
**ALCOHOL AND OTHER DRUG TEEN RECOVERY CENTER
NON-RESIDENTIAL TREATMENT SERVICES
CURRENT STATEMENT OF WORK**

1. Scope of Work

Contractor shall provide non-residential alcohol and other drug (AOD) treatment and recovery services to adolescents, twelve (12) through seventeen (17) years of age, with alcohol and other drug-induced problems.

2. Background Information

Substance abuse is a major public health and safety problem impacting children, youth, families, and communities. Among youth, substance abuse impedes their educational achievement, social and emotional development and growth, and overall behavioral well-being. Treatment and recovery programs designed for adults are often inappropriate and do not meet the distinct educational, social, and counseling needs of youth. The Teen Recovery Center (TRC) is a non-residential model that delivers specialized services that build a more integrated and coordinated strategy to meet the treatment and recovery needs of youth. Adolescents at a TRC learn how to socialize, grow and recover in a safe and supportive, youth-focused, alcohol and drug free environment. The TRC shall also provide appropriate referrals for youth and their family, if needed. TRC services are funded by the County of San Diego to improve capability and functioning for youth and their families, decrease the incidence of crime, and support people's ability to become self-supporting through education and/or employment.

3. Goals and Outcomes

3.1. **Goal:** The goal of alcohol and drug treatment and recovery services at a TRC is to assist youth to become free of alcohol and other drug problems.

3.2. **Outcome Objectives:** Contractor shall meet the Outcome Objectives listed below. Outcome Objectives may be adjusted during the contract term as necessary to meet changes in Federal, State, and County outcome requirements. Adjusted Outcome Objectives are subject to negotiation and agreement between Contractor and Contracting Officer's Technical Representative (COTR).

3.2.1. **Complete Treatment.** Thirty Five percent (35%) of adolescent participants in alcohol and drug treatment will complete treatment as measured by:

3.2.1.1 Achievement of Goals and Objectives specified in an individualized treatment plan;

3.2.1.2 Client Discharge Summary or Recovery Plan;

3.2.2. **No New Arrests.** Ninety percent (90%) of adolescent participants in alcohol and drug treatment will have no new arrests in the 30 days prior to discharge, excluding minor traffic offenses, while in treatment as measured by:

3.2.2.1 Client discharge summary;

3.2.2.2 Client self-report;

3.2.3. **Education or Educational Setting.** Ninety percent (90%) of adolescent participants in alcohol and drug treatment who complete AOD treatment or who have made successful progress in AOD treatment, shall be enrolled in an educational setting, or complete high school or equivalent, as measured by:

3.2.3.1 Client self-report.

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3.2.4. Retention in Treatment. Thirty Five percent (35%) of adolescent participants admitted into alcohol and drug treatment will stay at least ninety (90) days.

3.3. **Process Objectives:** Contractor shall achieve the following process objectives:

3.3.1. Staff Hours. Contractor shall provide ___ staff hours on an annual basis.

3.3.2. Adolescent clients. Contractor shall assess and enroll ___ clients in TRC non-residential treatment services on an annual basis.

3.3.3. Wait Times, Adolescent Non-Residential Treatment: Of those admitted to treatment, a minimum of Eighty Five percent (85%) will have been admitted into the program within Fourteen (14) calendar days of being accepted for treatment services.

4. Target Population and Geographic Area

4.1. **Target Population:** Contractor shall ensure that AOD treatment and recovery services are provided to adolescents who are using or have used alcohol and drugs. Teen Recovery Centers include treatment and recovery services for adolescents (ages 12 through 17) referred from a variety of sources that may include, but not limited to, the Probation Department, Juvenile Court, HHSA Child Welfare Services, police departments, and schools.

4.1.1. Admission Policies, Procedures, and Protocols. Contractor shall develop and maintain written program admission policies, procedures, and protocols. The policies, procedures, and protocols shall be developed to ensure services to the target population and shall be in compliance with the nondiscrimination and related clauses in Exhibit B, Paragraph 8.3, "Compliance with Law, Regulation, and Board Policy," of this Contract. Contractor shall implement non-discriminatory admission policies, ensuring that adolescent clients are admitted to treatment and recovery services regardless of anticipated treatment outcome. Policies shall also comply with the priority service requirements outlined in the paragraph below. Admission policies and procedures shall be submitted for review and approval by the COTR within sixty (60) days of contract execution.

4.1.2. Entry Criteria and Priority. Contractor shall have a procedure to ensure adolescent clients are admitted based on the following Federal and County Health and Human Services Agency priority and entry criteria:

4.1.2.1 Pregnant Adolescents who are Injection Drug Users (IDU).

4.1.2.2 Pregnant Adolescents.

4.1.2.3 All Other Adolescent Injection Drug User (IDUs)

4.1.2.4 Health and Human Services Agency Adolescent Referrals

4.1.2.5 Adolescent referrals from other County Departments

4.2. **Geographical Service Area.** Contractor shall establish and operate a TRC program for adolescents in a specified regional area, including the associated communities identified in Attachment 1. However, services shall not be limited to geographic/residential criteria and shall be available to individuals seeking treatment in San Diego County.

4.2.1. Facilities. Contractor shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. Facility shall meet Alcohol and Drug Services Health, Safety and Appearance Standards as described in HHSA: ADS 1077 (Attachment 2).

4.2.1.1 Space. The facility shall have sufficient space for the services and activities specified in "Required Services", staff and administrative offices. The facility shall also include:

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4.2.1.1.1 Facilities and Program Related Permits, Licenses, Certifications. Contractor shall maintain all Federal, State, and locally required facilities and program related permits, licenses and certifications necessary for the operation of the programs in the facilities. Non-residential programs must maintain current program certification through the California Department of Alcohol and Drug Programs.

4.2.1.2 Service Address and Hours of Operation. Contractor's businesses located at the addresses below shall be accessible by public transportation and in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Program services shall be open for business a minimum of sixty (60) hours per week, ensuring that program services are available at easily accessible times to participants. Contractor shall not change the location from the address below without prior written approval from the COTR. Prior to any change in location, the COTR reserves the right to conduct a site visit(s), inspect facility plans, and approve the location and any budget and/or service delivery impact which may result from the proposed move to a new location/facility. For Drug Medi-Cal certified programs, the Department of Alcohol and Drug Programs (DADP) must also be notified of relocation for site recertification and provider site identification updates.

5. Definitions

Activities of Daily Living - The basic tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring.

Adolescent – [Used interchangeably with the terms “youth” and “teen”] Any person ages twelve (12) through seventeen (17) years and three hundred sixty four (364) days.

Admission - When the program determines that an individual is appropriate for the program and completes and signs all required intake paperwork including but not limited to, consent to recovery/treatment form and confidentiality release.

Alcohol and drug free - Free of the use of alcohol and/or the illicit use of drugs.

Alcohol and drug free environment - An environment that is free of the use of alcohol and/or the illicit use of drugs and promotes alcohol and other drug free activities.

Alcohol and other drug (AOD) problems - The problems of individuals, families and the community which are related to inappropriate alcohol and/or other drug use and include conditions usually associated with the terms “alcoholism, addiction, alcohol abuse and illicit use of drugs.”

Alcohol and/or other drug program certification standards- The most current State of California Department of Alcohol and/or other Drug Program Certification Standards, established to ensure an acceptable level of service is provided to program participants.

Ancillary Service: Additional outside services which provide resources that meet the educational, vocational, family counseling, health, and other needs required to support the participant's recovery.

Appeal process - A written procedure by which participants may appeal discharge.

Assessment – An ongoing process by which the treatment team collaborates with the youth, and family to gather and interpret information necessary to determine their level of problem severity, match their clinical needs to the appropriate level of treatment, and evaluate progress in treatment. Areas of assessment may include, but

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are not limited to alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs.

Board of Directors - The governing body that has full legal authority for governing the operations of an alcohol and/or other drug program.

Case Management Services (as applicable): An ongoing process by which the program establishes linkages with other services systems and its providers, acts as liaison between the youth and those other systems, and coordinates referrals to ensure access to necessary services to assist youth and their families to address their special needs.

Client- An individual who has an alcohol and/or other drug problem, for whom intake and admission procedures have been completed.

Client file - The file that contains the information required by these standards that is established for each client upon admission to a program.

Continuing care- Services available to individuals who have completed a treatment program and need support for continued recovery, and may include referrals for other services, recovery planning, relapse prevention, and discharge planning activities.

Counselor/program specialist - An individual who, by virtue of education, training, and/or experience, provides services that may include counseling, advice, opinion, and/or instruction to an individual or group to allow participants an opportunity to explore problems related directly or indirectly to alcohol and/or other drugs.

Days - "Days" means calendar days, unless otherwise specified.

Day treatment/Day Care Habilitative (DCH) - A nonresidential alcohol and/or other drug service that is provided to participants at least three hours per day and at least three days per week. Day treatment is designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning.

Discharge plan- An individual plan of action to support recovery after an individual has been discharged from a treatment program.

Drug testing- A process to collect blood, urine, perspiration, breath, or saliva to determine the presence of alcohol or illicit drugs in an individuals' system verified by a certified laboratory. Drug testing shall be conducted in conjunction with treatment and shall not be given any greater weight than any other aspect of the program.

Educational session: A planned session in which didactic information related to the disease of addiction and its impact on the personal, professional, and spiritual health and well-being of the client/participant is presented and discussed. Education sessions are limited to 30 attendees. If serving Drug Medi-Cal adolescent clients, education sessions are limited to 10 attendees per group.

Effectiveness - The extent to which pre-established program objectives are attained as a result of program activities.

Family – The nuclear family (parents, grandparents, siblings, stepparents, adoptive parents, foster parents, or legal guardians), extended family (aunts, uncles, cousins), significant others, mentors, or persons viewed as family members when a youth has no identifiable family.

Follow-up - The process for determining the status of an individual who has been discharged from a program.

Grievance procedure - A written procedure by which a participant may protest an alleged violation of rights.

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Group session - A joining of enrolled participants led by program staff designed to support and encourage positive changes within the participant's life and reduce or ameliorate the problems associated with alcohol and/or other drug use and to promote recovery.

Illicit use of drugs - The use of any substance defined as a drug in Section 11014, Chapter 1, Division 10 of the Health and Safety Code, except:

a. Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, pursuant Section 4036, Chapter 9, Division 2 of the Business and Professions Code and used in the dosage and frequency prescribed; or

b. Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.

Individual Counseling Session: A one-on-one meeting between client and staff to provide assessment, treatment and discharge planning, monitor the participant's progress in the program, manage crisis situations and provide referrals to ancillary services when necessary.

Intake - The process by which the program obtains information about an individual seeking admission for alcohol and/or other drug services.

May - "May" means permissive.

Memoranda of Understanding (MOU) - Written agreement between entities, individuals, programs, and/or others that specifies mutual understanding of responsibility.

Minor- Individuals under the age of 18 years old.

Outpatient service/Outpatient Drug Free (ODF) - A nonresidential alcohol and/or other drug service in which a participant is provided a minimum of one 90-minute counseling or educational session per week. Outpatient services are designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning.

Process group- A facilitated group meeting in which clients meet to discuss their own behavior and attitudes and to support and encourage positive changes in each others' lives, which may assist in reducing and resolving alcohol and other drug problems.

Program - An alcohol and/or other drug program that is certified and/or licensed.

Program fee- A fee charged to the client for program services.

Program objective - A statement of the intended impact of program activities that includes descriptions of both process (the planned course of action) and outcome (the expected results) objectives, which are stated in measurable and time-limited terms.

Qualified medical consultant - A licensed physician or nurse practitioner or a physician assistant operating under the supervision of a licensed physician.

Recovery group – Group activity designed to discuss and support individual recovery efforts.

Recovery services – Services and activities that support and promote a drug and alcohol-free lifestyle, develop life skills, and engage participants in recovery.

Recovery Visits - One visit is equivalent to one individual participating in a recovery oriented activity on one day.

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Sensitive Position - A job with responsibilities that can be criminally abused at great harm to the contract or the clients served. All positions that (1) supervise minors or vulnerable adults or (2) have unsupervised contact with minors or vulnerable adults.

Shall - "Shall" means mandatory.

Staff Hours – The number of hours a staff person spends engaged in a particular activity.

Structured Recovery Services: A process group which provides a 12-step meeting experience and an opportunity to process questions, reactions and general feelings about the 12-step process within a structured group environment.

Structured therapeutic activities - Structured activities that are designed to meet treatment goals and objectives for increased social responsibility, self-motivation and integration into the larger community. Such activities would include participation in the hierarchical social structure of the residential or day treatment program and the participant's progression, through job and other assignments, with increasing levels of responsibility and independence, culminating in employment seeking and employment-initiation activities in the community.

Treatment plan- A written document detailing client's individual treatment goals with specific services and activities outlined, including beginning and end dates and frequency of service. Treatment plans shall be completed within thirty (30) days of intake and updated every ninety (90) days. Twelve (12) Step/Self-Help Groups –On-going, peer-based, anonymous support groups that provides mutual support to members with the goal of refraining from alcohol and other drug use at no cost to the participant.

Tuberculosis (TB) Disease [Active]: Persons who have active TB usually have symptoms. TB is a disease of the lungs or larynx that can be transmitted when a person with the disease coughs, sings, laughs, speaks, or breathes.

Tuberculosis (TB) Infection: Individual may not have symptoms of the disease; the infected person generally has a positive TB skin test (TST) and a normal chest x-ray. Infection may be recent or present for a long period of time.

Volunteer - A person who performs a service willingly and without pay.

Vulnerable Adult - (1) Individuals age 18 years or older, who require assistance with activities of daily living and who may be put at risk of abuse during service provision; (2) Individuals age 18 years or older who have a permanent or temporary limited physical and/or mental capacity that may put them at risk of abuse during service provision.

Wait Times - The number of days a client waited for services beginning on the day they were accepted for treatment services and ending on the first day of receiving such services.

6. General Requirements for Service Delivery

6.1. Collaboration. Contractor shall support the County's goal of developing collaborative community partnerships and service systems that are accessible to all members of the community, place a premium on preventive services, and provide a consumer-oriented delivery system.

6.1.1. Linkages with Support Services Organizations. Contractor shall initiate linkage agreements, which may include Memoranda of Understanding (MOUs), and establish procedures that will ensure strong, reliable linkages with other community service providers and service organizations for adolescent client support. These MOUs and linkages shall be designed to integrate, coordinate, and access necessary support services within the community in order to ensure successful adolescent client treatment and recovery. These efforts shall help achieve goals espoused by Federal, State, and County systems to integrate services, prevent relapse through the use of community support services, reduce fragmentation of care, and establish better

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communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.

- 6.2 Cultural Competence. Contractor shall support the County of San Diego and the Health and Human Services Agency through organizational and systematic practices demonstrating cultural competence and diversity. A set of congruent behaviors, attitudes and policies for projects, programs, and systems shall be adopted that enable people to work effectively in cross-cultural situations. All services provided shall be oriented to meet the unique linguistic and cultural needs of the diverse clients in the community and those seeking services.

Contractor's services shall be provided in accordance with principles of cultural competence, and cultural competence shall be measurable and measured by using an approved tool for program self-assessment provided by the agency or approved by County Alcohol and Drug Services. Contractor shall demonstrate knowledge and application of principles of delivering culturally competent services. Services provided for diverse populations shall incorporate cultural competence and respect to ethnicity and should encompass non-ethnic populations, including those based on gender (men, women, and transgendered), and gay, lesbian, and bisexual persons. Contractor shall ensure that program staff are culturally competent to serve the cultural and diverse backgrounds of the clients to be served by:

- 6.2.1 Providing access to bilingual language services or appropriate referrals in their clients primary language to ensure effective communication;
- 6.2.2 Identifying a process to determine bilingual proficiency of staff;
- 6.2.3 Providing access to arranging for language translation services or appropriate referrals when staff do not have the capability to speak a client's language, by using interpreter services as necessary, including American Sign Language by conducting ongoing cultural competency training to staff;
- 6.2.4 Providing a human resource plan that reflects the diversity of the population to be served, including staff training: and
- 6.2.5 Developing cultural competency standards for the agency and program.

- 6.3 Ethical and Legal Standards. Contractor shall develop and implement policies, procedures and training protocols that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of this contract.

- 6.4 Client Confidentiality. Contractor shall comply with Federal client confidentiality regulations (Confidentiality of Drug and Alcohol Patient Information – 42 U.S.C. 290dd-2; 42 C.F.R Part 2), and all applicable Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

- 6.5 Client Records. Contractor shall maintain adolescent client records in accordance with the appropriate and current County, State, and Federal alcohol and drug treatment and recovery regulations.

- 6.6 Program Reviews. Contractor shall make all necessary records available for program reviews conducted by Agency Contract Support (ACS) and Alcohol and Drug Services (ADS). Program reviews will examine all aspects of the program including participant records, organizational structure, management systems, personnel records, and financial systems.

- 6.7 Operations Manual. Contractor shall develop and maintain Operations Procedures in accordance with current State of California Standards and the most current and appropriate HHS requirements. The written procedures shall be submitted to the COTR upon request. Changes to a program's functions require a written change to the operations procedures. Contractor may prepare additional written procedures not in conflict with this Contract.

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- 6.8 Internal Program Review and Evaluation. Contractor shall conduct an internal review and evaluation at least once every fiscal year as it relates to this statement of work be available for review by the County of San Diego.
- 6.8.1 COTR or designee shall review results during the scheduled site visit(s).
- 6.9 Funding Restrictions. Contractor shall not solicit or accept payments, contributions, or donations from any business or organization primarily engaged in the manufacture, distribution or wholesale, or retail sale of alcoholic beverages.
- 6.10 Restrictions on Salaries. No part of any federal funds provided under this Contract shall be used by the Contractor or any Subcontractors to pay the salary of an individual at a rate in excess of Level 1 of the Executive Schedule. Salary schedules may be found at <http://www.opm.gov/oca>.
- 6.11 Interpreter Services for the Deaf, Hard of Hearing and Late Deafened. Contractor shall provide for professional certified interpreter services as needed for the deaf, hard of hearing and late deafened participants and their families to facilitate complete communication and to ensure provision of appropriate and confidential treatment and recovery services.
- 6.12 Publicity Announcements and Materials. All public announcements, letterheads, and materials distributed to the community shall identify the County of San Diego, Health and Human Services Agency (HHSA), Alcohol and Drug Services as the funding source for contracted programs. Copies of publicity materials related to contracted programs shall be filed with HHSA Alcohol and Drug Services (ADS) COTR.
- 6.13 Press Releases and Media Events. COTR shall be notified at least five (5) business days in advance of all contractor generated press releases and media events regarding contracted services. All media releases require approval of the COTR prior to submission to any media organization with a turnaround time of two (2) business days.
- 6.13.1 Contractor shall submit a copy of the written press release and/or the topic, purpose and a brief summary of planned comments for the media event.
- 6.13.2 Contractor shall notify COTR ten (10) business days in advance when Contractor intends to invite a County Elected Official or their representative to any media or public event. Notification shall include a description of the event, including its topic, purpose, and target audience.
- 6.13.3 Contractor shall notify COTR when the use of a quote by an elected official is to be included in a Contractor media release, Contractor shall submit the proposed quote to COTR five (5) business days in advance of expected submission to an elected official or their representative.
- 6.13.4 Contractor shall notify COTR within 24 hours of any contact made to them by a County Elected Official or their representative related to media or services provided under this Agreement.
- 6.14 Public Contact. Contractor shall have sufficient staff and volunteers with adequate knowledge, skills, and ability available during operating hours to ensure that all persons who contact the program in person or by phone during operating hours are quickly and appropriately served with information or a referral to appropriate services.
- 6.15 Reporting. Contractor shall report all required adolescent client information to identified referral source according to specified format and established time lines, providing there is current written consent to release information contained in the adolescent client file.
- 6.16 Drug Medi-Cal (D/MC) Title 22 Regulations and Requirements. Contractor shall comply with all applicable requirements of the California Code of Regulations Title 22 currently in effect, incorporated into this document by reference if providing D/MC treatment services.

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- 6.16.1 Quality Assurance Review (QAR) Services. Contractor shall include DMC admin costs of 3% of the annual DMC budget allocation as a Consultant line item under DMC cost centers in their budget submitted to the County.
- 6.16.1.1 Contracts shall receive a quarterly invoice from the contracted QAR Specialist. The QAR Specialist shall assist treatment providers in matters related to DMC, including, but not limited to, preparation for an attendance at Post Service/Post Payment audits by the State, development of a Plan of Correction (POC) if necessary, and technical assistance to existing and potential County DMC providers regarding DMC and/or completion of the application process.
- 6.16.2 DMC services are a special category of substance abuse services for which the County contracts with interested State-certified providers. The DMC QAR Specialist shall provide comprehensive review, training and support of the DMC QAR functions, ensuring that all County-contracted DMC providers are in full compliance with California Code of Regulations Title 22.
- 6.16.3 All of the Drug/Medi-Cal contract providers are reviewed monthly or bi-monthly through a QAR process coordinated by a selected contractor by the County. The reviews are conducted by a team of peer staff members from other Drug Medi-Cal contracted providers in accordance with State-approved quality assurance standards. The review assesses provider compliance with Drug Medi-Cal standards specified in Title 22 of the California Code of Regulations, including service timelines and quality of service. Files are selected for review each month on a rotating basis so that each file is subject to review every 90 days. Two different individuals at the same review assess each file. The peer review team members and the QAR Specialist, who organizes and facilitates the process, sign off on the review. All findings of non-compliance with Title 22 will be reported to the contractor for corrective action. Corrective action must be in place by the next scheduled review in order to avoid State disallowances for reimbursement. If the County incurs any Drug Medi-Cal disallowed costs, they will be recovered from the providers by repayment to the County or by withholding future claims. Generally, these potential disallowances are avoided by the QAR process. The State can decertify a provider who fails to comply in certain DMC requirements or for fraud or failure to take corrective action as ordered by the State.
- 6.17 Staff Requirements. Contractor shall administer, staff, and provide management systems and procedures for programs. Contractor shall recruit, hire, train and maintain staff qualified to provide required services.
- 6.17.1 Licenses and Certifications. Staff must adhere to the California Department of Alcohol and Drug Program's (DADP) Counseling Certification Standards, upon adoption, incorporated into this document by reference. In the absence of adopted standards, contractor's staff shall adhere to one of the following qualifications:
- 6.17.1.1 Actively working toward a recognized alcohol and drug certification plus two years experience working with alcohol and drug related issues/addictions.
- 6.17.1.2 Certification through a recognized alcohol and drug certification entity plus two years experience working with alcohol and drug related issues/addictions.
- 6.17.1.3 Minimally a Bachelor's degree in the human services field plus one year experience working with alcohol and drug related issues/addictions.
- 6.17.1.4 Exception to Qualification Requirement: Staff actively working toward certification such as outlined above, with at least one-year experience in alcohol and drug services, which receive formal supervision from an on-site staff person meeting the previously defined qualification criteria.
- 6.17.2 Life Experience: All staff and volunteers must be free of probation and/or parole supervision for a minimum of one (1) year.

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- 6.18 Qualification Documentation. Contractor shall maintain a copy of the resume and any supporting documentation that personnel assigned to the program meet DADP's certification standards in the personnel file for all personnel hired under this Contract by the last day of the first full month of employment. Documentation shall be maintained in the program's personnel file and shall be available for County monitoring purposes.
- 6.19 Review and Comment on the Qualifications of On-Site Managers, Directors, and Higher Level Staff. The COTR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COTR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' resumes and supporting documentation.
- 6.20 Mental Health Consultation. A California-licensed mental health specialist shall be available to provide clinical consultation as necessary and to conduct mental health assessments for those participants who may be dually diagnosed with a mental health issue. The Mental Health Specialist shall also conduct clinical supervision for staff delivering program services. A mental health treatment procedure must be approved by the COTR within sixty (60) days of contract execution.
- 6.21 Emergency Care Training. All program staff, including program volunteers who work more than 30 days and are not under immediate supervision of trained staff, shall have current certified First Aid and Cardio-Pulmonary Resuscitation (CPR) training (including infant CPR). New staff shall be trained within three (3) months of the date of hire. Verification of certification shall be placed in the employee's personnel file.
- 6.22 Drug Testing. Employees and volunteers shall be drug tested prior to hire. Drug test results shall be negative for illegal drug use, including marijuana. Results shall be maintained in the personnel file. Contractor shall include a signed release by the employee/volunteer, per the Health Insurance Portability and Accountability Act (HIPAA) that allows for drug testing information to be kept in the personnel file.
- 6.23 Tuberculosis (TB) Testing. Tuberculosis information can be found at the following website: <http://www2.sdcounty.ca.gov/hhsa/documents/ComprehensiveGuidelines.pdf> . Contractor shall follow TB testing guidelines for all employees and clients/residents as indicated below:
- 6.23.1 Employees and volunteers. Contractors shall conduct TB testing for employees and volunteers by following the California Alcohol and Drug Programs standards for TB as indicated by the following website: (http://www.adp.ca.gov/licensing/regs/Reg_3_10564.shtml). Employees and volunteers shall be tested for TB prior to hire and shall be free of active disease as documented by a negative skin test or medical clearance, such as a negative chest x-ray, completed within the sixty (60) days prior to hire date. Employees and volunteers must be tested annually following hire. Results shall be maintained in the personnel file.
- 6.23.2 Residents/Clients. Every resident/client at an alcohol and drug treatment program shall, prior to admission, be screened utilizing the standardized TB Screening Questionnaire for the signs and symptoms of tuberculosis, and shall be determined to be free from active tuberculosis. Results shall be maintained in the resident/client file. Contractor shall include a signed release by the resident/client per the Health Insurance Portability and Accountability Act (HIPAA) that allows for TB information to be kept in their file.
- 6.23.2.1 For residents that are admitted to a facility solely for detoxification services, the licensee shall be exempted from the above requirement, unless the resident remains in the facility for ten (10) days or more.
- 6.23.3 TB Services. Contractor shall make information about TB services available to each individual admitted to the program for alcohol or other drug treatment. TB information shall include information regarding counseling, testing, and medical treatment.

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(Standardized TB Screening Questionnaire added as an attachment to the Statement of Work)

- 6.23.4 Persons Denied Program Admission. Contractor shall refer all persons in need of TB treatment and denied admission to the program to an agency providing TB services. Contractor shall provide information about TB counseling services to persons denied admission.
- 6.24 On-site Manager/Director. Contractor shall provide a full-time on-site program manager or director for each program, unless prior approval received by COTR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.
- 6.25 Management and Staff Development. Contractor shall develop and maintain a management staff training and development plan. The training plan will be updated annually and reports on management and staff progress will be maintained in the employee file. Staff training and development plans shall include at minimum: Specific treatment standards for services proposed (i.e. Drug Medic-Cal); client confidentiality; client screening and assessment; client referral; CPR; communicable diseases; cultural diversity; data collection; drug testing protocols; Program Registrar procedures; and volunteer training (if volunteers are utilized).
- 6.26 Sexual Contact. Sexual contact shall be prohibited between program staff, including volunteers, and members of the Board of Directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Contractor shall include a statement in every personnel file noting that the employee or volunteer has read and understood the sexual contact prohibition. The policy shall remain in effect for six (6) months after a participant is discharged from services; a staff member or volunteer terminates employment.
- 6.27 Incident Reporting. Contractor shall inform Alcohol and Drug Services, preferably the COTR, within twenty-four hours, of any incident that involves the health and safety of adolescent clients and/or staff or any occurrence that affects the delivery of scheduled program services. Additionally, Contractor shall provide written notification (preferably by email) to the COTR or designee within forty eight (48) hours of incident.
- 6.28 Smoking Prohibition Requirement. Contractor shall comply, and require that Subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted for or by an entity and used to provide services to children under the age of 18.
- 6.29 Taxi Cabs Contractors shall not use taxi cabs to transport unescorted minors who receive services funded by the County of San Diego.
- 6.30 Inventory. Contractor shall submit an inventory of fixed assets and minor equipment purchased under a cost reimbursement contract each year at renewal of contract term to the COTR.
- 6.31 Financial Status Evaluation. The Contractor shall conduct a financial assessment of all clients at program enrollment to determine any potential third party payment possibilities and if contractor has capacity in place to bill for such, contractor shall develop procedures.
- 6.31.1 Sliding Fee Scale. Contractor shall utilize the standardized sliding fee scale for determining the client's ability to pay for services. The sliding fee scale will indicate the maximum client fee allowed, based on economic indicators. The indicated amount may be reduced based on a client's ability to pay.
- 6.31.2 Service eligibility. Services shall not be refused to clients based on race/ethnicity, disability, culture, religion, gender, sexual orientation, or the inability to pay. Clients who are Drug Medi-Cal or CalWORKs eligible shall not be charged fees.

(Sliding Fee Scale added as an attachment to the Statement of Work)

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- 6.32 Charitable Choice. In adherence to Title 42, Code of Federal Regulations Part 54 (Non Discrimination and Institutional Safeguards for Religious Providers), Contractor shall not discriminate against individuals on the basis of religious preference. Contractors shall be required to notify clients of their rights prohibiting discrimination and shall establish a referral process to a reasonable accessible program for those clients who may object to the religious nature of the program at intake.
- 6.32.1 Contractor shall be required to report any referrals that were made to the assigned Contracting Officer's Technical Representative (COTR). Adherence to this requirement will be monitored through annual site visits to programs through a review of client files.
- 6.33 Trafficking Victims Protection Act of 2000. Contractor shall comply with Section 106(g) of the Trafficking Victims Protections Act of 2000 as amended (22 U.S.C. 7104). For full text of the award term, go to: <http://www.samhsa.gov/grants/trafficking.aspx>
- 6.34 Disaster Preparedness. Contractor must identify the primary program contact for emergency/disaster communication and any succession of authority should the primary contact be unavailable. Emergency/Disaster contacts must be made known to the COTR within 15 days of start of contract, or whenever there is a change in contact person.
- 6.34.1 Contractor shall contact their COTR if there is an evacuation or relocation of services during the provision of services. COTR must grant approval for any discontinuation of services.
- 6.34.2 Funding sources specify that funding can only be claimed for services in support of contracted activities. Redirection of staff to other non-evacuation/emergency activities during an emergency/disaster may cause their time to be non-reimbursable, depending on funding availability and regulations. Note that discontinuation of non-residential services shall, in cost reimbursement programs, result in staffing and other service costs being ineligible for reimbursement during the period of program closure. Fixed price and pay for performance contracts may also be reduced if pay points are not achieved or deliverables are interrupted.

7 Specific Requirements for Service Delivery

- 7.1 Certification. Contractor shall obtain and retain the optional certification provided by the State Department of Alcohol and Drug Programs (DADP). Contractor shall comply with provisions obtained in the current State of California, Department of Alcohol and Drug Programs standards. The County of San Diego shall utilize these Standards in monitoring Contractor's delivery.
- 7.2 Program Registrar. Contractor shall designate a Program Registrar who shall function as the key contact person for receiving client progress inquiries from designated third party referral sources and responding to them in a timely manner, consistent with confidentiality requirements. Staff designated as Program Registrar shall possess the knowledge, training, expertise and ability to organize and transmit such substance abuse treatment information, and shall have excellent written, oral and telephone communication skills. Program Registrar shall have received training and be competent in using personal computer-based software programs to facilitate information flow. Each treatment program shall also designate a back-up staff person to perform these duties when the primary Program Registrar is absent, e.g., due to illness, vacation, or staff turnover.
- 7.3 Screening and Assessment. Contractor shall provide trained staff during operating hours to receive persons interested or referred for services, assess the need for program services and refer for services. Contractor shall provide assessment through the use of instruments approved by the COTR. Currently the approved assessment instrument is the Youth Assessment Index (YAI) with adolescent populations.

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- 7.4 Referral Resource. Contractor shall serve as a community referral resource, directing individuals in need of other services beyond the scope of the program. Referral and planning services to assist the adolescent client to meet their treatment needs and goals shall be provided.
- 7.5 Program Services Description. Contractor shall provide non-residential treatment, recovery, and ancillary services that are non-institutional and non-medical. Services shall consist of Outpatient Drug-Free (ODF) treatment and intensive Day Care Habilitative (DCH) services to youth with alcohol and other drug induced problems in an environment free of alcohol and other drugs. Upon admission, contractor shall ensure that each adolescent client is assigned a primary counselor and shall be assigned to participate in an array of treatment, recovery, and ancillary services as prescribed in the program's daily schedule. Face-to-face individual and group counseling sessions shall be part of the adolescent client's treatment plan. Progress notes shall be documented as weekly summaries in each adolescent client's treatment file. Contractor shall utilize the Department of Alcohol and Drug Programs (DADP) Youth Guidelines in planning, coordinating, and implementing its program.
- 7.5.1 TRC Non-Residential Services. Services shall include educational group sessions, process groups, individual counseling and recovery activities. Treatment provider shall determine appropriate treatment service frequency and intensity based upon adolescent client assessment and progress during the program. Referring entity shall be informed of changes to the frequency and intensity of services.
- 7.5.1.1 Outpatient Drug Free. Services shall be a minimum of ninety (90) minutes per week for a minimum of three (3) months. The maximum frequency of services shall be eight (8) hours per week.
- 7.5.1.2 Day Care Habilitative (DCH). Services shall be a minimum of three hours per day, three days per week, for a total of nine (9) hours per week of treatment services for six (6) months. The maximum frequency of services shall be fifteen (15) hours per week, for twelve (12) months.
- 7.5.2 Groups and Counseling. Content and approach of process, educational, and individual counseling sessions shall follow best practices models for alcohol and drug counseling.
- 7.5.2.1 Process Groups. Contractor shall offer process groups at least weekly and shall require adolescent clients to attend such group sessions. Process groups shall not exceed fifteen (15) adolescent clients per group. If serving Drug Med-Cal beneficiaries, groups must contain a minimum of four (4) adolescent clients to a maximum of ten (10) adolescent clients.
- 7.5.2.2 Educational Groups. Contractor shall provide educational groups addressing at least the following areas: Educational groups shall not exceed thirty (30) adolescent clients, or ten (10) adolescent clients if serving D/MC beneficiaries.
- 7.5.2.2.1 AOD Education. Each adolescent client shall participate in the mandatory education component which shall include, but not limited to:
- 7.5.2.2.1.1 AOD physiological effects
- 7.5.2.2.1.2 AOD psychological effects
- 7.5.2.2.1.3 AOD social effects
- 7.5.2.2.1.4 AOD pharmacological aspects
- 7.5.2.2.1.5 Characteristics of families with AOD problems

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- 7.5.2.2.2 Job Readiness. Contractor shall provide job preparation education and discussion groups to all adolescent clients needing these services as indicated on their individual treatment plan.
- 7.5.2.2.3 Family Violence. Contractor shall provide family violence education, discussion groups, and individual counseling sessions to adolescent clients needing these services as indicated on their individual treatment plan and assist families with referrals if needed.
- 7.5.2.2.4 Curriculum Manual. Contractor shall develop a curriculum manual containing alcohol and other drug education, parenting and family violence program descriptions, lecture outlines, handouts, and any other materials used for participant and family alcohol and other drug education, parenting, and family violence presentations. The Manual must be approved by the COTR sixty (60) days of executed contract and shall be updated annually.
- 7.5.2.3 Individual Counseling. Contractor shall provide individual counseling for intake, treatment planning, and discharge. Additional individual counseling shall be provided as necessary.
- 7.5.2.4 Recovery Services. Contractor shall provide alcohol and other drug recovery services to all enrolled youth. Recovery services shall include, but not necessarily be limited to the following:
- 7.5.2.4.1 Relapse Prevention. Relapse Prevention education and activities shall be available to help the adolescent client maintain sobriety over time.
- 7.5.2.4.2 Recovery Planning Groups. Recovery planning groups shall be available and provide strategies to achieve abstinence, physical and mental health, financial, employment and educational, and spiritual goals.
- 7.5.2.4.3 Self-Help Group Participation. Adolescent clients shall be introduced to and shall participate in a minimum of 1 self-help group per week. Examples of self-help groups include but are not limited to: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Over-Eaters Anonymous (OA), Alanon, Alateen and Co-Dependents Anonymous (CODA). Community-based self-help groups shall be subject to Alcohol and Drug Services review and approval.
- 7.5.2.5 Age Appropriate Activities and Services for Adolescents. Contractor shall provide adolescent treatment and recovery services designed specifically to attract and retain adolescents by including age-appropriate activities and services as well as services to involve the adolescent client's family. Services may be provided at off-site locations with the approval of the COTR.
- 7.5.2.6 Reporting Requirements. The program shall accept referrals from all sources. Contractor shall identify a primary staff liaison to referring entity within thirty (30) days of contract signing. Staff liaison and program registrar may be same staff person. Contractor shall provide written reports at least twice monthly to the referring entity. Reports prepared by the staff liaison shall contain information on youth's program attendance, progress in treatment toward treatment plan objectives, and all drug testing results. Reports shall be provided to the referring entity for those adolescent clients who fail to enroll in the program after being referred, when the program has been notified of the referral. Reports shall be submitted within one week of intake date. Progress Reports shall be submitted according to frequency requested from referring entity, or, at a minimum, twice monthly.

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- 7.6 Co-Occurring Disorders. In accordance with the Health and Human Services Agency Co-occurring Psychiatric and Substance Abuse Disorders Consensus Document (dated August 16, 2007, or as subsequently updated) all ADS programs shall be welcoming to individuals with co-occurring disorders by posting approved Welcoming Statement and by providing materials, brochures, posters and other appropriate information regarding co-occurring disorders. Individuals shall receive a helpful and appropriate response whether the help they seek is voluntary or court mandated. Contractors shall have capacity at a minimum to screen and refer clients/residents with co-occurring disorders to identified co-occurring treatment.
- 7.6.1 Completion of CCISC CADRE. When an Agency has completed the Comprehensive, Continuous, Integrated System of Care (CCISC) CADRE change agent training they shall, in addition to being welcoming, be expected to meet the following minimum requirements:
- 7.6.1.1 Annual development of Quality Improvement Action Plan for achievement of progress, in consultation with COTR and/or designee, identifying Agency or Program specific objectives that are measurable and achievable to be reviewed at the time of site visit.
- 7.6.1.2 Ongoing Agency participation in CADRE committees and activities, following CADRE change agent training completion.
- 7.7 Treatment Plans. Contractor shall develop an individualized treatment plan for each participant based upon the adolescent client assessment information. The initial treatment plan shall be developed within thirty (30) days of the adolescent client's admission. The plan shall be updated every ninety (90) days or more often if needed. The adolescent client and primary counselor shall sign each treatment plan.
- 7.8 Discharge Plan. Contractor shall develop a discharge plan with the adolescent client at least thirty (30) days prior to anticipated discharge date. Plan shall detail how support will be provided to the adolescent client in recovery after completing the program.
- 7.9 Volunteer Services. Adolescent clients shall be encouraged to participate in volunteer services in an effort to give back to the program and/or community.
- 7.10 Tobacco Products. Adolescent clients shall not use or be in possession of tobacco products and/or paraphernalia while attending treatment and recovery services at the TRC. Under Penal Code (PC) 308(a) and (b), enforcement agencies and district attorneys may prosecute minors in possession of tobacco products.
- 7.11 Communicable Disease Information, Education and Prevention. Contractor shall provide information, education and prevention services on the following communicable diseases for each individual admitted to the program: Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis and Sexually Transmitted Infections (STI's).
- 7.11.1 Cooperation with Other Agencies. Contractor shall cooperate with other agencies and allow presentations to program participants who are positive for any of the above-referenced diseases. Contractor shall cooperate with on-site and off-site intervention, medical evaluation, laboratory testing, case management and pharmaceutical therapy programs that assist participants in preserving their immune system function.
- 7.11.2 Staff Training. Contractor shall ensure that all employees and volunteers receive training in the above-referenced diseases, methods of preventing transmission, confidentiality requirements and available communicable disease-related resources that are appropriate for the programs' participants. Program staff shall be trained to make appropriate referrals to supportive services for program participants who are positive for the above-referenced communicable diseases.

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- 7.11.3 Liaison. Contractor shall designate one staff person at each program site to serve as a liaison between the program site, the programs' community, and HHSA on issues related to communicable disease services. The designated staff person shall attend regularly scheduled HHSA-facilitated meetings to obtain information on communicable diseases and shall provide staff with communicable disease training and update sessions at least once every six (6) months.
- 7.12 HIV Services. Contractor shall provide Human Immunodeficiency Virus (HIV) information and referral services for each individual admitted into the program. Services shall include assessment for HIV risk behavior, provision of HIV prevention education, and referral for HIV counseling and testing.
- 7.12.1 Health Insurance Coverage Information. Contractor shall collect and document information within youth's file about personal health insurance coverage, if any, as part of the intake/assessment process developed by the Contractor.
- 7.13 Drug Testing. Contractor shall conduct observed, random drug testing to all adolescent clients as mandated by the referral source(s) and/or the individual treatment plans. Observed specimen collection shall be conducted at least twice monthly for all enrolled youth regardless of referral source requirement or individual treatment plan. Contractor shall develop, implement, and maintain a testing protocol for all drug testing technologies utilized.
- 7.13.1 Drug Testing Results Reporting. All positive drug tests shall be reported to the referring entity within two (2) business days of testing date, if the adolescent client or parent of adolescent client has provided appropriate prior consent. Negative test results shall be reported to referring entity on progress reports as outlined on paragraphs 7.5.2.6.
- 7.13.2 Drug Testing Technologies. Drug testing may include any of the following technologies:
- 7.13.2.1 Patch
 - 7.13.2.2 Urinalysis
 - 7.13.2.3 Breathalyzer
- 7.13.3 Urinalysis Testing. Contractor shall use the ADS designated urinalysis testing vendor unless prior written approval for another vendor is received from the COTR. Urinalysis shall be observed and staff must be gender appropriate. Both male and female staff shall be available as required by the gender of the adolescents. The contractor shall develop, implement, and maintain a testing protocol to ensure against falsification or contamination of urine specimens.
- 7.14 General and Injection Drug User (IDU) Alcohol and Drug Outreach Services. Contractor shall conduct outreach to adolescents experiencing alcohol and other drug problems, with special attention to reaching injection drug users and helping them to access treatment and recovery services.
- 7.14.1 Information and Education. Contractor shall provide information and education to high-risk alcohol and other drug abusers [in the target population listed in paragraph 4.1], which prevents and minimizes the health risks of alcohol and other drug abuse. Contractor shall promote awareness among alcohol and other drug users [in the target population listed in paragraph 4.1] about the relationship between alcohol and other drug (AOD) abuse and the personal health risks of communicable disease such as Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) and, for pregnant women, the relationship between abuse and the risks to their children.
- 7.14.2 Contact and Outreach Sites. Contractor shall establish contact, communication, and follow-up systems with high-risk alcohol and other drug users [in the target population listed in paragraph 4.1], their associates, and neighborhood residents, within the constraints of applicable

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confidentiality requirements, to provide information and education on the risks of alcohol and other drug use. Contractor shall schedule regular visits to establish sites where high-risk alcohol and other drug users can be reached.

7.15 Client Satisfaction Surveys. Contractor shall conduct annual client satisfaction surveys during the term of the Agreement. The first annual client satisfaction survey shall be conducted within six (6) months of the effective date of this Agreement. Contractor shall utilize the standard client satisfaction survey tool to develop survey results.

7.15.1 Submission of Findings. Contractor shall conduct the survey, compile the data, and submit report findings to the COTR within sixty days (60) from the survey's initiation.

7.15.2 Response Rate. Contractor shall specify the total number of participants who responded to the survey compared to the total number of participants served.

7.15.3 Improvement of Services. In areas of the survey that are rated "below average" by 50% or more of the clients, a plan for improvement shall be developed and implemented. The plan shall be submitted to the COTR within sixty days (60) from the survey's initiation.

(Standardized customer satisfaction survey added as an attachment to the Statement of Work)

7.16 Homeless Shelter Outreach Services. Contractor shall make available staff or volunteer participation in regional homeless shelter outreach services during the cold/wet winter months, which are typically defined as December through March.

8. Data Collection and Reporting Requirements

8.1 San Diego Web Infrastructure for Treatment Services (SanWITS). Contractor shall submit SanWITS data and any other data as required by the State of California Alcohol and Drug Program to the Data Unit at Alcohol and Drug Services by the tenth (10th) calendar day of each month.

8.2 Capacity Notification. Contractors shall notify the COTR by email when program is under ninety percent (90%) of its contracted capacity.

9. Automation

9.1 Data Capacity. Contractors shall maintain technology that facilitate the collection, maintenance, and reporting of data necessary to comply with California Alcohol and Drug Program data requirements. Contractor's computer-based data collection, maintenance, and reporting systems shall be compatible with current County and State standards.

9.2 Internet Access. Contractor shall have and provide staff with computer systems or other immediate access to the Internet. Computer systems shall be capable of fully accessing and downloading and using data and information from a variety of web sites.

9.3 Electronic Mail. Contractor, for all service categories provided, shall be capable of transmitting and receiving information through electronic mail (E-Mail). Contractor shall maintain an electronic mail address and shall provide the COTR or COTR's designee with any change in E-Mail addresses within two (2) business days of the effective date of the change.

10. Contract Budget. Up to 10% of total "County Net Expense" may be moved annually between the "Salaries & Benefits Subtotal" line item and the "Operating Expense Subtotal" line item without prior approval. Contractor shall provide written notification to COTR of changes with submitted invoice, and shall maintain a written record of all changes to be made available for all fiscal reviews. Changes shall not result in reductions in

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direct services and no changes to Net Expense totals of categorical funding streams, and do not apply to asterisked line items. To avoid running out of funds before the end of the fiscal year, Contractor monthly expenses should not exceed 110% of the pro-rata portion of the budgeted total County Net Expense and Cost Center County Net amounts. If necessary, Contractor should establish a client waiting list to reduce the risk of running out of funds before the end of the fiscal year.

11. Limitation of Costs

For each term period stated on the Signature page of the Agreement:

- 11.1 The parties estimate that performance of this Agreement will not cost the County more than the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.
- 11.2 The Contractor agrees to use its best efforts to perform the work specified and all obligations under this agreement within the maximum Agreement amount.
- 11.3 The Contractor shall notify the COTR in writing whenever it has reason to believe that:
 - 11.3.1 The costs the Contractor expects to incur under this agreement in the next 60 days, when added to all costs previously incurred, will exceed 75 percent of the maximum Agreement term amount as specified in the Compensation clause of the Agreement Signature Page, or
 - 11.3.2 The total cost for the performance of this Agreement, will be either greater or substantially less than had been previously agreed to for that term
 - 11.3.3 As part of the notification, the Contractor shall provide the COTR a revised estimate of the total cost of performing the agreement for that term.
- 11.4 Unless otherwise stated in this agreement, the County is not obligated to reimburse the Contractor for costs incurred in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.
- 11.5 The Contractor is not obligated to continue performance under this Agreement (including actions under the Termination clause of this Agreement) or otherwise incur costs in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page, until the County Contracting Officer notifies the Contractor in writing that the maximum Agreement amount has been increased and provides a revised maximum Agreement amount of performing this Agreement.
- 11.6 No notice, communication, or representation in any form other than that specified in paragraph 13.5 above, or from any person other than the County Contracting Officer, shall affect this contract's maximum Agreement amount to the County. In the absence of the specified notice, the County is not obligated to reimburse the Contractor for any costs in excess of the maximum Agreement amount. If the maximum Agreement amount is increased, any costs the Contractor incurs before the increase that are in excess of the previously maximum Agreement amount shall be allowable to the same extent as if incurred afterward, unless the County Contracting Officer issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.

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**ATTACHMENT 1:
Regional Service Areas***

<u>Service Area</u>	City/Neighborhood
North Coastal -North	Fallbrook, Vista, Carlsbad, Oceanside, La Costa and neighboring communities
North Coastal- South	Solana Beach, Del Mar, Cardiff, Encinitas, Leucadia and neighboring communities.
North Inland	Bonsall, Palomar, Valley Center, Escondido, San Marcos, Rancho Bernardo, Rainbow and neighboring communities.
North Rural	Borrego, Julian, Pala, Pauma Valley, Ramona, Ranchita, Santa Ysabel, Warner Springs and neighboring communities.
North Central	Kearny Mesa, Scripps Ranch, Miramar, Mira Mesa, Sorrento Valley, Tierrasanta, Murphy Canyon, Mission Village, Allied Gardens, Serra Mesa, Rancho Penasquitos, Sabre Springs, Poway La Jolla, Clairemont, University City, North City West, Grantville, Poway, Linda Vista, Ocean Beach, Point Loma, Midway; Pacific Beach, Mission Beach, Balboa Park and surrounding area, Old Town and surrounding area, Hillcrest, Bankers Hill, Midtown, Little Italy, Downtown San Diego, East Village and neighboring communities.
Central – East	Mid City neighborhoods from Interstate 8 to the north, Interstate 94 to the south, Interstate 805 to the west and La Mesa boundary to the east, and neighboring communities.
Central Region– South East	Mount Hope, Stockton, Mount View, Paradise Hills, Alta Vista, Valencia Park, Emerald Hills, Lincoln Park, Chollas View, Shell Town, South Crest, South Encanto, North Encanto, South Bay Terrace, North Bay Terrace, Skyline, Jamacha, Lomita Village and neighboring communities.
Central Region– South West	Logan Heights, Barrio Logan, Memorial, Sherman Heights, Grant Hill and neighboring communities.
East Region	Alpine, El Cajon, Lakeside, La Mesa, Lemon Grove, Spring Valley, Santee, Pine Valley, Descanso, Dulzura, Guatay, Jamul, Mt Laguna, Pine Valley, Campo, Jacumba, Tecate/Potrero, Boulevard, Casa De Oro, San Carlos, Navajo, Del Cerro And Neighboring Communities.
South Bay –East	Otay Mesa, East Mesa, Eastlake, Bonita, Rancho Del Rey, Chula Vista (East) and neighboring communities.
South Bay- West	Chula Vista (West), Coronado, North Island, Imperial Beach, San Ysidro, National City, Nestor and neighboring communities.

***The above listing is not an all-inclusive list. Neighborhoods or communities not listed shall not be excluded from service.**

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Attachment 2:

**Alcohol and Drug Services Program Facilities
Health, Safety, and Appearance Standards
HHS: ADS 1077**

For All Facilities:

1. All areas shall be kept clean, in particular: food preparation, storage, and serving areas; restrooms; meeting rooms; reception areas; childcare space; and, any areas where children and visitors may be present.
2. All areas shall be free of health risks, i.e. vermin and their residue, contaminated water, noxious odors, and accumulated dirt. Maintenance supplies, especially toxic materials, shall be stored appropriately in secured areas.
3. Refrigerators, freezers, microwaves, coffeemakers, and any other appliances used for food preparation shall be cleaned and maintained regularly. All food items shall be stored appropriately.
4. Wastebaskets, trash cans, dumpsters, etc. shall be emptied regularly and cleaned and disinfected as necessary. Areas surrounding trashcans and dumpsters shall also be cleaned and maintained.
5. All occupied areas shall have adequate ventilation and reasonable interior temperatures (64-85 degrees).
6. All sites shall have a fully equipped first aid kit; emergency exit plan posted in an area easily accessible to clients, staff, visitors; up-dated fire extinguishers; and smoke and carbon monoxide detectors.
7. All electrical wiring shall be free of safety hazards and meet appropriate codes. Electrical supply cabinets must be locked/secured to prevent access by clients, children, and visitors.
8. All floors and walkways shall be intact, level, and free of all tripping hazards and other obstructions.
9. Lighting shall be adequate inside and outside the facility during all seasons of the year.
10. Boxes, records, papers and other supplies shall be neatly kept in appropriate storage areas. None of these items shall be allowed to obstruct passage by clients, staff, or visitors.
11. Smoking, if allowed by the program, shall occur only in designated outdoor smoking areas with adequate disposal receptacles away from public entrances and exits and areas where children may be present.
12. Roof, walls, ceilings and floors shall be maintained in good condition, i.e. no peeling paint, rotting wood, etc. They shall be free of mold and mildew, water damage and rust.
13. All furniture shall be in good repair and suitable to the program's services.
14. All decorative art shall be intact, secured and well maintained.
15. Entrances shall be identified.
16. Window treatments shall be in good repair.

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**ATTACHMENT 3:
COUNTY OF SAN DIEGO ALCOHOL AND DRUG SERVICES
CLIENT SATISFACTION SURVEY**

Program: _____ Date: _____

How long have you been the program?		What is your age?	
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PLEASE MARK THE APPROPRIATE BOXES. THANK YOU FOR PARTICIPATION:

GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	TYPE OF SERVICE	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Residential
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ETHNICITY	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/PI	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
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Services received:	How do you rate those services:				
How would you rate the level of service that the program staff provided you with during your time in this program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
During your time in the program how would you rate the staff courteousness, knowledge and ability to help you to understand and follow program rules?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's ability to be supportive, receptive & available to you?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the facility in terms of cleanliness, comfort and accessibility?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program's ability to provide services that were adequate and assist you to learn about yourself and to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate how attending the program has improved your situation and allowed you to work more effectively with your issues of concern?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
Please rate the program staff's ability to provide you with the adequate information and the support?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the staff's sensitivity to understand and support diverse beliefs & cultural backgrounds of all clients?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
How would you rate the program staff's ability to learn about and respect your needs as an individual?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
In an overall sense how would you rate the services you received?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
If you were to seek help again, how would you rate your feelings to come back to the same program or agency?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA
If a friend or family member were in need of similar help how would you rate the program?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> NA

Additional comments or suggestions: _____

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# of Excellent answers:		# of Poor answers:	
# of Good answers:		# of NA answers:	
# of Fair answers:			

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**ANEXO 4:
CONDADO DE SAN DIEGO SERVICIOS DE ALCOHOL Y DROGAS
ENCUESTA DE SATISFACCION DEL CLIENTE**

Programa: _____ Fecha: _____

¿Cuanto tiempo estuvo en el programa?	¿Cual es su edad?
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POR FAVOR MARQUE LAS CASILLAS CORRESPONDIENTES. GRACIAS POR SU PARTICIPACION:

GENERO	<input type="checkbox"/> Hombre	<input type="checkbox"/> Mujer	TIPO DE SERVICIO	<input type="checkbox"/> No-residencial	<input type="checkbox"/> Residencial
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ETNICIDAD	<input type="checkbox"/> Caucásico	<input type="checkbox"/> Hispano	<input type="checkbox"/> Negro/Africano Americano	<input type="checkbox"/> Asiático	<input type="checkbox"/> Indígena	<input type="checkbox"/> Otra
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Tipo de servicio que recibí Como Consideraría las siguientes preguntas:	Como valora los servicios?				
¿El personal le dio la bienvenida y trato con respeto durante su tiempo en este programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Durante su tiempo en el programa fue el personal cortés, y le ayudaron a comprender y seguir las reglas del programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Encontré el personal a su apoyo, receptivo y disponible para usted?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿La instalación estaba limpia, cómoda y de acceso fácil?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿El programa le dio los servicios que eran adecuados y le ayudaron a aprender acerca de usted mismo y para llevarse bien con los demás?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Como resultado de asistir en el programa ha mejorado su situación y le ha permitido trabajar de manera más eficaz en los temas que le preocupaban?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿El personal en el programa le dio la información adecuada y el apoyo que necesitaba?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Fue el personal sensible a las diversas creencias y tradiciones culturales de todos los clientes?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Cree usted que el personal del programa respeto y aprendió acerca de sus necesidades como persona individual?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
En general ¿cómo calificaría usted los servicios que usted recibió?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Si necesitara ayuda de nuevo, viniera a la misma agencia o programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA
¿Cree que otros podrían aprender de este programa y si un amigo o un miembro de su familia estuvieran en necesidad de ayuda similares, les recomendaría el programa?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Satisfactorio	<input type="checkbox"/> Neutral	<input type="checkbox"/> Deficiente	<input type="checkbox"/> NA

Comentarios adicionales o sugerencias: _____

SOLO PARA USO DE LA OFICINA

# of Excellent answers:	# of Poor answers:
# of Good answers:	# of NA answers:
# of Fair answers:	

**ALCOHOL AND OTHER DRUG TEEN RECOVERY CENTER
NON-RESIDENTIAL TREATMENT SERVICES
CURRENT STATEMENT OF WORK**

**ATTACHMENT 5:
TB SCREENING QUESTIONNAIRE**

CLIENT: _____ DOB: _____ ID No.: _____
Last First

ARE YOU <u>COUGHING</u> FOR MORE THAN 3 WEEKS?	YES	NO
Have you recently <u>coughed up blood</u> ?	YES	NO
Have you <u>lost more than 5 lbs</u> in the last 2 months?	YES	NO
Had <u>frequent fevers</u> in the last month?	YES	NO
Had <u>unusual sweating, especially at night</u> ?	YES	NO

- If “**YES**” to *cough* and “**YES**” to *one-or-more* of the other TB symptom questions: See ***TB SUSPECT*** below.
- Other findings: Refer to medical provider, as needed, depending on the severity of symptoms.

HAVE YOU EVER HAD A TB SKIN TEST (TST)?	YES	NO
What was the result?	Positive	Negative
Do you have proof of your TST?	YES	NO

- **PREVIOUS TST DOCUMENTATION:** Record TST date and size:
- Copy TST document for program and client records.

TST Date	MM
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SUMMARY (Check all applicable):

- _____ **TST Not Known/No Previous TST Done:** Refer clients for TST ASAP (7 days max)
- _____ **TST Negative (no documentation available):** Refer client for TST ASAP (7 days max)
- _____ **TST Negative (documented as done within the last 3 months):** No TST needed now. Repeat TST yearly.
- _____ **TST Positive History (no documentation):** Refer for an eval. of TST history ASAP (7 days max)
- _____ **TST Positive History (documented, date and size recorded above):**
 Chest x-ray needed within 7 days of admission UNLESS client presents documented proof of a normal x-ray done within the last 3 months. Copy x-ray report for clinic record and record date here.

X-ray date

- _____ ***TB SUSPECT*** (cough with one-or-more TB symptoms): Contact TB Control to arrange immediate evaluation.

Staff completing this form: _____ Date: _____

(ADS revised 4/9/08)

**ALCOHOL AND OTHER DRUG TEEN RECOVERY CENTER
NON-RESIDENTIAL TREATMENT SERVICES
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ATTACHMENT 6:
SLIDING FEE SCALE

County of San Diego Alcohol and Drug Services
Residential and Non-Residential Treatment Services
Sliding Fee Scale

	NON-RESIDENTIAL					RESIDENTIAL				
	Dependents					Dependents				
	1	2	3	4	5+	1	2	3	4	5+
Adjusted Annual Household Income	Weekly Client Fee									
\$0-\$20,000	\$25	\$23	\$21	\$19	\$17	\$150	\$137	\$125	\$114	\$104
\$20,001-\$40,000	\$50	\$46	\$42	\$38	\$35	\$300	\$274	\$250	\$228	\$208
\$40,001-\$60,000	\$75	\$68	\$62	\$57	\$52	\$450	\$411	\$375	\$342	\$312
\$60,001-\$80,000+	\$100	\$91	\$83	\$76	\$69	\$600	\$548	\$500	\$456	\$416

Each block represents the **maximum** amount that can be charged to a client according to income status. The client fee rate can be negotiated down to match a clients ability to pay. Each Client fee amount shown above represents a range from the highest allowable amount to a charge of \$0. Example: A Residential client, with No dependents and a \$50,000 Adjusted Annual Household Income; would be charged a maximum of \$450 per week, or any amount between \$450 and \$0, depending on the clients ability to pay. Dependents represent the number of persons dependent on the Household income, a single person with no dependents is categorized as 1. No service will be refused due to a clients **inability** to pay.