

**ALCOHOL AND OTHER DRUGS SERVICES**  
**Contract Work Plan Instructions**

**CONTRACTOR IDENTIFICATION**

- **NAME OF CONTRACTOR** - Please type in the name of the agency performing services under this contract.
- **MAILING ADDRESS** - List the mailing address of the agency's administrative offices.
- **CONTACT PERSON** - This is the individual who will be the contact person with the County for matters relating to the performance of this contract. Generally, this would be the person who signs the contract and whom the County would contact regarding audits, site visits, and similar administrative matters.
  - Please list the Telephone number, Fax number and e-mail address for the contact person.
- **FEDERAL TAX ID NUMBER** - List the agency's Federal tax ID number.
- **SERVICE FACILITY LOCATION NPI** – This is the HIPAA National Provider Identifier for the facility where contract services will be provided. This is not required for Prevention Programs.

**GEOGRAPHIC AREA AND TARGET GROUP**

List the community or geographic area your agency will serve. For example, Richmond, Concord, Antioch, West County, etc. Describe your target population for each area in terms of its distinguishing characteristics, i.e., age, ethnicity, etc. If you will be serving multiple areas and groups, please list each one on a different line.

**SERVICE SITES AND HOURS OF SERVICE AVAILABILITY**

List the addresses, days, and times that the services described in this exhibit will be provided. It is expected that each geographic service area listed in the section above will have a corresponding local office. Please list the primary service site(s), whether they are at the program office or at some site in the community such as a school or community center.

## **BUDGET**

### **Section A – Personnel Costs - Administrative and Support Staff**

### **Section B - Personnel Costs - Direct Service Staff**

#### Column 1 (Position Title)

- a) The Administrative and Support Staff category includes those persons whose responsibilities are directed towards program management or operations. It would include executive directors, accounting staff, clerical support, etc. Direct Service Staff are those positions or portions of positions which are devoted to direct contact with the recipients of your services, e.g., counselors, prevention educators, etc.
- b) For Column 1 in Budget Sections A & B, please list the title only of each staff person as appropriate.
- c) It is possible that the same individual could have dual responsibility and be listed in both categories. The same Position Title must be used in each Section. The title used will depend on the person's primary responsibilities within the agency and not just those duties reflected in this contract.

#### Column 2 (FTE)

List the decimal proportion of a 40-hour work hour which each staff person spends on contract services. The formula is: (hours worked per week) / 40 = FTE. For example, 20 hours per week translates to .50 FTE, 10 hours per week to .25, 8 hours to .20.

#### Column 3 (HRLY Rate)

Enter the hourly pay rate exclusive of benefits for each individual listed in Column 1.

#### Column 4 (County Funds)

List the amount of Alcohol and Other Drugs Services funds allocated to the salary and benefits for each position.

#### Column 5 (Other Revenue)

List the amount of revenue from non-county sources [Client Fees, Donations, Food Stamps, etc] allocated to any of the positions listed.

#### Column 6 (Total)

List the total of Columns 4 and 5.

In each section (A&B) list the aggregate amount expended for taxes and benefits for the positions listed. Where space is made available, please total the figures in columns 4, 5, & 6 in the bottom row of the matrix.

### **Budget Section B.1 – Staff Productivity Model**

There are three rows for a quantitative listing of your organization’s policy regarding direct service staff involvement in direct client services. These are:

1. Paid Leave [Holiday, Vacation, Sick, Personal, etc.]
2. Direct Service Hours
3. Program Support Hours [Prep. Time, Travel, Staff Mtg, Training, Community Meetings, etc.]

On the basis of the 2,080 hours for which a position is budgeted, please list in the appropriate cell the number of hours that staff, on average, are expected to devote to each category.

### **Budget Section C – Services & Supplies**

#### Column 1 (Expense Category)

Descriptive titles for the most frequently encountered line items are printed on the form. There are additional blank lines to list expense categories not included on the form.

#### Column 2 (County Funds)

List the amount of Alcohol and Other Drugs Services funds apportioned for each expenditure.

#### Column 3 (Other Revenue)

List the amount of revenue from non-county sources [Client Fees, Donations, Food Stamps, etc] apportioned for each expenditure.

#### Column 4 (Total)

List the total of Columns 3 and 4.

Please total each column in the bottom row.

### **Budget Section D - Total Contract Budget**

This section summarizes the Salaries & Benefits Category Subtotals (Rows 1 & 2) and overall Salaries & Benefits Total (Row 3). Please list the Operating Expense Total in Row 4. In Row 5 list the total of direct charges (the total of Rows 3 and 4). In Row 6, enter the amount of any indirect costs charged to the contract. Finally in Row 7 enter the overall budget total (the sum of Rows 5 and 6).

### **Budget Section E - Revenue Sources**

Please list the source and amount of revenue comprising the funds displayed in the **Other Revenue** column. In the Revenue Source column, commonly used revenue categories are listed. Additional space is provided to list other types of funding. For the **Grants, Other County Dept** and **Other** categories, please indicate the specific source of funding in the space provided.

*Treatment programs must collect and budget revenue from client fees as required under the Health and Safety Code. However fees are not to be charged for Medi-Cal or prevention services.*

### **Budget Section F - Staffing**

List all agency staff, volunteers or other personnel performing services under this contract. In the first column, state the title of the position held by each individual staff person and their name. If the position is currently vacant, please type the word VACANT in place of the name. In the FTE column, indicate the proportion of a 40-hour work week devoted to contracted services (i.e., the number of hours worked per week divided by 40 - for example, 20 hours per week = .5 FTE; 8 hours per week = .2 FTE). In the next two columns, please indicate the gender and ethnicity of each staff person listed in the first column. If the position is vacant, please type the word VACANT in the appropriate cells. In the **Qualifications** column, briefly list the licensure, educational, or experiential prerequisites for each position. This column requests information relative to the **position**, and not the person currently filling it. In the rightmost column, **Tenure**, please list the number of months the person has been employed in that position at your agency.

Attach an organization chart showing lines of supervision.

If appropriate, attach agency policies for the use of volunteers in the program. These policies at a minimum should address qualifications, recruitment, selection, code of ethics, training, scheduling and supervision.

### **Budget Section G – Contract Deliverables**

This section lists the quantitative description of the services to be provided. The instructions explain the form by section with specific instructions according to service category as follows.

#### **RESIDENTIAL AND OUTPATIENT SERVICES**

##### **Form Header**

PROVIDER – Please list the name of your organization

REGION – Please indicate which region of the county this program will serve – East, Central or West, Countywide, Pittsburg, etc.

PROJECT – If the program described in this budget is generally known by a specific name, please indicate it here. Examples would be Project Success, Friday Nite Live, etc.

PROGRAM STATIC CAPACITY (Beds or Slots) - Please indicate the maximum number of clients that could be receiving services at your facility at any given time. This will be determined by the number of beds in the facility or the combined caseload size of staff delivering services under this contract. Perinatal programs are requested to indicate capacity for women and children separately.

TOTAL UNDUPLICATED NEW PARTICIPANTS - This is an estimate of the number of persons receiving services in your program for the first time in the contract year. The number does not include participants or caseload carried over from the prior fiscal year nor persons who leave services and return within the contract year. Persons formerly clients in previous years may be included in the estimate.

TOTAL LICENSED CAPACITY FOR THIS FACILITY – For residential programs only, please list the total licensed capacity for the facility in which services are provided. Separate lines are provided for treatment and detoxification programs. If the facility is licensed for both treatment and detoxification, indicate the licensed capacity for each service.

## Service Matrix

### TYPE OF SERVICE

Unless otherwise negotiated, contractors are restricted to providing only those program activities printed on the form. All Residential and Outpatient Service types for which Alcohol and Other Drugs Services contracts are listed. Please enter numbers in only in the row which pertains to your specific program.

### FTEs

The figures to be entered in this column are total Direct Service Staff FTEs allocated to each Type of Service. The total of this column must equal the FTE column total in Section B.

### DIRECT SERVICE STAFF HOURS

This figure is the amount of staff hours spent directly interacting with program participants within each type of service provided. This figure **does not** include the time spent in writing case notes, in case conference, clinical supervision or other support activities. We recognize that not every hour of staff availability is spent in direct service provision to clients and that other necessary activities occupy a portion of staff time. Nonetheless, for contract purposes, we want to focus on the time spent with clients.

### NUMBER OF BED DAYS

A bed day is defined as a 24 hour period of client participation in residential services. This is the service unit for residential programs.

### NUMBER OF SESSIONS

For Outpatient Services, this deliverable refers to specific occurrences of the service types to be provided. This is the number of times the direct service activity will be conducted by staff over the term of the contract. This is distinct from client visits. A visit is something the client does. A session is something staff does.

### NUMBER OF CLIENT VISITS

This is an estimate of the number of times clients will participate in the services listed.

## PREVENTION SERVICES

### Form Header

PROVIDER – Please list the name of your organization

REGION – Please indicate which region of the county this program will serve – East, Central or West, Countywide, Pittsburg, etc.

PROJECT – If the program described in this budget is generally known by a specific name, please indicate it here. Examples would be Friday Nite Live, Club Live, etc.

STRATEGY – List which of the State-defined prevention strategies AODS has assigned to your program activities. Choices are: Alternatives, Education, Information Dissemination, Community Based Process, and Problem Identification and Referral.

TOTAL UNDUPLICATED NEW PARTICIPANTS - This is an estimate of the number of persons receiving services in your program for the first time in the contract year. The number does not include participants or caseload carried over from the prior fiscal year nor persons who leave services and return within the contract year. Persons formerly clients in previous years may be included in the estimate.

### Service Matrix

#### MAJOR PROGRAM ACTIVITIES

Please list the activities which are the major elements of your prevention program.

#### FTEs

The figures to be entered in this column are total Direct Service Staff FTEs allocated to each Type of Service. The total of this column must equal the FTE column total in Section B.

#### DIRECT SERVICE STAFF HOURS

This figure is the amount of staff hours spent directly interacting with program participants conducting each program activity listed. This figure **does not** include preparation time, travel, evaluation, or other support activities. We recognize that not every hour of staff availability is spent in direct service provision and that other

necessary activities occupy a portion of staff time. For contracting purposes, however, the intent is to focus on time spent in direct service delivery.

#### SERVICE EVENTS

For Prevention Services, this deliverable refers to specific occurrences of the Major Program Activities listed. This is the number of times the direct service activity will be conducted by staff over the term of the contract.

#### AVERAGE NUMBER OF PARTICIPANTS PER EVENT

This is an estimate of the average number of persons participating in the service events for each activity. Since one person may participate in more than one program activity, these figures are not unduplicated.

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## ADDITIONAL INSTRUCTIONS

- If, relative to the total contract budget, Administrative and Support Staff costs are **above 15%**, please attach a justification for these expenses.
- **If Indirect Costs are charged to the contract**, please attach a copy of your agency's cost allocation plan and a clear description of how charges specific to this contract were calculated. Indirect costs must be apportioned by a methodology that conforms to the standards set by OMB Circular A-122.
- **Please round all costs to the nearest dollar.** The county may revise your budget numbers slightly to correct for rounding errors. Any adjustments made to budget figures or service levels will not exceed in the aggregate the cost of one unit of service.
- **If you re-create these forms on your own spreadsheets, please do not change the line item numbering on the Services & Supplies section of the budget. The use of modified or non-standard forms will delay contract processing.**

### Budget & Workplan Checklist

Section/Requirement	OK	Follow-Up Action Required
Contractor Identification		
Service Area & Target Group		
Location & Hours		
Budget – Admin Staff		
Budget – Direct Svce Staff		
Budget – Operating Expense		
Additional Revenue		
Contract Staffing (Qual.)		
Treatment Units		
Staff Benefits Description		
Org Chart		
Volunteer & Personnel policies		
Indirect Cost Allocation Plan		