

SECTION XII

EXHIBIT "II"

**PAROLEE SERVICES NETWORKS PROGRAM GUIDELINES AND
TREATMENT STANDARDS**

**OFFICE OF SUBSTANCE ABUSE PROGRAMS
PAROLEE SERVICES NETWORKS
PROGRAM GUIDELINES AND TREATMENT STANDARDS**

OBJECTIVE

The objective of the Substance Abuse Treatment Program is that treatment shall be made available to persons addicted to alcohol and other drugs for their condition and its underlying causes. Treatment may be required as a condition of parole or civil addict outpatient status.

GENERAL PROGRAM REQUIREMENTS

Contracts and subcontracts for comprehensive substance abuse treatment services shall incorporate the following requirements:

Community based residential programs for parolees shall be licensed by the Department of Alcohol and Drug Programs (ADP). These programs may also be certified. Community based nonresidential programs for parolees shall be certified by ADP and/or ADP Drug/MediCal (D/MC).

A County must maintain a Case Management system to assess and refer parolees to an appropriate treatment placement.

The treatment provider will reserve space for up to 72 hours past the estimated time of arrival of the client.

Treatment providers will not admit a parolee into PSN program without a referral from the Case Manager.

Parolees shall be awarded services regardless of the length of parole time remaining. It is the expectation of CDC that County services will be provided once the PSN funding is no longer available.

Substance abuse detection is an activity in which participants shall agree to be subject to as a condition of program participation. Substance abuse detection activities (for example body specimen screens) are to be conducted by the California Department of Corrections (CDC). If the contract treatment provider conducts the substance abuse detection activities in addition to those conducted by CDC, these activities are not reimbursable. Program shall coordinate with CDC staff in these activities.

In an effort to maximize Parolee Services Network (PSN) funds, D/MC eligible parolees should be referred to D/MC certified programs. If D/MC services are not available, program participants will be referred to the Parolee Services Network, and/or other services available.

Must be an inmate in a California Department of Corrections facility or parolee in one of the participating PSN counties.

Must have a history of substance abuse.

If a parolee is a registered sex offender, the parolee is eligible for PSN services on outpatient basis only.

Must be absent of arson arrests/convictions for the past five years.

Must have no serious psychosis that would prevent the individual from participation in a substance abuse program.

Must not pose a threat to the physical safety of others.

TREATMENT MODALITIES

NONRESIDENTIAL TREATMENT

Nonresidential Treatment (includes Pre-Treatment, which are services for those parolees who are in need of residential treatment and none is readily available) involves the provision of services to parolees (who shall hereafter be referred to as participants) through face-to-face interaction with program staff outside of the participant's residence. Within the Nonresidential Treatment Modality, there are submodalities of Nonresidential Relapse Prevention, Nonresidential Treatment, and Intensive Nonresidential Treatment. The treatment modality includes the following scope of activities:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group
- Collateral Services
- Case Management
- Treatment Planning

Minimum Duration & Intensity

Participants determined to need only nonresidential relapse prevention shall receive a minimum of 1½ – 3 hours of face-to-face activities scheduled over one to three visits per week. Nonresidential relapse prevention should only be utilized after a period of treatment services at a higher level of intensity.

Participants determined to need more than relapse prevention shall receive a minimum of 5 hours of face-to-face activities over at least three visits per week.

Participants determined to need intensive services in a nonresidential setting shall receive a minimum of 9 hours of face-to-face activities over at least three visits per week.

The participants shall be retained within program and/or modality for the minimum and/or maximum, time period or number of visits specified in the treatment coordination plan.

Staffing Ratio

For group activities, the ratio of clients to Substance Abuse Treatment Program Counselors shall not be greater than 15:1 as evidenced on group activity rosters.

Other Services Modalities and Activities Precluded and Required

Nonresidential Day Treatment, Residential Treatment, and In-Prison Substance Abuse Treatment are precluded. Participants shall not be admitted to programs offering these modalities until the participant is discharged from Nonresidential Treatment.

Treatment coordination is required.

NONRESIDENTIAL DAY TREATMENT

Nonresidential Day Treatment services are intensive and structured nonresidential activities involving face-to face interaction with designated program staff in which participants attend according to a planned and specified schedule. The scope of activities included in this modality are:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group

- Collateral Services
- Case Management
- Treatment Planning
- Recreation

Minimum Duration and Intensity

There shall be a minimum of four hours of continuous face-to-face individual and group activity scheduled for each participant.

Each participant shall be scheduled to participate at least five days per week, at least one of which shall be a Saturday or Sunday.

The participant shall be retained within program for the minimum and/or maximum time period or number of visits specified in the treatment coordination plan.

For group activities, the ratio of clients to Substance Abuse Program Counselor shall not be greater than 12:1 as evidenced on group activity rosters.

Other Services Modalities and Activities Precluded and Required

Residential, Nonresidential Treatment, and In-Prison Substance Abuse Treatment are precluded. Participants shall not be admitted to programs offering these modalities until the participant is discharged from this service modality.

Treatment Coordination is required.

RESIDENTIAL TREATMENT

Residential Treatment is the provision of food and shelter in a community based facility in conjunction with intensive and structured activities. The activities involved face-to-face interaction with designated program staff and participant attendance according to a planned and specified schedule. The scope of activities included in Residential Treatment are:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group
- Collateral Services
- Case Management
- Treatment Planning
- Recreation
- Food and Shelter

Minimum Duration and Intensity

There shall be a minimum of twenty hours of face-to-face individual and group activity for each participant scheduled from Mondays through Fridays.

There shall be a minimum of six hours of face-to face individual and group activity scheduled on Saturdays and/or Sundays.

The participant shall be retained within program for the minimum and/or maximum time period or number of residential days specified in the treatment coordination plan.

Staffing Ratio

For group activities, the ratio of clients to Substance Abuse Program counselors shall not be greater than 12:1 as evidenced on group activity rosters.

Other Services Modalities and Activities Precluded and Required

Nonresidential, Nonresidential Day Treatment, and Alcohol and Drug Free Housing are precluded. Participants shall not be admitted to these modalities until the participant is discharged from Residential Services.

Treatment Coordination is required.

ALCOHOL AND DRUG-FREE HOUSING/SOBER LIVING ENVIRONMENT

The Alcohol and Drug-Free Housing/Sober Living Environment modality consists of food and shelter in a residence which is self-governed by the participants and where no services or activities are lead by program staff on-site. Participants pledge total abstinence from alcohol and illicit drugs as a non-negotiable condition of their continued residence. The scope of activities for this modality are:

- Food and Shelter

Minimum Duration & Intensity

The program shall be the participant’s primary residence while enrolled in this modality.

The participant shall be retained in the program for the minimum and/or maximum number of residential days specified in the Treatment Coordination Plan.

Staffing Ratio

None

Other Service Modalities & Activities Precluded and Required

Participation in Residential Treatment is precluded while the participant is in Alcohol and Drug-Free Housing.

In addition to Alcohol and Drug-Free Housing, participants must also be admitted to and participate in Nonresidential Treatment or Nonresidential Day Treatment (Off grounds Group and/or Individual Counseling).

Treatment Coordination is required.

DEFINITIONS

COLLATERAL SERVICES

Collateral Services are services provided to persons who are significant in the emotional life of the participant by virtue of their relation to the participant through family affiliation, as a significant other, or as a member of an extended therapeutic community. Services are reimbursable if they are oriented to the treatment and personal recovery needs of the participant and included in the treatment plan. Contacts with individuals who are related to the participant by virtue of their office or profession, such as teachers, social workers, clergy, sponsors, correctional officers, and parole agents are not collateral services. Such contacts would instead be categorized as Treatment Coordination or Case Management.

CASE MANAGEMENT

Case Management Services include the activities of program staff in contacting outside agencies and making formal referrals for services outside the scope of comprehensive substance abuse services but identified in the participant's treatment plan as necessary to the participant's attainment of treatment goals. Such concomitant services include academic education, vocational training, medical and dental treatment, pre and post counseling and testing for infectious diseases, legal assistance, job search assistance, financial assistance, childcare, and 12 step self-help programs.

COUNSELING – INDIVIDUAL/GROUP/FAMILY

Counseling is face-to-face interaction involving one or more substance abuse treatment counselors and one or more participants and/or significant others focusing on the personal recovery of the participant(s). Individual counseling is a private meeting of a participant with one or more staff, while group counseling involves a meeting involving more than one participant and one or more staff. Family counseling is a private meeting of a participant, one or more program staff, and one or more persons related to the participant through family affiliation or as a significant other. Interaction in individual, group, and family counseling shall involve processing of individual or common group issues and themes which may include anger management, criminal thinking and thinking errors, sexual abuse, domestic violence, death and grief, relapse prevention, or co-dependence.

FOOD AND SHELTER

Food and shelter is the provision of meals and sleeping arrangements in a 24 hour residential facility.

HABILITATIVE AND REHABILITATIVE SERVICES

Habilitative and Rehabilitative Services are structured and planned activities involving program staff and participants in tradition classroom or experiential learning of practical life and social skills. Subject shall include, but are not limited to the following: job preparation, application, interview and retention skills; managing finances; maintaining health and personal hygiene and appearance; obtaining educational and vocational training; building and maintaining socially supportive relationships; security housing; obtaining social services; recognizing and preventing substance abuse relapse; avoiding violence and criminal activities; recognizing and changing self-defeating thinking and behavior patterns; nutrition; meal planning and food preparation; parent skills, and obtaining child care.

RECREATION

Activities provided on-site at the program and organized and led by program staff, or program participants with assistance from program staff, and intended to teach social interaction skills as well as organizing and participating in the productive use of leisure time without engaging in substance abuse or criminal behaviors.

TREATMENT PLAN

A written document consisting of the following elements: participant first name and surname; participant CDC numbers; program name and CADDs fiscal program identification number; participant treatment goals; specific services and activities to be accessed and for each services and/or activity the beginning and ending dates and frequency; progress notes, and the following signatures/dates of signature: participant, substance abuse treatment program counselor, parole agent or correctional counselor, and case management services coordinator.

SECTION XII

EXHIBIT “III”

PRINCIPLES OF EFFECTIVE TREATMENT (Best Practices)

PRINCIPLES OF EFFECTIVE TREATMENT (Best Practices)

The County of Los Angeles, Department of Health Services, Alcohol and Drug Program Administration uses the following principles of effective treatment, identified by the National Institute on Drug Abuse (NIDA) as the “best practices” guiding its contracted programs and services (Established from findings of NIDA-supported research):

1. **No single treatment is appropriate for all individuals.** Matching treatment setting, interventions, and services to each individual’s particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
2. **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual’s drug use and any associated medical, psychological, social, vocational, and legal problems.
4. **An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person’s changing needs.**
An individual may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, the individual at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual’s age, gender, ethnicity, and culture.
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**
The appropriate duration for an individual depends on her or his problems and needs. Research indicates that for most individuals, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep people in treatment.
6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, individuals address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual’s ability to function in the family and community.
7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For persons with mental disorders, both behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strong indicated precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can significantly increase both treatment entry and retention rates and the success of drug treatment interventions.
11. **Possible drug use during treatment must be monitored continuously.** Lapses to drug use can occur during treatment. The objective monitoring of an individual's alcohol and other drug use during treatment, such as through urinalysis or other tests, can help the individual withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to individuals who test positive for illicit drug use is an important element of monitoring.
12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.** Counseling can help individuals avoid high-risk behavior. Counseling can also help persons who are already infected to manage their illness.
13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restore functioning. Participation in self-help support groups and meetings during and following treatment often is helpful in maintaining abstinence.

SECTION XII

EXHIBIT “IV”

INSTRUCTIONS FOR PREPARING PROJECT WORK PLAN

INSTRUCTIONS FOR PREPARING PROJECT WORK PLAN

Complete this form for the proposed 34-month cycle of the project. Include additional pages to cover the whole 34-month project period.

At the top of this form, clearly state your PROJECT GOAL, which is a statement of work or mission statement. To complete each Column in the form, follow the instructions below:

- ▶ Column (1), list in sequential number each Program Objective (as discussed in the PROGRAM OBJECTIVES FOR TREATMENT/RECOVERY SERVICES sub-paragraph of the RFP Narrative). Program Objectives should be clear, concise, and measurable.
- ▶ In Column (2), list all key tasks or activities that will be initiated in order to achieve each Program Objective.
- ▶ In Column (3), list the time frame (i.e. during what month or months) key tasks or activities, as listed in Column (2), will be undertaken.
- ▶ In Column (4), list the numbers and titles of all staff (as discussed in the ASSIGNED PERSONNEL paragraph of the RFP Narrative) who will be responsible for initiating the key tasks or activities listed in Column (2).
- ▶ In Column (5), summarize how the achievement of each Program Objective listed in Column (1) will be evaluated (as discussed in the EVALUATION DESIGN paragraph of the RFP Narrative) in terms of how successful it was in achieving each objective; for example, using follow-up surveys, analyzing re-arrest rates, and/or any other methodology deemed appropriate.

SECTION XII

EXHIBIT “V”

INSTRUCTIONS FOR PREPARING BUDGET AND NARRATIVE FORMS

INSTRUCTIONS FOR PREPARING BUDGET AND NARRATIVE FORMS

The following information is provided for reference purposes only. Actual figures will depend on the agency's proposed program design, expenses, and revenue.

I. GENERAL REQUIREMENTS

- A. Budget should include all costs related to the proposed project.
- B. Line items for all budget categories should include a description and justification for each item.
- C. Category totals should equal the total amount requested in the proposal.

II. PROGRAM EXPENSES

A. Salaries and Employee Benefits

- 1. Salaries: Include all line, supervisory, and other staff positions who provide direct services. To determine the TOTAL SALARY COSTS for a position, use the following formula: Monthly salary times [x] number of months budgeted on project times [x] percent of time on project equals [=] TOTAL SALARY COSTS

*Example A: Full-time employee working 70% of time on project. \$2,000
 $x 12 x 70\% = \$16,800$*

*Example B: Half-time employee working 50% of time on project. \$1,000
 $x 12 x 50\% = \$ 6,000$*

Total Salaries: \$16,800 plus [+] \$6,000 = \$22,800

- 2. Employee Benefits: This is calculated percentage of each employee's total salary costs; based on such expenses as FICA, SUI, Medical/Dental, Workmen's Compensation, or other benefits.

Example: FICA @ 7.65% + SUI @ 4.25% + Medical/Dental @ 6.0% + Workers' Comp @ 3.25% = 21.15% percentage of all paid employee benefits.

To determine TOTAL EMPLOYEE BENEFITS for each position, use the following formula: TOTAL SALARY COSTS (\$22,800) x percentage of all paid employee benefits (21.15%) = TOTAL EMPLOYEE BENEFITS

Example A: Full-time employee working 70% of time on project. \$16,800 x 21.15% = \$3,553.20

Example B: Half-time employee working 50% of time on project. \$6,000 x 21.15% = \$1,269.00

Total Employee Benefits: \$3,553.20 + \$1,269.00 = \$4,822.20

3. Total Salaries and Employee Benefits: \$22,800 + \$4,822.20 = \$27,622.20

B. Facility Rent/Lease Expenses

The total amount of FACILITY RENT OR LEASE EXPENSES charged to this project are based on the following formula: Total monthly rental or lease amount, divided by [)] total gross square footage = cost per square foot x total square footage used for this project x number of months project is budgeted = TOTAL FACILITY RENT OR LEASE EXPENSES

Example: \$ 2,000 / 2,000 sq.ft. x 1,000 sq.ft. x 12 months = \$12,000

C. Equipment and/or Other Assets Expenses

Equipment and/or other assets expenses should be determined by calculating the amount of time the leased equipment or other assets will be used exclusively on this project.

Example: One (1) copier rental with toner and paper supplies at \$500 per month x 10% usage on project = \$50.00 per month x 12 months = \$600

Example: One (1) computer at \$5000 x 100% usage on project) 5 years depreciation = \$1,400

D. Services and Supplies

Indicate expenditures for any of the following items: Audit fees, bookkeeping fees, books and publications, facility maintenance, insurance, license/permit fees, mileage, office machine maintenance/repairs, office supplies, postage, printing, janitorial and other maintenance supplies, telephone, training, utilities.

<i>Example:</i>	<i>audit fees</i>	<i>\$200.00</i>
	<i>bookkeeping fees</i>	<i>\$300.00</i>
	<i>books and publications</i>	<i>\$150.00</i>
	<i>facility maintenance</i>	<i>\$500.00</i>
	<i>Insurance</i>	<i>\$900.00</i>
	<i>license/permit fees</i>	<i>\$50.00</i>
	<i>Mileage</i>	<i>\$400.00</i>
	<i>office machine maintenance/repairs</i>	<i>\$200.00</i>

	<i>office supplies</i>	<i>\$1,000.00</i>
	<i>Postage</i>	<i>\$30.00</i>
	<i>Printing</i>	<i>\$30.00</i>
	<i>janitorial/other maintenance supplies</i>	<i>\$35.00</i>
	<i>Telephone</i>	<i>\$750.00</i>
	<i>Training</i>	<i>\$200.00</i>
	<i>Utilities</i>	<i>\$250.00</i>
	<i>Other</i>	<i>\$0.00</i>
	<i>total</i>	<i>\$4,995.00</i>

E. Administrative Overhead

An administrative overhead rate may be applied to project costs, based upon acceptable accounting and budgeting procedures. An administrative overhead rate over 20% needs additional justification of how rate was determined.

Project size, other available resources, number and type of concurrent projects undertaken by agency, etc. are all examples of different factors to consider in determining if or to what extent an administrative overhead rate may be applied. Any and all supporting documentation showing how the administrative overhead rate was calculated, must be appended to the budget.

F. Total Gross Cost of Program

The total gross cost is determined by adding all program expenses calculated for the budget

<i>Example:</i>	<u><i>Program Expenses</i></u>	
	<i>Salaries and Employee Benefits</i>	<i>\$27,622.00</i>
	<i>Facility Rent/Lease</i>	<i>\$12,000.00</i>
	<i>Equipment and/or Other Assets</i>	<i>\$2,000.00</i>
	<i>Services and Supplies</i>	<i>\$4,995.00</i>
	<i>Administrative Overhead</i>	<u><i>\$5,524.00</i></u>
	<i>Total Gross Cost of Program</i>	<i>\$52,141.00</i>

III. INCOME/REVENUE

A. Projected County Allocation

State your projected County allocation for the contract period.

Example: \$50,000 (for the period July 1, 2006 to June 30, 2002)

B. Private Funding and/or Other Revenue

State any projected private funding, client revenue, and other revenue for the proposed project for the contract period.

Example: \$ 1,241.64 (private donations)

C. Total Income/Revenue

The total income/revenue should equal the total gross program cost.

Example: Projected County allocation of \$50,000 + Private Funding of \$2,141.00 = \$52,141.00

The total Income/Revenue of program is \$52,141.00.

IV. BUDGET NARRATIVE (DETAILED DESCRIPTION AND JUSTIFICATION OF EACH LINE ITEM BUDGET CATEGORY)

A. Description

Explain how salaries and employee benefit costs were calculated. Provide a brief description of each item requested, the corresponding cost, and a brief justification statement. Explain how each line item expense relates to your written proposal.

Example: (Under EQUIPMENT AND/OR OTHER ASSETS category)

1 printer @ \$1,500

Description: - This printer is compatible with the agency's IBM computer.

B. Justification

Provide sufficient reason for the importance and need of each line item requested in the budget, as it relates to (1) strategies/program elements and activities of the written program proposal, and (2) any administrative services or requirements.

Example: Justification: Staff assigned exclusively to this project will be using the printer to develop program reports and other documents in a timely manner.