to be served	Slots

*Payment is made as follows: One-half paid on July 1 of each fiscal year. One-half paid on January 1 of each fiscal year.

Summary of Funding for Priority Populations FY 2010-11 **

Funding Type	Total Funding Allocation	Priority Population Funding	Priority Population %	Allowable Discretionary Funding	Allowable Discretionary %
Annual Flat Rate	\$1,108,652	\$942,354	85%	\$166,298	15%
Strategic Directions 2010	\$78,744	\$78,744	100%	0	0%
TOTAL Funding	\$1,187,396	\$1,021,098	85.99%	\$166,298	14.01%

** 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- COD Residential Treatment

\$118.00 per client with co-occurring disorders for each residential treatment day completed within the approved treatment period.
- d. 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
\$38.20 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 \$185.50 per individual for each visit day provided for CDCI/DCP funded alcohol and drug day treatment and recovery services.
- c. Aftercare Treatment Services \$38.20 per individual for each one (1) hour group counseling session provided for CDCI/DCP funded aftercare alcohol and drug treatment and recovery services.
- d. 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. 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

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 \$3,219.00 annually for Outpatient Treatment Services.

- a. \$42.00 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, DUI/DEJ services are a non-reimbursable service. DUI/DEJ administrative fees must be approved by the County Health Services Agency Director.

- a. First Offender Programs
Contractor shall remit monthly to the County Alcohol and Other Drug Services Administrator a ten percent (10%) administrative fee for FOP 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 State administrative fees for the FOP.

b. 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.