

## DESCRIPTION OF SERVICES

### NNA and County Funded Adolescent Alcohol and Drug Treatment and Recovery Services

Contractor shall provide NNA adolescent alcohol and drug treatment and recovery services in accordance with all state regulatory and statutory provisions associated with these services. Priority admission shall be given to San Mateo County residents.

#### **A. Adolescent Residential Alcohol and Drug Treatment and Recovery Services**

Contractor shall be in good standing with the County of San Mateo's Children and Youth System of Care (CYSOC). Contractor will provide the following residential alcohol and drug treatment and recovery services to consumers who have been referred by an Alcohol and Drug Services Case Manager or designee:

1. Intake, assessment (using the Addiction Severity Index [ASI], individual treatment planning (in conjunction with consumers, recovery planning, individual and group counseling, case management, and follow-up at 6 months after intake for each consumer.
2. Services will consist of addiction and recovery specific topics, the twelve-step model of recovery, family dynamics, alcohol and drug screens, education, social relationships, health issues, psychological issues, causes of addiction, dysfunctional families and relationships, alcohol and drug-free recreational and social events, and access to vocational training and employment, and aftercare.
3. Provide services for a period of no more than a total of 90 days. Provision of services beyond 90 days requires prior written authorization at 60 days of treatment by the AOD Case Manager.
4. Contractor will transfer consumers between modalities in accordance with the consumer's individual needs
5. Provide attendance and progress reports to the AOD Case Management Specialist on a monthly basis. Notify AOD Case Manager within 24 hours if consumer is discharged from the program or transferred to other services.
6. Case coordination and referrals with other youth and adolescent providers and county agencies.
7. Contracted adolescent treatment services will comply with the terms and requirements of The Youth Treatment Guidelines (2002). In accordance with the Guidelines, the target population is "youth in at-risk environments" between the ages of 12 and 17.

8. A high priority should be placed on identifying children with AOD problems within other public service systems, such as schools, child protective services, county mental health, perinatal AOD programs, probation, and, Medi-Cal and Healthy Families programs.
9. In accordance with the guidelines, family counseling must be provided as part of youth treatment.
10. The following are minimum critical requirements from the Youth Treatment Guidelines for youth treatment that shall be implemented in the contractors treatment standards:
  - a. Age appropriate treatment that addresses developmental, peer, and family issues.
  - b. Alcohol and Drug Testing
  - c. Discharge Planning
  - d. Continuing Care
  - e. Treatment provided from an asset rather than a deficit model perspective
  - f. An asset model should include the development of support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity.
11. A separate billing and record keeping system will be kept by Contractor for those individuals receiving these services  
Contractor's monthly itemized bill will include the following:
  1. Name of consumer receiving NNA funded adolescent residential treatment and recovery services.
  2. Dates services were provided, the number of bed days provided for adolescent residential services, broken down by consumer.
  3. Total amount of the bill for each month.
  4. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

**B. Adolescent Outpatient Alcohol and Drug Treatment and Recovery Services Drug**

Contractor's basic adolescent outpatient alcohol and drug treatment and recovery services shall include:

1. Intake, assessment (using the Addiction Severity Index, [ASI]), recovery planning, and relapse prevention, case

management services, and 6 month follow-up for each consumer.

2. Services will include minimum of one (1) hour of individual counseling per week, two (2) hours of recovery-oriented group counseling per week, two (2) hours of family counseling per month, and random urine and drug screens for all consumers.
3. Services will consist of addiction and recovery specific topics, the twelve-step model of recovery, family dynamics, alcohol and drug screens, education, social relationships, health issues, psychological issues, causes of addiction, dysfunctional families and relationships, alcohol and drug-free recreational and social events, and access to vocational training and employment, and aftercare.
4. Case coordination and referrals with other youth and adolescent providers and county agencies.
5. Services will comply with the terms and requirements of The Youth Treatment Guidelines (2002). In accordance with the Guidelines, the target population is “youth in at-risk environments” between the ages of 12 and 17.
6. A high priority should be placed on identifying children with AOD problems within other public service systems, such as schools, child protective services, county mental health, perinatal AOD programs, probation, and, Medi-Cal and Healthy Families programs.
7. In accordance with the guidelines, family counseling must be provided as part of youth treatment.
8. The following are minimum critical requirements from the Youth Treatment Guidelines for youth treatment that shall be implemented in the contractor’s treatment standards:
  - a. Age appropriate treatment that addresses developmental, peer, and family issues
  - b. Alcohol and Drug Testing
  - c. Discharge Planning
  - d. Continuing Care
  - e. Treatment provided from an asset rather than a deficit model perspective
10. An asset model should include the development of support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity.