

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Behavioral Health and Recovery Services BOARD AGENDA # \*B-5

Urgent

Routine

AGENDA DATE June 5, 2012

CEO Concurs with Recommendation YES  NO   
(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Approval to Accept the California Emergency Management Agency Grant for Residential Substance Abuse Treatment Aftercare Treatment Services Pilot Program effective April 1, 2012 to September 30, 2013 and increase Appropriations and Estimated Revenue

STAFF RECOMMENDATIONS:

1. Authorize the Behavioral Health Director to Accept funding from the California Emergency Management Agency (Cal EMA) Grant number AF11 01 500 for Residential Substance Abuse Treatment (RSAT) Aftercare Treatment Services (ATS) Pilot Program for the period of April 1, 2012 to September 30, 2013.
2. Direct the Auditor-Controller to increase appropriations and estimated revenue by \$14,815 in the Stanislaus Recovery Center budget to reflect the new revenue source as detailed in the Budget Journal form.

FISCAL IMPACT:

Stanislaus County has been awarded a total of \$200,000 in Federal funds from the California Emergency Management Agency effective April 1, 2012. For Fiscal Year 2011-2012, it is recommended that appropriations and estimated revenue be increased by \$14,815 in the Behavioral Health and Recovery Services Stanislaus Recovery Center budget to reflect services for one month starting in June 2012.

(Fiscal Impact Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2012-269

On motion of Supervisor: Chiesa, Seconded by Supervisor Monteith  
and approved by the following vote,

Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval to Accept the California Emergency Management Agency Grant Number AF11 01 0500 for Residential Substance Abuse Treatment Aftercare Treatment Services Pilot Program effective April 1, 2012 to September 30, 2013 and Increase Appropriations and Estimated Revenues  
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**FISCAL IMPACT (Continued):**

The balance of funding will be included in the Behavioral Health and Recovery Services Budget Year 2012-2013 Final Budget submission. Necessary adjustments to the Fiscal Year 2011-2012 Adopted Budget are detailed in the attached Budget Journal form. There is no impact to the County General Fund associated with this request.

**DISCUSSION:**

Stanislaus County has been awarded a total of \$200,000 in Federal funds from the California Emergency Management Agency effective April 1, 2012. Behavioral Health and Recovery Services (BHRS) is requesting authorization to accept the Federal funding from the California Emergency Management Agency to provide substance abuse treatment to residents referred by the Probation Department as part of its Public Safety Realignment (AB 109) program. This program allows non-violent, non-serious, and non sex offenders to serve their sentence in county jails instead of state prisons managed by the California Department of Correction and Rehabilitation.

As of February 2012, Stanislaus County Probation was serving approximately 504 AB 109 clients consisting of 157 Supervised Released cases and 347 Post Release Community Supervision cases. There is a projection from the California Department of Corrections that Stanislaus County will be impacted with 944 additional AB109 cases by September 2013. Acceptance of this funding will enable BHRS to designate beds in its Detoxification/Stabilization Program at Stanislaus Recovery Center (SRC), add a Day Treatment group specifically for this population, and expand Aftercare services by three to four groups that will provide urine drug screening for the target population.

The goals of the proposed program are to enhance treatment services by ensuring that clients receive services at the appropriate level of care, clients remain in treatment, and treatment is provided on a timely basis and maintains the strong collaboration between Probation and BHRS. In order to meet these goals, additional treatment options are needed, especially in the areas of Assessments, Residential Detoxification/Stabilization beds, Day Treatment programming and Aftercare services. Funding provided through this grant will assist in sustaining abstinence for the target population.

Staff at SRC will work corroboratively with Probation to determine whether a Supervised Released/Post Release Community Supervision client should be referred to drug treatment programs. Aftercare services will be provided for clients who complete any

Approval to Accept the California Emergency Management Agency Grant Number AF11 01 0500 for Residential Substance Abuse Treatment Aftercare Treatment Services Pilot Program effective April 1, 2012 to September 30, 2013 and Increase Appropriations and Estimated Revenues

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BHRS Alcohol and Drug treatment program including Residential Detoxification/Stabilization service, Day Treatment services, Outpatient services, services received in jail, or at the probation day reporting site. There will also be weekly to bi-monthly meetings with Probation and BHRS staffs working at the jail, day reporting site, Alternative Work Program (AWP) site, and SRC site. This is in collaboration with existing Alcohol and Drug services at SRC and other Mental Health services, including peer facilitated programs, volunteer programs, and social service providers who have been hired to work with this population under the Supervised Released/Post Release Community Supervision program funding. The Department is positioned to provide services immediately following the approval to accept the new funding.

**POLICY ISSUES:**

Approval of this item will meet the Board's priorities of a Healthy Community and a Safe Community by ensuring that access to appropriate services is available to ensure the success of the Public Safety Realignment program.

**STAFFING IMPACTS:**

Existing staff at Stanislaus Recovery Center will be redirected to provide services under this grant.

**CONTACT INFORMATION:**

Linda Downs, Assistant Director

Telephone: 525-6225



EDMUND G. BROWN JR.  
GOVERNOR

MIKE DAYTON  
ACTING SECRETARY



**Cal E·M·A**  
CALIFORNIA EMERGENCY  
MANAGEMENT AGENCY

**Application Cover Sheet**

**AFTERCARE TREATMENT SERVICES PROGRAM**

Submitted by:

County of Stanislaus  
Behavioral Health and Recovery Services  
Stanislaus Recovery Center  
1904 Richland Ave., Ceres, CA 95307  
(209) 541-2121

(Cal EMA Use Only)

Cal EMA # \_\_\_\_\_ FIPS# \_\_\_\_\_ CFDA# \_\_\_\_\_ Grant # \_\_\_\_\_

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
GRANT AWARD FACE SHEET (Cal EMA 2-101)**

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a Grant Award of funds to the following:

- 1. **Grant Recipient:** Stanislaus County  
in the amount and for the purpose and duration set forth in this Grant Award.
- 2. **Implementing Agency:** Behavioral Health and Recovery Services      2a. **Congressional District:** 18 & 19
- 2b. **State Senate District#:** 12 & 14      2c. **State Assembly District#:** 17, 25 & 26
- 2d. **Location of Project:** Stanislaus County      2e. **Congressional District(s):** 18 & 19
- 3. **Disaster/Program Title** Aftercare Treatment Services Program      4. **Performance Period** 04/01/2012 to 09/30/2013

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2012	5. Select		200,000		66,667		\$66,667	\$266,667
Select	6. Select						\$0	\$0
Select	7. Select						\$0	\$0
Select	8. Select						\$0	\$0
Select	9. Select						\$0	\$0
	10. TOTALS	\$0	\$200,000	\$200,000	\$66,667	\$0	\$66,667	100. Total Project Cost: \$266,667

11. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications which are being submitted. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient signifies acceptance of this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal EMA policy and program guidance. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

12. Federal DUNS Number \_\_\_\_\_ 13. Federal Employer ID Number \_\_\_\_\_

14. **Official Authorized to Sign for Applicant/Grant Recipient:**

Name: Madelyn Schlaepfer, PH.D. CEAP Title: Behavioral Health Director

Telephone: (209) 525-6225 FAX: (209) 525-6291 Email: mschlaepfer@stanbhhs.org  
(area code) (area code)

Payment Mailing Address: 800 Scenic Drive City: Modesto Zip + 4: 95350-6131

Signature: *Madelyn Schlaepfer* Date: 5-18-2012

**(FOR Cal EMA USE ONLY)**

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

\_\_\_\_\_  
 Cal EMA Fiscal Officer      Date      Cal EMA Secretary(or designee)      Date

**PROJECT CONTACT INFORMATION**

Recipient Stanislaus County Grant Number \_\_\_\_\_  
[FOR CALEMA USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.

1. The **Project Director** for the project:

Name: Madelyn Schlaepfer, PH.D, CEAP Title: Behavioral Health Director  
Telephone #: (209) 525 - 6225 Fax#: (209) 525-6291 Email Address: MSchlaepfer@stanbhrs.org  
Address/City/Zip: 800 Scenic Drive, Modesto, CA 95350

2. The **Financial Officer** for the project:

Name: Linda Downs Title: Assistant Director  
Telephone #: (209) 525 - 6225 Fax#: (209) 525-6291 Email Address: ldowns@stanbhrs.org  
Address/City/Zip: 800 Scenic Drive, Modesto, CA 95350

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Debbie Vieira, LCSW, MATC Title: Stanislaus Recovery Center & Genesis Site Director  
Telephone #: (209) 541-2121 Fax#: (209) 541-2083 Email Address: DVIEIRA@stanbhrs.org  
Address/City/Zip: 1904 Richland Ave., Ceres, CA 95307

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Bob Backlund Title: Accountant III  
Telephone #: (209) 525-6273 Fax#: (209) 525-5331 Email Address: bbacklund@stanbhrs.org  
Address/City/Zip: 800 Scenic Drive, Modesto, CA 95350

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Monica Nino Title: Chief Executive Officer  
Telephone #: (209) 525-6333 Fax#: (209) 544-6226 Email Address: ninom@stanbhrs.org  
Address/City/Zip: 1010 10th Street, Modesto, CA 95354

6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 14 of the Grant Award Face Sheet:

Name: Madelyn Schlaepfer, PH.D, CEAP Title: Behavioral Health Director  
Telephone #: (209) 525 - 6225 Fax#: (209) 525-6291 Email Address: MSchlaepfer@stanbhrs.org  
Address/City/Zip: 800 Scenic Drive, Modesto, CA 95350

7. The **chair** of the **Governing Body** of the recipient:

Name: William O'Brien Title: Board of Supervisors Chairman  
Telephone #: (209) 525-4440 Fax#: (209) 525-4410 Email Address: obrienw@stanbhrs.org  
Address/City/Zip: 1010 10th Street, Modesto, CA 95354

# SIGNATURE AUTHORIZATION

Grant Award #: \_\_\_\_\_

Grant Recipient: Stanislaus County

Implementing Agency: Behavioral Health and Recovery Services

**\*The Project Director and Financial Officer are *REQUIRED* to sign this form.**

**\*Project Director:** Madelyn Schlaepfer, PH.D., CEAP

Signature: *Madelyn Schlaepfer*  
Date: 3-5-12

**\*Financial Officer:** Linda Downs

Signature: *Linda Downs*  
Date: 3/5/12

The following persons are authorized to sign for the  
**Project Director**

*Adrian Carroll*  
Signature  
Adrian Carroll  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

The following persons are authorized to sign for the  
**Financial Officer**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name

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Signature  
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Name

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Signature  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name



## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Madelyn Schlaepfer, PH.D, CEAP hereby certify that  
(official authorized to sign grant award; same person as Section 14 on Grant Award Face Sheet)

RECIPIENT: Stanislaus County

IMPLEMENTING AGENCY: Behavioral Health and Recovery Services

PROJECT TITLE: Residential Substance Abuse Treatment / Aftercare Treatment Services Program

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by Cal EMA including, but not limited to, the following areas:

### I. Federal Grant Funds

Recipients expending \$500,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Recipient Handbook for more detail.

- The above named recipient receives \$500,000 or more in federal grant funds annually.
- The above named recipient does not receive \$500,000 or more in federal grant funds annually.

### II. Equal Employment Opportunity – (*Recipient Handbook Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal EMA-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Linda Torres

Title: Executive Assistant

Address: 800 Scenic Drive

Phone: (209) 525-6225

Email: ltorres@stanbhhs.org

**III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

**IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)**

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal EMA funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

**V. Lobbying – (Recipient Handbook Section 2154)**

Cal EMA grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

**VI. Debarment and Suspension – (Recipient Handbook Section 2155)**

*(This applies to federally funded grants only.)*

Cal EMA-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

**VII. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal EMA, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and Cal EMA disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal EMA shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for Cal EMA or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal EMA determines that any of the following has occurred:

(1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

### CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 14 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: Madelyn Schlaepfer

Authorized Official's Typed Name: Madelyn Schlaepfer, PH.D, CEAP

Authorized Official's Title: Behavioral Health Director

Date Executed: 3-5-12

Federal Employer ID #: \_\_\_\_\_ Federal DUNS # \_\_\_\_\_

Current Central Contractor Registration Expiration Date: May 06, 2012

Executed in the City/County of: Modesto/ Stanislaus County

### AUTHORIZED BY: (not applicable to State agencies)

- |   |  |
|---|--|
| <input type="checkbox"/> City Financial Officer | <input checked="" type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager           | <input type="checkbox"/> County Manager                      |
| <input type="checkbox"/> Governing Board Chair  |  |

Signature: Laura Klein

Typed Name: Laura Klein

Title: Auditor-Controller

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

## Project Narrative

### **1. Problem Statement:**

The cyclical economic downturn is being felt throughout California and specifically in Stanislaus County. Decreased revenue from the state and a shrinking tax base has direct impacts on the fiscal health of the county. Roughly 10,700 homes have undergone foreclosure in 2007 and 2008, 9% of total housing. Stanislaus County has a population of 514, 453 (2010 data). According to the State of California Employment Development Department's Labor Market Information Division the unemployment rate in Stanislaus County was 16.1 percent in December 2011, up from a revised 15.4 percent in November 2011, and below the year ago estimates of 17.5 percent. This compares with an unadjusted unemployment rate of 10.9 percent for California and 8.3 percent for the nation during the same period, and there is significant poverty. Recent statistics indicate that 13.5% overall of the population in the county is living below the federal poverty level as compared to 12.4% statewide (Stanislaus County Community Health Assessment 2008). Recent data on adult felony drug related arrests indicate that Stanislaus County rates exceeded the state rate by 1.5/1000 (Stanislaus County Community Health Assessment 2008). Many areas of Stanislaus County are rural, which may encourage the establishment of meth labs in those areas. In fact, according to the Stanislaus Drug Enforcement Administration, six (6) of the ten (10) nationwide "super meth labs" are in our county. Perhaps related, Stanislaus County has a significant methamphetamine problem with heroin and marijuana close behind.

As of February 2012, Stanislaus County Probation is serving 504 AB 109 clients or 157 Supervised Released Cases and 347 Post Release Community Supervision Cases. There is a projection from the California Department of Corrections that Stanislaus County will be impacted by September 2013 with 944 additional AB109 Supervised Released Cases and Post Release Community Supervision Cases.

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

Law enforcement agencies in the county have not been immune to the impacts of decreasing revenue as well and are being forced to eliminate specialized services to focus efforts on maintaining core responsibilities. History has shown us that the implications of reduced levels of service are increased criminal behavior, substance use and domestic violence. Stanislaus County ranked first in the nation in 2008 for the number of car thefts per capita, according to a report released in April 2009 by the National Insurance Crime Bureau. Stanislaus County had two consecutive years and the fifth time in six years that Stanislaus County topped the list of areas with the highest car theft rates in the country. The demand for resources and the ability to deal with everyday pressures will likely increase as citizens continue to struggle and cope with job and home losses.

Behavioral Health and Recovery Services (BHRS) been forced to close community clinics and reduce levels of service as a result of the economic crisis. BHRS has provided Stanislaus County's Alcohol and Other Drug (AOD) treatment services which have been significantly reduced over the last several years. BHRS AOD services had a \$900,000 reduction in services in fiscal year of 2011/12. This has required reduction in programming in the Residential Treatment Center by initially decreasing BHRS licensing capacity from a 72 bed to 50 bed facility. Although BHRS is licensed to operate a 50 bed facility and has the room to operate at that capacity, due to continuing budgetary issues which effected BHRS's staffing levels, BHRS subsequently is only able to operate a 10 bed Detoxification/Stabilization program. This is a decrease of 62 beds that are not available on a daily basis due to budgetary cuts. There is also a decrease in Outpatient services from four groups to two groups per week. This is a decrease of 50 clients receiving Outpatient services per week.

In Stanislaus County, many of the target population are severely addicted but due to recent program reductions there are not enough treatment options and Aftercare services available as in the past few years due to budgetary cuts. The proposed programming for this population will adjunct the services that will be providing options for Assessment, Residential

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

Detoxification/Stabilization Treatment, Day Treatment and Aftercare services. Many individuals with addiction problems may try to reduce or eliminate the use of drugs on their own, but the people that they associate with are often continuing to use drugs. Thus, they are usually drawn back into use of drugs. Treatment provides opportunities to develop new support systems and to work with families and significant others to reduce enabling behaviors.

This grant will pay for a Behavioral Health Specialist (BHS) and a Clinical Service Technician (CST) with whom BHRS will be able to expand services. These staff will be able to perform Assessments, reserve 20 clients slots for Residential Detoxification/Stabilization beds, expand a designated Day Treatment group for 25 clients at a time, expand one to two more Aftercare groups that will be able to urine drug test this population. This funding will also be able to support clients in a clean and sober living home while concurrently engaged in treatment at Stanislaus Recovery Center (SRC).

## **2. Plan:**

This funding will designate beds in Residential Detoxification/Stabilization, add a closed (to this population only) day treatment group and add an additional (one to two) Aftercare group, totaling three to four groups that will provide urine drug screening for the target population. Offering Clean and Sober housing for some clients to assist with sobriety in the community level while engaged in treatment will assist with their overall sobriety. The goals of the proposed program are to enhance treatment services by ensuring that clients receive services at the level of care needed, clients remain in treatment, and treatment is provided on a timely basis and maintains the strong collaboration between Probation and BHRS. In order to meet these goals additional treatment options are needed, especially in the areas of assessments, residential detoxification/ stabilization beds, day treatment services and aftercare. This will assist sustaining abstinence for the target population.

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

**Mandatory Objectives:**

**OBJECTIVE #1: Assist the participant and the community through the reentry process with the delivery of both community-based treatment and other broad-based aftercare services to offenders who no longer require the intensive services or primary treatment.**

The EBPSP probation Officers will work collaboratively in determining whether a AB 109 Supervised Released/ Post Release Community Supervision client should be referred to drug treatment programs. Aftercare services will be provided for clients who complete any level of care AOD treatment with BHRS programs offers including Residential detoxification/stabilization services, Day Treatment services, Out Patient treatment, clean and sober living, services received in jail, or at the probation day reporting site. There will be weekly to bimonthly meetings with probation staff, BHRS staff (working at the jail, day reporting site, Alternative Work Program (AWP) site, and SRC site. This is in collaboration with SRC's AOD and Mental Health services, with peer facilitated programs/volunteer programs, and with the social service providers who have been hired to work with this population with the AB 109 Supervised Released/ Post Release Community Supervision Client population funded with other Cal EMA grant money; therefore complementing those efforts. There will be AOD training available for SRC staff and collaborative staff regarding engagement and treatment for this population. BHRS has training available to meet some of the AOD provider staff but there is some designated funding to assist with outside of BHRS trainings for this population.

The staff that will be hired for providing AOD treatment and Aftercare services will be able to expand SRC's current 2 Aftercare groups and expand for 1-2 more groups for this population. The current Atercare groups do not conduct urine drug screening due to these are facilitated by volunteers as allowed by state regulations but volunteers are not able to conduct drug screening as per state regulations. By hiring a CST to facilitate these groups and who can, per state regulations, conduct urine drug screenings this will increase the capacity by 50 more clients.

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

This funding will allow a total of 100 clients to be served in Aftercare services with the additional support of being able to facilitate urine drug testing within these Aftercare groups.

Currently BHRS SRC is the only AOD treatment site that facilitates Aftercare services in the community in the private and public sectors. Aftercare services will be required for 3 months of 1 x a week for 1 hour sessions. If the individual test more than 1 positive test then they will be referred back to Outpatient services or higher treatment services if the treatment team which is comprised of AOD staff, probation staff, the client and social service staff, determines that as the best course of action. If a client is struggling at any level of care, the treatment teams will re-evaluate the current level of care, living situation and support system to assist the client to remain clean and sober. At times, the client might need a increase in level of care to assist with avoiding relapsing. Again this will be discussed as a collaborative treatment team perspective to assist the client and team on how to maintain sobriety. The CST will be facilitating these Aftercare groups for 4 hours a week plus additional time needed for drug urine testing. The rest of the CST's time will be utilized facilitating Day Treatment groups (in collaboration with the BHS for a total of 30 hours of day treatment groups per week from 9-4 Monday thru Friday), 1:1 sessions, and treatment team meetings (including AOD staff, Probation staff, and social service staff). Clients will be urine drug testing on a weekly basis by BHS or CST staff. The urine sample will be sent to Redwood Toxicology for results. These results will be logged and documented into the BHRS records. These results will be shared with Probation regularly.

The probation officer and the BHS staff at SRC, detention center, day reporting center or Alternative Work Program center are all able to refer clients to these services. After the probation officer conducts their initial screening and determines the AB 109 Supervised Released/ Post Release Community Supervision Client needs further AOD treatment they will be sent to a BHS at one of the BHRS sites. The BHS at any of these sites will conduct an Addiction Severity Index (ASI) lite in conjunction with the American Society of Addiction Medicine (ASAM) California Treatment/ Recovery/ Placement Indicators analysis for drug and



Applicant: Stanislaus County Grant Number: \_\_\_\_\_

alcohol screening. Then client will be referred to the level of care indicated on the ASI lite and ASAM to determine the appropriate level of care. The one BHS requested through these grant funds will be assisting with conducting more of these assessments with this increased population being sentenced under AB109 Supervised Released/ Post Release Community Supervision cases as it is questionable if the current funding is able to keep up with this demand of individuals needing treatment as articulated in our problem statement on page one of this project narrative.

BHRS and Probation have and continue to work collaboratively for many years in several arenas. For example our county has had a successful working relationship with the Probation Department, the courts, parole officers, and local providers since our Adult Drug Court was implemented in 1995. All partners have continued to work with us at a much reduced level since funding cuts; however they remain interested in continuing collaboration with Drug Court, Evidenced Based Probation Supervision Recovery Act Program, previous JAG grants, and Proposition 36, for example.

The Mission Statement of Stanislaus County BHRS highlight's our belief that we can only achieve our outcomes of wellness, resilience and recovery in partnership with our community. Though most of our AOD treatment services are county-operated, we have long-term collaborative partnerships with probation, parole, courts, law enforcement, community partners, schools, welfare, and community based organizations, including sober living homes. Project staff will be interfacing directly with probation, treatment providers, and court officials regarding the progress in treatment and compliance with the terms of AB109 Supervised Released/ Post Release Community Supervision Clients. BHRS has a long-standing relationship with each of these providers. These partnerships have flourished and have enabled BHRS to quickly implement new collaborative programs such as Adult Drug Court, Juvenile Drug Court, Proposition 36, Integrated Forensic Team, Child Protective Services, Community Service Agency, and the Offender Treatment Program. As such, the Department is positioned to

Applicant: Stanislaus County Grant Number: \_\_\_\_\_

provide services under this grant immediately, without need of a start-up period. In addition, the Department has an Advisory Board on Substance Abuse Programs (ABSAP), a subcommittee of ABSAP that also meets monthly to discuss SRC services, members of which participate in operational meetings. ABSAP members include local community providers, consumers and representatives from partnering agencies. All members are appointed by the County Board of Supervisors.

BHRS, AOD Department within the Stanislaus County government, is an integrated mental health and substance abuse service organization. As county Government, the governing body is the Board of Supervisors. BHRS' Behavioral Health Associate Director has general oversight of Stanislaus Recovery Center programs. The Site Administrator of Stanislaus Recovery Center will have the direct management oversight of the program. On-site supervision and day-to-day operations will be handled by a Program Coordinator. The Coordinator will be supported by 1 FTE Behavioral Health Specialists and 1 FTE Clinical Service Technician. The BHS and CST are alcohol and other drug certified or is in the process of certification as per California state regulations. The Site-Administrator, Coordinator, other BHS's, other CST's and clerical support will be funded through other funding sources.

As previously discussed, BHS's within BHRS at the other sites (day reporting center, in custody programs, AWP programs in collaboration with Social Services) will continue to work collaboratively to refer any of these participants to any level of care needed at any time, through the weekly to bimonthly meetings that are routinely scheduled and any additional meetings scheduled on a needed basis. BHRS has routinely referred individuals to SRC services (all levels of care) directly from in-custody programs. This process will be continued with this population. If individuals are struggling at one level of care they will be referred to a higher level of care if needed after interventions with AOD staff.

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**OBJECTIVE #2:** Develop the participant's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and other related problems.

BHRS providers utilize evidences-based programming, e.g., Matrix Model for Outpatient services, Cognitive Behavioral Treatment (CBT), Motivational Interviewing, uses Motivational Interviewing Skills, Seeking Safety, Breaking Barriers, and Stop the Chaos. There will also be screening for co-occurring mental health issues and refer to co-occurring treatment if funding and services are available. BHRS utilizes drug test results as a factor to adjust levels of care. The clients will be referred to the level of care that is indicated by the initial assessment. The clients will receive adjustments to level of care based on urine drug test results. It is also required for clients to be engaged in clean and sober supports, such as Alcohol Anonymous, Narcotic Anonymous, Dual Recovery Anonymous, Celebrate Recovery, etc. Other factors that could effect determination on whether a client requires a higher level of care, could be stressors, lack of clean and sober support, lack of clean and sober living environment and various ancillaries determinates.

Clients will be receiving HIV education and prevention services (including testing) on a weekly basis for 1 hour. Clients and staff will be working collaboratively with developing a clean and sober environment. This could be their own home, families home, friend's home or a clean and sober house. SRC also offers weekly family meetings two times a week in the evenings for clients with their family/friends to help enhance their relationships and building support for the entire family.

SRC works collaboratively with a contractor Alano Center which is located near the SRC site. This environment is clean and sober, offers memberships, dances and monthly events for BHRS clients. This populations will be able to participate in these events including "fun Friday" which is a once a month event held for SRC clients who are open to services where they receive lunch and activities for 3 hours at the club. Once an individual completes services from any SRC program, the Site Administrator is able to sign off a year of free membership for these

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individuals. This will enhance support system in the community which could include meals, socialization, peer support, and other events.

The proposed budget supports the Program's objectives and activities by using 100% of the budget to fund increased access for treatment services. The targeted population is AB109 Supervised Released/ Post Release Community Supervision cases which are acknowledged that they have a drug problem and are willing to voluntarily enter the Adult Drug Treatment Programs located at SRC. Stanislaus County's BHRS in collaboration with partners in the criminal justice system developed an internal system directed toward the targeted population. Currently BHRS lacks the funding to pay for assessment and treatment services for the whole targeted population.

Without additional funding, the ability to provide assessment and treatment for the whole targeted population does not exist. Currently, there are only 10 beds for Residential Detoxification/Stabilization, two tracks of Day Treatment with a census capacity of 50 and two Aftercare groups with a census capacity of 50. Aftercare groups are not able to conduct urine drug screening, as they are facilitated by volunteers who are unable administrate urine drug screens; therefore, justifies the need for a CST. All of these services levels are full and more individuals from the target population are seeking services.

This funding will designate beds in Residential Detoxification/Stabilization beds, add a closed day treatment group and add an additional Aftercare group that will provide urine drug screening for the target population. The goals of the proposed program are to enhance treatment services by ensuring that clients receive services at the level of care needed, clients remain in treatment, and treatment is provided on a timely basis and maintain the strong collaboration between Probation and BHRS. In order to meet these goals additional treatment options are needed, especially in the areas of Assessments, Residential Detoxification/Stabilization beds, Day Treatment program, Aftercare and clean and sober living. This will assist sustaining abstinence for the target population.

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From 4-1-12 through 9-30-13, grant funds will pay for the salary and benefits of one full time BHS and one CST. The BHS will provide assessment and treatment for the target population. The CST will provide treatment, aftercare services and urine drug screening. These positions are necessary to support the goals, objectives and activities required under the grant guidelines. The funds provided for this program will provide evidenced-based programs and support to those individuals in the target population. The grant funds will pay for training staff. Twenty clients will receive 10 days of Residential Detoxification/Stabilization services. Twenty-five clients, at any given time, will receive Day Treatment services throughout the 18 months. Twenty-five to seventy-five clients, at any given time, will receive Aftercare services including urine drug screening and paying or 18 clients in clean and sober living for one month.

The duties of the BHS assigned to this program include: assessing/screening this target population to determine service needs for alcohol and other drug counseling, preparing treatment plans, providing records on progress of treatment, facilitating admission and discharge of probationers in alcohol and other drug programs (i.e., detoxification/stabilization program, day treatment program, aftercare services and clean and sober living). All SRC services will be provided in collaboration with the outpatient programs at the day reporting center.

The education level necessary for this BHS position is 30 college units and three years experience in an alcohol and other drug treatment recovery services. The education level necessary for the CST position is two years of full-time related experience in a substance abuse program, or 15 units of college with 1 year experience or 30 semester units. The two project funded staff will be committed full-time to supporting the objectives and activities of the program.

Residential Detoxification/Stabilization beds and Day Treatment services will be provided at SRC, which is part of BHRS. Approximately 20 clients will be served with an average length of stay of approximately 10 days in the Residential Detoxification/Stabilization program. This is equal to 200 days of Residential/ Detoxification Stabilization treatment at a rate of \$125.00 per

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day or \$25,000. Day Treatment is from 9am to 4pm Monday thru Friday. It is a variable length of stay depending on clients needs; however, it could vary from 2-4 weeks of treatment before they would be transferred to outpatient services that will be conducted at the day reporting center (at probation site). Clients could also be referred to clean and sober living while engaged in treatment for one month for 18 clients. Then after completion of outpatient services clients can be referred to one of the aftercare groups at SRC and/or possibly one located at the day reporting center. SRC has a social model treatment and recovery program, using a 12-Step recovery approach. Admission, placement and length of stay are determined by an individuals needs. This voluntary program specializes in treating individuals who have relapsed and are resistant to other types of treatment. SRC provides a safe drug and other alcohol free environment with other recovering addicts who help and support each other. Group counseling sessions are provided several times per week, urine drug screening and 1:1 treatment are included. SRC is a licensed and certified facility by California Alcohol and Other Drug (ADP) Programs.

**OBJECTIVE #3: Implement or continue required urinalysis or other proven reliable forms of drug and alcohol testing for participants and former participants while they remain in the custody of the state or local government.**

At SRC, urinalysis testing will continue to be provided in Residential Detoxification/Stabilization program, Day Treatment program and Aftercare services. The process is for each client to be observed, by same sex employee, while giving urinalysis test. That test is sealed by client and checked by staff. Label including clients chart number, facility information and name of client is placed across the specimen container. This is placed in an individual bag and sealed. This sample is placed in a large bag ready to be shipped to Redwood Toxicology Laboratory in the Fed Ex box. The employee signs the urine log sheet that urinalysis was obtained and sent to Redwood Toxicology Laboratory. Clients are tested a minimum of one time a month; however, they are also tested upon admit and discharge of a

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program. Testing will be conducted at counselors or teams discretion as needed for cause or treatment related issues.

In the Aftercare services, drug urinalysis testing has not been conducted. If staffing is supported in this grant, the CST or BHS will conduct drug urinalysis testing with these clients on a weekly basis. The process is for each client to be observed, by same sex employee, while giving urinalysis test. That test is sealed by client and checked by staff. Label including clients chart number, facility information and name of client is placed across the specimen container. This is placed in an individual bag and sealed. This sample is placed in a large bag ready to be shipped to Redwood Toxicology Laboratory in the Fed Ex box. The employee signs the urine log sheet that urinalysis was obtained and sent to Redwood Toxicology Laboratory. Redwood Toxicology Laboratory will email clerical staff when the laboratory results are ready. Then the clerical or assigned staff will log in the protected website to obtain results of individual client's drug urinalysis tests.

It is normal practice to immediate discuss positive drug urinalysis results with the clients. The staff discusses support system, encouraging/requiring outside support meetings, address clean and sober living situations, and discuss with probation staff regarding interventions staff are conducting. It is normal practice to engage with client, if possible, to remain at the same level of care for first positive urinalysis; however, every case is different and might require immediate intervention to a higher level of care. Probation staff would be notified of the situation and treatment plan especially if modifications are made immediately. If a client has not followed up with treatment after two missed scheduled days and no contact has been made, it might be recommended for probation staff to check on client for reengagement. Probation would be notified on each day missed from treatment when there has been no contact with client with treatment staff.

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### **3. Capabilities:**

The BHRS and Probation have had and continue to work collaboratively for many years on several arenas. For example our county has had a successful working relationship with the probation Department, the courts, parole officers, and local providers since our Adult Drug Court was implemented in 1995. All partners have continued to work with us at a much reduced level since funding cuts; however they remain interested in continuing collaboration with Drug Court, Evidenced Based probation Supervision Recovery Act Program, previous JAG grants, and prop 36, for example.

The Mission Statement of BHRS highlights our belief that we can only achieve our outcomes of wellness, resilience and recovery in partnership with our community. Though most of our alcohol and other drug treatment services are county-operated, we have long-term collaborative partnerships with probation, parole, courts, law enforcement, schools, welfare, and community based organizations, including sober living homes. Project staff will be interfacing directly with probation, treatment providers, and court officials regarding the progress in treatment and compliance with the terms of AB109. BHRS has a long-standing relationship with each of these providers. These partnerships have flourished and have enabled BHRS to quickly implement new collaborative programs such as Adult Drug Court, Juvenile Drug Court, Proposition 36, Integrated Forensic Team, Child Protective Services, Community Service Agency, and the Offender Treatment Program. As such, the Department is positioned to provide services under this grant immediately, without need of a start-up period. In addition, the Department has an Advisory Board on Substance Abuse Programs (ABSAP), a subcommittee of ABSAP that also meets monthly to discuss SRC services, members of which participate in operational meetings. ABSAP members include local community providers, consumers and representatives from partnering agencies. All members are appointed by the Bounty Board of Supervisors.

SRC has worked collaboratively with Probation for many years in serving this type of population thru prop 36 funding and JAG funding. With securing these funds, it assists with



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increasing services to this population. We have been providing services to this population and to the County at large; however, due to reduction in funding there are wait list to receive services. These funding will ensure this population to receive services timely when needed. The Aftercare services were primarily designated for individuals to meet their court requirements to successfully comply with courts directives. SRC has had 2 consecutive groups per week and this will increase 1-2 more groups as the needs arise.

SRC has continued to work collaboratively with correctional treatment programs and have clients come directly into treatment from jail. This has happened with Drug Court, Juvenile Drug Court (at 18 birth date), and Intensive Forensic Team. Due to the funding changes this has impacted the readily available beds. However, this would assist these individuals in obtaining immediate services to meet their needs after their assessments were completed by a BHS. SRC is a licensed and Certified Site. California ADP comes for an audit every two years. SRC also works collaboratively with Department of Social Services, who also has contracted with SRC to provide treatment in the Detoxification/Stabilization program, Day Treatment program, and Outpatient programs. SRC does have a co-occurring treatment program that also is available for contractors at a different rate. If a client does have Medi-cal, SRC is able to bill for the mental health treatment through the mental health Medi-cal system. If there is no Medi-cal then another payor source must pay for the additional services. Department of Health and Human Services contracts with BHRS to assist our programs with HIV/HEP C education and prevention services. They facilitate education and testing for clients who are open to our services. BHRS has worked collaboratively with this other department for over 15 years. SRC is a part of BHRS. BHRS as previously stated provides integrated mental health and substance abuse services in Stanislaus County.

SRC is a Licensed and Certified by ADP to provide AOD Residential Detoxification/Stabilization services in Stanislaus County. ADP comes every two years for evaluation of the programs services. BHRS has worked with the community over the past two

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years to bring the Community together to assist the community regarding how we all can better serve the individuals in Stanislaus County with AOD issues. There were stakeholders from Private AOD programs, self help groups (AA, NA, etc), religious base programs, other county agencies (Community Service Agency, Health Service Agency, Sheriff Department, Probation and etc.)


The duties of the BHS assigned to this program include: assessing/screening probationers to determine service needs for alcohol and other drug counseling, preparing treatment plans, providing records on progress of treatment, facilitating admission and discharge of AB 109 target populations in alcohol and other drug programs (i.e., Detoxification/Stabilization program, Day Treatment program, and Aftercare services). All SRC services will be provided in collaboration with the outpatient programs at the Day Reporting Center. The education level necessary for this BHS position is 30 college units and three years experience in an alcohol and other drug treatment recovery services. The education level necessary for the CST position is two years of full-time related experience in a substance abuse program, or 15 units of college with 1 year experience or 30 semester units. The two project funded staff will be committed full-time to supporting the objectives and activities of the program.

Drug Urinalysis testing will be conducted at all levels of care. The CST or BHS will conduct drug urinalysis testing with these clients on a weekly basis. The process is for each client to be observed, by same sex employee, while giving urinalysis test. That test is sealed by client and checked by staff. Label including clients chart number, facility information and name of client is placed across the specimen container. This is placed in an individual bag and sealed. This sample is placed in a large bag ready to be shipped to Redwood Toxicology Laboratory in the Fed Ex box. The employee signs the urine log sheet that urinalysis was obtained and sent to Redwood Toxicology Laboratory. Redwood Toxicology Laboratory will email clerical staff when the laboratory results are ready. Then the clerical or assigned staff will log in the protected website to obtain results of individual client's drug urinalysis tests.

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It is normal practice to immediately discuss positive drug urinalysis results with the clients. The staff discusses support system, encouraging/requiring outside support meetings, address clean and sober living situations, and discuss with probation staff regarding interventions staff are conducting. It is normal practice to engage with client, if possible, to remain at the same level of care for first positive urinalysis; however, every case is different and might require immediate intervention to a higher level of care. Probation staff would be notified of the situation and treatment plan especially if modifications are made immediately. If a client has not followed up with treatment after two missed scheduled days and no contact has been made, it might be recommended for probation staff to check on client for reengagement. Probation would be notified on each day missed from treatment when there has been no contact with client with treatment staff.

Information will be evaluated by levels of care and drug urinalysis test results. There will be reports on a monthly basis of outcomes of drug urinalysis test results. This will help to evaluate a individual level and aggregate data to help with evaluate program outcomes. This will be conducted at all levels of care. This aggregate data will help to evaluate trends and patterns of usage with our clients and in our community. This data helps support BHRS's Prevention Services for the community at large.

 <b>STANISLAUS COUNTY</b> <b>BEHAVIORAL HEALTH AND RECOVERY SERVICES</b>	<b>Developed by/Date:</b> Delores Kelley, MPA Marge Patzer, RN, MHS 04/01	<b>Page:</b> 1 of 2	<b>Number:</b> 110.2.102
	<b>Reviewed by/Revised Date:</b>	<b>Replaces:</b>	<b>Subject:</b> TREATMENT <b>Distribution:</b> Stanislaus Recovery Center
<b>Title:</b> <b>DRUG SCREENING</b>		<b>Approved:</b>	

## POLICY

Clients shall be screened for alcohol and/or other drug use when deemed appropriate and necessary by the program director or designee or the client/resident's physician. Random drug testing may be performed at any time determined by the program.

## PURPOSE

To provide a drug and alcohol free environment and to assist the resident/client in the recovery process.

## REFERENCE

Alcohol and Drug Certification Standards § 12045

## GUIDELINES

- A. All urine samples will be kept in a designated lockable filing cabinet.
- B. All insufficient urine samples will be discarded.
- C. A copy of the drug screening stick will be made and entered into client/ resident chart along with drug screening results.
- D. Necessary notations are entered on the urine testing log in client/ resident chart.
- E. Counselor doing the testing puts the filled bottle in the file box, in cabinet drawer.
- F. All personnel required to urine test or handle urine bottles must wear gloves, provided by the program.
- G. Clients are tested by same gender counseling or medical staff.

## PROCEDURE

- A. IDENTIFICATION OF POSSIBLE USE OF DRUG/ALCOHOL WHILE IN PROGRAM
  1. If the client/resident demonstrates signs of possible use of drugs or alcohol including but not limited to:
    - a. Altered behavior
    - b. Slurred speech
    - c. Dilated pupils

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	DRUG SCREENING	<b>Subject:</b> TREATMENT
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2. The staff member observing the changed behavior shall report the behavior to the immediate supervisor.
3. The on-duty supervisor shall be notified to review the client/resident's condition.

**B. DETERMINATION OF NEED TO PERFORM DRUG SCREENING**

1. All client/ residents shall submit to drug testing during initial admission into the program.
2. If the drug screening is positive staff will follow up with subsequent drug screening in 3 to 5 days to determine if client/ resident is continuing use of drug/ alcohol while in program.
3. The on-duty supervisor shall determine if the client/resident requires random drug screening and assure that it is performed.
4. Results of the drug screening shall be shared with program staff for a final determination of the resident's ability to stay in the program.

**C. RANDOM DRUG SCREENING**

1. The program may decide to do random drug testing at any time.
2. Client/resident may be requested to provide urine samples in accordance with the requirements of the screening procedures.
3. The counselor removes the bottle from the cabinet and applies the completed label to the bottle. Add the date being tested. Labels are completed immediately prior to testing.
4. Client/ resident and counselor go into the bathroom.
5. If it is a male client/ resident, the counselor removes the bottle cap, hands the bottle to the client/ resident, and observes him urinate into the bottle.
6. If it is female client/ resident, the counselor retains the bottle and observes the client/ resident urinate into a receptacle provided for that purpose. The client/ resident pours the sample into the bottle.
7. Client/ resident will initial the top of the closed bottle and hand to counselor in urine room and counselor insures cap is secure.
8. The counselor puts the filled bottle into the cabinet and records the date in the column next to the client's number on the Urine Testing Schedule.
9. If the client refuses to test or leaves an insufficient urine sample, the counselor records a refusal in the urine log. An insufficient sample is under 30 mls.
10. Any unusual circumstances surrounding testing, such as inadvertent spillage or attempted falsification, will be noted in the client's chart, and the test is considered a refusal.

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11. Actions may be taken depending upon results of the testing.

**D. CONSEQUENCES OF ALCOHOL AND/OR DRUG USE WHILE IN THE PROGRAM**

1. The program staff shall determine if the client/resident may remain in the program.
2. All positive drug screenings shall be sent to laboratory for confirmation.
3. If client contests results of positive drug screening then drug screenings shall be sent to laboratory for confirmation.
4. All positive drug screenings for marijuana shall be sent to laboratory to measure THC levels.
5. If the client/resident remains in the program, restriction of privileges may be considered.

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**Budget Narrative**

The enclosed budget detail outlines the anticipated expenditures for the RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) AFTERCARE TREATMENT SERVICES (ATS) beginning April 1, 2012 through September 30, 2013. A detailed summary of the program's proposed budget is listed below.

The proposed budget supports the Program's objectives and activities by using 100% of the budget to fund increased access for treatment services. The targeted population is AB 109 Supervised Released Cases/Post Release Community Supervision Cases who have acknowledged that they have a drug problem and are willing to voluntarily enter the Adult Drug Treatment Programs located at ARC. Stanislaus County's Behavioral Health and Recovery Services (BHRS) in collaboration with partners in the criminal justice system developed an internal system directed toward the targeted population. Currently BHRS lacks the funding to pay for assessment and treatment services for the whole targeted population.

Without additional funding, the ability to provide assessment, treatment and aftercare for the whole targeted population does not exist. Currently, there are only 10 beds for Detoxification/Stabilization, two tracks of Day Treatment with census capacity of 50 and two aftercare groups with a census capacity of 50. Aftercare groups are not able to conduct urine drug screening, as they are facilitated by volunteers who are unable to administrate urine drug screens; therefore, justifies the need to CST. All of these service levels are full and more individuals from the target population are seeking services.

This funding will designate beds in Detoxification/Stabilization, add a closed Day Treatment group and add an additional Aftercare group that will provide urine drug screening for the target

population. The goals of the proposed program are to enhance treatment services by ensuring that clients receive services at the level of care needed, clients remain in treatment, and treatment is provided on a timely basis and maintain the strong collaboration between Probation and BHRS. In order to meet these goals additional treatment options are needed, especially in the areas of Assessments, Residential Detoxification/Stabilization beds, Day Treatment services and aftercare. There will be 18 clients that can receive one month of Clean and Sober Housing. This will assist sustaining abstinence for the target population.

From 4-1-12 through 9-30-13, grant funds will pay for the salary and benefits of one full time Behavioral Health Specialist (BHS) and one full time Clinical Service Technician (CST). The Behavioral Health Specialist will provide assessment and treatment for the target population. The Clinical Service Technician will provide treatment, aftercare services and urine drug screening. These positions are necessary to support the goals, objectives and activities required under the grant guidelines. The funds provided for this program will provide evidenced-based programs and support to those individuals in the target population. The grant funds will pay for training staff totaling \$3,167. Twenty clients will receive 10 days of Detoxification/Stabilization services. Twenty-five clients, at any given time, will receive Day Treatment services throughout the 18 months. Twenty-five to seventy-five clients, at any given time, will receive aftercare services, including urine drug screenings. There will be 18 clients that can receive one month of Clean and Sober Housing which is \$500 for 18 clients equaling \$9,000 over the 18 month grant. This will assist sustaining abstinence for the target population.

The duties of the Behavioral Health Specialist assigned to this program include: assessing/screening probationers to determine service needs for alcohol and other drug counseling, preparing treatment plans, providing records on progress of treatment, facilitating admission and discharge of probationers in alcohol and other drug programs (i.e.,



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detoxification/stabilization program, day treatment program, and aftercare services). All Stanislaus Recovery Center (SRC) services will be provided in collaboration with the outpatient programs at the day reporting center. The education level necessary for this Behavioral Health Specialist position is 30 college units and three years experience in an alcohol and other drug treatment recovery services. The education level necessary for the Clinical Service Technician position is two years of full-time related experience in a substance abuse program, or 15 units of college with 1 year experience or 30 semester units. The two project funded staff will be committed full-time to supporting the objectives and activities of the program.

Residential Detoxification/Stabilization and Day Treatment services will be provided at SRC, which is part of BHRS. Approximately 20 clients will be served with an average length of stay of approximately 10 days in the Residential/Detoxification Stabilization treatment at a rate of \$125.00 per day or \$25,000. SRC has a social model treatment and recovery program, using a 12-Step recovery approach. Admission, placement and length of stay are determined by an individuals needs. This voluntary program specialized in treating individuals who have relapsed and are resistant to other types of treatment. SRC provides a safe drug and other alcohol free environment with other recovering addicts who help and support each other. Group counseling sessions are provided several times per week, urine drug screening and 1:1 treatment are included.



## BUDGET CATEGORY AND LINE ITEM DETAIL

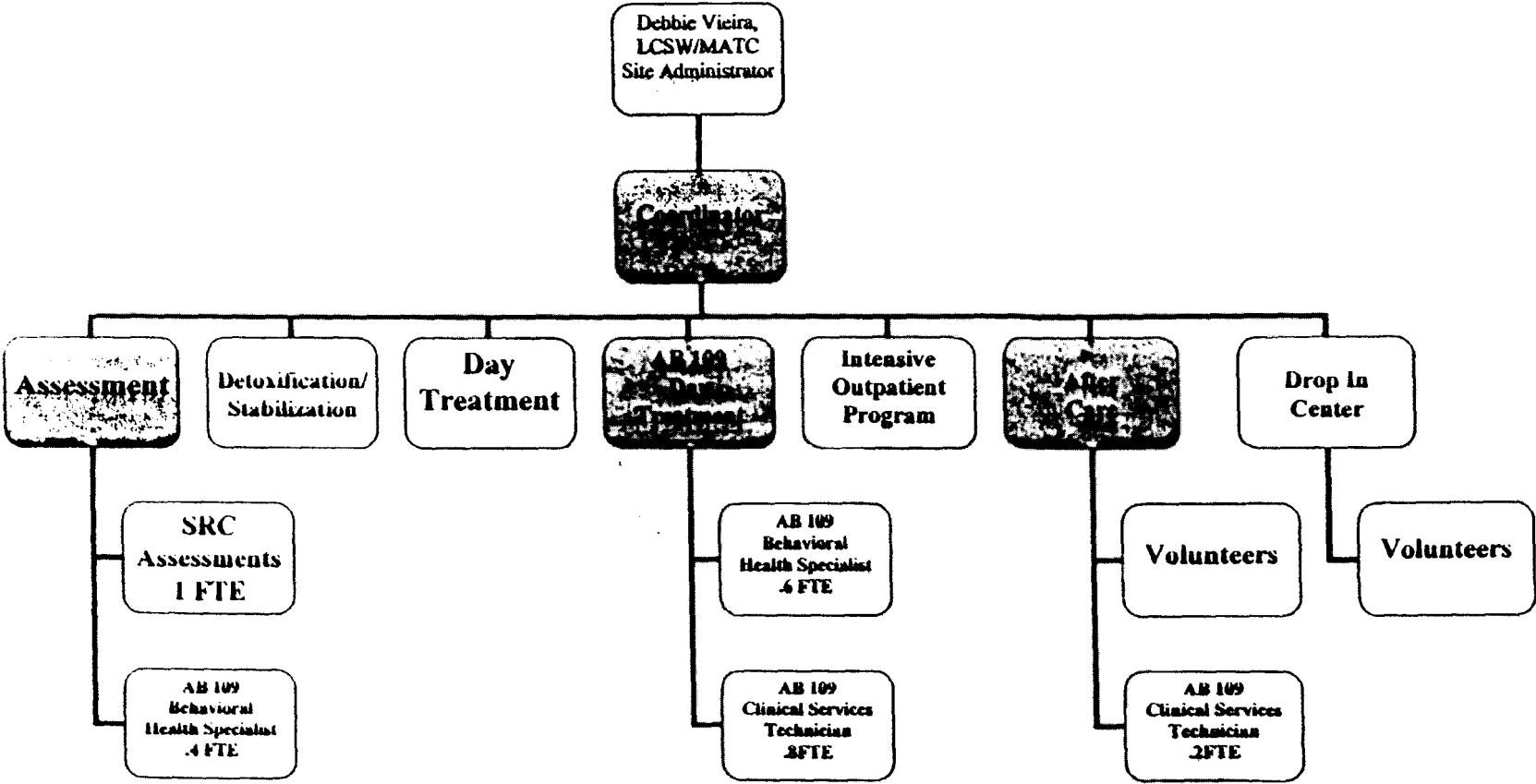
Grant Recipient:		Grant Number:						
B. Operating Expenses	Federal	Cash Match					COST	
Residential Detoxification/Stabilization 20 Clients x 10 Days Treatment @ \$125 per day		\$25,000					\$0 \$0 \$25,000 \$0 \$0	
Clean and sober housing \$500 per month x 18 months		\$9,000					\$0 \$9,000 \$0 \$0 \$0	
Staff training							\$0	
ADP Training Conference 2012 August 21 to 23 in Sacramento							\$0 \$0 \$0	
Registration 4 people @ \$125		\$500					\$500	
Lodging 4 people @ \$404		\$1,616					\$1,616	
Meals 4 people @ \$145		\$580					\$580	
Transportation and Other		\$471					\$471 \$0	
<b>OPERATING SECTION TOTAL</b>	\$0	\$37,167	\$0	\$0	\$0	\$0	\$37,167	
<b>OPERATING SECTION TOTAL</b>							<b>\$0</b>	



**APPLICATION APPENDIX**



# Stanislaus Recovery Center Organizational Chart



## **INTER-AGENCY AGREEMENT**

This Agreement is made and entered into on March 2, 2012, in the City of Modesto, State of California, by and between the Behavioral Health and Recovery Services (BHRS), and the Stanislaus County Probation Department, hereinafter referred to as "BHRS" and "PROBATION", for and in consideration of the premises, and the mutual promises, covenants, and agreements as are hereinafter set forth.

WHEREAS, BHRS and PROBATION wish to enter into an Operational Agreement to implement a Residential Substance Abuse Treatment (RSAT) and Aftercare Treatment Services (ATS) Program.

NOW, THEREFORE, the parties agree:

### **TERMS AND CONDITIONS**

#### **1. PURPOSE**

This Operational Agreement is evidence that the Stanislaus County Behavioral Health and Recovery Services Department and the Stanislaus County Probation Department intend to work together toward the mutual goals of providing maximum available assistance to crime victims residing in Stanislaus County. Both agencies believe that implementation of the RSAT and ATS Program of services delivered to the target population of AB109; Post Release Community Supervision cases and Supervised Release cases will further this goal.

#### **2. GOALS**

BHRS and PROBATION shall work collaboratively in the RSAT and ATS Program to achieve the following goals:

- 2.1** Increase access to a continuum of treatment services, including but not limited to assessments, residential detoxification/stabilization treatment, day treatment, and aftercare services.
- 2.2** Increase number of AB109; Post Release Community Supervision cases and Supervised Release cases who: 1) Enter into treatment. 2) Remain in treatment at least 90 days and 3) Complete treatment.
- 2.3** Reduce delays in the availability of appropriate services.

#### **3. BHRS RESPONSIBILITIES AND CONTRIBUTIONS SHALL INCLUDE:**

- 3.1** BHRS will provide one Behavioral Health Specialist (BHS) and one Clinical Service Technician (CST) to provide services to the RSAT and ATS Program.
- 3.2** BHRS will provide the RSAT and ATS Program services in the facilities of the Stanislaus Recovery Center (SRC)



- 3.3 BHRS, through the RSAT and ATS Program staff, will provide intensive supervision to those AB 109; Post Release Community Supervision cases and Supervised Release cases involved in the program.
- 3.4 BHRS, through the RSAT and ATS Program staff, will assess, counsel and refer AB 109; Post Release Community Supervision cases and Supervised Release cases to appropriate resources within the community.
- 3.5 BHRS will participate in regularly scheduled meetings between BHRS and PROBATION.
- 3.6 BHRS will fund the RSAT and ATS Program through a grant from CalEMA and shall arrange for the receipt of the grant funds and pay the program costs including the salaries and benefits of the BHS and CST as well as all other program costs.

**4. PROBATION RESPONSIBILITIES AND CONTRIBUTIONS SHALL INCLUDE:**

- 4.1 PROBATION will refer AB 109; Post Release Community Supervision cases and Supervised Release cases to the program for evaluation.
- 4.2 PROBATION officers making the referrals to the RSAT and ATS Program will provide AB 109; Post Release Community Supervision cases and Supervised Release cases with intensive supervision.
- 4.3 PROBATION will participate in regularly scheduled meetings between BHRS and PROBATION.

**5. EXPECTATIONS/OUTCOMES**

- 5.1 It is expected that this program will achieve the following results:
  - 5.1.1 95% of all program participants will be referred to the level of care that is indicated by the initial assessment;
  - 5.1.2 90% of all program participants will receive adjustments to the level of care based on drug test results;
  - 5.1.3 150 AB 109; Post release community supervision cases and supervised release cases will be referred for treatment;
  - 5.1.4 120 AB 109; Post release community supervision cases and supervised release cases will enter treatment;
  - 5.1.5 90 AB 109; Post release community supervision cases and supervised release cases will remain in treatment at least 90 days.
  - 5.1.6 95% of assessments will be done within seven days of referral.
  - 5.1.7 95% of referrals will have a treatment appointment scheduled during the initial assessment.

5.1.8 90% of referrals will have a treatment appointment scheduled within seven working days of the initial assessment.

5.2 It is expected that both PROBATION and BHRS attend team meetings, carry out all duties as related to RSAT and ATS Program clients, complete all required training, and complete all required paperwork for both departments.

## 6. FISCAL PROVISIONS

It is understood by BHRS and PROBATION that the receipt of grant funding and payment of RSAT and ATS Program staff and operating expenses will be the responsibility of BHRS. This Operational Agreement does not include the payment or reimbursement of any expenses incurred by PROBATION.

## 7. CONFIDENTIALITY

7.1 Patient related records shall be considered confidential in accordance with California Welfare and Institutions Code, Section 5328 and 42 CFR, Part 2. Such records shall be disclosed only in accordance with all applicable State and Federal laws and regulations, including those relating to the confidentiality of medical records, patient consents to release information, and the psychotherapist-patient privilege.

7.2 All parties must comply with Health Insurance Portability and Accountability Act Of 1996 (HIPAA) regulations privacy and security rules.

## 8. TERM

This Agreement shall commence on March 2, 2012 and continue until the end September 30, 2013, or by giving thirty- (30) day's written notice to the other party.

## 9. REVIEW

BHRS and PROBATION shall meet quarterly or at the request of either party to review the effectiveness of this Operational Agreement, address any outstanding issues and establish direction and priorities for the ongoing collaboration efforts.

## 10. NOTICE

Any notice, communication, or amendment, to this Agreement, including change of address of either party during the term of this Agreement, which PROBATION or BHRS shall be required, or may desire to make, shall be in writing and may be personally served, or sent by first class mail, postage prepaid, to the respective parties as follows:

**BHRS:** Behavioral Health and Recovery Services  
Madelyn Schlaepfer, Ph. D, CEAP, Behavioral Health Director  
800 Scenic Drive  
Modesto, CA 95350

**PROBATION:** Stanislaus County Probation Department  
Jill Silva, Acting Chief Probation Officer  
2215 Blue Gum Avenue  
Modesto, CA 95358

**11. REFERENCES TO LAWS AND RULES**

In the event any law, regulation, or policy referred to in this Agreement is amended during the term hereof, the parties agree to comply with the amended provisions as of the effective date of such amendment.

**12. ENTIRETY OF AGREEMENT**

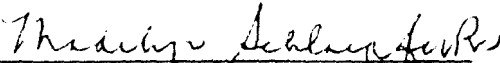
This Agreement contains the entire agreement of the parties and no representations, inducements, promises, or agreements otherwise between the parties not embodied herein or incorporated herein by reference, shall be of any force or effect. Furthermore, no term or provision hereof may be changed, waived, discharged, or terminated unless the same be executed in writing by the parties hereto.

**13. AMENDMENT**

This Agreement may be modified, amended, changed, added to, or subtracted from by mutual consent of the parties hereto if such amendment or change is in written form and executed with the same formalities as this Agreement and attached to the original Agreement to maintain continuity.

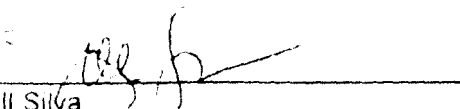
The undersigned hereby agree to the provisions of this Agreement and certify that the provisions made herein will be honored.

**Stanislaus County  
Behavioral Health and Recovery Services**

  
\_\_\_\_\_  
Madelyn Schlaepfer, Ph. D., CEAP  
Behavioral Health Director

3-5-12  
Date

**Stanislaus County  
Probation Department**

  
\_\_\_\_\_  
Jill Silva  
Acting Chief Probation Officer

3-2-12  
Date

## PROJECT SUMMARY

<b>1. GRANT AWARD NO.</b> AF11 01 0500		<b>3. GRANT PERIOD</b>	
<b>2. PROJECT TITLE</b> Aftercare Treatment Services Program		04/01/2012 to 09/30/2013	
<b>4. APPLICANT</b>		<b>5. GRANT AMOUNT</b> (this is the same amount as 10G of the Grant Award Face Sheet)	
Name: Stanislaus County	Phone: (209) 525-6333	\$ 266,667	
Address: 1010 10th Street	Fax #: (209) 544-6226		
City: Modesto	Zip: 95354		
<b>6. IMPLEMENTING AGENCY</b>			
Name: Behavioral Health and Recovery Services	Phone: (209) 525-6225	Fax #: (209) 525-6291	
Address: 800 Scenic Drive	City: Modesto	Zip: 95350	
<b>7. PROGRAM DESCRIPTION</b>			
<p>Stanislaus Recovery Center (SRC) is a License &amp; Certified Alcohol &amp; Other Drug Facility which will provide Assessments, Detoxification/Stabilization treatment for 20 clients, Day Treatment Program for 25 clients at a time, and up to 100 clients in aftercare services. SRC uses Addiction Severity Index as an assessment tool and American Society of Addiction Medicine to assist with placing clients to appropriate level of care. SRC uses Motivational Interviewing Skills, Matrix Model, Seeking Safety, Breaking Barriers and Stop the Chaos. Drug urinalysis testing will be provided at all levels of care and weekly Aftercare Services. Clean and Sober Housing will be offered for 18 clients.</p>			
<b>8. PROBLEM STATEMENT</b>			
<p>As of February 2012, Stanislaus County Probation is serving 504 AB 109 clients or 157 Supervised Released Cases and 347 Post Release Community Supervision Cases. There is a projection from the California Department of Corrections that Stanislaus County will be impacted by September 2013 with 944 additional AB109 Cases. Behavioral Health and Recovery Services (BHRS) AOD services had a \$900,000 reduction in services in fiscal year of 2011/12. This has required reduction in programming in the Residential Treatment Center by initially decreasing BHRS licensing capacity to a 10 bed facility. There is also a decrease of Outpatient Treatment from four groups to two groups per week (50 less clients per week).</p>			
<b>9. OBJECTIVES</b>			
<p>This funding will designate beds in Detoxification/Stabilization, add a closed (for this population only) Day Treatment group and add additional Aftercare group, totaling three to four groups that will provide urine drug screening for the target population. The goals of the proposed program are to enhance treatment services by ensuring that clients receive services at the level of care needed, clients remain in treatment, and treatment is provided on a timely basis and maintains the strong collaboration between Probation and BHRS. In order to meet these goals additional treatment options are needed, especially in the areas of Assessments, Residential Detoxification/Stabilization beds, Day Treatment programming and Aftercare services. This will assist sustaining abstinence for the target population.</p>			

**10. ACTIVITIES**

The EBSP probation Officer will work corroboratively with AOD staff at SRC in determining whether a Supervised Released/Post Release Community Supervision client should be referred to drug treatment programs. Aftercare services will be provided for clients who complete any level of care AOD treatment with BHRS programs offers including Residential Detoxification/Stabilization service, Day Treatment services, Outpatient services, services received in jail, or at the probation day reporting site. There will be weekly to bimonthly meetings with probation staff, BHRS staff (working at the jail, day reporting site, Alternative Work Program (AWP) site, and SRC site). This is in collaboration with SRC's AOD and Mental Health services, with peer facilitated programs/volunteer programs, and with the social service providers who have been hired to work with this population with the Supervised Released/Post Release Community Supervision Client population funded with other Cal EMA grant money; therefore completing those efforts.

**11. EVALUATION (if applicable)**

The SRC Site Administrator will evaluate the activities and performance measures collected by the AOD staff. Recommendations will be made to improve efficiency if necessary. Quarterly progress reports will be submitted demonstrating progress towards program goals.

**12. NUMBER OF CLIENTS**

(if applicable)

100 after care clients at any given time, 25 Day Treatment clients at any given time and 20 clients for Detoxification/Stabilization.

**13. PROJECT BUDGET**

(these are the same amounts as on Budget Pages)

	<b>Personal Services</b>	<b>Operating Expenses</b>	<b>Equipment</b>	<b>TOTAL</b>
YEAR 1	\$38,250	\$6,084		\$44,334
YEAR 2	\$153,000	\$25,000		\$178,000
YEAR 3	\$38,250	\$6,083		\$44,333
				\$0
				\$0
				\$0
<b>Totals:</b>	\$229,500	\$37,167	\$0	\$266,667

## OTHER FUNDING SOURCES

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the "Grant Funds" column, report the CalEMA funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category and then calculate the totals by category in the "Program Total" column. Total each column to arrive at the total program funds available.

<b>OTHER FUNDING SOURCES</b>			
			(Enter numbers without \$ or decimal points.)
<b>BUDGET CATEGORY</b>	<b>GRANT FUNDS</b> <i>(Use only the grant funds identified in the preceding budget pages.)</i>	<b>OTHER FUNDS</b>	<b>PROGRAM TOTAL</b>
<b>Personal Services</b>	200,000	29,500	\$229,500
<b>Operating Expenses</b>		37,500	\$37,500
<b>Equipment</b>			\$0
<b>TOTAL</b>	\$200,000	\$67,000	\$267,000

**This form does not become part of the grant award.**

### PRIOR, CURRENT AND PROPOSED Cal EMA FUNDING

List all currently funded Cal EMA projects and all Cal EMA grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of Cal EMA funding. For current and proposed grants that include positions funded by more than one Cal EMA grant, list these personnel by title and the percentage of the position funded by Cal EMA. The percentage of funding must not exceed 100 percent for any one individual.

Example				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OES
2005-06	DC05160010	\$50,000	Project Director	25%
2005-06	CE05089504	\$87,000	Project Director	25%
2005-06	MS05040550	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED Cal EMA FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% of Cal EMA FUNDING
2010-11	Z00- 01 0500	\$642,,022	Behavioral Health Speci	100%
2009-10	AT09 06 0500	\$189,715	Mental Health Clinician	100%
2009-10	AT09 06 0500	\$189,715	Mental Health Clinician	86%
2008-09	AT08 05 0500	\$183,264	Mental Health Clinician	100%
2008-09	AT05 05 0500	\$183,264	Mental Health Clinician	79%
2007-08	AT07 04 0500	\$187,500	Mental Health Clinician	100%
2007-08	AT07 04 0500	\$187,500	Mental Health Clinician	75%
2007-08	AT07 04 0500	\$187,500	Coordinator	13%
2007-08	AT07 04 0500	\$187,500	Administrative Clerk	3%

## PROJECT SERVICE AREA INFORMATION

1. **COUNTY OR COUNTIES SERVED:** Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

Stanislaus

2. **U.S. CONGRESSIONAL DISTRICT(S):** Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

U.S. Congressional Districts 18 and 19.

3. **STATE ASSEMBLY DISTRICT(S):** Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

State Assembly Districts 17, 25 and 28.

4. **STATE SENATE DISTRICT(S):** Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

State Senate Districts 12 and 14.

5. **POPULATION OF SERVICE AREA:** Enter the total population of the area served by the project.

Per 2010 U.S. Census estimates, Stanislaus County has a total population of 514,453 residents.



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**COMPUTERS AND AUTOMATED SYSTEMS  
PURCHASE JUSTIFICATION GUIDELINES**

As stated in the *Recipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

Please answer the following questions. Attach as many pages as necessary to Fully answer each question.

1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.

No computers and automated systems will be purchased with grant funds during the grant period.

2. If the request is for hardware and software in which the total costs exceed \$25,000, describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one, and whether it will be integrated with other systems. In your description please, be specific as to type and location of hardware/software and how the system will be operated and maintained.

No hardware and software will be purchased with grant funds during the grant period.