

**SECOND AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND SITIKE COUNSELING CENTER**

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Sitike Counseling Center, hereinafter called "Contractor";

W I T N E S S E I H:

**WHEREAS**, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof; and

**WHEREAS**, on June 16, 2009, the parties hereto under Resolution 070199 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 for a maximum obligation of \$4,228,840; and

**WHEREAS**, on July 15, 2010, the Chief of the Health System approved First Amendment to decrease Sitike Counseling Center's funding by \$11,539 for a new maximum obligation \$4,217,301, with no change to the Agreement term.

**WHEREAS**, it is now necessary and the mutual desire and intent of the parties hereto to once again amend the Original Agreement 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 \$4,241,501, to reduce the administrative fee to the First Offender Program from 10% to 8%, with no change to the Agreement term.

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

3. Payments

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein, in Exhibit A, 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 B, 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 TWO HUNDRED FORTY-ONE THOUSAND FIVE HUNDRED-ONE DOLLARS (\$4,241,501). 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 \$704,373. The amount for FY 2009-10 is \$357,956 and the amount for FY 2010-11 is \$346,417.

2. Exhibit A - Description of Services - is hereby deleted and replaced in its entirety by Exhibit A-2.
3. Exhibit B – Payments and Rates of Payments - is hereby deleted and replaced in its entirety by Exhibit B2.

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

1. The Original Flat Rate Agreement between the parties dated June 16, 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. This Second Amendment is hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
4. All provisions of the Original Agreement, 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, 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

Sitike Counseling Services

By: \_\_\_\_\_  
Rhonda Ceccato, Executive Director

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

**Exhibit A2 - Description of Services**  
**SITIKE COUNSELING CENTER**

**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**

Modalities / Priority Populations	Individuals Served	Units of Service (UOS)- Staff Available Hours (SAH) Bed Days (BD) Visit Days (VD)
Day Treatment (Families with Children under 5, Homeless, Criminal Justice)	24	1642 VD
Non Residential (Families with Children under 5, Homeless, Criminal Justice)	95	2366 SAH

**Priority Population Funding: UOS Breakdown (Annual)**

Funding Type	Total Units of Service (UOS)	Priority Population UOS	Priority Population UOS %	Allowable Discretionary UOS	Allowable Discretionary UOS %
NRC Funded Perinatal Day Treatment	1357 (VD)	1153 (VD)	85%	204 (VD)	15%
Strategic Directions 2010 Funded Day Treatment	285(VD)	242 (VD)	85%	43 (VD)	15%
<b>TOTAL (UOS) (Visit Days)</b>	<b>1642 (VD)</b>	<b>1395 (VD)</b>	<b>N/A</b>	<b>247 (VD)</b>	<b>N/A</b>
NRC Funded Non Residential	955 (SAH)	812 (SAH)	85%	143 (SAH)	15%
County Funded Non Residential	896 (SAH)	762 (SAH)	85%	134 (SAH)	15%

Strategic Directions 2010 Funded Non-Residential	515 (SAH)	438 (SAH)	85%	77 (SAH)	15%
<b>TOTAL (UOS) (SAH )</b>	<b>2366 (SAH)</b>	<b>2012 (SAH)</b>	<b>N/A</b>	<b>354 (SAH)</b>	<b>N/A</b>

**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) Visit Days (VD)
Day Treatment (Families with Children under 5, Homeless, Criminal Justice)	23	1560 VD
Non Residential (Families with Children under 5, Homeless, Criminal Justice)	95	2366 SAH

**Priority Population Funding: UOS Breakdown (Annual)**

Funding Type	Total Units of Service (UOS)	Priority Population UOS	Priority Population UOS %	Allowable Discretionary UOS	Allowable Discretionary UOS %
NRC Funded Perinatal Day Treatment	1275 (VD)	1084 (VD)	85%	191 (VD)	15%
Strategic Directions 2010 Funded Day Treatment	285(VD)	242 (VD)	85%	43 (VD)	15%
<b>TOTAL (UOS) (Visit Days)</b>	<b>1560 (VD)</b>	<b>1326 (VD)</b>	<b>N/A</b>	<b>234 (VD)</b>	<b>N/A</b>
NRC Funded Non Residential	955 (SAH)	812 (SAH)	85%	143 (SAH)	15%
County Funded Non Residential	896 (SAH)	762 (SAH)	85%	134 (SAH)	15%
Strategic Directions 2010 Funded Non-Residential	515 (SAH)	438 (SAH)	85%	77 (SAH)	15%
<b>TOTAL (UOS) (SAH )</b>	<b>2366 (SAH)</b>	<b>2012 (SAH)</b>	<b>N/A</b>	<b>354 (SAH)</b>	<b>N/A</b>

2. Best Practices

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

a. Women's Intensive Day Treatment program uses the following Evidenced-Based Practices:

- i. Motivational Interviewing
- ii. Beyond Trauma and Helping Women Recover – Dr. Stephanie Covington teaches self esteem building and identifying and managing trauma, addresses women's issues, empowerment, sexuality and trauma.
- iii. Seeking Safety - Lisa Najavits

Outpatient Program uses the following Evidenced-Based Practices:

- a. Motivational Interviewing

b. Seeking Safety – Lisa Najavits

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.

Sitike and client shall work concurrently to develop a treatment plan during the clients first individual session. Each client's individualized Treatment Plan shall include a careful assessment of client's strengths and weaknesses, the formulation of a specific therapeutic action plan, and the application of the appropriate mix of available program or external resources. The plan shall also determine the order in which a client's problems should be addressed. In many cases, the consumer has multiple barriers and the program provides the services. Referrals are made but not limited to shelter programs, housing services, Goodwill or Peninsula Works for job training, Project Read for literacy improvement, San Mateo County Mental Health services, and the South San Francisco Adult School for GED preparedness and testing.

4. Crisis Planning

Sitike shall develop a comprehensive relapse plan with the client by identifying warning signs and high risk situations. The relapse prevention plan is discussed and updated every 90 days.

5. Continuum of Care

Referrals are made to but not limited to shelter programs, housing services, Goodwill or Peninsula Works for job training, Project Read for literacy improvement, San Mateo County Mental Health services, and the South San Francisco Adult School for GED preparedness and testing. Sitike referrals to other treatment providers based on the client's needs.

**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:  
Sitike has increased counselor's clinical capability and ability to identify and work with clients with co-occurring disorders. Sitike will increase the retention/client outcomes by 10%.

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.

3. Screening and Assessment Standards
  - a. 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
4. 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 and client satisfaction surveys. Evaluation forms shall be made available to clients in the agency's waiting room, and given to each client at his/her final individual session. In addition, Contractor shall conduct "Client Feedback Week", twice a year.
- b. Contractor will utilize client feedback in conjunction with the QI process for program improvement.
- b. Contractor will report quarterly to BHRS on the status of the client feedback process and outcomes on a quarterly basis.

**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. 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 a maximum of one hundred eighty (180) days of BASN residential treatment per program participant per year for the term of the Agreement, for clients referred to the BASN residential program by the Bay Area Services Network (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 three hundred sixty-five (365) hours of BASN outpatient alcohol and drug treatment to a minimum of one (1) BASN program participant during the term of the Agreement.

**F. DESCRIPTION OF UNIQUE PROGRAM SERVICES**

**Discover Recovery Program** is an evening outpatient program for adult men and women. Clients attend 2 to 3 times per week via one group and one individual counseling session per week for a minimum of 12 weeks.

The standard program requires a minimum of:

One Intake session:	1.5 hours
Twelve Groups 1.5 hours each x 12 =	18 hours
One individual session per week 5 x 12=	6 hours
Total:	25.5 hours

Each client receives a 1.5-hour assessment, which requires the completion of the ASI and ASAM along with internal Intake information regarding demographics, medical, mental health, legal, and family and drug and alcohol history. The client is given a general orientation of the program and regulations, signs necessary paperwork, is given a weekly schedule of appointments, develops their individualized treatment plan with the counselor and is given a list of 12-Step meetings in their geographic area and is asked to attend meetings in addition to their weekly meetings at Sitike.

During the individual counseling sessions the counselor reviews the treatment plan with the client and makes any necessary revisions. The half-hour one-to-one sessions are intended to engage and support the client in treatment. Clients explore their relationship with substances, their desired quality of life, and any impediments to completing the program. The purpose of the individual counseling session is to promote continuity and help deepen the counselor-client relationship, provide a framework for self-reflection, and invite clients to talk about difficult aspects of recovery.

Group counseling sessions are both educational and process orientated. Sitike utilizes the evidence-based work of Lisa Najavits and the curriculum of the outpatient program is based on her work, Seeking Safety. The group topics are:

1. What Is Substance Abuse
2. Commonly Abused Drugs
3. Safety
4. Compassion
5. Relapse Prevention
6. Recovery Thinking
7. Creating Meaning

8. Boundaries In Relationships
9. Infectious Diseases
10. Coping With Triggers
11. Healing From Anger
12. Life Choices

**The Women's Program** is a gender specific/responsive program for adult pregnant and parenting women of childbearing age. Attendance requirements are 4 hours per day, 3-5 days per week, for a period of 3 to 9 months. On-site therapeutic daycare for children 4 years and younger, transportation to and from the agency and one hot nutritionally balanced lunch is provided daily.

Each client receives a 1.5-hour assessment, which requires the completion of the ASI and ASAM along with internal Intake information regarding demographics, medical, mental health, legal, and family and drug and alcohol history. The client is given a general orientation of the program and regulations, signs necessary paperwork, is given a weekly schedule of appointments, develops their individualized treatment plan with the counselor and is given a list of 12-Step meetings in their geographic area and is asked to attend meetings in addition to their weekly meetings at Sitike.

During the individual counseling sessions the counselor reviews the treatment plan with the client and makes any necessary revisions. The half-hour one-to-one sessions are intended to engage and support the client in treatment. Clients explore their relationship with substances, their desire quality of life, and any impediments to completing the program. The purpose of the individual counseling session is to promote continuity and help deepen the counselor-client relationship, provide a framework for self-reflection, and invite clients to talk about difficult aspects of recovery.

Group counseling sessions are both educational and process orientated. Sitike utilizes the evidence-based work of Lisa Najavits and Dr. Stephanie Covington.

## **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.

**EXHIBIT B2 – PAYMENTS AND RATE OF PAYMENTS  
SITIKE COUNSELING CENTER**

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.

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

<b>Services</b>	<b>Funding amount</b>	<b>Monthly amount</b>	<b>Units Of Service per Fiscal Year</b>	<b>Rate</b>	<b># clients to be served</b>	<b>Slots</b>
NRC Funded Perinatal Day Treatment	\$189,992	\$15,833	1357	\$140	22	17
NRC Funded Non Residential	\$38,211	\$3,184	955	\$40	37	10
County Funded Non Residential	\$35,825	\$2985	896	\$40	37	10
Strategic Directions 2010 Funded Day Treatment	\$39,913	\$3,326	285	\$140	2	1
Strategic Directions 2010 Funded Non Residential	\$20,600	\$1,717	515	\$40.00	21	6
MHSA Adult Co-Occurring to improve the client outcome measurement	\$17,355	\$1,446				
<b>TOTAL</b>	<b>\$341,896</b>	<b>\$28,491</b>	2366 SAH 1642 Visit Days			

**Summary of Funding for Priority Populations FY 2009-11**

<b>Funding Type</b>	<b>Total Funding Allocation</b>	<b>Priority Population Funding</b>	<b>Priority Population %</b>	<b>Allowable Discretionary Funding</b>	<b>Allowable Discretionary %</b>
Annual Flat Rate	\$281,383	\$239,176	85%	\$42,207	15%
Strategic Directions 2010	\$60,513	\$60,513	100%	0	0
<b>TOTAL Funding</b>	<b>\$341,896</b>	<b>\$299,689</b>	<b>88%</b>	<b>\$42,207</b>	<b>12%</b>

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

<b>Services</b>	<b>Funding amount</b>	<b>Monthly amount</b>	<b>Units Of Service per Fiscal Year</b>	<b>Rate</b>	<b># clients to be served</b>	<b>Slots</b>
NRC Funded Perinatal Day Treatment	\$178,453	\$14,871	1275	\$140	21	17
NRC Funded Non Residential	\$38,211	\$3,184	955	\$40	37	10
County Funded Non Residential	\$35,825	\$2985	896	\$40	37	10
Strategic Directions 2010 Funded Day Treatment	\$39,913	\$3,326	285	\$140	2	1
Strategic Directions 2010 Funded Non Residential	\$20,600	\$1,717	515	\$40.00	21	6
MHSA Adult Co-Occurring to improve the client outcome measurement	\$17,355	\$1,446				
<b>TOTAL</b>	<b>\$330,357</b>	<b>\$27,529</b>	2366 SAH 1560 Visit Days			

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

<b>Funding Type</b>	<b>Total Funding Allocation</b>	<b>Priority Population Funding</b>	<b>Priority Population %</b>	<b>Allowable Discretionary Funding</b>	<b>Allowable Discretionary %</b>
Annual Flat Rate	\$269,844	\$229,367	85%	\$40,477	15%
Strategic Directions 2010	\$60,513	\$60,513	100%	0	0
<b>TOTAL Funding</b>	<b>\$330,357</b>	<b>\$289,880</b>	<b>88%</b>	<b>\$40,477</b>	<b>12%</b>

**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

\$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 \$85.79 per individual for each visit day provided for CDCI/DCP funded alcohol and drug day treatment and recovery services.

c. 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**

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 \$16,060 for Outpatient Treatment Services.

- a. \$44.00 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.

1. First Offender Programs

Contractor shall remit monthly to the County Alcohol and Other Drug Services Administrator a eight percent (8%) 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.

2. 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.

**ATTACHMENT 3 - CONTRACTOR'S DECLARATION FORM  
COUNTY OF SAN MATEO  
SITIKE COUNSELING SERVICES**

**I. CONTRACTOR INFORMATION**

Contractor Name:	Sitike Counseling Services	Phone:	650-589-9305
Contact Person:	Rhonda Ceccato, Executive Director	Fax:	650-589-9330
Address:	306 Spruce Avenue South San Francisco, CA 94080		

**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