

**MODIFICATION NUMBER FOUR OF
AGREEMENT FOR SERVICES BETWEEN
COUNTY OF SONOMA AND
DRUG ABUSE ALTERNATIVES CENTER**

On October 14, 2020, the County of Sonoma, a political subdivision of the State of California, (hereinafter “County”) and Drug Abuse Alternatives Center (hereinafter “Contractor”) entered into a services agreement, modified by the parties effective August 23, 2021 as Modification No. 1, modified by the parties effective December 27, 2021 as Modification No. 2, and modified by the parties effective July 21, 2022 as Modification No. 3 (hereinafter “Agreement”).

Pursuant to Section 13.7 (Merger) of the Agreement, the parties hereby evidence their intent and desire to modify the Agreement as follows:

1. Exhibit A (Scope of Work) is hereby deleted and replaced in its entirety with the attached Exhibit A (Scope of Work).
2. Exhibit B (Payment Terms and Conditions) is hereby deleted and replaced in its entirety with the attached Exhibit B (Payment Terms and Conditions).
3. Section 2.2 (Maximum Payment Obligation) is hereby revised to read as follows:

2.2. Maximum Payment Obligation

In no event shall County be obligated to pay Contractor more than the total sum of \$6,161,984, including \$3,043,093 for FY 20-21 and \$3,118,891 for FY 21-22, with per-fiscal year, per-component maximum amounts as listed in the table below, under the terms and conditions of this Agreement.

Service Component	Referral Source(s)	Anticipated Funding Source	FY 20-21 (\$)	FY 21-22 (\$)
Residential Therapeutic Treatment Services	Probation Department	AB109	88,936	88,936
	Treatment Alternatives for Safer Communities (TASC), Community, Jail, Sober Sonoma	Substance Abuse Block Grant (SABG) and/or General Fund	1,422,975	1,422,975
	Drug Court	Realignment and/or General Fund; SAMHSA grant (FY 20-21)	118,581	118,581
Adolescent Treatment Program (ATP)	DHS-BHD SUDS Programs	Substance Abuse Block Grant (SABG)	89,000	71,280
		General Fund	-	5,000
Short-Term Recuperative Care (Non-	DHS-BHD programs	General Fund and Medi-Cal Waiver: Whole Person Care Pilot (FY 20-21 only)	601,412	656,634

Medical Detox)				
Therapeutic Outpatient Counseling	Drug Court	Realignment and/or General Fund; SAMHSA grant (FY 20-21)	393,926	313,467
	Dependency Drug Court	Dependency Drug Court	57,356	58,646
Perinatal Intensive Outpatient Treatment	SonomaWorks	SonomaWorks	60,000	60,000
	DHS-BHD SUDS Programs	Substance Abuse Block Grant (SABG) and/or General Fund	210,907	266,145
Perinatal – IOT Case Management	DHS-BHD SUDS Programs	Substance Abuse Block Grant (SABG) Supplemental CRRSAA Funds	-	16,750
Adolescent Youth Services	Family Intervention Services	Substance Abuse Block Grant (SABG) Supplemental CRRSAA Funds	-	15,180
	School-Based Outreach, Prevention and Early Intervention Services	Substance Abuse Block Grant (SABG) Supplemental CRRSAA Funds	-	16,500
Recovery Housing	Transitional Housing (Post SUD Treatment)	Substance Abuse Block Grant (SABG) Supplemental CRRSAA Funds	-	8,797
		Total	3,043,093	3,118,891
<i>Note: When SonomaWORKS, Drug Court, or AB109 funds are fully expended, beds may be charged to SABG or General funds.</i>				

Except as expressly modified herein, all terms and conditions of Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their authorized representatives this _____ day of _____, 2022.

CONTRACTOR:

Maurice Lee, Executive Vice President
Drug Abuse Alternatives Center

Dated

COUNTY OF SONOMA:

Approved; Certificate of Insurance on File with County:

Tina Rivera, Director
Department of Health Services

Dated

Approved as to Substance:

Division Director or Designee

Dated

Approved as to Form:

Sonoma County Counsel

Dated

Exhibit A. Scope of Work

This Exhibit A (Scope of Work) includes the following, which are herein incorporated by reference:

- Exhibit A.1 Scope of Work – Residential Therapeutic Treatment Services – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.2 Scope of Work – Drug Court Therapeutic Outpatient Counseling Services – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.3 Scope of Work – Short-Term Recuperative Care Services – Non-Medical Detoxification – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.4 Scope of Work – Adolescent Treatment Program – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.5 Scope of Work – Perinatal Intensive Outpatient Treatment Services – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.6 Scope of Work – Drug Dependency Court Therapeutic Outpatient Treatment – Period of Performance July 1, 2020 through June 30, 2022
- Exhibit A.7 Scope of Work – Perinatal IOT Case Management – SABG Supplemental (CRRSAA) – Period of Performance July 1, 2021 through June 30, 2022
- Exhibit A.8 Scope of Work – Adolescent Youth Services – SABG Supplemental (CRRSAA) – Period of Performance July 1, 2021 through June 30, 2022
- Exhibit A.9 Scope of Work – Recovery Housing – (Transitional Housing) – SABG Supplemental (CRRSAA) – Period of Performance July 1, 2021 through June 30, 2022

**Exhibit A.1 Scope of Work - Residential Therapeutic Treatment Services -
Period of Performance July 1, 2020 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Residential Therapeutic Treatment Services (AB-109, Community Beds, Sober Circle, Drug Court, Jail Beds, Treatment Alternatives for Safer Communities (TASC))	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none"> Adults 	Physical Address of Site(s): **July 1, 2020 through December 20, 2021** 440 Arrowood Drive, Santa Rosa, CA 95407 (707) 284-2950 NPI# 1104037472 **December 21st, 2021 through June 30, 2022** Men's Residential Facility "Manor" 603 D. Street San Rafael CA 94901 (415) 454-9444 NPI # 1144220898 Center Point Napa 2100 Napa Vallejo Hwy, Bldg 253 Napa CA 94558 (707) 255-8002 NPI # 1235633728 Website: https://www.daacinfo.org/
Hours of Operation: 24 Hours/7 Days a week	Mailing (Remit) Address: 135 Paul Drive, San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> Residential services for adult men and women dealing with substance use disorder issues

II. Program Description

A. Residential Program Description

Turning Point Residential Program offers co-ed and gender-specific services, with a specialized treatment track intended for those with co-occurring mental health and substance use disorder problems. The mission of the Residential Program is to provide

motivated men and women with drug- and/or alcohol-addiction issues with the emotional, vocational and social skills necessary to live in the community while remaining abstinent from drug and alcohol use and not having any new criminal justice involvement. The goals of the services are to assist individuals in realistically appraising the significance of their drug use and to develop and apply appropriate interventions to alleviate their dependence on substances.

Services listed in the scope of work shall not exceed the contract component maximum for this program, regardless of the number of clients seen, facility location, or contracted rates.

B. Priority Population

- a. Drug/Alcohol dependent individuals referred by DHS-BHD-SUD, in need of structured therapeutic residential treatment services who may or may not have had related involvement with the criminal justice system.
- b. Contractor shall target the court and criminal justice population who cannot afford to pay for treatment, have been screened by DHS-BHD SUD case management staff, and deemed appropriate for residential treatment as an alternative to incarceration.
 - i. Any deviation from the above criteria, i.e. providing community beds for these clients, must be approved by the DHS-BHD SUD Section Manager in advance.

C. Expected Service Levels

July 1, 2020 – June 30, 2021

- a. On average, fifty-five (55) Residential Program beds (up to a maximum of 20,075 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
 - i. On average, three (3) of these beds shall be used to serve clients that meet AB109 criteria.
 - ii. On average, four (4) of these beds shall be used to serve clients that are referred through the DHS-BHD Drug Court Program.
- b. Contractor shall provide residential services between 178 and 535 clients (depending on treatment length and assuming an 80% occupancy rate). Approximately two hundred (200) of these clients are expected to be unique clients referred by the DHS-BHD programs, partner agencies and/or client self-referral.
- c. All individuals will receive a minimum of twenty (20) hours of face-to-face individual and group activity scheduled from Mondays through Fridays.

July 1, 2021 – September 30, 2021

- a. On average, fifty-five (55) Residential Program beds (up to a maximum of 5,019 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
 - i. On average, three (3) of these beds shall be used to serve clients that meet AB109 criteria.

- ii. On average, four (4) of these beds shall be used to serve clients that are referred through the DHS-BHD Drug Court Program.
- b. Contractor shall provide residential services between 58 and 167 clients (depending on treatment length and assuming an 80% occupancy rate).
- c. All individuals will receive a minimum of twenty (20) hours of face-to-face individual and group activity scheduled from Mondays through Fridays.

October 1, 2021 – December 20, 2021

- a. On average, fifty-five (55) Residential Program beds (up to a maximum of 4,496 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
 - i. On average, three (3) of these beds shall be used to serve clients that meet AB109 criteria.
 - ii. On average, four (4) of these beds shall be used to serve clients that are referred through the DHS-BHD Drug Court Program.
- b. Contractor shall provide residential services between 58 and 167 clients (depending on treatment length and assuming an 80% occupancy rate).
- c. All individuals will receive a minimum of twenty (20) hours of face-to-face individual and group activity scheduled from Mondays through Fridays.

December 21, 2021 – April 30, 2022

- a. On average, thirty (30) Residential Program beds (up to a maximum of 3,600 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
 - i. On average, three (3) of these beds shall be used to serve clients that meet AB109 criteria.
 - ii. On average, three (3) of these beds shall be used to serve clients that are referred through the DHS-BHD Drug Court Program.
- b. Contractor shall provide residential services up to 167 clients (depending on treatment length and assuming an 80% occupancy rate).
- c. All individuals will receive a minimum of twenty (20) hours of face-to-face individual and group activity scheduled from Mondays through Fridays.

May 1, 2022 – June 30, 2022

- a. On average, up to forty (40) Residential Program beds (up to a maximum of 2,400 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral
 - i. On average, three (3) of these beds shall be used to serve clients that meet AB-109 criteria.
 - ii. On average, three (3) of these beds shall be used to serve clients that are referred through the DHS-BHD Drug Court Program

- b. Contractor shall provide residential services up to 167 clients (depending on treatment length and assuming an 80% occupancy rate).
- c. All individuals will receive a minimum of twenty (20) hours of face-to-face individual and group activity scheduled from Mondays through Fridays.

III. Service Description

A. Substance Use Disorder Service Descriptions

- a. Residential SUD Treatment: Non-institutional, non-medical, residential programs that provide rehabilitation services to clients with SUD diagnoses. Each client lives on the premises and is supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems.
- b. Intake: The intake process begins with assessing the individual's needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide services based on the appropriate level of care. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment.
- c. Individual Counseling: Face-to-face contacts between a client and a therapist or counselor.
- d. Group Counseling: Face-to-face contacts in which one or more therapists or counselors treat two or more clients (no more than 12) at the same time, focusing on the needs of the individuals served.
- e. Medication Services: The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- f. Medical Direction: Physician and nursing services related to substance use disorders.
- g. Collateral Services: Face-to face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- h. Crisis Intervention: Face-to-face contact between a therapist or counselor and a client in crisis. "Crisis: means an actual relapse or an unforeseen event or circumstance which present to the client and imminent threat of relapse. Crisis intervention services is limited to stabilization of the client's emergency situation.
- i. Case Management: Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.

- j. Treatment Planning: Individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan should include a statement of problems to be addressed; goals to be reached which address each problem; action steps which will be taken by the provider and/or beneficiary to accomplish identified goals; target dates for accomplishment of action steps and goals; and a description of services including the type of counseling to be provided and the frequency thereof.
- k. Discharge Planning: The process to prepare a person for the post-treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services. A discharge summary is required for those individuals who might leave treatment prior to their completion. This summary should include documentation of their successes, challenges, and barriers.
- l. Care Coordination: Provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other necessary services.

B. Program Treatment Model

- a. Contractor shall assess clients at intake to determine treatment and service needs. This assessment should, at minimum, include:
 - i. Drug/ Alcohol use history
 - ii. Medical history/dental services
 - iii. Family history
 - iv. Psychiatric history
 - v. Social/recreational/ history
 - vi. Financial status/ history
 - vii. Criminal history, legal status; and
 - viii. Previous SUD treatment history.
 - ix. Education
 - x. Employment history
 - xi. Vocational counseling
 - xii. Job referral and placement
 - xiii. Individual counseling and group counseling for client's spouses, and parent and other significant others
 - xiv. Smoking cessation services
- b. If on completion of screening assessment, a client appears to have personal resources to pay for therapeutic treatment, Contractor and the County SUD Services Staff will coordinate client's eligibility and placement in a private non-county funded bed.

- i. Contractor will complete a financial assessment to ensure client's ability to pay, in advance of admission.
 - ii. Duration of treatment will be based upon clinical need and will be determined in conjunction with the County SUD Services Staff.
- c. Contractor shall complete an individualized treatment plan within the first 30 days of admission and include:
 - i. A problem statement for all problems identified through the assessment whether addressed or deferred;
 - ii. Action steps to meet the goals that include who is responsible for the action and the target date for completion; and
 - iii. Signature of primary counselor and client.
- d. All treatment plans shall address the assessment items above and detailing whether needed services will be provided directly by Contractor, or through referral.
 - i. The treatment plan shall identify goals and objectives for each phase of the program, as identified during the course of treatment and/or as standards require.
 - ii. Contractor shall review treatment plan regularly - and at least monthly – with client to ensure they are meeting their goals and objectives of the treatment plan.
- e. Contractor shall provide the following core components of Residential SUD Treatment:
 - i. Individual, collateral/family and group counseling;
 - ii. Case management;
 - iii. Discharge planning;
 - iv. Random mandatory weekly urinalysis testing;
 - v. Crisis Intervention;
 - vi. Mental health evaluation and short-term on-site counseling support as warranted;
 - vii. Services focusing on life skills such as maintaining health, building and maintaining socially supportive relationships, recognizing and preventing substance use relapse, avoiding violence and criminal behavior, recognizing and shifting self-defeating thinking and behavior pattern, parenting skills and stress management and improved coping skills;
 - viii. Direct linkages for community resources for employment readiness and application, resume preparation, budgeting, housing and social support, educational and/or vocational training, healthcare and nutrition, ongoing mental health support and child care, if needed; and
 - ix. Additional groups focus on coping skills and stress management assists participants in identifying alternatives for recreation, building supportive relationships with family members and children, and improving overall wellness.

C. Coordination of Services

- a. Contractor shall:
 - i. Work in collaboration with Probation, Human Services, Health Services and referring case managers to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Make every effort to assure accessibility to all clients.
 - iii. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
 - iv. Participate in meetings with DHS-BHD SUD Services Administration and the SUD Providers meeting, and SUD Section as needed to assure optimal coordination of program services.
 - v. Provide, upon request, minutes of Contractor's Board of Directors meetings.
 - vi. Ensure that referrals from DHS-BHD SUD Services programs will be given priority for program admissions.
- b. Client discharge shall be based on the completion of treatment objectives, as identified in their treatment plans, and on satisfactory progress that is measured by, but not limited to, the following:
 - i. Length of treatment
 - ii. Reunification with children
 - iii. Completed court requirement and/or courts orders, resolution of legal issues
 - iv. Maintained continuous abstinence during program, as confirmed by random testing
 - v. Housing obtained, if needed
 - vi. Gainfully employed or Employment ready
 - vii. Relapse prevention/aftercare plan developed
- c. Discharge documentation shall be developed with the client, if possible and include
 - i. Description of the treatment episode;
 - ii. Prognosis;
 - iii. Client's plan for continued recovery including support systems and plans for relapse prevention;
 - iv. Reason and type of discharge
 - v. Signature of primary counselor and client; and
- d. A copy of the discharge documentation shall be given to the client. If on completion of screening assessment, a client appears to have personal resources to pay for

therapeutic treatment, Contractor and the DHS-BHD SUD Case Coordinator will coordinate client's eligibility and placement in a private non-county funded bed.

- i. Contractor will complete a financial assessment to insure client ability to pay, in advance of admission.
 - ii. Duration of treatment will be based upon clinical need and will be determined in conjunction with DHS-BHD SUD Case coordinator.
- e. Length of treatment is typically between thirty (30) and ninety (90) days, but may vary based on clinical need. Occasionally, if a client may need more time in therapeutic treatment to address the client's alcohol or other drug use issues, Contractor shall email requests for extension to the assigned DHS-BHD SUD Services Case coordinator r thirty (30) days prior to the scheduled end of the treatment episode.
- i. Exceptions to this time frame shall be considered on a case by case basis.
 - ii. DHS-BHD SUD Case coordinator shall review and consult with the Contractor and client and then prepare a recommendation for the DHS-BHD SUD Section Manager.
 - iii. DHS-BHD SUD coordinator shall communicate decision regarding extension within ten (10) working days from receipt of request.
- f. Provider will notify referring case management program within 24 hours when clients exit or are terminated prior to completing program.

D. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery.

E. Cultural Responsiveness

- a. Contractor shall implement and maintain the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.
- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.
 - i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.

- ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
- iii. Family and friends shall never be used as interpreters.
- c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

IV. Administrative Requirements

A. Adherence to Regulations

- a. Contractors are required to obtain DHCS AOD certification for each of their residential and non-residential programs. If the contractor is not currently AOD certified, contractor will apply and adhere to DHCS AOD certification standards until the certification process is complete.
- b. Contractor shall adhere to the Title 9 Facility Licensing Regulations, AOD Certification and State of California Drug Treatment Standards and Title 9 Certification of Alcohol and Other Drug Counselors as specified by the State Department of Health Care Services and must comply with Minimum Quality Drug Treatment Standards for SABG. If a conflict between regulations and standards, the most restrictive will apply. Funding from DHS-BHD – SUD is contingent upon compliance with all requirements and regulations.
- c. Per the applicable provisions of Title 45, CFR, Part 96, eligible clients may be funded through the Substance Abuse Prevention and Treatment (SABG) Block Grant, which uses federally matched funds. Contractor shall comply with SABG Block Grant requirements specified in Exhibit E regarding capacity management reporting, provision of interim services and outreach activities. No client who meets the SABG Block Grant requirements shall be turned away for inability to pay.
- d. Contractor shall provide therapeutic treatment services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards and Perinatal Practice Guidelines. The DHS-BHD Substance Use Disorder Section Administrator will make any determination regarding such compliance.
- e. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- f. Contractor shall continue to have a designated outdoor smoking area.
- g. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS within thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client so that a follow-up can be conducted.
- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Coordinator.
- c. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, and the referral and consent screens, in the SWITS program.
- d. Provider will accurately maintain the wait list information in SWITS and submit monthly DATAR reports electronically to the state by the 10th of each month for the previous month.

C. Reporting

- a. Claims for services are due to the County no later than thirty (30) days after the last day of the month in which those services were provided. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the **wait list, the referral and consent screens, in the SWITS program.**
- b. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients will be assessed to determine treatment and service needs.

- iii. 100% of clients will complete an individualized treatment plan in the first seven days of treatment.
- iv. 100% of all clients discharged regardless of the reason will be given information and referrals for supportive services.

E. Outcome Goals

- a. Contractor is expected to achieve the following outcome goals:
 - i. 60% of clients discharged will receive standard (non-administrative) discharges.
 - ii. 70% of clients will maintain sobriety during treatment.
 - iii. 60% of all clients discharged will exit to alternative housing.
 - iv. 60% of all clients discharged will show no new arrests or charges during the last 30 days of their treatment episode.
 - v. 60% of employable clients discharged, who are not participating in outpatient day treatment, will be either employed, in an educational/training program, or participating in job search.
 - vi. 60% of all clients discharged during the contract year will have successfully completed the program or left early with satisfactory progress.
 - vii. 75% of pregnant women in therapeutic treatment will not use alcohol or other drugs during their pregnancy, to be measured by UA's taken by treatment program.
 - viii. 75% of infants of pregnant participants in therapeutic treatment will have a negative toxicology screen at delivery.

F. Outcome Evaluation Methods

- a. Attempts will be made to contact clients who received therapeutic services under this contract at six-months post discharge. The follow-up may be conducted in the subsequent contract year as necessary to meet the six-month post-treatment time frame.
- b. California Outcomes Measurement System (CalOMS) discharge date will determine length of stay and the beginning of the six-month post-discharge for follow-up.
- c. A self-report follow-up survey will be used to measure outcomes as stated above. A random sample may be used and a minimum of 10% contact rate must be achieved.

**Exhibit A.2 Scope of Work - Drug Court Therapeutic Outpatient Counseling Services -
Period of Performance July 1, 2020 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Drug Court Therapeutic Outpatient Counseling Services (Drug Court) NPI#:1306047295	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none">• Drug-dependent adults referred from Sonoma County Drug Court.	Physical Address of Site(s): 2400 County Center Drive, Suite B Santa Rosa, CA 95403 (707) 566-0170, ext. 1 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Thursday: 9:00 a.m. – 8 p.m. closed on Fridays Crisis line available 24-hours per day, year- round 565-7460	Mailing (Remit) Address: 135 Paul Drive San Rafael, CA 94903
Geographic Area(s) Served: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Central County (Santa Rosa)<input checked="" type="checkbox"/> North County<input checked="" type="checkbox"/> South County<input checked="" type="checkbox"/> East County<input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none">• Drug Court is a 9-12 month program that includes intensive counseling, drug testing, participation in self-help programs, daily monitoring and regular appearances before the Drug Court judge.

II. Program Description

A. Drug Court Program Description

Drug Court is a collaborative effort of the Sonoma County Department of Health Services, Sonoma County Courts and DAAC. The program serves adult clients charged with non-violent misdemeanors or felonies related to drug use disorders. Drug Court is a 9-12 month program that includes intensive counseling, drug testing, participation in self-help programs, daily monitoring and regular appearances before the Drug Court judge.

The mission of the Drug Court Program is to create paths of opportunities for those seeking greater self-sufficiency, independence and dignity through education, treatment, training, housing and other services. The program assists individuals in reducing and discontinuing drug use and reducing recidivism to the criminal justice system.

B. Expected Service Levels

July 1, 2021 through December 31, 2021

- a. Contractor shall provide the full Drug Court intensive outpatient counseling program to an ongoing case load of 70 clients.
- b. Contractor shall provide services to additional “non-active” clients enrolled in other SUDS programs and/or currently involved with the criminal justice system, as space allows.
- c. Length of treatment shall be based on clinical need and client’s progress toward meeting treatment objectives. Typically, program length ranges between nine (9) and twelve (12) months.
 - i. Modifications to the Drug Court intensive outpatient counseling program schedule may be ordered by the Court.

January 1, 2022 through June 30, 2022

- a. Contractor shall provide the full Drug Court intensive outpatient counseling program to an ongoing case load of up to 35 clients.
- b. Contractor shall provide services to additional “non-active” clients enrolled in other SUDS programs and/or currently involved with the criminal justice system, as space allows.
- c. Length of treatment shall be based on clinical need and client’s progress toward meeting treatment objectives. Typically, program length ranges between nine (9) and twelve (12) months.
 - i. Modifications to the Drug Court intensive outpatient counseling program schedule may be ordered by the Court.

III. Service Description**A. Substance Use Disorder Services Descriptions**

- a. Intensive Outpatient Treatment: Intensive outpatient counseling and rehabilitative services that typically last a minimum of 3 hours but are less than 24 hours per day for three or more days per week. Intensive Outpatient Treatment Services differ from non-intensive Rehabilitative Outpatient services in that clients participate according to a minimum attendance schedule; receive regularly assigned treatment activities; receive a structured program per week that includes individual, group, and/or family therapy; and psychoeducation about SUDs and mental disorders.
- b. Intake: The intake process begins with assessing the individual’s needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide services based on the appropriate level of care. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment.

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- c. Individual Counseling: Face-to-face contacts between a client and a therapist or counselor.
 - d. Group Counseling: Face-to-face contacts in which one or more therapists or counselors treat two or more clients (no more than 12) at the same time, focusing on the needs of the individuals served.
 - e. Collateral Services: Face-to face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
 - f. Crisis Intervention: Face-to-face contact between a therapist or counselor and a client in crisis. "Crisis: means an actual relapse or an unforeseen event or circumstance which present to the client and imminent threat of relapse. Crisis intervention services is limited to stabilization of the client's emergency situation.
 - g. Case Management: Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.
 - h. Treatment Planning: Individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan should include a statement of problems to be addressed; goals to be reached which address each problem; action steps which will be taken by the provider and/or beneficiary to accomplish identified goals; target dates for accomplishment of action steps and goals; and a description of services including the type of counseling to be provided and the frequency thereof.
 - i. Discharge Planning: The process to prepare a person for the post-treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services. A discharge summary is required for those individuals who might leave treatment prior to their completion. This summary should include documentation of their successes, challenges, and barriers.
 - j. Care Coordination: Provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other necessary services.

B. Treatment Model

- a. Contractor shall assess clients at intake to determine treatment and service needs. This assessment should, at minimum, include:
 - Education opportunity
 - Vocational counseling
 - Job referral and placement

- Legal services
 - Medical and dental services
 - Social recreational
 - Individual counseling and group counseling for client's spouses, and parent and other significant others
 - Smoking cessation services
- b. If on completion of screening assessment, a client appears to have personal resources to pay for therapeutic treatment, Contractor and the County SUD Services Staff will coordinate client's eligibility and placement in a private non-county funded bed.
- iii. Contractor will complete a financial assessment to ensure client's ability to pay, in advance of admission.
- iv. Duration of treatment will be based upon clinical need and will be determined in conjunction with the County SUD Services Staff.
- c. Contractor shall complete an individualized treatment plan in the first seven (7) days of admission addressing the assessment items above and detailing whether needed services will be provided directly by Contractor, or through referral.
- The treatment plan shall identify goals and objectives for each phase of the program, as identified during the course of treatment and/or as standards require.
 - Contractor shall review treatment plan regularly - and at least monthly – with client to ensure they are meeting their goals and objectives.
- d. Contractor shall provide the following core components of therapeutic treatment services consistent with the Drug Court program:
- i. Assessment
 - ii. Treatment Planning
 - iii. Individual and group counseling using evidence-based curriculum
 - iv. Crisis Counseling
 - v. Parent/Child Therapy
 - vi. Relapse Prevention
 - vii. Anger Management
 - viii. Discharge Planning
 - ix. Monitoring of Urinalysis Results
 - x. Referrals to ancillary services
- e. Contractor shall provide the minimum treatment criteria in each phase listed below (or as modified by the Court) using evidence-based curriculum.
- i. **Phase One – Minimum 3 months**

- Group Counseling – 2 per week (Orientation, Foundations and Men’s or Women’s Process Groups)
 - Individual Counseling – minimum 2 per month – includes intake and assessment with extensive history, evaluation and individualized treatment plan. Develop a Treatment Plan for Phase Two.
 - Urinalysis (U.A.) Testing – minimum 2 per week at the Orenda Center.
 - Self-help Meetings – minimum 5 per week monitored by Drug Court Counselor.
 - Court Appearances – minimum 1 per week
- ii. **Phase Two – Minimum 2 months**
- Group Counseling – 2 per week (Men’s or Women’s Process Group and Relapse Prevention Group)
 - Individual Counseling – minimum 2 per month (more if needed). Develop a Treatment Plan for Phase Three. Complete a Relapse Prevention Plan.
 - Urinalysis (U.A.) Testing – minimum 1 per week at the Orenda Center
 - Self-help meetings – minimum 5 per week monitored by Drug Court Counselor.
 - Court Appearances – minimum 2 per month
- iii. **Phase Three – Minimum 2 months**
- Group Counseling – 1 per week (Recovery Planning Group)
 - Individual Counseling – minimum 1 per month (more if needed). Develop a Treatment Plan for Phase Three. Complete a Recovery Planning Project.
 - Urinalysis (U.A.) Testing – minimum 1 per week at the Orenda Center
 - Self-help Meetings – minimum 5 per week monitored by Drug Court Counselor.
 - Court Appearances – minimum 2 per month
- iv. **Phase Four – Minimum 2 months**
- Group Counseling – minimum 2 per month
 - Individual Counseling – minimum 1 per month. Complete exit interview.
 - Work on Graduation Presentation.
 - Urinalysis (U.A.) Testing – minimum 2 per month at the Orenda Center
 - Self-help meetings – minimum 5 per week monitored by Drug Court Counselor
 - Court Appearances – minimum 2 per month

- f. All clients will attend six (6) anger management groups, as assigned by their counselor.
- g. Clients shall be referred to additional services, such as family therapy and increased urinalysis testing, by their counselor as needed.
- h. Client fees will offset a portion of the total Drug Court treatment program costs. Contractor shall submit a check to County of Sonoma monthly for the full amount of all clients fees collected for deposit by County of Sonoma in the Drug Court Program account.
 - i. The counseling fee for each group or individual counseling session is payable at the time of the counseling session.
- i. Urine testing/Passpoint screening is done on a random basis and is usually done at the Orenda Center. However, the court may, without notice, order testing at DAAC or by an outside agency such as the Probation Department or a law enforcement agency.

C. Coordination of Services

- a. Contractor shall:
 - i. Work in collaboration with Probation, DHS-BHD and referring case managers to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Actively coordinate and provide timely communication with the Drug Court Team.
 - iii. Make every effort to assure accessibility to all clients.
 - iv. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
 - v. Participate in meetings with DHS-BHD SUD Services Administration, Drug Court Team, and the Advisory Board on Alcohol and Drug Problems as needed to assure optimal coordination of program services.
 - vi. Provide, upon request, minutes of Contractor's Board of Directors meetings.
 - vii. Ensure that referrals from DHS-BHD SUD Services programs are given priority for program admission.
- b. Client progress reports, infractions, results of urinalysis testing and client problems will be communicated to the Court through the Drug Court Liaison, as required.
- c. Client discharge shall be based on the completion of treatment objectives, as identified in their treatment plans, and on satisfactory progress that is measured by, but not limited to, the following:
 - i. Length of treatment
 - ii. Reunification with children
 - iii. Completed court requirement and/or courts orders, resolution of legal issues

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- iv. Maintained continuous abstinence during program, as confirmed by random testing
 - v. Housing obtained, if needed
 - vi. Gainfully employed or Employment ready
 - vii. Relapse prevention/aftercare plan developed
 - d. Exceptions, based on clinical need, to the program's typical treatment episode length (9 months) shall be considered on a case-by-case basis.
 - i. Contractor shall email requests for extension to the assigned DHS-BHD SUD Services Case Coordinator thirty (30) days prior to the scheduled end of the treatment episode.
 - ii. DHS-BHD SUD Case coordinator shall review and consult with the Contractor and client and then prepare a recommendation for the DHS-BHD SUD Section Manager.
 - iii. DHS-BHD shall communicate decision regarding extension within ten (10) working days from receipt of request.
 - e. Provider will notify referring case management program within 24 hours when clients exit or are terminated prior to completing program.

D. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery.

E. Cultural Responsiveness

- a. Contractor shall implement and maintain the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.
- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.
 - i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.
 - ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
 - iii. Family and friends shall never be used as interpreters.

- c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

IV. Administrative Requirements

A. Adherence to Regulations

- a. Contractors are required to obtain DHCS AOD certification for each of their residential and non-residential programs. If the contractor is not currently AOD certified, contractor will apply and adhere to DHCS AOD certification standards until the certification process is completed.
- b. Contractor shall provide therapeutic treatment services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards and Perinatal Practice Guidelines. The DHS-BHD Substance Use Disorder Section Administrator will make any determination regarding such compliance.
- c. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- d. Contractor will continue implementation of a tobacco-free program.
- e. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.
- f. Contractor shall adhere to the facility licensing and counselor licensing certification or registration regulations/requirements as specified by the DHCS. Funding from DHS-BHD is contingent upon compliance with these requirements and regulations.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS with in thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client.

- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Management program.
- c. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, and the referral and consent screens, in the SWITS program.
- d. Provider will accurately maintain the wait list information in SWITS and submit monthly DATAR reports electronically to the state by the 10th of each month for the previous month.
- e. Final program and case reports will be submitted pursuant to State of California Perinatal Practice Guidelines, County of Sonoma requirements and will be satisfactory to Child Parent Institute (CPI).

C. Reporting

- a. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, the referral and consent screens, in the SWITS program.
- b. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients in treatment for one or more year will have CalOMS annual updates completed on time.
 - iii. 100% of clients will be assessed to determine treatment and service needs.
 - iv. 100% of clients will complete an individualized treatment plan in the first seven days of treatment.
 - v. 100% of all clients discharged, regardless of the reason, will be given information and referrals for supportive services.

E. Outcome Goals

- a. Contractor is expected to achieve the following outcome goals:
 - i. 50% of clients discharged will receive standard (non-administrative) discharges.
 - ii. 60% of clients receiving standard discharges will report maintaining sobriety during treatment.

- iii. 60% of all clients discharged will show no new arrests or charges during their treatment episode.
 - iv. 75% of employable clients discharged, who are not participating in outpatient day treatment, will be either employed, in an educational/training program, or participating in job search.
 - v. 40% of all clients discharged during the contract year will have successfully completed the program or left early with satisfactory progress.
- b. Outcome Evaluation Methods
- i. Attempts will be made to contact clients who received therapeutic services under this contract at 6 months post discharge. The follow-up may be conducted in the subsequent contract year as necessary to meet the 6-month post-treatment time frame.
 - ii. California Outcomes Measurement System (CalOMS) discharge date will determine length of stay and the beginning of the six-months post-discharge for follow-up.
 - iii. A self- report follow-up survey will be used to measure outcomes as stated above. A random sample may be used and a minimum of 10% contact rate must be achieved.

Exhibit A.3 Scope of Work - Short-Term Recuperative Care Services – Non-Medical Detoxification -

Period of Performance July 1, 2020 through June 30, 2022

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Turning Point Orenda Detox Program (TPOD) (Detox, Whole Person Care) NPI: 1770897738	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none"> • Drug-dependent adults referred from Sonoma County Drug Court. 	Physical Address of Site(s): 1430 Neotomas Ave. Santa Rosa, CA 95405 Phone: (707) 565-7460 Fax: (707) 565-7488 Website: https://www.daacinfo.org/
Hours of Operation: 24 hours / 7 days a week	Mailing (Remit) Address: 135 Paul Drive, San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> • Non-medical detoxification program that provide short-term recuperative care services where adults under the influence of alcohol and/or drugs can safely withdraw from the ill effects of intoxication

II. Program Description

A. Turning Point Orenda Detox Program Description

The Turning Point Orenda Detox (TPOD) Program is a 3-5 day non-medical detoxification program that provides short-term recuperative care services where adults under the influence of alcohol and/or drugs can safely withdraw from the ill effects of intoxication. Trained staff specializing in alcohol and drug detoxification, relapse prevention and assessment, and referrals support the program. Clients are assisted through the detoxification process with rest, proper diet and education about the disease of addiction.

The program offers 24-hour support, alcohol/drug education and relapse prevention education. During the detoxification process, every effort is made to engage clients in longer-term treatment to promote recovery from alcoholism and addiction.

B. Priority Population

- a. Drug or alcohol dependent residents of Sonoma County in need of short-term recuperative care services.

C. Hours of Operation

- a. 24 hours a day, 7 days a week

D. Expected Service Levels

July 1, 2020 – December 31, 2020

- a. On average, fifteen (15) TPOD Program beds (up to a maximum of 2,760 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral. On average, five (5) of these beds shall be used to serve clients that meet Whole Person Care Program criteria.

January 1, 2021– June 30, 2021

- a. On average, ten (10) POD Program beds (up to a maximum of 1,810 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
- b. Contractor shall provide short-term recuperative care services to between 731 and 1,219 clients (depending on treatment length and assuming an 80% occupancy rate).

July 1, 2021 – June 30, 2022

- a. On average, ten (10) POD Program beds (up to a maximum of 3,650 bed days) shall be used to serve clients referred from DHS-BHD programs, partner agencies and/or client self-referral.
- b. Contractor shall provide short-term recuperative care services to between 731 and 1,219 clients (depending on treatment length and assuming an 80% occupancy rate).
- c. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives. Typically, treatment length ranges between three (3) and five (5) days.

III. Service Description**A. Substance Use Disorder Services Descriptions**

- a. **Intake:** The intake process begins with assessing the individual's needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide services based on the appropriate level of care. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment.
- b. **Case Management:** Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.
- c. **Discharge Planning:** The process to prepare a person for the post-treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services. A discharge summary is required for those

individuals who might leave treatment prior to their completion. This summary should include documentation of their successes, challenges, and barriers.

- d. Care Coordination: Provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other necessary services.

B. Treatment Model

- a. Contractor shall provide the following core components of short-term recuperative services consistent with the TPOD program:
 - i. Assessment
 - ii. 24-hour Support
 - iii. Alcohol/Drug Education
 - iv. Relapse Prevention Education
 - v. Three meals a day
 - vi. 12-hour safety checks
 - vii. Discharge Planning
 - viii. Referrals to ancillary services
- b. There will be a minimum of two (2) staff on duty at all times.
- c. Contractor will sustain the current provision of self-help meetings to support on-site meetings for clients receiving residential non-medical detoxification services.

C. Coordination of Services

- a. Contractor shall:
 - i. Work in collaboration with DHS-BHD SUD and referring case coordinators to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Make every effort to assure accessibility to all clients.
 - iii. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
 - iv. Participate in meetings with DHS-BHD SUD Services Administration, Whole Person Care Team, and the Advisory Board on Alcohol and Drug Problems as needed to assure optimal coordination of program services.
 - v. Provide, upon request, minutes of Contractor's Board of Directors meetings.
 - vi. Ensure that referrals from DHS-BHD programs are given priority for program admission.
- b. Client discharge shall be based on the completion of detoxification and on satisfactory progress that is measured by, but not limited to, the following:

- i. Length of treatment
 - ii. Relapse prevention/aftercare plan developed
- c. Exceptions, based on clinical need, to the program's typical treatment episode length (5 days) shall be considered on a case-by-case basis.
 - i. Contractor shall email requests for extension to the assigned DHS-BHD SUD Services Case Manager 24 hours prior to the scheduled end of the treatment episode.
 - ii. DHS-BHD SUDS Case Manager shall review and consult with the Contractor and client and then prepare a recommendation for the DHS-BHD SUDS Section Manager.
 - iii. DHS-BHD shall communicate decision regarding extension in writing.
- d. Provider will notify referring case management program within 24 hours when clients exit or are terminated prior to completing program.

D. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery.

F. Cultural Responsiveness

- a. Contractor shall implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.
- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.
 - i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.
 - ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
 - iii. Family and friends shall never be used as interpreters.
- c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

IV. Administrative Requirements**A. Adherence to Regulations**

- a. Contractor shall provide services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards. The DHS-BHD- SUD Administrator will make any determination regarding such compliance.
- b. Contractor shall provide services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- c. Contractor will continue implementation of a tobacco-free program.
- d. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of admission and discharge data as well as miscellaneous and encounter notes.
- e. Contractor shall adhere to the facility licensing and counselor licensing certification or registration regulations/requirements as specified by the DHCS. Funding from DHS-BHD is contingent upon compliance with these requirements and regulations.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS within thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate staff training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client.
- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Management program.
- c. Claims will be reconciled with encounters entered in SWITS.

C. Reporting

- a. Claims for services are due to the County no later than thirty (30) days after the last day of the month in which those services were provided. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, the referral and consent screens, in the SWITS program.

- c. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients will be assessed to determine WPC Program eligibility.
 - iii. 100% of all clients discharged, regardless of the reason, will be given information and referrals for supportive services.

E. Outcome Goal

- a. Contractor is expected to achieve the following outcome goal:
 - i. 90% of clients discharged will receive standard (non-administrative) discharges.

**Exhibit A.4 Scope of Work - Adolescent Treatment Program -
Period of Performance July 1, 2020 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Adolescent Treatment Program (ATP) NPI#: 1063623593	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none"> Alcohol and other drug dependent adolescents (including clients referred by the Juvenile Probation Department), and their families. 	Physical Address of Site(s): 2403 Professional Drive, #101 Santa Rosa, CA 95403 Local Phone: (707) 544-3295 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Thursday: 9:00 a.m. – 7:00 p.m. Fridays: 9:00 a.m. – 5:30 p.m. Closed on holidays as designated by Contractor Board of Directors Crisis line available 24-hours per day, year-round-565-7460	Mailing (Remit) Address: 135 Paul Drive San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> Provides comprehensive therapeutic treatment services to adolescents (and their families) with drug/alcohol dependence issues through drug use disorder consultation, education and rehabilitation.

II. Program Description

A. Adolescent Treatment Program Description

The Adolescent Treatment Program (ATP) provides weekly youth outpatient treatment at various sites in the outlying areas of Sonoma County including the mainstream and alternative/community schools of the following districts: Windsor, Healdsburg, Sonoma Valley, West County (Forestville), Cotati-Rohnert Park, Petaluma and at YouthBuild Santa Rosa (in partnership with John Muir Charter School and Community Action Partnership Sonoma County). ATP also includes a parent component whereby parents can engage in a weekly support group, participate in individual or family counseling sessions, or receive consultation by phone with regard to their child and his/her substance use issues. Services are offered at no cost to the teen or his/her family members.

The mission of the Adolescent Treatment Program is to provide comprehensive therapeutic treatment services to adolescents with drug/alcohol dependence issues through drug use disorder consultation, education and rehabilitation.

B. Expected Service Levels

July 1, 2020 – June 30, 2021

- a. Contractor shall provide a minimum of 250 hours annually of outreach services.
- b. Contractor shall provide a minimum of 60 hours per week of outpatient adolescent treatment services.
- c. Contractor shall provide outpatient treatment services to approximately 70 youth (who have not been involved with the juvenile detention systems) and members of their family.
- d. Contractor shall provide screening, referral and coordination of counseling and urinalysis services to approximately 200 youth at a time, who have been referred by the Juvenile Probation Department.
- e. Contractor shall provide outpatient treatment services to approximately 20 youth transitioning from residential AOD treatment or local juvenile detention facilities, and members of their family.
- f. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.

July 1, 2021 – June 30, 2022

- a. Contractor shall provide a minimum of 250 hours of outreach services.
- b. Contractor shall provide a minimum of 60 hours per week of outpatient adolescent treatment services.
- c. Contractor shall provide outpatient treatment services to approximately 50 youth (who have not been involved with the juvenile detention systems) and members of their family.
- d. Contractor shall provide screening, referral and coordination of counseling and urinalysis services to approximately 100 youth at a time, who have been referred by the Juvenile Probation Department.
- e. Contractor shall provide outpatient treatment services to approximately 20 youth transitioning from residential AOD treatment or local juvenile detention facilities, and members of their family.
- f. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.

III. Service Description**A. Substance Use Disorder Services Descriptions**

- a. **Intake:** The intake process begins with assessing the individual's needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide services based on the appropriate level of care. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment.

- b. Individual Counseling: Face-to-face contacts between a client and a therapist or counselor.
- c. Group Counseling: Face-to-face contacts in which one or more therapists or counselors treat two or more clients (no more than 12) at the same time, focusing on the needs of the individuals served.
- d. Collateral Services: Face-to face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- e. Crisis Intervention: Face-to-face contact between a therapist or counselor and a client in crisis. "Crisis: means an actual relapse or an unforeseen event or circumstance which present to the client and imminent threat of relapse. Crisis intervention services is limited to stabilization of the client's emergency situation.
- f. Case Management: Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.
- g. Treatment Planning: Individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan should include a statement of problems to be addressed; goals to be reached which address each problem; action steps which will be taken by the provider and/or beneficiary to accomplish identified goals; target dates for accomplishment of action steps and goals; and a description of services including the type of counseling to be provided and the frequency thereof.
- h. Discharge Planning: The process to prepare a person for the post-treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services. A discharge summary is required for those individuals who might leave treatment prior to their completion. This summary should include documentation of their successes, challenges, and barriers.
- i. Care Coordination: Provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other necessary services.

B. Treatment Model

- a. Contractor shall assess clients at intake to determine treatment and service needs.
- b. Contractor shall complete an individualized treatment plan in the first seven (7) days of admission addressing the assessment items above and detailing whether needed services will be provided directly by Contractor, or through referral.

- The treatment plan shall identify goals and objectives for each phase of the program, as identified during the course of treatment and/or as standards require.
 - Contractor shall review treatment plan regularly - and at least monthly – with client to ensure they are meeting their goals and objectives.
- c. Contractor shall provide the following core components of therapeutic treatment services consistent with Youth Treatment Guidelines:
- i. Intake and Assessment (strength-based rather than deficit-based)
 - ii. Individual and group counseling using evidence-based curriculum
 - iii. Treatment Planning (strength-based rather than deficit-based)
 - iv. Collateral Services
 - v. Crisis Intervention
 - vi. Discharge Planning
 - vii. Parent Education
 - viii. Referrals to ancillary services, including Residential Treatment Beds
- d. Additional youth development approaches, as a foundation of youth treatment, shall include the uncovering of what is unique about youth and building on their individual abilities and strengths; frequent expressions of support and consistent, clear, and appropriate messages about what is expected of the youth; and, encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.
- e. Programs should provide or arrange for opportunities for youth to:
- i. advise and make decisions related to program policies and procedures that impact them;
 - ii. plan, organize, and lead program activities and projects;
 - iii. develop social skills and decision-making abilities;
 - iv. learn values and marketable skills for adulthood;
 - v. and, contribute to their community and serve others.
- f. Structured Recovery-Related Activities: Intensive outpatient programs should provide or arrange for both therapeutic and diversionary recreation. Therapeutic activities include art therapy, journal writing, and self-help groups. Diversionary recreation activities include sports, games, and supervised outings.
- g. Contractor shall provide screening, referral and coordination of counseling and urinalysis services to clients who are referred by the Juvenile Probation Department.
- h. Contractor shall provide outreach service to improve the public awareness and the utilization of the Adolescent Treatment Program.

C. Coordination of Services

- a. Contractor shall:
 - i. Work in collaboration with Probation, Human Services, Health Services and referring case managers to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Contractor shall coordinate with DHS-BHD, Social Services, local schools and community-based organizations in treatment planning.
 - iii. Make every effort to assure accessibility to all clients.
 - iv. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
 - v. Participate in meetings with the County Adolescent Services Team, DHS-BHD SUD Services Administration and the SUD monthly Provider's meeting, and the SUD Section as needed to assure optimal coordination of program services.
 - vi. Provide, upon request, minutes of Contractor's Board of Directors meetings.
 - vii. Ensure that referrals from DHS-BHD SUD programs are given priority for program admission.
- b. Client discharge shall be based on the completion of treatment objectives, as identified in their treatment plans, and on satisfactory progress that is measured by, but not limited to, the following:
 - i. Length of treatment
 - ii. Completed court requirement and/or courts orders, resolution of legal issues
 - iii. Maintained continuous abstinence during program, as confirmed by random testing
 - iv. Housing obtained, if needed
 - v. Gainfully employed or Employment ready, if applicable
 - vi. Relapse prevention/aftercare plan developed
- c. Provider will notify referring case management program within 24 hours when clients exit or are terminated prior to completing program.

D. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery

E. Cultural Responsiveness

- a. Contractor shall implement and maintain the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and

linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.

- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.
 - i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.
 - ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
 - iii. Family and friends shall never be used as interpreters.
- c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

IV. Administrative Requirements

A. Adherence to Regulations

- a. Contractors are required to obtain DHCS AOD certification for each of their residential and non-residential programs. If the contractor is not currently AOD certified, contractor will apply and adhere to DHCS AOD certification standards until the certification process is complete.
- b. Contractor shall provide therapeutic treatment services in compliance with State Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards. The DHS-BHD Substance Use Disorder Section Administrator will make any determination regarding such compliance.
- c. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- d. Contractor will continue implementation of a tobacco-free program.
- e. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.
- f. Contractor shall adhere to the Alcohol and Other Drug Treatment Standards Title 22 Drug Medi-Cal regulations and Title 9 Certification of Alcohol and Other Drug

Counselors as specified by the State Department of Health Care Services. Funding from County is contingent upon compliance with these requirements and regulations.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS within thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client.
- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Management program.
- c. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, and the referral and consent screens, in the SWITS program.

C. Reporting

- a. Claims for services are due to the County no later than thirty (30) days after the last day of the month in which those services were provided. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, the referral and consent screens, in the SWITS program.
- b. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients will complete an individualized treatment plan in the first seven days of treatment.
 - iii. 100% of all clients discharged, regardless of the reason, will be given information and referrals for supportive services.

E. Outcome Goals**a. Contractor is expected to achieve the following outcome goals:**

- i. 40% of clients discharged will receive standard (non-administrative) discharges.
- ii. 60% of clients receiving standard discharges will report maintaining sobriety during treatment.
- iii. 60% of all clients discharged will show no new arrests or charges during their treatment episode.
- iv. 25% of all clients discharged during the contract year will have successfully completed the program or left early with satisfactory progress.

b. Outcome Evaluation Methods

- i. Attempts will be made to contact clients who received therapeutic services under this contract at 6 months post discharge. The follow-up may be conducted in the subsequent contract year as necessary to meet the 6-month post-treatment time frame.
- ii. California Outcomes Measurement System (CalOMS) discharge date will determine length of stay and the beginning of the six-months post-discharge for follow-up.

A self-report follow-up survey will be used to measure outcomes as stated above. A random sample may be used and a minimum of 10% contact rate must be achieved.

**Exhibit A.5 Scope of Work - Perinatal Intensive Outpatient Treatment Services -
Period of Performance July 1, 2020 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Perinatal Intensive Outpatient Treatment Services (Perinatal, SonomaWORKS) NPI#:1417168949	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 102 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: Adult pregnant and parenting women	Physical Address of Site(s): 2400 County Center Drive, Suite B Santa Rosa, CA 95403 (707) 566-0170 ext. 2 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Friday: 9 a.m. – 5 p.m. (Closed on holidays as designated by Contractor Board of Directors) Crisis line available 24-hours per day 565-7460	Mailing (Remit) Address: 135 Paul Drive, San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa)* <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County *facility location	Services Provided: Perinatal Intensive Outpatient Treatment

II. Program Description

A. Perinatal Intensive Day Treatment Program Description

The First Steps Perinatal Program offers intensive outpatient services for pregnant and parenting women who have alcohol or other drug problems. A safe and nurturing environment supports a woman's recovery with individual and group counseling sessions. Transportation is provided to and from treatment with co-op childcare, a nutritious snack and sessions addressing treatment issues specific to pregnancy and parenting, including denial management, relapse prevention, coping skills, nutritional education, life skills, and developmental screening for participating children. Clients attend sessions each week day for an average length of 9-12 months.

The mission of the Perinatal Intensive Day Treatment Program is to reduce incidence of drug and alcohol dependency and or use for pregnant and parenting women by providing appropriate comprehensive therapeutic interventions and services in the areas of alcohol

and other drug use disorders, outreach, education, and treatment to motivated women with drug and/or alcohol addiction issues.

B. Priority Population(s)

- a. Pregnant and parenting women with Drug/Alcohol dependence/addiction issues
- b. Parenting and Postpartum women
- c. Women with dependent children
- d. Women attempting to regain custody of their children

C. Admission Priority

D. In accordance with 45 C.F.R. § 96.131(a), Perinatal Practice Guidelines FY 2018-2019, Contractor shall provide preference to pregnant women for perinatal residential services.

- a. Per these regulations during enrollment into services, when encountering any of the priority populations listed below, the Treatment Provider must have a tracking & outreach procedure in place to proactively follow-up with these clients in the event a bed is not available, and they must be added to the client wait list. Additionally, if any services are identified during intake as being needed (ancillary or treatment), the Treatment Provider must follow the Client Wait Lists & Coordination procedure outlined below.

E. Specifically, priority must be given to individuals who are seeking or are referred to treatment in the following order:

- a. Pregnant injecting drug users;
- b. Pregnant substance users;
- c. Injection drug users;
- d. Women with dependent children;
- e. Women attempting to regain custody of their children;
- f. Postpartum women and their children;
- g. Women with substance exposed infants; and
- h. All others.

F. Client Wait Lists & Coordination

Per Perinatal Practice Guidelines, Section B, 9:

- i. It is important to consistently provide pregnant and parenting individuals with the necessary and appropriate SUD treatment services. In the instance when a SUD treatment provider does not have the capacity or availability to provide the essential treatment services, arrangements should be made to ensure a woman receives the necessary treatment services.
- ii. When a SUD treatment provider has insufficient capacity to provide treatment services to a pregnant and/or parenting woman, the provider must provide a referral.
- iii. Providers shall establish, maintain, and update individual patient records for pregnant and parenting women, which shall include referrals.

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- iv. If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

B. Referrals

- i. SonomaWORKS: Treatment services billed to SonomaWORKS funds for clients must be referred by the designated SonomaWORKS AODS Counselor to be considered eligible.
- ii. Petaluma Sober Circle (PSC): Referrals
- DAAC Turning Point will dedicate four (4) residential beds to PSC clients and regularly notify PSC Team of bed availability. Upon notifying PSC Team of bed availability, DAAC Turning Point will hold the bed for up to 48 hours. If PSC Team does not make a referral during that period of time, the bed will be released and made available to the next eligible client.
 - PSC Team will make referrals to DAAC Turning Point identifying individuals as PSC clients and confirming that of 1 of 4 PSC dedicated beds is available.
 - Length of treatment is typically a minimum of 30 days, but may vary based on clinical need. If a PSC client needs more time in therapeutic treatment to address the client's substance use issues, Contractor shall email requests for extension to the DHS-BHD SUD Section Manager or designee (based on necessity and available funding) fifteen (15) days prior to the scheduled end of the treatment episode.
 - DHS-BHD shall communicate decision regarding extension within ten (10) working days from receipt of request.
 - As a member of the PSC Team, a staff from DAAC Turning Point shall attend the PSC meetings.
 - Provider will notify referring case management program (COTS) within 24 hours when clients exit or are terminated prior to completing program.

D. Expected Service Levels

July 1, 2020 – June 30, 2021

- a. Contractor shall provide up to 3,020 units of services, or face-to-face visits.
- i. On average, 22% of these service units (669) shall be used specifically to serve clients referred through the SonomaWORKS Program.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.
- i. Each client will typically receive services for three hours a day, five days a week for 180 day-treatment sessions, over approximately nine months.
- c. Contractor shall provide perinatal intensive outpatient treatment to a minimum of seventeen (17) unique Sonoma County pregnant and parenting women referred by the

DHS-BHD programs, partner agencies (including Drug Dependency Court) and/or client self-referral.

July 1, 2021 – September 30, 2021

- a. Contractor shall provide up to 577 units of services, or face-to-face visits.
 - i. On average, 28% of these service units (164) shall be used specifically to serve clients referred through the SonomaWORKS Program.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.
 - i. Each client will typically receive services for three hours a day, five days a week for 180 day-treatment sessions, over approximately nine months.
- c. Contractor shall provide perinatal intensive outpatient treatment to a minimum of six (6) unique Sonoma County pregnant and parenting women referred by the DHS-BHD programs, partner agencies (including Drug Dependency Court) and/or client self-referral.

October 1, 2021 – December 31, 2021

- a. Contractor shall provide up to 577 units of services, or face-to-face visits.
 - i. On average, 28% of these service units (164) shall be used specifically to serve clients referred through the SonomaWORKS Program.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.
 - i. Each client will typically receive services for three hours a day, five days a week for 180 day-treatment sessions, over approximately nine months.
- c. Contractor shall provide perinatal intensive outpatient treatment to a minimum of six (6) unique Sonoma County pregnant and parenting women referred by the DHS-BHD programs, partner agencies (including Drug Dependency Court) and/or client self-referral.

January 1, 2022 – June 30, 2022

- a. Contractor shall provide up to 1,866 units of services, or face-to-face visits.
 - i. On average, 28% of these service units (522) shall be used specifically to serve clients referred through the SonomaWORKS Program.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives.
 - i. Each client will typically receive services for three hours a day, five days a week for 180 day-treatment sessions, over approximately nine months.
- c. Contractor shall provide perinatal intensive outpatient treatment to a minimum of seventeen (17) unique Sonoma County pregnant and parenting women referred by the DHS-BHD programs, partner agencies (including Drug Dependency Court) and/or client self-referral.

II. Service Description

A. Substance Use Disorder Services Descriptions

- a. **Intensive Outpatient Treatment:** Intensive outpatient counseling and rehabilitative services that typically last a minimum of 3 hours but are less than 24 hours per day for three or more days per week. Intensive Outpatient Treatment Services differ from non-intensive Rehabilitative Outpatient services in that clients participate according to a minimum attendance schedule; receive regularly assigned treatment activities; receive a structured program per week that includes individual, group, and/or family therapy; and psychoeducation about behavioral health disorders.
- b. **Assessment, Referrals, and Intake:** The intake process begins with an initial assessment of the individual's needs to assure that clients are placed in the most appropriate level of care and treatment modality and are provided with a continuum of services that will adequately support recovery. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment. Ongoing assessment can occur throughout client program participation.
- c. **Individual Counseling:** Face-to-face contacts between a client and a therapist or counselor.
- d. **Group Counseling:** Face-to-face contacts in which one or more therapists or counselors treat two or more clients (no more than 12) at the same time, focusing on the needs of the individuals served.
- e. **Case Management:** Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.

B. Treatment Model

- a. Contractor shall assess clients at intake to determine treatment and service needs and in accordance with the minimum quality Drug Treatment standards for SABG. This assessment should, at minimum, include:
 - Education opportunity
 - Vocational counseling
 - Job referral and placement
 - Legal services
 - Medical and dental services
 - Social recreational
 - Individual counseling and group counseling for client's spouses, and parent and other significant others
 - Smoking cessation services
- b. If on completion of screening assessment, a client appears to have personal resources to pay for therapeutic treatment, Contractor and the County SUD Services Staff will coordinate client's eligibility and placement in a private non-county funded bed.
- v. Contractor will complete a financial assessment to ensure client's ability to pay, in advance of admission.

- vi. Duration of treatment will be based upon clinical need and will be determined in conjunction with the County SUD Services Staff.
 - c. Contractor shall complete an individualized treatment plan in the first 30 days of admission addressing all problems identified in the assessment and detailing whether needed services will be provided directly by Contractor, or through referral.
 - The treatment plan shall identify goals and action steps to address each problem statement and objectives for each phase of the program, as identified during the course of treatment and/or as standards require.
 - Contractor shall review treatment plan regularly - and at least monthly – with client to ensure they are meeting their goals and objectives.
 - d. Contractor shall provide the following core components of therapeutic treatment services consistent with Perinatal Practice Guidelines:
 - i. Individual and group counseling using evidence-based curriculum
 - ii. Transportation to and from the recovery and treatment site, and to and from ancillary services for women who do not have their own transportation.
 - iii. Mother-supported day care while participating in program activities
 - iv. On- and off-site recreational planning and activities
 - v. Referrals to ancillary services
 - vi. Medical consultation by M.D.
 - e. On-site services provided by partner agencies shall include:
 - i. Nutrition and health education (Public Health Nursing)
 - ii. Homemaking skills training (Family Maintenance)
 - iii. Infant health screening; developmental testing to screen for developmental delays; nutritional assessment and counseling; instruction in infant care; and immunizations as necessary (Public Health Nursing)
 - iv. Parenting Classes
 - f. Contractor shall ensure that clients and their children have access to the following services:
 - i. Primary medical care, including prenatal care;
 - ii. Primary pediatric care, including immunizations;
 - iii. Gender-specific treatment; and
 - iv. Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.
- C. Coordination of Services
- a. Contractor shall:
 - i. Work in collaboration with Probation, Human Services, Health Services and referring case coordinators to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Make every effort to assure accessibility to all clients.
 - iii. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
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- iv. Participate in meetings with DHS-BHD SUD Services Administration and the SUD monthly Provider's meeting, and SUD Section as needed to assure optimal coordination of program services.
 - v. Provide, upon request, minutes of Contractor's Board of Directors meetings.
 - vi. Ensure that referrals from DHS-BHD SUD Services programs are given priority for program admission.
- b. Client discharge shall be based on the completion of treatment objectives, as identified in their treatment plans, and on satisfactory progress that is measured by, but not limited to, the following:
 - i. Length of treatment
 - ii. Reunification with children
 - iii. Completed court requirement and/or courts orders, resolution of legal issues
 - iv. Maintained continuous abstinence during program, as confirmed by random testing
 - v. Housing obtained, if needed
 - vi. Gainfully employed or Employment ready
 - vii. Relapse prevention/aftercare plan developed
- c. Exceptions, based on clinical need, to the program's typical treatment episode length (180 days) shall be considered on a case-by-case basis.
 - i. Contractor shall email requests for extension to the assigned DHS-BHD SUD s Case Coordinator thirty (30) days prior to the scheduled end of the treatment episode.
 - ii. DHS-BHD SUD Case Coordinator shall review and consult with the Contractor and client and then prepare a recommendation for the DHS-BHD SUD Section Manager.
 - iii. DHS-BHD SUD Case Coordinator shall communicate decision regarding extension within ten (10) working days from receipt of request.
- d. Provider will notify referring case management program within 24 hours when clients exit or are terminated prior to completing program.

D. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery

E. Cultural Responsiveness

- a. Contractor shall implement and maintain the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.

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- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.
 - i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.
 - ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
 - iii. Family and friends shall never be used as interpreters.
 - c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

III. Administrative Requirements

A. Adherence to Regulations

- a. The County requires AOD Certification of all applicable contracted network providers. Contractor shall adhere to the requirements outlined in the California Department of Health Care Services (DHCS) Alcohol and /or Other Drug Program Certification Standards (2020) and Title 9 Certification of Alcohol and Other Drug Counselors as specified by the State Department of Health Care Services and must comply with Minimum Quality Drug Treatment Standards for SABG, and the Perinatal Practice Guidelines (PPG). If a conflict between regulations and standards, the most restrictive will apply. The PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal (DMC), and the Substance Abuse Prevention and Treatment Block Grant (SABG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SABG requires specified funds to be used for perinatal clients, regardless of whether perinatal funds are exchanged for discretionary funds.
- b. Per the applicable provisions of Title 45, CFR, Part 96, eligible clients may be funded through the SAPT Block Grant, which uses federally matched funds. Contractor shall comply with SAPT Block Grant requirements specified in Exhibit E regarding capacity management reporting, provision of interim services and outreach activities. No client who meets the SAPT Block Grant requirements shall be turned away for inability to pay.
- c. Contractor shall provide therapeutic treatment services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards and Perinatal Practice Guidelines. The DHS-BHD Alcohol and Drug Program Administrator will make any determination regarding such compliance.
- d. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement

Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- e. Contractor will continue implementation of a tobacco-free program.
- f. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.
- g. Contractor shall adhere to the facility licensing and counselor licensing certification or registration regulations/requirements as specified by the DHCS. Funding from DHS-BHD is contingent upon compliance with these requirements and regulations.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS with in thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client.
- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Management program.
- c. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, and the referral and consent screens, in the SWITS program.
- d. Provider will accurately maintain the wait list information in SWITS and submit monthly DATAR reports electronically to the state by the 10th of each month for the previous month.
- e. Final program and case reports will be submitted pursuant to State of California Perinatal Guidelines, County of Sonoma requirements and will be satisfactory to Child Parent Institute (CPI).

C. Reporting

- a. Claims for services are due to the County no later than thirty (30) days after the last day of the month in which those services were provided. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, the referral and consent screens, in the SWITS program.

- b. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients will be assessed to determine treatment and service needs.
 - iii. 100% of clients will complete an individualized treatment plan in the first seven days of treatment.
 - iv. 100% of all clients discharged, regardless of the reason, will be given information and referrals for supportive services.
 - v. 100% of all clients will be linked to Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care.
 - vi. 100% of all clients with children will be linked to primary pediatric care, including immunization.
 - vii. 100% of all clients will be linked to gender specific substance use disorder treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services.
 - viii. 100% of all children in custody of clients will be linked to therapeutic interventions for treatment, which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect.

E. Outcome Goals

- a. Contractor is expected to achieve the following outcome goals:
 - i. 60% of clients discharged will receive standard (non-administrative) discharges.
 - ii. 60% of clients will maintain sobriety during treatment.
 - iii. 60% of all clients discharged will show no new arrests or charges during their treatment episode.
 - iv. 60% of employable clients discharged, who are not participating in outpatient day treatment, will be either employed, in an educational/training program, or participating in job search.
 - v. 55% of all clients discharged during the contract year will have successfully completed the program or left early with satisfactory progress.
 - vi. 75% of pregnant women in therapeutic treatment will not use alcohol or other drugs during their pregnancy, to be measured by UA's taken by treatment program.

- vii. 75% of infants of pregnant participants in therapeutic treatment will have a negative toxicology screen at delivery.
- b. Outcome Evaluation Methods
 - i. Attempts will be made to contact clients who received therapeutic services under this contract at 6 months post discharge. The follow-up may be conducted in the subsequent contract year as necessary to meet the 6-month post-treatment time frame.
 - ii. California Outcomes Measurement System (CalOMS) discharge date will determine length of stay and the beginning of the six-months post-discharge for follow-up.
 - iii. A self- report follow-up survey will be used to measure outcomes as stated above. A random sample may be used and a minimum of 10% contact rate must be achieved.

**Exhibit A.6 Scope of Work - Drug Dependency Court Therapeutic Outpatient Treatment -
Period of Performance July 1, 2020 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Drug Dependency Court Therapeutic Outpatient Treatment NPI#:1417168949	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 102 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: Dependency Drug Court clients <ul style="list-style-type: none"> • Adult Pregnant and Parenting Women 	Physical Address of Site(s): 2400 County Center Drive, Suite B Santa Rosa, CA 95403 (707) 566-0170 ext. 2 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Friday: 9 a.m. – 5 p.m. (Closed on holidays as designated by Contractor Board of Directors) Crisis line available 24-hours per day 565-7460	Mailing (Remit) Address: 135 Paul Drive, San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa)* <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County *Facility Location	Services Provided: <ul style="list-style-type: none"> • Therapeutic Outpatient Treatment

II. Program Description

A. Drug Dependency Court Therapeutic Outpatient Treatment Program

DAAC outpatient services offer outpatient services for pregnant and parenting women who have alcohol or other drug problems and are referred by Dependency Drug Court, in collaboration with the Human Services Department and Child Protective services. DAAC offers a safe and nurturing environment, supporting a woman's recovery with individual and group counseling sessions.

DAAC Outpatient Services include a nutritious snack and sessions covering topics centered around pregnancy and parenting and include denial management, relapse prevention, coping skills, nutritional education, life skills, and developmental screening for participating children.

The mission of DAAC Outpatient services is to reduce incidence of drug and alcohol dependency for pregnant and parenting women by providing appropriate comprehensive

therapeutic interventions and services in the areas of alcohol and other drug use disorders, outreach, education, and treatment.

B. Priority Population

Referrals from Dependency Drug Court clients who are:

- a. Pregnant and parenting women with Drug/Alcohol dependence/addiction issues
- b. Parenting and Postpartum women
- c. Women with dependent children
- d. Women attempting to regain custody of their children

C. Admission Priority

- a. In accordance with 45 C.F.R. § 96.131(a), and the Perinatal Practice Guidelines FY 2018-2019, Contractor shall provide preference to pregnant women.
- b. Specifically, priority must be given to pregnant women who are seeking or referred to treatment in the following order:
 - i. Pregnant women injecting drugs
 - ii. Pregnant women using substances
 - iii. Women injecting drugs
 - iv. All other women

D. Expected Service Levels

July 1, 2020 – June 30, 2021

- a. Contractor shall provide up to 729 service units of individual face-to-face counseling; or up to 8,750 service units of group counseling; or a combination of the two services.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives and as determined by Dependency Drug Court team with progress input from the program.
- c. DAAC Outpatient services consists of less than 9 hours of service/week and clients attend a minimum of 1.5 hours a day, three times a week, with a 1x1 hour long counseling session with their counselor every other week or as needed.
- d. Contractor shall provide outpatient services to a minimum of 12 unique Sonoma County pregnant and parenting women referred by DDC.

July 1, 2021 – June 30, 2022

- a. Contractor shall provide up to 729 service units of individual face-to-face counseling; or up to 8,750 service units of group counseling; or a combination of the two services.
- b. Length of treatment shall be based on clinical need and client's progress toward meeting treatment objectives and as determined by Dependency Drug Court team with progress input from the program.
- c. DAAC Outpatient services consists of less than 9 hours of service/week and clients attend a minimum of 1.5 hours a day, three times a week, with a 1x1 hour long counseling session with their counselor every other week or as needed.
- d. Contractor shall provide outpatient services to a minimum of 12 unique Sonoma County pregnant and parenting women referred by DDC.
- e. Services listed in the scope of work shall not exceed the contract component maximum for this program, regardless of the number of clients seen, or contracted rates.

III. Service Description

A. Substance Use Disorder Services Descriptions

- c. Assessment, Referrals & Intake: The intake process begins with assessing the individual's needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide services based on the appropriate level of care. Intake may include a physical examination and laboratory testing necessary for substance-use disorder treatment. Ongoing assessments may occur throughout client program participation.
- d. Individual Counseling: Face-to-face contacts between a client and a therapist or counselor.
- e. Group Counseling: Face-to-face contacts in which one or more therapists or counselors treat two or more clients (no more than 12) at the same time, focusing on the needs of the individuals served.
- f. Collateral Services: Face-to face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- g. Crisis Intervention: Face-to-face contact between a therapist or counselor and a client in crisis. "Crisis: means an actual relapse or an unforeseen event or circumstance which present to the client and imminent threat of relapse. Crisis intervention services is limited to stabilization of the client's emergency situation.
- h. Case Management: Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.
- i. Treatment Planning: Individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan should include a statement of problems to be addressed; goals to be reached which address each problem; action steps which will be taken by the provider and/or beneficiary to accomplish identified goals; target dates for accomplishment of action steps and goals; and a description of services including the type of counseling to be provided and the frequency thereof.
- j. Discharge Planning: The process to prepare a person for the post-treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services. A discharge summary is required for those individuals who might leave treatment prior to their completion. This summary should include documentation of their successes, challenges, and barriers.
- k. Care Coordination: Provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other necessary services.

F. Treatment Model

- a. Contractor shall assess clients at intake to determine treatment and service needs in accordance with the minimum quality SABG drug treatment standards. This assessment should, at minimum, include:
 - Education opportunity
 - Vocational counseling
 - Job referral and placement
 - Legal services
 - Medical and dental services
 - Social recreational
 - Individual counseling and group counseling for client's spouses, and parent and other significant others
 - Smoking cessation services
- b. If on completion of screening assessment, a client appears to have personal resources to pay for therapeutic treatment, Contractor and the County SUD Services Staff will coordinate client's eligibility and placement in a private non-county funded bed.
 - i. Contractor will complete a financial assessment to ensure client's ability to pay, in advance of admission.
 - ii. Duration of treatment will be based upon clinical need and will be determined in conjunction with the County SUD Services Staff.
- c. Contractor shall complete an individualized treatment plan in the first 30 days of admission addressing all problems identified in the assessment and detailing whether needed services will be provided directly by Contractor, or through referral and in conjunction with the Dependency Drug Court program and court order.
 - The treatment plan shall identify goals and action steps to address each problem statement, and objectives for each phase of the program, as identified during the course of treatment and/or as standards require.
 - Contractor shall review treatment plan regularly - and at least monthly – with client to ensure they are meeting their goals and objectives.
- d. Contractor shall provide individual face-to-face counseling (50-minute sessions) and group counseling (90-minute sessions) for clients in need of outpatient treatment services. These evidence based therapeutic services include SUD education and may include group topics such as, principles of early recovery, relapse prevention, social skills, and co-occurring disorder groups, etc.
 - i. Groups will consist of a minimum of two (2) participants and a maximum of twelve (12) participants.

G. Coordination of Services

- a. Contractor shall:
 - i. Work in collaboration with the Drug Dependency Court partners, which may include Probation, Human Services, Health Services and referring case managers to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
 - ii. Make every effort to assure accessibility to all clients.

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- iii. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
 - iv. Participate in meetings with DHS-BHD SUD Services Administration as needed to assure optimal coordination of program services.
 - v. Provide, upon request, minutes of Contractor's Board of Directors meetings
 - vi. Ensure that referrals from DHS-BHD SUD Services programs will be given priority for program admissions.
- b. Client discharge shall be based on the completion of treatment objectives, as identified in their treatment plans, and on satisfactory progress that is measured by, but not limited to, the following:
- i. Length of treatment
 - ii. Completion of treatment objectives
 - iii. Completed court requirement and/or courts orders, resolution of legal issues
 - iv. Maintained continuous abstinence during program, as outlined in their treatment plan.
 - v. Relapse prevention/aftercare plan developed
- c. If on completion of screening assessment, a client appears to have personal resources to pay for therapeutic treatment, Contractor and the DHS-BHD SUD Case Coordinator will coordinate client's eligibility and placement.
- i. Contractor will complete a financial assessment to insure client ability to pay, in advance of admission.
 - ii. Duration of treatment will be based upon clinical need and will be determined in conjunction with DHS-BHD Case Coordinator.
- d. Length of treatment is typically six (6) months, but may vary based on clinical need.
- e. Provider will notify referring court case management program within 24 hours when clients are terminated prior to completing program.

H. Telehealth Services:

Telehealth services have been added to this scope of work, with the expectation that contractor will contact the DHS-BHD SUD Services Section Manager/Contract Manager, to receive approval in writing, prior to any telehealth service delivery, and for any ongoing telehealth service delivery

I. Cultural Responsiveness

- a. Contractor shall implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to provide culturally and linguistically appropriate services and improve access to care, quality of care and ultimately, health outcomes for those seeking substance use disorders treatment. Any concerns shall be discussed and reviewed with Contract Manager for resolution. Department Health Care Services can also be contacted for technical support.
- b. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Client and his/her family.

-
- i. Contractor shall make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent.
 - ii. Contractor shall notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.
 - iii. Family and friends shall never be used as interpreters.
- c. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that services are provided in a culturally sensitive manner.

IV. Administrative Requirements

A. Adherence to Regulations

- a. The County requires AOD Certification of all applicable contracted network providers. Contractor shall adhere to the Title 9 Facility Licensing Regulations, AOD Certification and State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards (2020) and Title 9 Certification of Alcohol and Other Drug Counselors as specified by the State Department of Health Care Services and must comply with Minimum Quality Drug Treatment Standards for SABG. If a conflict between regulations and standards, the most restrictive will apply. Per the applicable provisions of Title 45, CFR, Part 96, eligible clients may be funded through the Substance Abuse Prevention and Treatment Block Grant (SABG), which uses federally matched funds. Contractor shall comply with SABG requirements specified in Exhibit E regarding capacity management reporting, provision of interim services and outreach activities. No client who meets the SABG requirements shall be turned away for inability to pay.
- b. Contractor shall provide therapeutic treatment services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards and Perinatal Practice Guidelines. The DHS-BHD Substance Use Disorder Section Administrator will make any determination regarding such compliance. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- c. Contractor shall continue to have a designated outdoor smoking area.
- d. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.

B. Documentation of Services

- a. Contractor shall:
 - i. Input CalOMS admission information in SWITS within seven (7) days of admission.
 - ii. Input CalOMS discharge information in SWITS within thirty (30) days of discharge.
 - iii. Keep accurate client records in compliance with the State of California Standards for Drug Treatment Programs, making it possible to accurately track utilization and services.
 - iv. Keep accurate training records of dates, locations, affiliations and the number of participants present.
 - v. Obtain Release of Information from each client so that a follow-up can be conducted.
- b. Individual clinical progress reports shall be provided, as requested, by the referring Case Management program.
- c. Claims will be reconciled with encounters entered in SWITS. The program will utilize the group module, the wait list, and the referral and consent screens, in the SWITS program.
- d. Provider will accurately maintain the wait list information in SWITS and submit monthly DATAR reports electronically to the state by the 10th of each month for the previous month.

C. Reporting

- a. A mid-year report for the time period of July 1, 2021 through December 31, 2021, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **January 31st**. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

D. Process Goals

- a. Contractor is expected to achieve the following process goals:
 - i. 100% of clients receiving treatment will have CalOMS admission and discharge information completed in SWITS within 7 days of admission and 30 days of discharge.
 - ii. 100% of clients will be assessed to determine treatment and service needs.
 - iii. 100% of clients will complete an individualized treatment plan in the first seven days of treatment.
 - iv. 100% of all clients discharged regardless of the reason will be given information and referrals for supportive services.

J. Outcome Goals

- a. Contractor is expected to achieve the following outcome goals:
 - i. 60% of clients discharged will receive standard (non-administrative) discharges.
 - ii. 60% of clients receiving standard discharges will report maintaining sobriety during the last 30 days of their treatment episode.
 - iii. 60% of all clients discharged will show no new arrests or charges during the last 30 days of their treatment episode.

- iv. 60% of employable clients discharged, who are not participating in outpatient day treatment, will be either employed, in an educational/training program, or participating in job search.
 - v. 55% of all clients discharged during the contract year will have successfully completed the program or left early with satisfactory progress.
 - vi. 75% of pregnant women in therapeutic treatment will not use alcohol or other drugs during their pregnancy, to be measured by UA's taken by treatment program.
 - vii. 75% of infants of pregnant participants in therapeutic treatment will have a negative toxicology screen at delivery.
- b. Outcome Evaluation Methods
- i. Attempts will be made to contact clients who received therapeutic services under this contract at six-months post discharge. The follow-up may be conducted in the subsequent contract year as necessary to meet the six-month post-treatment time frame.
 - ii. California Outcomes Measurement System (CalOMS) discharge date will determine length of stay and the beginning of the six-month post-discharge for follow-up.
A self-report follow-up survey will be used to measure outcomes as stated above. A random sample may be used and a minimum of 10% contact rate must be achieved.

**Exhibit A.7 Scope of Work – Perinatal IOT Case Management – SABG Supplemental
(CRRSAA) -
Period of Performance July 1, 2021 through June 30, 2022**

1. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Perinatal Intensive Outpatient Treatment Services (Perinatal, SonomaWORKS) NPI#:1417168949	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 102 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: Adult pregnant and parenting women	Physical Address of Site(s): 2400 County Center Drive, Suite B Santa Rosa, CA 95403 (707) 566-0170 ext. 2 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Friday: 9 a.m. – 5 p.m. (Closed on holidays as designated by Contractor Board of Directors) Crisis line available 24-hours per day 565-7460	Mailing (Remit) Address: 135 Paul Drive, San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa)* <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County *facility location	Services Provided: Perinatal Intensive Outpatient Treatment

II. Program Description

A. Perinatal Case Management Services

- a. Registered Counselor: Additional 20 hours/ per week to provide case management services and referral services to women enrolled in the Perinatal Intensive Outpatient Treatment. Services include assessment and referral, case management services, individual counseling, ASI, Treatment Planning and discharge planning.
- b. Outreach & Engagement Services: Additional 20 hours/ per week of activities to educate community-based organizations on services provided in the Perinatal Program. Services may include outreach and engagement, monitoring and evaluation of progress for follow-ups on clients completing or discharging from treatment, community resource and referrals for clients enrolled in the program and this person would create a

program specific resource list for women and children enrolled in the Perinatal Program by 6/30/22. Referral to the following services:

- i. Well baby services
- ii. Psychiatric services
- iii. Education services
- iv. Vocational counseling
- v. Job referral and placement
- vi. Legal services
- vii. Medical and dental services
- viii. Social recreational
- ix. Individual counseling and group counseling for client's spouses, and parent and other significant others
- x. Smoking cessation

III. Administrative Requirements

A. Adherence to Regulations

- a. The County requires AOD Certification of all applicable contracted network providers. Contractor shall adhere to the requirements outlined in the California Department of Health Care Services (DHCS) Alcohol and /or Other Drug Program Certification Standards (2020) and Title 9 Certification of Alcohol and Other Drug Counselors as specified by the State Department of Health Care Services and must comply with Minimum Quality Drug Treatment Standards for SABG, and the Perinatal Practice Guidelines (PPG). If a conflict between regulations and standards, the most restrictive will apply. The PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal (DMC), and the Substance Abuse Prevention and Treatment Block Grant (SABG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SABG requires specified funds to be used for perinatal clients, regardless of whether perinatal funds are exchanged for discretionary funds.
- b. Per the applicable provisions of Title 45, CFR, Part 96, eligible clients may be funded through the SAPT Block Grant, which uses federally matched funds. Contractor shall comply with SAPT Block Grant requirements specified in Exhibit E regarding capacity management reporting, provision of interim services and outreach activities. No client who meets the SAPT Block Grant requirements shall be turned away for inability to pay.
- c. Contractor shall provide therapeutic treatment services in compliance with State of California Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards and Perinatal Practice Guidelines. The DHS-BHD Alcohol and Drug Program Administrator will make any determination regarding such compliance.
- d. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- e. Contractor will continue implementation of a tobacco-free program.

- f. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.
- g. Contractor shall adhere to the facility licensing and counselor licensing certification or registration regulations/requirements as specified by the DHCS. Funding from DHS-BHD is contingent upon compliance with these requirements and regulations.

B. Reporting

- a. An annual report for the time period of July 1, 2021 through June 30, 2022, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **July 31st**.
- b. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

**Exhibit A.8 Scope of Work – Adolescent Youth Services –
SABG Supplemental (CRRSAA) -
Period of Performance July 1, 2021 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Adolescent Treatment Program (ATP) NPI#: 1063623593	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none"> Alcohol and other drug dependent adolescents (including clients referred by the Juvenile Probation Department), and their families. 	Physical Address of Site(s): 2403 Professional Drive, #101 Santa Rosa, CA 95403 Local Phone: (707) 544-3295 Website: https://www.daacinfo.org/
Hours of Operation: Monday – Thursday: 9:00 a.m. – 7:00 p.m. Fridays: 9:00 a.m. – 5:30 p.m. Closed on holidays as designated by Contractor Board of Directors Crisis line available 24-hours per day, year-round 707-565-7460	Mailing (Remit) Address: 135 Paul Drive San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> Provides comprehensive therapeutic treatment services to adolescents (and their families) with drug/alcohol dependence issues through drug use disorder consultation, education and rehabilitation.

II. Program Description**A. ATP School-Based Outreach and Prevention - Center Point DAAC**

- a. DAAC will provide a minimum of 35 hours weekly of outreach services to youth in Sonoma County, working with the Adolescent Treatment Programs staff screening and referring to treatment services.
- b. Work in collaboration with Probation, Human Services, Health Services and referring case managers to meet the various needs of clients who present with alcohol and/or substance dependence symptoms.
- c. Participate in meetings with the County Adolescent Services Team, DHS-BHD SUD Services Administration and the SUD monthly Provider's meeting, and the SUD Section as needed to assure optimal coordination of program services.

- d. Coordinate with relevant community, county and state agencies to ensure clients benefit from a focused delivery system that integrates services from local government and community-based organizations.
- e. Referrals to ancillary services, including Residential Treatment
- f. Document client contacts, outreach efforts, meetings attended, telephone calls, follow-ups, connecting with schools, outreach and engagement at various CBO's, schools, etc.
- g. Make every effort to assure accessibility for all clients to access services in the community, i.e., treatment, education, vocational, housing, medical services, Mental Health services, etc.

B. Family Intervention Services

- a. DAAC will provide 4-5 hours per week of family Intervention Counseling services with 3 hours for documentation/supervision/case consultation services to youth client families who are enrolled in DAAC Programs throughout the system of care at DAAC.
- b. Client's will be referred for family counseling with significant others, children, family members of clients enrolled in treatment services at DAAC programs.
- c. Up to 3 sessions for each family referred to with referral for ongoing family counseling if deemed appropriate.
- d. DAAC will provide services to any client enrolled in DAAC programs at the age of 18-24 years old, to educate families on treatment programs information, relapse prevention, codependency issues, communication style, resolve family conflict or any issues that arise within the family system of a client enrolled in our SUD treatment.
- e. Referral to ongoing care i.e., Alanon, Friends & Family group, family counseling, etc.
- f. If a family session is scheduled, therapist will bill for session if client does not show up. this must be written in to contract. Therapist will require payment for no-shows.
- g. DAAC will provide up to 7 hours per week of family counseling and documentation/supervision
- h. Therapist will train staff on ASAM criteria for ongoing LOC assessment and facilitate training through ASAM Website.

III. Administrative Requirements

A. Adherence to Regulations Adherence to Regulations

- a. Contractors are required to obtain DHCS AOD certification for each of their residential and non-residential programs. If the contractor is not currently AOD certified, contractor will apply and adhere to DHCS AOD certification standards until the certification process is complete.
- b. Contractor shall provide therapeutic treatment services in compliance with State Department of Health Care Services, Alcohol and /or Other Drug Program Certification Standards. The DHS-BHD Substance Use Disorder Section Administrator will make any determination regarding such compliance.

- c. Contractor shall provide therapeutic treatment services in accordance with evidence/research based best practices as discussed in the Treatment Improvement Protocols (TIP) and Technical Assistance Publication (TAP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- d. Contractor will continue implementation of a tobacco-free program.
- e. Contractor shall comply with data collection and reporting requirements as specified by CalOMS and with Sonoma Web Infrastructure for Treatment Services (SWITS) data management requirements, including but not limited to, completion of the SWITS ASI Lite, ASAM, or ADAD (for youth) Assessment Tool for all clients served through this agreement.
- f. Contractor shall adhere to the Alcohol and Other Drug Treatment Standards Title 22 Drug Medi-Cal regulations and Title 9 Certification of Alcohol and Other Drug Counselors as specified by the State Department of Health Care Services. Funding from County is contingent upon compliance with these requirements and regulations.

B. Reporting

- a. An annual report for the time period of July 1, 2021 through June 30, 2022, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **July 31st**.
- b. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

**Exhibit A.9 Scope of Work – Recovery Housing – (Transitional Housing) – SABG
Supplemental (CRRSAA) -
Period of Performance July 1, 2021 through June 30, 2022**

I. Overview

Provider Name: Drug Abuse Alternatives Center Program Name: Recovery Housing – Sober Supportive Housing	Contact Person & Information: Maurice Lee Executive Vice President 2403 Professional Drive, Suite 101 Santa Rosa, CA 95403 Phone: (707) 544-3295 Fax: (707) 544-9011 Email: shertel@daacmail.org
Priority Populations: <ul style="list-style-type: none"> Adults 	Physical Address of Site(s): 134 & 138 Picnic Ave San Rafael 94901 812 D Street San Rafael ca 94901 1415 Roman Drive Rohnert Park, CA Local Phone: (707) 544-3295 Website: https://www.daacinfo.org/
Hours of Operation: 24 Hours/7 Days a week	Mailing (Remit) Address: 135 Paul Drive San Rafael, CA 94903
Geographic Area(s) Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> Residential services for adult men and women dealing with substance use disorder issues

II. Program Description**A. Transitional House Services:**

- a. Provide a Housing coordinator to work with individual clients referred to Transitional Living to support the residents in finding permanent housing.
- b. DAAC programs represent the full continuum of care and include trauma-informed, culturally competent, gender-responsive DHCS-approved ASAM levels of care 1.0, 2.1, 3.1, 3.2 WM, 3.3, and 3.5 programs, each of which is currently serving MAT clients without prejudice or restriction and will refer to the Transitional Living Program once they complete treatment in these programs.
- c. The Recovery Residence owned and operated by DAAC in Rohnert Park is fully furnished, meets the criteria for a Transitional Living Program and has policy and procedures as outlined in the Standards for a Transitional living Program. This program is not licensed or certified. This program does have an existing Housing Coordinator

- who works with the clients and is co-case management/care coordination relationships with all other DAAC County-contacted programs.
- d. Case Management and referral services to medical/dental services, education/vocational services, self-help meetings, SUD treatment services if needed, legal services, and housing resources.
 - e. Weekly house meetings to discuss living and communication skills with each resident of the program.
 - f. All clients living in the program will attend weekly aftercare group with a certified counselor of DAAC program. Evidenced based curriculum on Transitional Services is provided to all residents of the house during this aftercare group.
 - g. Provide up to 6 months of transitional living services to homeless individuals in Sonoma County, with subsidies and rental assistance.
 - h. Services listed in the scope of work shall not exceed the contract component maximum for this program, regardless of the number of clients seen, facility location, or contracted rates.

III. Administrative Requirements

A. Adherence to Regulations

- a. Contractor shall adhere to all regulations applicable to sober living and transitional housing environments.
- b. Per California Consortium of Addiction Programs and Professionals (CCAPPs), Recovery Residence Standards from April 2021, states that Recovery Residences must be cognizant of state licensing laws for addiction treatment. They must not require residents to attend programs or counseling sessions; however, certain rules may be set as provisions of residency, such as:
 - i. Curfew
 - ii. Chores
 - iii. Payment of rent; and,
 - iv. and must include prohibition of any use of alcohol and or illicit drugs.
- c. Contractor will continue implementation of a tobacco-free program.

B. Reporting

- a. An annual report for the time period of July 1, 2021 through June 30, 2022, including a narrative of Contractor's progress, that demonstrates progress toward stated purposes or goals of the program as set forth in Exhibit(s) A, shall be due to County by **July 31st**.
- b. Failure to provide the above noted reports and/or any other reports/documentation requested by County within the time frame indicated may result in County withholding payments on this contract.

Exhibit B. Payment Terms and Conditions

This Exhibit B (Payment Terms and Conditions) includes the following, which are herein incorporated by reference:

- Exhibit B.1 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) – Rate-Based - Period of Performance July 1, 2020 – June 30, 2021
- Exhibit B.2 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) – Monthly Cost-Based Reimbursement - Adolescent Treatment Program (ATP), Drug Court/Expansion Outpatient - Period of Performance July 1, 2020 – June 30, 2021
- Exhibit B.3 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Mixed – Reimbursement for Perinatal Intensive Outpatient Treatment Services - Period of Performance July 1, 2020 – June 30, 2021
- Exhibit B.4 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) – Rate-Based - Period of Performance July 1, 2021 through June 30, 2022
- Exhibit B.5 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) – Monthly Cost-Based Reimbursement - Adolescent Treatment Program (ATP), Drug Court/Expansion Outpatient - Period of Performance July 1, 2021 through June 30, 2022
- Exhibit B.6 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Mixed – Reimbursement for Perinatal Intensive Outpatient Treatment Services - Period of Performance July 1, 2021 through June 30, 2022
- Exhibit B.7 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Perinatal Intensive Outpatient Treatment Case management – SABG Supplemental CRRSAA - Period of Performance July 1, 2021 through June 30, 2022
- Exhibit B.8 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Adolescent Youth Services – SABG Supplemental CRRSAA - Period of Performance July 1, 2021 through June 30, 2022
- Exhibit B.9 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Recovering Housing (Transitional Housing) – SABG Supplemental CRRSAA - Period of Performance July 1, 2021 through June 30, 2022

**Exhibit B.1 Payment Terms and Conditions -
Non Drug Medi-Cal (DMC) – Rate-Based -
Period of Performance July 1, 2020 – June 30, 2021**

1. Maximum Payment of Services
 - a) The maximum amount that the County shall be obligated to pay Contractor shall not exceed the amount set forth in Article 2 of the Agreement.
 - b) Contractor shall be reimbursed based on contracted rate per unit of service.
2. Requirements and Payment Limitations
 - a) Full Participation: Contractor agrees to provide County with all documentation needed to enable the County to submit claims.
 - b) The Contractor shall submit monthly invoices and attestation on County provided template located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>. Each Payor Group shall have a separate invoice and include a description of the services provided, and documentation to support the number of units billed. Contractor shall submit a monthly invoice within thirty (30) days from the last day of the month service was provided.
 - c) Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission.
 - d) County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier.
 - e) Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
 - f) All billing and payment invoices shall be submitted to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Claims Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405
 - g) Disallowance: In no event shall the County be obligated to pay Contractor where service has been denied, disallowed, or refused. Should such disallowances occur, County may, at their discretion, deduct the value of the disallowances from future payments to Contractor.
 - h) Approved Procedure Codes and Rates: When billing the County for authorized services provided to Sonoma County beneficiaries, Contractor will use this exclusive list of procedure codes.

Agency Drug Abuse Alternatives Center Facility: Turning Point Residential Payor Group: AB-109, Drug Court (EXP for expansion), Jail Beds, TASC, Sober Circle, Community Beds, WPC, etc.				NPI #: 1104037472
Procedure Codes	Description of Code	Unit of Service	Rate	
H0019	Residential Long-Term	Utilization Bed Days	\$81.22	
H0019EXP	Residential Long-Term – Expansion	Utilization Bed Days	\$81.22	

Facility: Turning Point Orenda Detox Payor Group: TPOD - Turning Point Orenda Detox				NPI #: 1770897738
Procedure Codes	Description of Code	Unit of Service	Rate	
H0010	Residential Detoxification	Dedicated Bed Days	\$131.60	
H0010WPC	Residential Detoxification – (WPC)	Dedicated Bed Days	\$131.60	
H0010BH	Residential Detoxification – (Bed Hold Day)	Bed Hold Day	\$131.60	

Facility: Outpatient Payor Group: Sonoma County AODS, Dependency Drug Court (DDC)				NPI #: 1063623593
Procedure Codes	Description of Code	Unit of Service	Rate	
H0004	Outpatient– Individual Counseling	Face-to-Face Visit (per person)	\$83.30	
H0005	Outpatient– Group Counseling	Face-to-Face Visit (per person)	\$33.90	

3. Cost Report: Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. Any revenue earned by Contractor through the provision of services purchased under this Agreement shall be considered an offset to the Contract, as a whole, and shall reduce the maximum amount payable by County to Contractor. Revenues include fees from other funding sources, donations or any other monies accrued as a direct result of services provided in conjunction with this Agreement. Revenues are recognized in the year in which they are earned, regardless of whether payment has been received.

The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.

If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>

Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by County after Contractor's submission of a Cost Report as required above.

In the event of overpayment to Contractor, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

4. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or email to SCBHPProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the County Website at:
<http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials>

**Exhibit B.2 Payment Terms and Conditions -
Non Drug Medi-Cal (DMC) – Monthly Cost-Based Reimbursement - Adolescent Treatment
Program (ATP), Drug Court/Expansion Outpatient -
Period of Performance July 1, 2020 – June 30, 2021**

1. Monthly Invoicing and Payment

- a) County shall pay Contractor on a monthly basis, in arrears after submission by Contractor of a County approved invoice, which includes a summary of services and charges for the month of service. Payment will be made in a timely manner within the usual course of County business.
- b) In full consideration of Contractor's satisfactory performance in providing the services described in Exhibit A, the maximum amount that the County shall be obligated to pay Contractor shall not exceed the amount set forth in Article 2 of the Agreement.
- c) Contractor shall submit invoices (in a form approved by County) no later than thirty (30) days after the last day of the month in which the services were provided.
- d) Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission.
- e) County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier.
- f) Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- g) All billing and payment invoices shall be submitted to the following address:

Sonoma County Behavioral Health
Attn: Program Support
2227 Capricorn Ave, Suite 207
Santa Rosa, CA 95407
- h) County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third party payor (other health care primary Other Health Coverage (OHC), including Medicare), and to the extent that County inadvertently makes payments to Contractor for such services rendered, the County shall be entitled to recoup such reimbursement. The Contractor shall promptly refund the payment amount to County upon request; or, at its option, County may offset the amount from any payment due or becomes due to Contractor under this Agreement or any other Agreement.

2. Reporting

Contractor will provide any and all information related to the provision of services as stipulated in Exhibit A of this Agreement in a form acceptable to the County.

3. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or email to SCBHProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the County Website at:
<http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials>

4. Budgets

Direct Services - Active service on cases and work with clients as distinguished from staff functions

Indirect Services - Indirect services are not provided directly to a client rather are done in support of the provision of services (staff functions).

Budget - Adolescent Treatment Program

PERSONNEL		
Job Title	Full FTE Annual Salary	FY 20-21 (\$)
ATP Youth Counselor (40 Hrs /Week)	41,600	41,600
Youth Counselor (4 Hrs /Week)	45,760	4,576
Sub-Total Direct Service Salaries		46,176
Indirect Services		
Program Manager	52,000	1,560
Billing Coordinator	35,360	1,061
Outreach	52,000	1,300
Records Management	37,440	1,123
Sub-Total Indirect Service Salaries		5,044
Sub-Total Salaries		51,220
Fringe Benefits – 25% of Salaries		12,805
TOTAL PERSONNEL COSTS		64,025
SERVICES AND SUPPLIES		
DIRECT SERVICES		
Food		500
Print/pub/promo		75
Recognition/Awards		500
Maintenance-Equipment		1,000
Communications		1,000
Insurance		771
Office Expense		1,074
Postage		25
Rents & Leases-Land, Structures & Improvements		2,200
Utilities		550
Professional Fees		7,746
SERVICES AND SUPPLIES TOTAL		15,441
PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS		79,466
ADMINISTRATIVE OVERHEAD - 15% MAXIMUM		9,534
TOTAL		89,000

Budget – Drug Court Outpatient

PERSONNEL		
Job Title	Full FTE Annual Salary	FY 20-21 (\$)
Counselor	41,600	41,600
Counselor	41,600	41,600
Counselor	41,600	41,600
Program Therapist (6 hours per week)	62,400	7,800
Sub-Total Direct Service Salaries		132,600
Indirect Services		
Records Management/Administrative	35,360	32,531
Program Manager (6 hours per week)	52,000	7,800
Sub-Total Indirect Service Salaries		40,331
Sub-Total Salaries		172,931
Fringe Benefits – 25% of Salaries		43,233
TOTAL PERSONNEL COSTS		216,164
SERVICES AND SUPPLIES		
DIRECT SERVICES		
Clothing & Personal Supplies		69
Food		450
Print/pub/promo		399
Recognition/Awards		350
UA testing - Patient care		1,030
Maintenance-Equipment		3,520
Membership Dues		676
Training		2,500
Computer supplies		480
Communications		1,938
Household Expenses		689
Insurance		4,094
Leased Property Maintenance, Structures Improvements & Grounds		3,451
Maintenance-Structures, Improvements & Grounds		2,451
Miscellaneous Expense		1,263
Office Expense		973
Postage		95
Rents & Leases-Land, Structures & Improvements		59,730
Taxes & Licenses		1,934
Utilities		5,359
ADA Contingency		676
Other - Professional Fees		4,419
SERVICES AND SUPPLIES TOTAL		96,546
TRANSPORTATION - Travel		500
GRAND TOTAL SERVICES & SUPPLIES AND TRANSPORTATION		97,046

PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS	313,210
ADMINISTRATIVE OVERHEAD - 15% MAXIMUM	35,716
TOTAL	348,926

Budget - Drug Court Outpatient Expansion

PERSONNEL Job Title	Full FTE Annual Salary	FY 20-21 (\$)
Direct Services		
Bilingual Counselor - (half-time)	43,680	21,840
Program Therapist (1 hr / week)	62,400	1,560
Sub-Total Direct Service Salaries		23,400
Indirect Services		
Records Management/Administrative	35,360	2,829
Program Manager (1 hr / week)	52,000	1,300
Sub-Total Indirect Service Salaries		4,129
Sub-Total Salaries		27,529
Fringe Benefits – 25% of Salaries		6,882
TOTAL PERSONNEL COSTS		34,411
SERVICES AND SUPPLIES		
DIRECT SERVICES		
Print/pub/promo		250
Other - Patient Care		150
Training		1,400
Leased Property Maintenance, Structures Improvements & Grounds		919
Rents & Leases-Land, Structures & Improvements		2,000
SERVICES AND SUPPLIES TOTAL		4,719
PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS		39,130
ADMINISTRATIVE OVERHEAD - 15% MAXIMUM		5,870
TOTAL		45,000

**Exhibit B.3 Payment Terms and Conditions -
Non Drug Medi-Cal (DMC) Mixed – Reimbursement for Perinatal Intensive Outpatient
Treatment Services -
Period of Performance July 1, 2020 – June 30, 2021**

1. Monthly Invoicing and Payment

- a. County shall pay Contractor on a monthly basis, in arrears after submission by Contractor of a County approved invoice. Payment will be made in a timely manner within the usual course of County business.
- b. The maximum amount that the County shall be obligated to pay Contractor shall not exceed the amount set forth in Article 2 of the Agreement.
- c. Contractor shall be reimbursed on a monthly basis for costs incurred during the provision of these services in the following manner:
- d. To prevent delay in payment, contractor will submit all perinatal invoices at the same time.
- e. Payment for perinatal services will not be made until Perinatal DMC Invoices are reconciled and accurate.
 - i. Contractor shall first be reimbursed based on contracted rates per unit of service through Contractor's Drug Medi-Cal agreement.
 - ii. Contractor shall then be reimbursed based on contracted rates per unit of service as incorporated in this exhibit.
 - iii. Contractor shall then be reimbursed for the difference between actual costs incurred in the month of service and the amount reimbursed by contracted rate per unit of service for both DMC and non-DMC Perinatal services, up to the program budget as incorporated in this exhibit.
- f. Contractor's reimbursement will not exceed actual monthly cost for providing perinatal services.
- g. Procedure Codes and Rates: When billing the County for authorized services provided to Sonoma County beneficiaries, Contractor will use this exclusive list of procedure codes.

Facility: DAAC Perinatal Day Treatment			NPI #: 1417168949
Payor Group: Sonoma County AODS, SonomaWorks			
Provider#: 4908			
Procedure Codes	Description of Code	Unit of Service	Rate
H0015HD	Intensive Outpatient Treatment – Perinatal	Face-to-Face Visit	\$91.45

2. Requirements and Payment Limitations

- a) Full Participation: Contractor agrees to provide County with all documentation needed to enable the County to submit claims.
- b) The Contractor shall submit monthly invoices and attestation on County provided template located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and->

Materials/. Each Payor Group shall have a separate invoice and include a description of the services provided, and documentation to support the number of units billed. Contractor shall submit a monthly invoice within thirty (30) days from the last day of the month service was provided.

- c) Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission.
- d) County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier.
- e) Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- f) All billing and payment invoices shall be submitted to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Claims Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

- g) Disallowance: In no event shall the County be obligated to pay Contractor where service has been denied, disallowed, or refused. Should such disallowances occur, County may, at their discretion, deduct the value of the disallowances from future payments to Contractor.

3. Cost Report: Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. Any revenue earned by Contractor through the provision of services purchased under this Agreement shall be considered an offset to the Contract, as a whole, and shall reduce the maximum amount payable by County to Contractor. Revenues include fees from other funding sources, donations or any other monies accrued as a direct result of services provided in conjunction with this Agreement. Revenues are recognized in the year in which they are earned, regardless of whether payment has been received.

The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.

If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>

Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by County after Contractor's submission of a Cost Report as required above.

In the event of overpayment to Contractor, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

4. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or email to SCBHProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the County Website at:
<http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials>

**Exhibit B.4 Payment Terms and Conditions – Non-Drug Medi-Cal (DMC) – Rate-Based -
Period of Performance July 1, 2021 through June 30, 2022**

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier.
- c) Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- d) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- e) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- f) Total contract payments for the term shall not exceed the contract maximum.
- g) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- h) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405
- i) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) **Documentation and Scope of Practice:** For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled “Documentation and Scope of Practice”, a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) **Audits:** Contractor’s services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) **Disallowance:** Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor’s performance under this Agreement, including, but not limited to, Contractor’s insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

To the extent Contractor is required to make county whole under this Paragraph, county may elect to withhold any payments for past services, offset against any payments for future services for which Contractor provides, or demand reimbursement without offset.

Contractor shall pay any penalty or fine assessed against county arising from Contractor’s failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties and fines which may be assessed under a Federal or State False Claims Act provision.

Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) **Approved Procedure Codes and Rates:** county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

For Period July 1, 2021 through December 20, 2021:

Agency: Drug Abuse Alternatives Center		NPI #: 1104037472	
Facility: Turning Point Residential			
Payer Group: AB-109, Drug Court, Jail Beds, TASC, Sober Circle, Community Beds, etc.			
Physical Program Address: 440 Arrowood Drive, Santa Rosa, CA 95407			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0019	Residential Long-Term	Utilization Bed Days	\$81.22

For Period December 21, 2021 through December 31, 2021:

Agency: Drug Abuse Alternatives Center NPI #: 1144220898 Facility: Men's Residential Facility "Manor" Payer Group: AB-109, Drug Court, Jail Beds, TASC, Sober Circle, Community Beds, etc. Physical Program Address: 603 D Street, San Rafael CA 94901			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0019	Residential Long-Term	Utilization Bed Days	\$81.22

For Period December 21, 2021 through December 31, 2021:

Agency: Drug Abuse Alternatives Center NPI #: 1235633728 Facility: Center Point Napa Payer Group: AB-109, Drug Court, Jail Beds, TASC, Sober Circle, Community Beds, etc. Physical Program Address: 2100 Napa Vallejo Hwy, Bldg 253, Napa CA 94558			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0019	Residential Long-Term	Utilization Bed Days	\$81.22

For Period January 1, 2022 through June 30, 2022:

Agency: Drug Abuse Alternatives Center NPI #: 1144220898 Facility: Men's Residential Facility "Manor" Payer Group: AB-109, Drug Court, Jail Beds, TASC, Sober Circle, Community Beds, etc. Physical Program Address: 603 D Street, San Rafael CA 94901			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0019	Residential Long-Term	Utilization Bed Days	\$158.56

For Period January 1, 2022 through June 30, 2022:

Agency: Drug Abuse Alternatives Center NPI #: 1235633728 Facility: Center Point Napa Payer Group: AB-109, Drug Court, Jail Beds, TASC, Sober Circle, Community Beds, etc. Physical Program Address: 2100 Napa Vallejo Hwy, Bldg 253, Napa CA 94558			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0019	Residential Long-Term	Utilization Bed Days	\$158.56

For Period July 1, 2021 through December 31, 2021:

Agency: Drug Abuse Alternatives Center NPI #: 1770897738 Facility: Orenda Detox Payer Group: TPOD - Turning Point Orenda Detox Physical Program Address: 1430 Neotomas Ave. Santa Rosa, CA 95405			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0010	Residential Detoxification	Dedicated Bed Days	\$131.60
H0010BH	Residential Detoxification – (Bed Hold Day)	Bed Hold Day	\$131.60

For Period January 1, 2022 through June 30, 2022:

Agency: Drug Abuse Alternatives Center NPI #: 1770897738 Facility: Orenda Detox Payer Group: TPOD - Turning Point Orenda Detox Physical Program Address: 1430 Neotomas Ave. Santa Rosa, CA 95405			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0010	Residential Detoxification	Dedicated Bed Days	\$229
H0010BH	Residential Detoxification – (Bed Hold Day)	Bed Hold Day	\$229

Agency: Drug Abuse Alternatives Center NPI #: 1063623593 Facility: Outpatient Payer Group: Sonoma County AODS, Dependency Drug Court (DDC) Physical Program Address: 2400 County Center Drive, Suite B, Santa Rosa, CA 95403			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0004	Outpatient Drug Free (ODF) Individual Counseling	Face-to-Face Visit (Per Person)	\$85.96
H0005	Outpatient Drug Free (ODF) Group Counseling	Face-to-Face Visit (Per Person)	\$36.52

3. Routine Service Corrections

Routine service corrections must be submitted on a County provided service correction form with supporting documentation.

Routine service correction forms must be submitted directly to the Revenue Management Unit.

All routine service correction forms shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Sonoma County Cloud access will be granted upon request. Service correction process and forms are located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

4. Cost Report:

- a) The Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. The cost settlement for services provided under this Agreement will be made through the submission and acceptance of this Cost Report in accordance with federal Medicaid requirements and the approved Medicaid state plan and waivers.
- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
- c) If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials>
- d) Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by DHS-BHD after Contractor's submission of a Cost Report as required above.
- e) In the event cost settlement from prior year's contract results in reimbursement to DHS-BHD from Contractor for over-payments, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

5. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or emailed to SCBHProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the county Website at:
<http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials>

Exhibit B.5 Payment Terms and Conditions – Non Drug Medi-Cal (DMC) Monthly Cost-Based Reimbursement - Adolescent Treatment Program (ATP), Drug Court Outpatient - Period of Performance July 1, 2021 through June 30, 2022

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier.
- c) Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- d) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- e) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- f) Total contract payments for the term shall not exceed the contract maximum.
- g) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- h) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

- i) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) **Documentation and Scope of Practice:** For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled “Documentation and Scope of Practice”, a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) **Audits:** Contractor’s services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) **Disallowance:** Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor’s performance under this Agreement, including, but not limited to, Contractor’s insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

To the extent Contractor is required to make county whole under this Paragraph, county may elect to withhold any payments for past services, offset against any payments for future services for which Contractor provides, or demand reimbursement without offset.

Contractor shall pay any penalty or fine assessed against county arising from Contractor’s failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties and fines which may be assessed under a Federal or State False Claims Act provision.

Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) **Approved Procedure Codes and Rates:** county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

3. Budget - Adolescent Treatment Program

PERSONNEL	Full FTE Annual Salary	FY 21/22 (\$)
Job Title		
ATP Youth Counselor (40 Hrs /Week)	41,600	41,600.00
Youth Counselor (4 Hrs /Week)	45,760	4,576.00
Sub-Total Direct Service Salaries		46,176.00
Indirect Services		
Program Manager	52,000	1,560.00
Billing Coordinator	35,360	1,062.00
Outreach	52,000	1,300.00
Records Management	37,440	1,124.00
Sub-Total Indirect Service Salaries		5,046.00
Sub-Total Salaries		51,222.00
Fringe Benefits – 25% of Salaries		12,805.50
TOTAL PERSONNEL COSTS		64,027.50
SERVICES AND SUPPLIES		
DIRECT SERVICES		
Food		250.00
Print/pub/promo		37.50
Recognition/Awards		250.00
Maintenance-Equipment		500.00
Communications		500.00
Insurance		385.50
Office Expense		537.00
Postage		12.50
Rents & Leases-Land, Structures & Improvements		1,100.00
Utilities		275.00
Professional Fees		2,000.00
SERVICES AND SUPPLIES TOTAL		5,847.50
PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS		69,875.00
ADMINISTRATIVE OVERHEAD - 15% MAXIMUM		1,405.00
TOTAL		71,280.00

4. Budget – Drug Court Outpatient

PERSONNEL Job Title	Full FTE Annual Salary	FY 21-22 (\$)
Counselor	41,600	41,600.00
Counselor	41,600	41,600.00
Counselor	41,600	41,600.00
Bilingual Counselor - (half-time)	43,680	21,840.00
Program Therapist (7 hours per week)	62,400	9,360.00
Sub-Total Direct Service Salaries		156,000.00
Indirect Services		
Records Management/Administrative	35,360	32,532.00
Program Manager (6 hours per week)	52,000	7,800.00
Sub-Total Indirect Service Salaries		40,332.00
Sub-Total Salaries		196,332.00
Fringe Benefits – 25% of Salaries		49,083.00
TOTAL PERSONNEL COSTS		245,415.00
SERVICES AND SUPPLIES		
DIRECT SERVICES		
Clothing & Personal Supplies		49.35
Food		321.90
Print/pub/promo		285.41
Recognition/Awards		250.37
UA testing - Patient care		736.78
Maintenance-Equipment		2,517.89
Membership Dues		483.55
Training		1,788.27
Computer supplies		343.35
Communications		1,386.28
Household Expenses		492.84
Insurance		2,928.48
Leased Property Maintenance, Structures Improvements & Grounds		2,468.53
Maintenance-Structures, Improvements & Grounds		1,753.22
Miscellaneous Expense		685.58
Office Expense		695.99
Postage		67.96
Rents & Leases-Land, Structures & Improvements		40,000.00
Taxes & Licenses		1,383.41
Utilities		3,762.00
ADA Contingency		483.55
Other - Professional Fees		3,160.95
SERVICES AND SUPPLIES TOTAL		66,045.66
TRANSPORTATION - Travel		250.00
GRAND TOTAL SERVICES & SUPPLIES AND TRANSPORTATION		66,295.66

PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS	311,710.66
ADMINISTRATIVE OVERHEAD - 15% MAXIMUM	46,756.34
TOTAL	358,467.00

5. Routine Service Corrections

Routine service corrections must be submitted on a County provided service correction form with supporting documentation.

Routine service correction forms must be submitted directly to the Revenue Management Unit.

All routine service correction forms shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Sonoma County Cloud access will be granted upon request. Service correction process and forms are located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

6. Cost Report:

- a) The Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. The cost settlement for services provided under this Agreement will be made through the submission and acceptance of this Cost Report in accordance with federal Medicaid requirements and the approved Medicaid state plan and waivers.
- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
- c) If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- d) Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by DHS-BHD after Contractor's submission of a Cost Report as required above.
- e) In the event cost settlement from prior year's contract results in reimbursement to DHS-BHD from Contractor for over-payments, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

7. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or emailed to SCBHProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the county Website at:
<http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

**Exhibit B.6 Payment Terms and Conditions – Non-Drug Medi-Cal (DMC) Mixed –
Reimbursement for Perinatal Intensive Outpatient Treatment Services -
Period of Performance July 1, 2021 through June 30, 2022**

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier. Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- c) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- d) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- e) Total contract payments for the term shall not exceed the contract maximum.
- f) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- g) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405
- h) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) **Documentation and Scope of Practice:** For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled “Documentation and Scope of Practice”, a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) **Audits:** Contractor’s services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) **Disallowance:** Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor’s performance under this Agreement, including, but not limited to, Contractor’s insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

To the extent Contractor is required to make county whole under this Paragraph, county may elect to withhold any payments for past services, offset against any payments for future services for which Contractor provides, or demand reimbursement without offset.

Contractor shall pay any penalty or fine assessed against county arising from Contractor’s failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties and fines which may be assessed under a Federal or State False Claims Act provision.

Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) **Approved Procedure Codes and Rates:** county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

Agency: Drug Abuse Alternatives Center NPI #: 1417168949			
Facility: Perinatal Day Treatment			
Payer Group: Sonoma County AODS, SonomaWorks			
Physical Program Address: 2400 County Center Drive, Suite B, Santa Rosa, CA 95403			
Procedure Codes	Description of Code	Unit of Service	Contract Rate
H0015HD	Intensive Outpatient Treatment – Perinatal	Face-to-Face Visit	\$94.37

3. Budget: Perinatal Intensive Outpatient Treatment Program

PERSONNEL	FTE	Full FTE Annual Salary	FY 21-22 (\$)
Job Title			
Direct Services			
Counselor Coordinator	1.0	\$47,840	31,636.00
Counselor	0.5	\$41,600	19,772.00
Counselor	0.5	\$41,600	13,756.00
Childcare/driver	1.0	\$31,824	21,046.00
Childcare	0.5	\$31,200	10,316.00
Childcare	0.5	\$31,200	10,316.00
Sub-Total Direct Service Salaries			106,842.00
Indirect Services			
Program Manager	1,376.00	1,376.00	1,376.00
Sub-Total Indirect Service Salaries			1,376.00
Sub-Total Salaries			108,218.00
Benefits – 27% of Salaries			29,218.86
TOTAL PERSONNEL COSTS			137,436.86
SERVICES AND SUPPLIES			
Clothing & Personal Supplies			332.20
Food			2,645.60
Print/pub/promo			716.96
Other (Specify)			16,753.28
Maintenance-Equipment			1,864.48
Membership Dues			19.84
Other (Specify)			1,097.92
Insurance			6,371.26
Miscellaneous Expense			520.00
Office Expense			1,652.84
Postage			60.18
Rents & Leases-Land, Structures & Improvements			30,953.52
Taxes & Licenses			1,269.88
Utilities			3,000.12
Other – Lab Tests/Drug Screening			1,488.16
Travel			50.26
Gas, Oil, Maintenance - Vehicles			3,160.16
SERVICES AND SUPPLIES TOTAL			71,956.66
PROGRAM BUDGET - PRE ADMIN OVERHEAD COSTS			209,393.52
ADMINISTRATIVE OVERHEAD - 8%			16,751.48
TOTAL			226,145.00

4. Routine Service Corrections

Routine service corrections must be submitted on a County provided service correction form with supporting documentation.

Routine service correction forms must be submitted directly to the Revenue Management Unit.

All routine service correction forms shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Sonoma County Cloud access will be granted upon request. Service correction process and forms are located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

5. Cost Report:

- a) The Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. The cost settlement for services provided under this Agreement will be made through the submission and acceptance of this Cost Report in accordance with federal Medicaid requirements and the approved Medicaid state plan and waivers.
- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
- c) If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- d) Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by DHS-BHD after Contractor's submission of a Cost Report as required above.
- e) In the event cost settlement from prior year's contract results in reimbursement to DHS-BHD from Contractor for over-payments, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

6. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way,

Suite 207, Santa Rosa, CA 95407-5419 or emailed to
SCBHProviderRelation@sonoma-county.org.

- b) The Provider Problem Resolution & Payment Appeal form is available on the county Website at: <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

Exhibit B.7 Payment Terms and Conditions – Non-Drug Medi-Cal (DMC) Perinatal Intensive Outpatient Treatment Case management – SABG Supplemental CRRSAA - Period of Performance July 1, 2021 through June 30, 2022

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier. Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- c) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- d) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- e) Total contract payments for the term shall not exceed the contract maximum.
- f) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- g) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

- h) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) Documentation and Scope of Practice: For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled "Documentation and Scope of Practice", a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) Audits: Contractor's services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) Disallowance: Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor's performance under this Agreement, including, but not limited to, Contractor's insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

To the extent Contractor is required to make county whole under this Paragraph, county may elect to withhold any payments for past services, offset against any payments for future services for which Contractor provides, or demand reimbursement without offset.

Contractor shall pay any penalty or fine assessed against county arising from Contractor's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties and fines which may be assessed under a Federal or State False Claims Act provision.

Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) Approved Procedure Codes and Rates: county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

3. Budget: Perinatal Intensive Outpatient Treatment Case Management

PERSONNEL Job Title	# of Weeks	Rate per hour	FY 21-22 (\$)
Case Manager	12 @ 20 hrs/week	\$23.00	\$5,520.00
Fringe @ 30%			\$1,656.00
Admin @ 15%			\$1,076.40
Sub-Total Case Manager			\$8,252.40
Outreach/Follow-up	12 @ 20 hrs/week	\$18.00	\$4,320.00
Fringe @ 30%			\$1,296.00
ASAM Training			\$1,000.00
Misc. Office Supplies			\$348.00
Supplies: Diapers, Wipes, Food for women			\$400.00
Admin @ 15%			\$1,104.60
Sub-Total Outreach/Follow-up			\$8,468.60
TOTAL			\$16,721.00

4. Routine Service Corrections

Routine service corrections must be submitted on a County provided service correction form with supporting documentation.

Routine service correction forms must be submitted directly to the Revenue Management Unit.

All routine service correction forms shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Sonoma County Cloud access will be granted upon request. Service correction process and forms are located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

5. Cost Report:

- a) The Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. The cost settlement for services provided under this Agreement will be made through the submission and acceptance of this Cost Report in accordance with federal Medicaid requirements and the approved Medicaid state plan and waivers.
- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
- c) If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with

Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website:

<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

- d) Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by DHS-BHD after Contractor's submission of a Cost Report as required above.
- e) In the event cost settlement from prior year's contract results in reimbursement to DHS-BHD from Contractor for over-payments, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

6. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or emailed to SCBHProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the county Website at: <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

**Exhibit B.8 Payment Terms and Conditions – Non-Drug Medi-Cal (DMC) Adolescent Youth Services – SABG Supplemental CRRSAA -
Period of Performance July 1, 2021 through June 30, 2022**

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier. Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- c) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- d) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- e) Total contract payments for the term shall not exceed the contract maximum.
- f) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- g) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

- h) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) **Documentation and Scope of Practice:** For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled "Documentation and Scope of Practice", a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) **Audits:** Contractor's services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) **Disallowance:** Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor's performance under this Agreement, including, but not limited to, Contractor's insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

To the extent Contractor is required to make county whole under this Paragraph, county may elect to withhold any payments for past services, offset against any payments for future services for which Contractor provides, or demand reimbursement without offset.

Contractor shall pay any penalty or fine assessed against county arising from Contractor's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties and fines which may be assessed under a Federal or State False Claims Act provision.

Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) **Approved Procedure Codes and Rates:** county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

3. Budget

PERSONNEL	# of Weeks	Rate per hour	FY 21-22 (\$)
Staff	12 (35 hrs/week)	\$26.00	\$10,920.00
Fringe @ 30%			\$3,276.00
Admin			\$2,304.00
TOTAL			\$16,500.00

4. Routine Service Corrections

Routine service corrections must be submitted on a County provided service correction form with supporting documentation.

Routine service correction forms must be submitted directly to the Revenue Management Unit.

All routine service correction forms shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Sonoma County Cloud access will be granted upon request. Service correction process and forms are located at <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

5. Cost Report:

- a) The Contractor's Cost Report, which is to be submitted annually by September 30, shall include all services provided under this Agreement delivered through June 30 of that fiscal year. The cost settlement for services provided under this Agreement will be made through the submission and acceptance of this Cost Report in accordance with federal Medicaid requirements and the approved Medicaid state plan and waivers.
- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
- c) If the Contractor is currently out of compliance with the Cost Report submission requirement under any previous Agreement, Contractor agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as Contractor submits an acceptable Cost Report. An acceptable Cost Report is one that complies with Department of Health Services' requirements and guidelines and is deemed complete by the Department of Health Services within its sole and complete discretion. Current Cost Report templates are available at the following website:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- d) Any payments due Contractor, but withheld for failure to submit said Cost Report, shall be released and paid to Contractor by DHS-BHD after Contractor's submission of a Cost Report as required above.
- e) In the event cost settlement from prior year's contract results in reimbursement to DHS-BHD from Contractor for over-payments, funds may be withheld from Contractor's payments as allowed for under Article 2 of this Agreement.

6. Provider Problem Resolution

- a) Contractor concerns or complaints may be submitted to Provider Relations by phone (707) 565-4850, in person, or in writing by using the Provider Problem Resolution & Payment Appeal form. The completed form may be mailed to 2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419 or emailed to SCBHPProviderRelation@sonoma-county.org.
- b) The Provider Problem Resolution & Payment Appeal form is available on the county Website at: <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

Exhibit B.9 Payment Terms and Conditions – Non-Drug Medi-Cal (DMC) Recovering Housing (Transitional Housing) – SABG Supplemental CRRSAA - Period of Performance July 1, 2021 through June 30, 2022

Contractor: Drug Abuse Alternatives Center

1. Monthly Invoicing and Payment:

- a) The rate and terms of payment for all services provided under this Agreement shall be as set forth below. Reimbursement is based on costs up to the maximum reimbursement rate per unit allowed by Drug Medi-Cal for services.
- b) Contractor shall submit monthly invoices in county invoice template no later than thirty (30) days after the last day of the month in which those services were provided. Contractor may submit an invoice for services immediately following the end of the period for which services are provided, but not before. Any invoice submitted prior to the end of the billing period will be returned to Contractor for resubmission. County shall not be obligated to pay Contractor for services which are the subject of any bill submitted more than thirty (30) days after the last day of the month in which those services were provided or more than thirty (30) days after the Agreement terminates, whichever is earlier. Notwithstanding the above, Contractor will make best efforts to submit invoices within ten (10) days of the end of the County fiscal year.
- c) Monthly invoice shall only include billing for the contract services actually performed in the manner described herein.
- d) Medicare-enrolled NTP providers are prohibited from invoicing Medicare-eligible services and should bill Medicare directly.
- e) Total contract payments for the term shall not exceed the contract maximum.
- f) Invoicing: The Contractor shall submit monthly invoices and attestation on county provided template located <http://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.

All invoices submitted must include a signed Claim Submission Certification form DHCS 100186. The current version of this form is available at the following website: <https://www.dhcs.ca.gov/formsandpubs/forms/pages/dmc-forms.aspx>

- g) All billing and payment invoices shall be submitted via Sonoma County Cloud or to the following address:

Sonoma County Department of Health Services
Attn: Behavioral Health Division Revenue Management Unit
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

- h) Sonoma County Cloud access will be granted upon request.

2. Requirements and Payment Limitations

Contractor shall perform services and provide such documentation as required by applicable State and Federal laws, rules, and regulations as described in this Agreement. Other limitations affecting contract payments may include, but are not limited to:

- a) **Documentation and Scope of Practice:** For all services provided under this Agreement Contractor agrees to comply with the documentation and scope of practice standards required under state and federal laws and regulations and as set forth in the county document titled “Documentation and Scope of Practice”, a current version of which is available at the following website: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>.
- b) **Audits:** Contractor’s services and claims are subject to any audits conducted by county, the State of California, federal government, or other auditors. Any resulting audit exemption shall be repaid to county.
- c) **Disallowance:** Contractor shall make county whole for disallowances for payment or lost revenues as identified and discovered by county that are attributable to Contractor’s performance under this Agreement, including, but not limited to, Contractor’s insufficient documentation of Medical Necessity or billing errors by Contractor that preclude county from claiming.

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Non-compliance with the provisions of this Exhibit B may lead at any time to withholding of payments and/or a termination of the Agreement based on breach of contract.

- d) **Approved Procedure Codes and Rates:** county shall compensate Contractor for contract services actually provided and documented. When billing county for authorized services provided to Sonoma County beneficiaries, Contractor will use the exclusive list of procedure codes below:

Agency: Drug Abuse Alternatives Center		
Facility: Rohnert Park Facility		
Physical Program Address: 1415 Roman Drive, Rohnert Park, CA 94928		
Description of Code	Unit of Service	Contract Rate
Monthly Rent (includes utilities)	Per person	\$977.50

Agency: Drug Abuse Alternatives Center		
Facility: Marin Facilities		
Physical Program Address: 134 Picnic Ave, San Rafael, CA 94901		
138 Picnic Ave, San Rafael, CA 94901		
812 D Street, San Rafael, CA 94901		
Description of Code	Unit of Service	Contract Rate
Monthly Rent (includes utilities)	Per person	\$874.00

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- b) The Cost Report shall be in the format and completed within the guidelines provided by the Sonoma County Department of Health Services. Failure to comply with this deadline shall result in the suspension of payment of any reserves held under the terms of this Agreement, as well as payment of the current year Agreement funds.
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