

AMENDMENT NO. 3 TO AGREEMENT NO. A-11744

This Amendment No. 3 to Agreement No. A-11744 is made by and between the **County of Monterey**, hereinafter referred to as COUNTY, and **Valley Health Associates**, hereinafter referred to as CONTRACTOR.

Whereas COUNTY and CONTRACTOR have heretofore entered into Agreement No. A-11744 dated June 29, 2010 (Agreement), Amendment No. 1 dated February 3, 2011, Amendment No. 2 dated July 13, 2012; and

Whereas the parties desire to amend the Agreement as specified below;

1. Add AB 109 funded Outpatient Program Services and funding for FY 2012-13.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein and in the Agreement, the parties agree as follows:

1. EXHIBIT A of Agreement No. A-11744 is replaced with Amendment No. 3 to EXHIBIT A of Agreement No. A-11744. All references in the Agreement to EXHIBIT A shall be construed to refer to Amendment No. 3 to EXHIBIT A.

2. EXHIBIT B of Agreement No. A-11744 is replaced with Amendment No. 3 to EXHIBIT B of Agreement No. A-11744. All references in the Agreement to EXHIBIT B shall be construed to refer to Amendment No. 3 to EXHIBIT B.

3. EXHIBIT I of Agreement No. A-11744 is replaced with Amendment No. 3 to EXHIBIT I of Agreement No. A-11744. All references in the Agreement to EXHIBIT I shall be construed to refer to Amendment No. 3 to EXHIBIT I.

4. PAYMENTS BY COUNTY, COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in Amendment No. 3 to EXHIBIT B, subject to the limitations set forth in this Agreement. The total amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed the sum of **\$609,784.**

5. The effective date of this Amendment is **July 1, 2012.**

6. All other terms and conditions of Agreement No. A-11744 shall remain in full force and effect.

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IN WITNESS WHEREOF, County and CONTRACTOR have executed this Amendment No. 3 to Agreement No. A-11744

COUNTY OF MONTEREY:

By: _____
Mike Derr, Contracts/Purchasing
Manager

Date: _____

By: _____
Ray Bullick, Director of Health

Date: _____

APPROVED AS TO FORM

By: _____
Stacy L. Saetta, Deputy County Counsel

Date: _____

APPROVED AS TO FISCAL PROVISIONS¹

By: _____
Gary Giboney, Auditor/Controller

Date: _____

**APPROVED AS TO LIABILITY
PROVISIONS²**

By: _____
Steven Mauck, Risk Management

Date: _____

APPROVED AS TO CONTENT:

By: _____
Wayne Clark, Behavioral Health Director

VALLEY HEALTH ASSOCIATES

VALLEY HEALTH ASSOCIATES

Contractor's Business Name*

By: _____
Norma Jaramillo, Executive Director

Date: _____

By: _____
*(Signature of Secretary, Assistant Secretary,
CFO, or Assistant Treasurer)***

Date: _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹ Approval by Auditor/Controller is necessary only if changes are made in paragraph 6 or if changes are made in paragraph 2 by amendment.

² Approval by Risk Management is necessary only if changes are made in paragraph 8 or 9

**AMENDMENT NO. 3 TO EXHIBIT A
VALLEY HEALTH ASSOCIATES
PROGRAM (S) DESCRIPTION (S) AND OBJECTIVES**

PROGRAM 1 – NARCOTIC TREATMENT PROGRAM PC1210

Program Location

338 Monterey Street
Salinas, CA 93901

Program Hours

1. Hours of operation are:
Monday through Thursday, 6:30 a.m. to 3:30 p.m.
Friday, 6:30 a.m. to 12:00 p.m. (noon)
2. Medication dispensed:
Monday through Friday, 6:30 a.m. to 9:00 a.m.
Saturday, Sunday and Holidays, 7:30 a.m. to 9:00 a.m.
3. Intake hours are Wednesday's, 7:30 a.m. to 11:00 a.m.
4. Screening and interviews are by appointment.

Program Description

Opiate Treatment Programs are included as outpatient care by the State Department of Alcohol and Drug Programs' "Drug Program Fiscal System Manual and Services" and defined as follows: "Outpatient care" is a medication or counseling visit in the clinic setting in accordance with Title 9 (for narcotics), and Title 22, California Code of Regulations." Licensed narcotic treatment programs may receive an exception to state admission requirements for a two-year history of addiction and two treatment failures. (California Code of Regulations, Title 9).

The Narcotic Treatment Program (NTP) is a program whereby the replacement narcotic therapy (methadone) uses sustained, stable medically determined dosage levels for a period no less than 21 days and no more than 180 days, to reduce or eliminate chronic opiate addiction. A maximum of 18 clients will receive NTP services in fiscal year (2010-11). CONTRACTOR provides a comprehensive range of treatment services including:

- Physical examination by the program physician;
- Drug screening;
- Assessment and treatment planning;
- Individual counseling sessions;
- Medication;
- Group counseling sessions; and
- Referrals for community services.

CONTRACTOR's physician will determine continued participation in the maintenance program.

Target Population

- 18 years or older (proof of birth date required).
- County of Monterey residents, men and/or women.
- Determined eligible by the courts

Service Objectives

1. Operate and maintain a State licensed narcotic maintenance treatment program in accordance with all applicable State and Federal laws
2. Provide the estimated units of service as specified in the table below to those individuals continuously enrolled in the program.

Program 1	FY 2010-11	FY 2011-12	FY 2012-13
Methadone Doses PC 1210	323	-	-
NTP Individual Counseling	165	-	-
NTP Group Counseling	41	-	-

Admission Criteria

In Monterey County, the Court may grant PC 1210 narcotic maintenance at the defendant's request through the defendant's attorney. The Court determines whether or not the PC 1210 program is applicable to the defendant and advises the defendant and defendant's attorney of that determination. COUNTY'S Health Department's Behavioral Health Division will authorize referrals to CONTRACTOR'S narcotic maintenance treatment (opiate addiction). Special emphasis will be placed on the needs of pregnant women as stated in Title 9. In addition:

1. Clients must be 18 years or older (proof of birth date required).
2. Clients must agree to a urine test that substantiates their addiction to heroin or opiate-like substances.
3. Clients must have been assessed a medical judgment for physiologic dependence of approximately most of one year (6 months plus 1 day) prior to admission date.
4. Penal documentation – Client must have resided in a penal institution for one month or more – must be admitted within 6 months after discharge – without being in withdrawal but must be eligible prior to incarceration.
5. Client must agree to undergo laboratory tests for Tuberculosis and Syphilis.

PC 1210 Programs Extension of Services:

Contractor may request from the designated BH Contract Monitor an extension of services of up to 30 days for any enrolled PC 1210 client who is in need of additional services. Contractor will submit a Request for Reauthorization form via fax to designated BH staff for review and approval for extension of services (Refer to Exhibit K).

PC 1210 and Drug Court Programs Reporting Requirements:

To effectively track and coordinate client referrals and services, Contractor will submit a *weekly* progress report for each PC 1210 and Drug Treatment Court client that is scheduled to attend court for that particular week to the PC 1210 and Drug Treatment Court Behavioral Health Staff (Refer to Exhibit J).

Monthly Progress Report

To effectively track and coordinate client referrals and services, Contractor will submit a *monthly* progress report for each PC 1210 client to the PC 1210 Behavioral Health Staff.

Hot Sheets

Contractor will submit a hot sheet to BH staff regarding PC 1210 clients who have been discharged from the program due to non-compliance with treatment.

Monthly Statistics Report

Contractor will submit to PC 1210 Behavioral Health Staff monthly statistics regarding PC 1210 clients by the 7th of each month.

Fees

Co-payments (fees) collected will be used to offset COUNTY dollars paid to the CONTRACTOR. CONTRACTOR shall assess fees toward the cost of treatment based on CONTRACTOR’s determination of a client’s ability to pay in accordance with Section 11991.5 of the Health and Safety Code. Such fees shall be deducted from CONTRACTOR’s cost of providing services in accordance with Health and Safety Code Section 11987.9. CONTRACTOR will develop and maintain an equitable sliding fee schedule approved by the DIRECTOR. Services will not be denied due to an individual’s inability to pay.

Designated Contract Monitor

Behavioral Health Services Manager
1270 Natividad Road.
Salinas, CA 93906
(831) 755-6367

PROGRAM 2 – OUTPATIENT SERVICES PC 1210

Program Location

338 Monterey Street
Salinas, CA

114 Webster Street
Monterey, CA

495 El Camino Real
Greenfield, CA

Program Hours

- Office Hours:
Salinas Office – Monday through Thursday 9:00 a.m. to 3:30 p.m.
Friday 9:00 a.m. to 12 p.m. (noon).
Monterey and Greenfield Offices – Tuesday/Thursday by appointment
- Group Sessions – All offices – Monday through Thursday 5:20 p.m. to 7 p.m.
- Intake Hours – Salinas - Monday through Friday by appointment

Program Description

CONTRACTOR’s program is state certified and meets the Outpatient Services Program standards. CONTRACTOR shall offer the following outpatient services to eligible program participants:

- Assessment and treatment planning;

- Education sessions;
- 6 Individual counseling sessions;
- 26 Group counseling sessions;
- Relapse prevention;
- Drug screening;
- Case management;
- 12-Step meetings; and
- Information/referrals for obtaining health, social, vocation and other community services.

Based on the assessment and treatment needs of each client, CONTRACTOR will offer a three (3) month treatment program to consist of the following:

- Weekly education and/or;
- Group sessions (26 sessions of 90 minutes each);
- Individual counseling sessions (maximum of 6 sessions);
- Minimum of six (6) random drug screenings;
- Five (5) 12-Step meetings per week;
- Case management;
- Referrals for other community services; and
- Exit/recovery planning.

Failure to successfully complete the three month program will result in a case management meeting including staff from COUNTY Behavioral Health Division, Probation and/or Parole, and CONTRACTOR. If deemed appropriate, clients may continue in CONTRACTOR outpatient services for additional services months as prescribed by the case management team.

Target Population

- 18 years or older (proof of birth date required).
- County of Monterey residents, men and/or women.
- PC 1210 eligible

Service Objectives

1. Operate and maintain a state certified outpatient drug free program in accordance with applicable State and Federal laws.
2. Provide the estimated units of service as specified in the table below to those individuals continuously enrolled in the program.

Program 2	FY 2010-11	FY 2011-12	FY 2012-13
Outpatient Individual Counseling PC 1210	98	-	-
Group Counseling PC 1210	460	-	-

Drug Testing

CONTRACTOR will randomly conduct drug screening on participants as required by the program standards. Clients will undergo a minimum of six (6) random drug tests during the duration of the program.

Authorization for Extended Services

Contractor may request from the designated BH Contract Monitor an extension of services of up to 30 days for any client enrolled in the program who is in need of additional outpatient services. Contractor will submit a Request for Reauthorization form via fax to designated BH staff for review and approval for extension of services (Refer to Exhibit K).

Admission Criteria

In Monterey County, the Court may grant the PC 1210 outpatient treatment program at the defendant’s request through the defendant’s attorney. The Court determines whether or not PC 1210 is applicable to the defendant and advises the defendant and defendant’s attorney of that determination.

Individuals requesting admission to the PC 1210 program must have an assessment completed by the Behavioral Health Division assessment staff. Upon completion of the assessment, access to the program will be made by a referral from the Behavioral Health Division Assessment Staff who will provide an Initial Authorization Form (See Exhibit I).

COUNTY’s Behavioral Health Division will authorize referrals to CONTRACTOR’s outpatient treatment program.

PC 1210 Programs Extension of Services:

Contractor may request from the designated BH Contract Monitor an extension of services of up to 30 days for any enrolled PC 1210 client who is in need of additional services. Contractor will submit a Request for Reauthorization form via fax to designated BH staff for review and approval for extension of services (Refer to Exhibit K).

PC 1210 and Drug Court Programs Reporting Requirements:

To effectively track and coordinate client referrals and services, Contractor will submit a *weekly* progress report for each PC 1210 and Drug Treatment Court client that is scheduled to attend court for that particular week to the PC 1210 and Drug Treatment Court Behavioral Health Staff (Refer to Exhibit J).

Monthly Progress Report

To effectively track and coordinate client referrals and services, Contractor will submit a *monthly* progress report for each PC 1210 client to the PC 1210 Behavioral Health Staff.

Hot Sheets

Contractor will submit a hot sheet to BH staff regarding PC 1210 clients who have been discharged from the program due to non-compliance with treatment.

Monthly Statistics Report

Contractor will submit to PC 1210 Behavioral Health Staff monthly statistics regarding PC 1210 clients by the 7th of each month.

Fees

Co-payments (fees) collected will be used to offset COUNTY dollars paid to the CONTRACTOR. CONTRACTOR shall assess fees toward the cost of treatment based on CONTRACTOR’s determination of a client’s ability to pay in accordance with Section 11991.5 of the Health and

Safety Code. Such fees shall be deducted from CONTRACTOR's cost of providing services in accordance with Health and Safety Code Section 11987.9. CONTRACTOR will develop and maintain an equitable sliding fee schedule approved by the DIRECTOR. Services will not be denied due to an individual's inability to pay.

Designated Contract Monitor

Behavioral Health Services Manager
1270 Natividad Road.
Salinas, CA 93906
(831) 755-6367

PROGRAM 3 – NARCOTIC MAINTENANCE - DRUG/MEDI-CAL and AB 109

Program Location

338 Monterey Street
Salinas, CA 93901

Program Hours

1. Hours of operation are:
Monday through Thursday, 6:30 a.m. to 3:30 p.m.
Friday, 6:30 a.m. to 12:00 p.m. (noon)
2. Medication dispensed:
Monday through Friday, 6:30 a.m. to 9:00 a.m.
Saturday, Sunday and Holidays, 7:30 a.m. to 9:00 a.m.
3. Intake hours are Tuesday's, 7:30 a.m. to 11:00 a.m.
4. Screening and interviews are by appointment.

Program Description

Opiate Treatment Programs are included as outpatient care by the State Department of Alcohol and Drug Programs' "Drug Program Fiscal System Manual and Services" defined as follows: Outpatient care is a medication or counseling visit in the clinic setting in accordance with Title 9 (for narcotics), and Title 22, California Code of Regulations. Narcotic maintenance is an opiate replacement treatment whereby methadone is used in sustained, stable, medically determined dosage levels for a period in excess of 21 days, to reduce or eliminate chronic opiate addiction. A licensed narcotic treatment program may receive exception to state admission requirements for a two-year history of addiction and two treatment failures (California Code of Regulations Title 9). CONTRACTOR will provide the client with a comprehensive range of treatment services including:

- Physical examination by the program physician;
- Assessment and treatment planning;
- Medication;
- Individual counseling;
- Education and or
- Group counseling;
- Referrals for ancillary services; and
- Drug screening.

CONTRACTOR's physician determines continued participation in the maintenance program.

Target Population

Medi-Cal eligible adults age 18 years or older with primary addiction to heroin or other morphine addicted individuals in Monterey County (including temporary transfers) who wish to stabilize and decrease their addiction through their participation in a narcotic maintenance program. CONTRACTOR will place special emphasis on the needs of pregnant women.

Service Objectives

1. Operate and maintain a State licensed narcotic maintenance treatment program in accordance with all applicable State and Federal laws.
2. Provide the estimated units of service as specified in the table below to those individuals continuously enrolled in the program.

Program 3	FY 2010-11	FY 2011-12	FY 2012-13
Methadone Doses	11,187	12,674	12,674
Drug/Medi-Cal Counseling – Ind.	2,788	2,788	2,788
Drug/Medi-Cal Group Counseling	1,494	1,494	1,494

Target Population

AB 109 eligible adults age 18 years or older with primary addiction to heroin or other morphine addicted individuals in Monterey County (including temporary transfers) who wish to stabilize and decrease their addiction through their participation in a narcotic maintenance program. CONTRACTOR will place special emphasis on the needs of pregnant women.

Service Objectives

3. Operate and maintain a State licensed narcotic maintenance treatment program in accordance with all applicable State and Federal laws.
4. Provide the estimated units of service as specified in the table below to those individuals continuously enrolled in the program.

Program 3	FY 2010-11	FY 2011-12	FY 2012-13
Methadone Doses			1,674
Drug/Medi-Cal Counseling – Ind.			1,080

Admission Criteria

1. Client must be 18 years or older (proof of birth date required).
2. Client must agree to provide a urine test that substantiates addiction to heroin or opiate like substances.
3. Client must have been assessed a medical judgment for physiologic dependence of approximately most of one year (6 months + 1 day) prior to admission date.
4. Penal documentation – Client must have resided in a penal institution for one month or more – must be admitted within 6 months after discharge – without being in withdrawal but must be eligible prior to incarceration.
5. Must have laboratory tests for Tuberculosis and Syphilis.

Designated Contract Monitor
Robert Jackson, AOD Program Services Manager
 1441 Constitution Blvd.
 Salinas, CA 93906
 (831) 755-6367

PROGRAM 4 – OUTPATIENT PROGRAM –DRUG DIVERSION

Program Location

338 Monterey Street	114 Webster Street	495 El Camino Real
Salinas, CA	Monterey, CA	Greenfield, CA

Program Hours

- Office Hours:
 Salinas Office – Monday through Thursday 9:00 a.m. to 3:30 p.m.
 Friday 9:00 a.m. to 12 p.m. (noon).
 Monterey and Greenfield Offices – Tuesday through Thursday by appointment
- Group Sessions – All offices – Monday through Thursday 5:20 p.m. to 7 p.m.
- Intake Hours – Salinas- Monday through Friday by appointment

Program Description

CONTRACTOR provides a certified drug diversion program as regulated by COUNTY standards of operations as detailed in Exhibit I. CONTRACTOR operates with a two level emphasis with level two consisting of Options I and II. The Choice of Level II Option I and Level II Option II will be at the Counselor’s Discretion

Level I is a four (4) month program requiring the client to:

- Complete an orientation;
- Attend twelve (12) group counseling sessions;
- Attend four (4) individual counseling sessions;
- Agree to undergo and authorize a minimum of four (4) random drug screenings;
- Attend an exit interview upon completion of the program; and
- Attend 12-Step meetings.

Clients who successfully complete Level I will return to Court without being required to enroll in Level II. Clients who do not complete Level I must enroll in Level II.

Level II Option I is a eighteen (18) week program requiring the client to:

- Participate in an Intake Session
- Attend twelve (12) group counseling sessions;
- Attend eight (8) individual counseling sessions;
- Agree to undergo and authorize a minimum three (3) random drug screenings;
- Attend an Exit Interview upon completion of the program, and;

- Attend 12-Step meetings.

Level II Option II is a five (5) week program requiring the client to:

- Participate in an Intake Session
- Attend six (6) individual counseling sessions;
- Agree to undergo and authorize a minimum three (3) random drug screenings;
- Attend an Exit Interview upon completion of the program, and;
- Attend 12-Step meetings.

CONTRACTOR may terminate clients who attend program activities while under the influence of alcohol or drugs.

Target Population

Adult men and women offenders referred by Department 11 of the Courts as a Delayed Entry Judgment.

Service Objectives

- Operate and maintain a state certified outpatient program.
- Complete intake/assessment within fifteen (15) working days after client schedules an intake appointment for enrollment into the program.
- Upon client's completion of the intake/assessment session, CONTRACTOR will complete the "Enrollment Status" for the individual to take to the Court.

Admission Criteria

Admission shall not be denied on the basis of race, color, religion, sex, sexual orientation, age, national origin or disability. The above shall not preclude the program from emphasizing services for specific populations. Non-residential locations are handicapped accessible. Visually and hearing impaired participants are welcome and interpreters will be utilized as needed. For each individual participant, including family members or significant others:

- Involvement with alcohol, drugs, or alcohol/drug related problems should be the primary criteria for participation.
- All participation shall be voluntary.
- All participants shall be physically and mentally capable of assuming full responsibility for their own decisions and actions in relation to recovery from alcohol and drug misuse while in the program.
- No individual shall be admitted who, on the basis of staff judgment, exhibits behavior dangerous to the staff or others.

Fees

CONTRACTOR shall assess fees to the client to be used toward the cost of treatment based on CONTRACTOR's Drug Diversion Program Fee Structure. Services will not be denied because of an individual's inability to pay. COUNTY shall receive an administration fee of \$50.00 for each individual referred to CONTRACTOR by COUNTY and who completes the program.

Designated Contract Monitor

Robert Jackson, AOD Program Services Manager

1441 Constitution Blvd.

Salinas, CA 93906

(831) 755-6367

PROGRAM 5 – ADULT DRUG COURT GRANT PROGRAM-OUTPATIENT SERVICES

Program Location

338 Monterey Street
Salinas, CA

114 Webster Street
Monterey, CA

495 El Camino Real
Greenfield, CA

Program Hours

- Office Hours:
Salinas Office – Monday through Thursday 9:00 a.m. to 3:30 p.m.
Friday 9:00 a.m. to 12 p.m. (noon).
Monterey and Greenfield Offices – Tuesday/Thursday by appointment
- Group Sessions – All offices – Monday through Thursday 5:20 p.m. to 7 p.m.
- Intake Hours – Salinas - Monday through Friday by appointment

Program Description

CONTRACTOR’s program is state certified and meets the Outpatient Services Program standards. CONTRACTOR shall offer the following outpatient services to eligible program participants:

- Assessment and treatment planning;
- Education sessions;
- 6 Individual counseling sessions;
- 26 Group counseling sessions;
- Relapse prevention;
- Drug screening;
- Case management;
- 12-Step meetings; and
- Information/referrals for obtaining health, social, vocation and other community services.

For this Agreement, CONTRACTOR will provide culturally and linguistically competent services using the evidenced based practices of Motivational Interviewing and Seeking Safety.

Based on the assessment and treatment needs of each client, CONTRACTOR will offer a three (3) month treatment program to consist of the following:

- Weekly education and/or;
- Group sessions (26 sessions of 90 minutes each);
- Individual counseling sessions (maximum of 6 sessions);
- Random drug screenings to be conducted by Probation Staff;
- Five (5) 12-Step meetings per week;
- Case management;

- Referrals for other community services; and
- Exit/recovery planning.

Failure to successfully complete the three month program will result in a case management meeting including staff from COUNTY Behavioral Health Division, Probation and/or Parole, and CONTRACTOR. If deemed appropriate, clients may continue in CONTRACTOR outpatient services for additional services months as prescribed by the case management team.

Target Population

- 18 years or older (proof of birth date required).
- County of Monterey residents, men and/or women.
- Each applicant for outpatient treatment services is appropriately screened for eligibility based on meeting stated admission criteria.
- The program will serve Eligible Individuals including Latino Offenders and Veterans referred by the Court and approved by the Behavioral Health Drug Treatment Court Staff.

Service Objectives

1. Operate and maintain a state certified outpatient drug free program in accordance with applicable State and Federal laws.
2. Program staff providing services will be trained in the practices of motivational interviewing and seeking safety and will utilize these practices when serving clients under this grant funded program.
3. Program staff will complete an Addiction Severity Index (ASI) Assessment on each client being served under this program.
4. Provide the estimated units of service as specified in the table below to those individuals continuously enrolled in the program.

Program 2	FY 2010-11	FY 2011-12	FY 2012-13
Adult Drug Court Grant Program- Outpatient Individual Counseling	143	114	34
Adult Drug Court Grant Program- Group Counseling	622	494	119

Authorization for Extended Services

Contractor may request from the designated BH Contract Monitor an extension of services of up to 30 days for any client enrolled in the program who is in need of additional outpatient services. Contractor will submit a Request for Reauthorization form via fax to designated BH staff for review and approval for extension of services (Refer to Exhibit K).

Admission Criteria

In Monterey County, the Court may grant the Adult Drug Court Grant outpatient treatment program at the defendant’s request through the defendant’s attorney. The Court determines whether or not the Adult Drug Court Grant outpatient treatment program is applicable to the defendant and advises the defendant and defendant’s attorney of that determination.

Assessment and Referral

The program will serve Eligible Individuals including Latino Offenders and Veterans referred by the Court and approved by the Behavioral Health Drug Treatment Court Staff. Individuals requesting admission to the Adult Drug Court Grant outpatient treatment program must have an assessment completed by the Behavioral Health Division assessment staff. Upon completion of the assessment, access to the program will be made by a referral from the Behavioral Health Division Assessment Staff who will provide an Initial Authorization Form (See Exhibit I).

COUNTY's Behavioral Health Division will authorize referrals to CONTRACTOR's outpatient treatment program.

Adult Drug Court Grant Program Requirements:

Drug Court Grant Program Extension of Services

Contractor may request from the designated BH Contract Monitor an extension of services of up to 30 days for any client enrolled in the programs who is in need of additional services. Contractor will submit a Request for Reauthorization form via fax to designated BH staff for review and approval for extension of services (Refer to Exhibit K).

Drug Court Grant Program Reporting Requirements:

To effectively track and coordinate client referrals and services, Contractor will submit a *weekly* progress report for each Drug Court Grant client that is scheduled to attend court for that particular week to the Drug Court Grant and Drug Treatment Court Behavioral Health Staff (Refer to Exhibit J).

Drug Court Grant Program Monthly Progress Report

To effectively track and coordinate client referrals and services, Contractor will submit a *monthly* progress report for each Drug Court Grant client to the Drug Court Grant Behavioral Health Staff.

Drug Court Grant Program Hot Sheets

Contractor will submit a hot sheet to BH staff regarding Drug Court Grant clients who have been discharged from the program due to non-compliance with treatment.

Drug Court Grant Program Monthly Statistics Report

Contractor will submit to the Drug Court Grant Behavioral Health Staff monthly statistics regarding PC 1210 clients by the 7th of each month.

Contract Special Conditions Compliance with Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Justice Programs, Bureau of Justice Assistance (BJA).

Contractor shall comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJPR) and Financial Guide. Contractor also agrees to participate in a data collection process using the Government Performance and Results Act measuring program outputs and outcomes as outlined by the Office of Justice Programs and the Substance Abuse and Mental Health Services Administration.

GPRA Training, Data Collection and Input:

Contractors providing alcohol and drug treatment services under this grant funded contract shall

fully participate in the Government Performance and Results Act (GPRA) trainings, data collection and submission process and shall meet the timelines as established by SAMHSA and BJA.

Designated Contract Monitor

Lynn C. Maddock, JD. LCSW
Behavioral Health Services Manager
1441 Constitution Blvd., Bldng 400
Salinas, CA 93906
(831) 796-1716

PERINATAL, CalOMS DATA AND CalOMS PREVENTION PROGRAM REQUIREMENTS:

Contractors providing alcohol and drug treatment and/or prevention services shall fully participate in the California Outcome Measurement System (CalOMS) data collection and submission process and shall meet the timelines as established by the County.

Contractors providing Perinatal Program services shall comply with the requirements for perinatal programs as contained in “Perinatal Services Network Guidelines 2009” until such time new Perinatal Services Network Guidelines are established and adopted.

DEBARMENT AND SUSPENSIONS

As required by Executive Order 12549, Debarment and Suspension, certain contracts shall not be made to parties listed on the nonprocurement portion of the General Services Administration’s “List of Parties Excluded from Federal Procurement or Nonprocurement Programs” (Executive Order 12549 and 12689). The applicant certifies that it and its principals: (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department of agency; (b) have not within a three year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (15)(b) of this certification and (d) have not within a three-year period preceding this application had one or more public transactions (Federal, State or Local) terminated for cause or default’ and Where the applicant is unable to certify any of the statements in this certification, he/she shall attach an explanation to this agreement.

AMENDMENT NO. 3 TO EXHIBIT B
VALLEY HEALTH ASSOCIATES
PAYMENT PROVISIONS

PAYMENT TYPE

Cost Reimbursed up to the Maximum Contract Amount.

PAYMENT CONDITIONS

- A. COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY's maximum liability under this Agreement.
- B. If for any reason this Agreement is canceled, COUNTY's maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed below.
- C. COUNTY may withhold claims for payment to CONTRACTOR for delinquent amounts due to COUNTY as determined by a Cost Report or audit report settlement resulting from this or prior years' Agreement(s). CONTRACTOR agrees to reimburse COUNTY for any Federal, State or COUNTY audit exceptions resulting from noncompliance herein on the part of CONTRACTOR or any subcontractor.
- D. **Prohibition on Duplicate Billing**
In no event shall CONTRACTOR bill COUNTY for a portion of service costs for which CONTRACTOR has been or will be reimbursed from other contracts, grants or sources.
- E. **Timeliness for Claim Submission**
In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as may be required by the County of Monterey, Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Behavioral Health Bureau no later than the 30th day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services. Invoices for June services shall reach Behavioral Health by July 15th.
- F. **Certification and Payment of Claim by COUNTY**
COUNTY shall promptly certify CONTRACTOR's claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement. COUNTY will compare the CONTRACTOR claimed amount against the COUNTY authorized amount by mode, service function, fund source and number of units of service. COUNTY shall then submit such certified claim to the COUNTY Auditor. The Auditor shall pay the claim in the amount certified by COUNTY within 30 days.
- G. **Disputed Payment Amount**
If COUNTY certifies for payment a lesser amount than the amount requested, COUNTY shall immediately notify CONTRACTOR in writing of such certification and shall specify the reason for the modification. If CONTRACTOR desires to contest the certification, CONTRACTOR must submit a written notice of protest to COUNTY within twenty (20) days after CONTRACTOR's receipt of the COUNTY's notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such dispute until the parties have met and attempted to resolve the dispute in person.

H. **Cost Control:**

CONTRACTOR shall not exceed by more than twenty (20) percent any contract expense line item amount in the budget without the approval of COUNTY, given by and through the Contract Administrator or Contract Administrator’s designee. CONTRACTOR shall submit an amended budget with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this contract. Therefore, an increase in one line item will require corresponding decreases in other line items.

Non-Drug/Medi-Cal

1. COUNTY shall pay CONTRACTOR for services rendered to eligible participants, which fall within the general services described in Exhibit A. The rate for Non-Drug/Medi-Cal client services shall be a negotiated rate based upon the estimated cost and units of services. At the end of each fiscal year, COUNTY shall make an adjustment for actual cost in accordance with the procedures set forth in Section 16 of this Agreement.
2. Subject to the cost adjustment described in Section 16, COUNTY shall compensate CONTRACTOR in the following manner:
 - a. For residential services, CONTRACTOR shall bill COUNTY one twelfth of the annual contract amount, monthly, in advance, on Exhibit C - Behavioral Health Cost Reimbursement Invoice attached to other supporting documentation required by COUNTY for payment. COUNTY shall review actual bed day utilization rate for one twelfth reimbursement programs on a quarterly basis and adjust reimbursement to the CONTRACTOR accordingly. For outpatient services, CONTRACTOR shall bill COUNTY based on the number of individual and group units, and drug tests multiplied by the negotiated rate on Exhibit C, attached to other supporting documentation required by COUNTY for payment. Billings shall be submitted to COUNTY promptly after the close of each calendar month, as required in the County Alcohol and Drug Reporting Guidelines.

b. COUNTY shall pay the CONTRACTOR the following negotiated rates:

FY 2010-11 (07/01/10-03/31/11)				
Program	Effective Period	Est. UOS	Est. Rates	FY 2010-11 Total
1 Methadone Dosing PC1210	07/01/2010-03/31/2011	323	\$ 10.46	\$ 3,385
1 NTP Individual Counseling	07/01/2010-03/31/2011	165	\$ 12.26	\$ 2,028
1 NTP Group Counseling	07/01/2010-03/31/2011	41	\$ 2.90	\$ 119
2 Outpatient Individual PC1210	07/01/2010-03/31/2011	98	\$ 57.40	\$ 5,673
2 Outpatient Group PC1210	07/01/2010-03/31/2011	460	\$ 24.39	\$ 11,236
Total Non-Drug/Medi-Cal				\$ 22,441

Program		FY 2010-11 Est. UOS	FY 2010-11 Rate	FY 2010-11 Total	FY 2011-12 Est. UOS	FY 2011-12 Rate	FY 2011-12 Total	FY 2012-13 Est. UOS	FY 2012-13 Rate	FY 2012-13 Total
3.	AB 109 Methadone Doses							1,674	\$10.78	\$18,046
3.	AB 109 Individual counseling sessions							1,080	\$12.63	\$13,640
5	Adult Drug Court Grant-OP Individual	143	\$57.40	\$8,232	114	\$59.15	\$6,743	34	\$59.15	\$2,000
5	Adult Drug Court Grant-OP Group	622	\$24.39	\$15,166	494	\$25.13	\$12,414	119	\$25.13	\$3,000
Total Non-Drug/Medi-Cal				\$23,398			\$19,157			\$36,686

c. The COUNTY may withhold claims for payment to CONTRACTOR for delinquent amounts due to COUNTY as determined by the annual Cost Report or audit report settlement resulting from this or prior years' Agreement(s). CONTRACTOR agrees to reimburse COUNTY for any State, Federal, or COUNTY audit exceptions resulting from noncompliance herein on the part of CONTRACTOR or any subcontractor.

Drug/Medi-Cal

At the end of each fiscal year, COUNTY shall make adjustment for actual cost in accordance with the procedures set forth in Section 16 of this Agreement. Subject to the cost adjustment described in Section 16, COUNTY shall compensate CONTRACTOR in the following manner:

- a. CONTRACTOR shall bill COUNTY monthly, in arrears, on Exhibit C, attached to supporting documentation as required by COUNTY for payment. Billings shall be submitted to COUNTY promptly after the close of each calendar month, as required in the County

Program	Estimated Units	Medi-Cal Rate FY2010-11	Medi-Cal Rate FY2011-13	FY 2010-11	FY 2011-12	FY 2012-13
3. Methadone Doses	12,674	\$10.46	\$10.78	\$117,016	\$136,622	\$136,622
3. Individual counseling sessions	2,788	\$12.26	\$12.63	\$34,181	\$35,212	\$35,212
3. Group counseling sessions	1,494	\$2.90	\$2.98	\$4,333	\$4,452	\$4,452
Total Drug/Medi-Cal				\$155,530	\$176,286	\$176,286

Alcohol and Drug Reporting Guidelines.

- b. COUNTY shall pay the CONTRACTOR the following interim rates:
- c. COUNTY may withhold claims for payment to CONTRACTOR for delinquent amounts due to COUNTY as determined by a Drug/Medi-Cal Disallowance Report, Cost Report or Audit Report settlement resulting from this or prior years' Agreement(s). CONTRACTOR agrees to reimburse COUNTY for any state, federal, or COUNTY audit exceptions resulting from noncompliance herein on the part of CONTRACTOR or any subcontractor.

If COUNTY certifies payment at a lesser amount than the amount requested, COUNTY shall immediately notify CONTRACTOR in writing of such certification and shall specify the reason for it. If CONTRACTOR desires to contest the certification, CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) days after CONTRACTOR's receipt of COUNTY's notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person. Any costs incurred for dispute resolution will be split evenly between CONTRACTOR and COUNTY.

Drug Diversion

1. CONTRACTOR shall develop and implement Fee Assessment and Collection procedures in compliance with COUNTY’s Standards for the Operation of Certified Drug Diversion Programs attached hereto as Exhibit F. COUNTY DIRECTOR shall approve the fees set forth for the Drug Diversion Program Fee Structure and any changes thereto. CONTRACTOR’s Fee Assessment Policy, Fee Schedule and Collection System, which shall describe how the CONTRACTOR charges and collects participation fees, shall comply with the COUNTY’s Standards for the Operation of Certified Drug Diversion Programs. CONTRACTOR shall not charge more than this schedule unless an updated fee schedule is approved by the COUNTY DIRECTOR. This system shall be in writing and shall be a matter of public record. Fees for the treatment or rehabilitation of each participant receiving service under a certified drug diversion program shall not exceed the actual cost thereof as determined by the DIRECTOR according to standard accounting principles. The following schedule displays program fees:

DRUG DIVERSION PROGRAM FEE STRUCTURE		
<i>LEVEL I PROGRAM</i>		
SERVICES	FEES	DESCRIPTION
Orientation	\$60.00	<ul style="list-style-type: none"> • Completion of forms in a group setting. • Payment plan created • Assessment Appt. Made • Note: The orientation will not be rescheduled if missed.
Assessment	\$65.00	<ul style="list-style-type: none"> • Individual Session w/Therapist for 30mins. • Treatment Plan • Urinalysis • Scheduled group session • Note: There is a fee of \$15 for a missed assessment appt and it will only be rescheduled once.
Group and Individual Counseling	\$55.00 Paid Weekly for 16 Weeks <ul style="list-style-type: none"> • 12 Group Sessions • 3 Individual Sessions • 4 Urinalysis Tests • 1 Exit Interview 	<ul style="list-style-type: none"> • If the client brings in more money at the assessment then the payments would be lower. • If client does not have payment, then client will not have a session. • An absence will incur a \$15 fee regardless of advance notice. • If the client is absent more than two times than they will be terminated without notice. • If the client is terminated then reinstated by the court, they will need to start over with an orientation session.
Total Level I Program Fees	\$1,002.00	The \$50 dollar County fee will be paid only when the client completes the program.
<i>If the Client tests positive on the urinalysis, they will need to complete level 1 and then they will be given the option to enroll in Level II or return to the court for further orders.</i>		

The Choice of Level II Option I and Level II Option II will be at the Counselor's Discretion

LEVEL II PROGRAM (OPTION I)		
SERVICES	FEES	DESCRIPTION
Intake	\$ 150.00	<ul style="list-style-type: none"> Individual therapy session for 60mins. Treatment plan Schedule next session Note: There is a fee of \$15 for a missed assessment appt and it will only be rescheduled once.
Group and Individual Sessions	\$ 56.50 paid weekly for 18 weeks <ul style="list-style-type: none"> 12 Group Sessions 8 Individual Sessions 3 Urinalysis Tests 1 Exit Interview 	<ul style="list-style-type: none"> If client does not have payment, then client will not have a session. An absence will incur a \$15 fee regardless of advance notice. If the client is absent more than two times than they will be terminated without notice. The client will be terminated from Level II if they test positive once on the urinalysis. If the client is terminated then reinstated by the court, they will need to start over with an intake session.
Total Level II (Option I) Program Fees	\$1,167.00	

LEVEL II PROGRAM (OPTION II)		
SERVICES	FEES	DESCRIPTION
Intake	\$ 75.00	<ul style="list-style-type: none"> Individual therapy session for 60mins. Treatment plan Schedule next session Note: There is a fee of \$15 for a missed assessment appt and it will only be rescheduled once.
Individual Sessions	\$ 128.00 paid weekly for 5 weeks <ul style="list-style-type: none"> 6 Individual Sessions 3 Urinalysis Tests 1 Exit Interview 	<ul style="list-style-type: none"> If client does not have payment, then client will not have a session. An absence will incur a \$15 fee regardless of advance notice. If the client is absent more than two times than they will be terminated without notice. The client will be terminated from Level II if they test positive once on the urinalysis. If the client is terminated then reinstated by the court, they will need to start over with an intake session.
Total Level II (Option II) Program Fees	\$715.00	

2. Fees charged to participants shall be determined based upon the participant's ability to pay for services. CONTRACTOR shall retain documentation relating to participant's ability to pay and participation in the program and allow COUNTY access to it in accordance Section 12 RECORDS AND REPORTS of this Agreement. CONTRACTOR shall not refuse services because of inability to pay and shall make

provisions for persons who cannot afford such fees in order to enable such persons to participate in the program. CONTRACTOR shall exercise diligence in the billing and collection of participant fees.

3. CONTRACTOR is required to submit administrative fees to the Behavioral Health Division of the Monterey County Health Department on a quarterly basis along with the Quarterly Drug Diversion Program Report. CONTRACTOR shall pay an administrative fee of **\$50 per individual who completes the program** to COUNTY, which shall be due fifteen (15) days after end of quarter.
4. If analysis of any audit or program review shows that the CONTRACTOR has underpaid the COUNTY, then the CONTRACTOR shall reimburse the amount of the underpayment in a single payment to the COUNTY within thirty (30) days after the COUNTY notifies the CONTRACTOR of the underpayment.

MAXIMUM OBLIGATION OF THE COUNTY

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$609,784** for services rendered under this Agreement.

VALLEY HEALTH ASSOCIATES: AOD Agreement FYs 2010-13	
FY 2010-11 TOTAL ESTIMATED ANNUAL CONTRACT AMOUNT	\$ 201,369
FY 2011-12 TOTAL ESTIMATED ANNUAL CONTRACT AMOUNT	\$ 195,443
FY 2012-13 TOTAL ESTIMATED ANNUAL CONTRACT AMOUNT	\$ 212,972
TOTAL AGREEMENT MAXIMUM LIABILITY	\$ 609,784

- B. COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY’s maximum liability under this Agreement.
- C. If for any reason this Agreement is canceled, COUNTY’s maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.
- D. COUNTY may withhold claims for payment to CONTRACTOR for delinquent amounts due to COUNTY as determined by a Cost Report or audit report settlement resulting from this or prior years' Agreement(s). CONTRACTOR agrees to reimburse COUNTY for any Federal, State or COUNTY audit exceptions resulting from noncompliance herein on the part of CONTRACTOR or any subcontractor.
- E. Service Charge Entry, Admission and Discharges. The contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, CalOMS Admission and Discharges and entering services provided.

PAYMENT METHOD

1. County will pay CONTRACTOR for the services provided by CONTRACTOR that have been authorized pursuant to this agreement, as hereinafter set forth.
2. CONTRACTOR will submit a separate monthly claim, Exhibit C, and any additional documentation required by COUNTY for each program detailing services via mail or email to:
 Monterey County Health Department, Behavioral Health Bureau
 1270 Natividad Road, Salinas, CA 93906
MCHDBHFinance@co.monterey.ca.us
ATTN: Accounts Payable

Amendment No. 3 to Exhibit I

Monterey County Behavioral Health Division - Behavioral Health Initial Authorization

118 West Gabilan Street, Salinas, CA 93901 Phone (831) 796-3568 or 759-6631 Fax (831) 775-5627

Client Name:	Client Number:
DOB:	SS#:
Address:	Home Phone:
	Cell/Msg Phone:
Preferred Language:	List children w/ gender and ages:
Medi-Cal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	If Employed, Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Monthly Income \$ _____	Primary Source (Circle One) SSI SSI/SSD CalWORKS SDI
Number of Persons Dependent on Income: _____	Other _____
Probation Officer:	PO Phone: DPO Jimenez 784-5795
Controlling Offense:	Date of Conviction:
	Defense Attorney:
Appointment Date/Time:	Staff Completing Assessment:
Diagnostic Impression: (code/diagnosis)	
AXIS I:	
AXIS I:	
AXIS I:	
AXIS II:	
AXIS III:	
AXIS IV:	AXIS V:
Presenting Problem/Treatment Focus: DTC II	

Measurable Goal: 1) No use of illegal drugs or alcohol. 2) Complete ALL program intake appointments. Do NOT miss any appointments. 3) Attend and Complete substance use treatment program. 4) Comply with all program requirements. 5) Attend NA/AA as directed by probation/parole or treatment program. 6) Obtain a sponsor and complete 12-Step work. 7) Comply with all terms of probation/parole. 8) Follow any medical recommendations. 9) Contact your probation/parole officer and Behavioral Health social worker IMMEDIATELY if you stop attending the treatment program.

Note: Your signature on this document indicates your awareness that this form will be provided to Monterey County Behavioral Health and Contracted Service Providers

Amendment No. 3 to Exhibit I

Monterey County Behavioral Health Division - Behavioral Health Initial Authorization

118 West Gabilan Street, Salinas, CA 93901 Phone (831) 796-3568 or 759-6631 Fax (831)
775-5627

Nota: *El hecho de firmar este documento indica que Ud. ha dado su permiso para compartir este documento con el Departamento de Salud Mental y Conducta del Condado de Monterey y también Proveedores de Servicio Contratados*

Client Signature: _____ **Date:** _____

CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE & INSTITUTIONS CODE SECTION 5328 Page 1 of 2 12/2012

Authorization for Recovery Programs - Effective Date _____ to _____

Authorizing Staff Printed Name _____ Signature _____

Date Faxed _____ To Provider: _____

X	Program Name	Program Code	Service Code
	1. Genesis House Residential 1152 Sonoma St, Seaside, CA PH: 899-2436 Fax: 899-7405	ZADP Genesis Residential Adult Drug Court Z21RESADC Contact: Catherine Wilson	A111 ADP Residential Bed Days
	2. Door To Hope Residential 165 Clay St., Salinas CA PH: 758-0181 Fax: 758-5127	ZADP Door To Hope Residential Adult Drug Court Z10RESADC Contact: Veronica Nevarez	A111 ADP Residential Bed Days
	3. Door to Hope Outpatient 130 Church St., Salinas CA PH: 758-0181 Fax: 758-5127	ZADP Door To Hope Outpatient Adult Drug Court Z02OPADC Contact: Laura Esqueivel	A340 ADP OPX Individual A350 ADP OPX Group
	4. Sun Street Residential 8 Sun St., Salinas, CA PH: 753-5145 Fax: 753-6007	ZADP Sun Street Residential Adult Drug Court Z10RESADC Contact: Marcel Sanchez	A111 ADP Residential Bed Days
	5. Sun Street Outpatient 11 Peach Dr, Salinas, CA PH: 753-6001 Fax: 753-5169	ZADP Sun Street Outpatient Adult Drug Court Z460PADCT Contact: Gloria Fernandez	A340 ADP OPX Individual A350 ADP OPX Group
	6. Valley Health Associates 338 Monterey St, Salinas, CA PH: 424-6655 Fax: 424-9717	Valley Health Associates Outpatient Adult Drug Court Z990PADC Contact: Norma Jaramillo	A340 ADP OPX Individual A350 ADP OPX Group

Note: Your signature on this document indicates your awareness that this form will be provided to Monterey County Behavioral Health and Contracted Service Providers

Nota: El hecho de firmar este documento indica que Ud. ha dado su permiso para compartir este documento con el Departamento de Salud Mental y Conducta del Condado de Monterey y también Proveedores de Servicio Contratados

Client Signature: _____ **Date** _____

Client Name:	Client Number:
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