**RIDER A**

**SPECIFICATIONS OF WORK TO BE PERFORMED**

**I. AGREEMENT FUNDING SUMMARY**

Funds are provided under this Agreement for the provision of substance abuse treatment services. The level of funding and service descriptions are detailed in Section III Service Specifications and Performance Guidelines and summarized in Budget Form 6 Summary of Services Purchased.

|  |  |  |
| --- | --- | --- |
| **A. State General Fund** | **$** |  |
| Use of funds shall be in accordance with requirements detailed in the Maine Uniform Accounting and Auditing Practices for Community Agencies (CMR 10-144, Chapter 30); and with the terms of this Agreement.**B. Dedicated/Special Revenue** **$** |
|  |  |  |  |
| **C. Federal Funds** | **$** |  |
| Use of funds shall be in accordance with restrictions contained in the appropriate CFDA; with Federal OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133, as applicable; with CMR 10-144, Chapter 30, as applicable; with CMR 10-144, Chapter 30, as applicable; and with the terms of this Agreement. |
|  |  |  |  |
| [ ]  | CFDA#93.959 Block Grants for Prevention & Treatment of Substance Abuse 2B08TI010025-10. Substance Abuse Treatment and Prevention Block Grant Department of Health and Human Services / Substance Abuse and Mental Health Services Administration  | **$** |
|  |  |
|  |  |  |
| [ ]  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | **$** |
|  |  |
|  |  |  |

**II. GENERAL REQUIREMENTS**

**Reporting**

The Provider shall submit quarterly financial and performance reports in accordance with the specifications of the Department, according to the following schedule:

 X A. Quarterly financial reports are accumulative in nature, reflecting income and expenses for the entire contract period to date, and are due October 30th, and January 30th, April 30th, July 30th, ,; with the exception that the final quarterly financial report shall be due within 60 days of contract termination. This report should be sent to the Agreement Administrator.

\_X\_\_ B. A Incentive Financial Close-out Report. is due within 60 days of contract termination in a format required by SAMHS. This report should be sent to the Agreement Administrator.

\_\_\_ C. *Quarterly Narrative Reports* documenting progress relating to program performance during the applicable quarter are due October 30th, January 30th , April 30th and. July 30th,

\_X\_\_ D. Final Narrative Report, documenting programs performance for the entire contract period, is due within 60 days of contract termination in a format required by SAMHS.

\_X\_\_ E. Substance Abuse and Mental Health Services Data Systems (formerly OSADS) Treatment Data System (TDS) Forms. All contracted substance abuse treatment service providers must report using electronic submittal methods that are compatible with the Office of Substance Abuse. TDS data entry is accessible via the Internet. TDS data must be submitted to the Substance Abuse and Mental Health Services by the 15th of each month for any client admitted or discharged in the prior month. TDS Forms must be completed by a clinical staff person as part of the intake process.

REPORTING NOTE: Data for monitoring performance shall be taken directly from Substance Abuse and Mental Health Services Data Systems (formerly OSADS) Treatment Data System (TDS) Forms. Providers must complete and submit TDS Admissions and Discharge data according to instructions.

Performance-based contracting (PBC) incentive reports will be based on the data submitted within the specified time parameters. Late data may not be reflected on PBC reports.

\_X**\_\_**F. Monthly Outpatient Service Delivery Reports by the 15th of each month for all services provided the previous month.

 \_\_X\_\_G. Waiting List is due by the 15th of each month for the previous month. Programs with multiple sites must report by site.

 X H. Consumer Satisfaction Survey

 \_\_\_ I. Corrective Action Plans and Updates are due:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 addressing the following points:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Provider understands that the reports are due within the timeframes established and that the Department will not make subsequent payment installments under this Agreement until such reports are received, reviewed and accepted.

 Additionally, in cases of the Provider’s non-compliance with these reporting requirements, as applicable the Department may contact the Department of Health and Human Services’, Office of MaineCare Services to request suspension of MaineCare payments until the problem is resolved.

The Provider further agrees to submit such other data and reports as may be requested by the Agreement Administrator. The Provider shall submit all data and reports to the Department in accordance with 34-B M.R.S.A. §1207 and in accordance with Section 6 of Rider B of this Agreement.

**III. SERVICE SPECIFICATIONS AND PERFORMANCE GUIDELINES**

**A. DESCRIPTION OF SERVICES**

1. Give a description of all substance abuse treatment services providedby the agency and by this contract. (i.e.: overall continuum of care, including non-SAMHS services, outpatient - # of staff (FTE’s) and program capacity.)

2. **Definition of Specific Treatment Component**

 Specific description of substance abuse services provided under this agreement (service definitions):

a. **INTENSIVE OUTPATIENT** (measured by 1 day)

\_\_ Intensive outpatient treatment is a component that provides an intensive and structured program of substance abuse evaluation, diagnosis, and treatment services in a setting that does not include an overnight stay.

 I. This component shall include both community-based nonresidential rehabilitation and partial capitalization programs. It includes programs generally described as "day treatment" and "intensive outpatient services."

 II. This component shall consist of a structured sequence of multi-hour clinical and educational sessions, scheduled for three or more days per week with a minimum of nine hours per week.

b. **NON-INTENSIVE OUTPATIENT** (measured by 1/4 hour unit)

Outpatient is a component that provides assessment, diagnosis, treatment, and after-care services in a non-residential setting. These services may also be provided to the families of substance abusers and other concerned persons, whether or not the abuser is receiving treatment. Components of outpatient services include:

\_\_ Individual Counseling: A unit is defined as ¼-staff hour of contact between a therapist and a client involving counseling/treatment planning, guidance/support, problem solving assistance, providing relief/assistance in coping, promoting a positive re-orientation toward sobriety.

\_\_ Family Counseling: A unit is defined as ¼-staff hour of contact between a therapist or therapists and a family involving any of the activities described under individual counseling, (above).

\_\_ Group Counseling: A unit is defined ¼-client hour of contact between a therapist or therapists and a group of clients.

\_\_ Evaluation: All evaluation services to be reimbursed under this contract must have the prior written approval of the Substance Abuse and Mental Health Services (SAMHS). Evaluation services may only be delivered to target populations as defined by SAMHS.

**B. PERFORMANCE GUIDELINES**

 The Substance Abuse and Mental Health Services, in consultation with Provider representatives, has established standards and performance requirements relative to the quantity and quality of client service and care, and to administrative and fiscal management. The standards, as described below, represent the performance goals for client services. Administrative and fiscal management standards and requirements are listed in Rider B, C, D and E. Contracts will be on an expense basis. Allocation of resources for the contract year may be affected by agency performance in the previous year.

 **REPORTING NOTE:** Most of the data for performance monitoring is taken directly from the Treatment Data System (TDS). Providers must complete and submit TDS Admission and Discharge data according to policy. For ambulatory services, Outpatient Service Delivery Forms (OSDF) must also be submitted.

 Performance-based contracting (PBC) reports are based on the data submitted within the specified time parameters. Late entry of data and/or form submittal may result in lower than expected results on the PBC reports.

**SERVICE SETTING: NON-INTENSIVE OUTPATIENT**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICAtOR**

 Units of Service to be delivered.

**STANDARD**

 Total Program and SAMHS Units are based on a 90% minimal annual delivery of units of service. (Reference Form 001)

 The total units of service are further broken down into:

 b. Services to Primary Substance Abuse Clients: at least 70% of the total units

 c. Services to Co-Dependents/Affected Others: 30% maximum of the total units

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

**INDICATOR MINIMAL STANDARD**

Program performance must be at or above the minimal level on 5 of the following 8 performance indicators (primary clients only), monitored on a quarterly basis:

Abstinence/drug free 30 days prior to discharge 75%

Reduction of use of primary substance abuse problem 60%

Maintaining employment 90%

Employability 3%

Not arrested for any offense 95%

Not arrested for an OUI offense during treatment 95%

Participation in self help during treatment 45%

Completed Treatment 60%

**TRACKING ONLY**

Average Time in Treatment for Completed clients (Weeks)

 Completed Treatment - Affected Others

 GAF Improvement

 GAF Improvement - Affected Others

**NON-INTENSIVE OUTPATIENT with COEXISTING MENTAL HEALTH ISSUES**

**INDICATOR MINIMAL STANDARD**

Program performance must be at or above the minimal level on 5 of the following 9 performance indicators (primary clients only), monitored on a quarterly basis:

Abstinence/drug free 30 days prior to discharge 70%

Reduction of use of primary substance abuse problem 60%

Maintaining employment 90%

Employability 3%

Not arrested for any offense 95%

Not arrested for an OUI offense during treatment 95%

Participation in self help during treatment 50%

Completed Treatment 45%

Referral to Mental Health Services 100%

**TRACKING ONLY**

Average Time in Treatment for Completed clients (Weeks)

 Completed Treatment - Affected Others

 GAF Improvement

 GAF Improvement - Affected Others

**POPULATIONS**

 Services to target populations listed below (primary clients only) will be monitored on a semi-annual basis for information only:

 Female

 Age 0-19

 Age 50+

 Corrections

 Homeless

 Co-existing Disorders of Mental Illness and Substance Abuse

 History of Injection Drug Use

 Poly Drug Use

 DHHS Referrals

**APPENDIX A
 DSAT AGENCY PROGRAM TARGETS**

**Agency Program Targets SFY ‘14**

**Differential Substance Abuse Treatment (DSAT)**

**Cognitive Behavioral & Motivational Enhancement Services**

Agencies contracting with the Maine Office of Substance Abuse and Mental Health Services (SAMHS) for provision of Differential Substance Abuse Treatment (DSAT) Services will implement programming as an ASAM Level I Outpatient Program. DSAT services will provide two (2) three hour group sessions per week. Exceptions to this schedule must be approved by SAMHS. Motivational Enhancement and Skill Building sessions will meet a minimum of once a week, or as need indicates.

In addition, contracting agencies will:

1. Provide and maintain substance abuse credentialed DSAT trained facilitators for delivery of all DSAT services.
2. Input into the DSATWeb, keeping data current.
3. For agencies providing services to the Maine Adult Drug Treatment Courts (ADTC’s) input into the DTxC system, keeping data current.

**The DSAT Clinicians Personnel file shall include the following:**

* Date, time and evidence of completion of SAMHS approved DSAT facilitator training/mentoring.
* Dates and time of the four time yearly videotape review of DSAT sessions during the first year following the facilitator training/mentorship.
* Evidence of preparation of videotapes for submission to SAMHS during the second year following the facilitator training.
* Dates and time of a minimum of one booster event yearly, including attendance, subsequent to facilitator certification. If the clinician is doing Women’s Programming, also document attendance at the one day Gender Responsive training.
* If certification is not completed within the three year timeframe, documentation that SAMHS has extended the time frame.
1. Send appropriate treatment staff to all SAMHS required DSAT Trainings for progress toward Certification.
2. Maintain adequate DSAT-trained staff to provide uninterrupted programming and back-up for primary DSAT staff absences. *Note: Program managers will notify the agency SAMHS Agreement Administrator of staffing changes, including names of departing staff, and names of replacement staff, credential(s) and training status.*
3. Provide weekly DSAT-specific clinical supervision for DSAT Facilitators.
4. Support effective program delivery by providing equipment, as required/suggested in Section G.
5. **Services and program development**
6. Community DSAT providers will collaborate with the local drug court teams and other relevant community supports, by attending meetings and representing treatment in the program development process.
7. Adhere to the ADTC, community corrections, or correctional facilities procedures regarding sharing of information to include timely completion of screenings and comprehensive assessment/evaluation.

**B**. **Management Responsibilities**

Each program site will be responsible for acquiring the recommended equipment and material necessary for program delivery, including:

1. Video camera with tripod and tapes, required for the certification process;
2. Equipment to transfer tapes to compact discs (CD’s.)
3. Dedicated computer equipment to enable DSAT Facilitators to access DSATWeb and DTxC’s (the ADTC database) as appropriate. (See G. DSAT Provider Computer Requirements below).

**C. Clinical Supervision Responsibilities**

1. Monitor program integrity and provide appropriate feedback, supervision and support for appropriate program delivery.
2. Oversee referrals to ancillary services and ensure that DSAT facilitators are completing accurate program reports for evaluation and client supervision.
3. Ensure DSAT Facilitators are collaborating in the development of referral, aftercare, and continuing care plans of DSAT clients, as required by SAMHS and the Maine Adult Drug Treatment Courts program.
4. Ensure that adequate time and resources are available to DSAT facilitators for preparation and delivery of program and treatment services for correctional clients.
5. Promote and support continuing skills development toward completion of DSAT

 Certification.

1. Participate in DSAT Moving Forward sessions (up to 4 annually,) and annual DSAT Clinical Supervisor Retreat sessions.

**D. Facilitator Staff Requirements**

1. Implement DSAT programming as designed, and ensure program integrity by participating in professional development/training toward DSAT Certification, and by scheduling weekly clinical supervision.

2. Cooperate with DSAT and Drug Court evaluation and program monitoring as required by SAMHS.

3. Assist SAMHS and other SAMHS contracted agencies in program monitoring to ensure appropriate DSAT and other needed treatment services are available for all drug court, re-entry, and community corrections clients in the agency’s catchment area, including participation in quarterly Frontline Group meetings.

5. Work collaboratively with other clinically appropriate services (detoxification, mental health, medication management, trauma services, self-help recovery groups, aftercare, etc.) for criminal justice and corrections clients (community corrections, drug court, re-entry, and appropriate DEEP clients).

**E. Substance Use Screening** **Assessment (SUSA)**

Maintain on staff a trained DSAT screening administrator qualified to implement the Substance Use Screening Assessment (SUSA) (formerly Comprehensive Screening Assessment, CSA), and one CSA-trained back-up staff. All primary and back-up screening administrators will attend a DSAT screening training before administering any CSA’s.

1. Screenings may be administered at the agency, regional DOC office, and/or applicable county/local jails.

**F. Quarterly DSAT Activity Reports**

*Agencies will submit quarterly DSAT Activity Report Forms by the 15th of the month following the end of the quarter using the attached form.*

**G. DSAT Provider Computer Requirements**

Agencies contracting with the Maine Office of Substance Abuse and Mental Health Services as providers of Differential Substance Abuse Treatment services are required to use the DSAT Web Computerized Screening Assessment (CSA) and program measures as part of the DSAT program evaluation and monitoring of client progress. These systems work best on a PC with a Microsoft operating system rather than on other hardware platforms. In order to print reports, a free version of Adobe Acrobat Reader is required ([www.adobe.com](http://www.adobe.com)). The agency must have the following minimum system requirements in place and available for ongoing use by the DSAT program staff delivering services.

**Hardware:**

 Component Requirement

Computer Processor Personal computer with an Intel Pentium 1.7-GHz processor

Memory 512 MB of RAM

Hard disk 40 GB hard disk

Drive CD-ROM drive

Display VGA display with resolution of 1024 X 768 or higher

Internet Connection Two options:

* 56K-speed modem for dial-up access to network.
* Standard 10/100 Network Interface Card (NIC) for connection to high-speed Internet service (DSL or Cable) where available.

Many PCs now come with both options installed. Check with your vendor.

**Note:** For high-speed connections an Internet Service Provider will usually supply a Cable or DSL modem, and external device for connecting to their service. The PC must be equipped with a NIC, which connects to the service provider’s modem.

**Software:**

 Component Requirement

Operating System Windows XP

Supporting Software Microsoft Office Professional Edition 2003.

**Note:** Only Microsoft Office Professional Edition 2003 includes MS Access 2003 software. Purchasing any other edition of Microsoft Office 2003 will require a separate Purchase of MS Access 2003.

**DSAT Quarterly Activity Report**

**Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: **□** **Community**  **□** **Prison**

**Quarterly Report Dates: 1st 2nd 3rd  4th Date:**

1. **Number of Substance Use Screening Assessments (formerly CSAs) completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Number of Comprehensive Assessments completed: \_\_\_\_\_\_\_\_**
3. **Number of new admissions: \_\_\_\_\_\_\_**
4. **Total Number of current/active DSAT clients: \_\_\_\_\_\_\_**

 **Drug Court\_\_\_\_ Community Corrections\_\_\_\_**

 **MDOC Institutional Program** \_\_\_\_\_ **Other (DHHS, DEEP) \_\_\_\_\_**

1. **Number of DSAT groups:**

 **Pre-Treatment \_\_\_\_\_ a.m.\_\_\_\_\_\_ p.m.\_\_\_\_\_\_**

 **MET \_\_\_\_\_\_\_\_\_\_\_\_\_ a.m.\_\_\_\_\_\_ p.m.\_\_\_\_\_\_**

 **Intensive \_\_\_\_\_\_\_\_\_\_ a.m.\_\_\_\_\_\_ p.m.\_\_\_\_\_\_
 Maintenance \_\_\_\_\_­­­\_\_ a.m.\_\_\_\_\_\_ p.m.\_\_\_\_\_\_**

1. **Number of active clients in DSAT groups and level:**

 **Level 1 \_\_\_\_\_**  **male\_\_\_\_\_\_ female\_\_\_\_\_\_**

 **Level 2 \_\_\_\_\_**  **male\_\_\_\_\_**  **female\_\_\_\_\_\_**

 **Level 3 \_\_\_\_\_**  **male\_\_\_\_\_\_ female\_\_\_\_\_\_**

 **Level 4/4+\_\_\_\_\_ male\_\_\_\_\_\_ female\_\_\_\_\_\_**

 **Level 5**  **Male Institutional Services**

1. **Total number discharged from DSAT treatment this quarter\_\_\_\_\_**

**\_\_\_\_ completed motivational phase**

  **completed intensive phase**

**\_\_\_\_ completed maintenance phase**

**\_\_\_\_ other (specify)**

 **8) Community-based Services: Number of clients active in Aftercare\_\_\_\_\_\_**

1. **Number of clients expecting to apply DSAT toward completion of DEEP requirements \_\_\_\_\_\_\_**

1. **Prison-based Services: Number of clients referred to Community DSAT services:**

**Comments**:

**Differential Substance Abuse Treatment (DSAT)**

**Administrative Overview**

*This Administrative Overview briefly outlines key administrative information regarding equipment and materials required for the program, and how to access DSAT materials through the Maine Office of Substance Abuse and Mental Health Services.*

1. **Staff Awareness**

The following presentation topics are recommended for intra-agency/inter-departmental staff awareness:

* + 1. overview of the DSAT program;
		2. how clients who are appropriate for the DSAT program are identified;
		3. DSAT client screening and assessment tools, referral and intake procedures, and in program measures;
		4. program philosophy, methodology and goals of treatment modality
		5. time and location of the agency DSAT programs
		6. primary agency contact for services

*REFER to the DSAT Treatment Program Manuals (3 and 4+, and 5 Men’s Institutional) as a resource to prepare for a staff awareness session. PROGRAM MANUALS ARE NOT FOR FURTHER DISTRIBUTION.*

1. **Materials**

The Office of Substance Abuse and Mental Health Services (SAMHS) will provide access to the following materials through the secure DSAT web page. A username and password will be provided each facilitator, by the SAMHS, upon completion of the approved cognitive behavioral training for facilitators by SAMHS certified Mentors.

* + 1. DSAT Cognitive Behavioral and Motivational Enhancement Program manuals
		2. DSAT Implementation manual
		3. DSAT Readings manual
		4. Treatment Plans
		5. Handouts Packets (as needed)

Treatment sites are responsible for obtaining copies of the following program materials from the Office of Substance Abuse and Mental Health Services:

1. Comprehensive Assessments & Pre/Post Questionnaires
2. DSAT Consent form
3. Program Manuals
4. Treatment Plans and Handout packets (as needed)

For information on materials contact the SAMHS Information and Resource Center (IRC)

Office of Substance Abuse and Mental Health Services

Telephone: 1-800-499-0027

FAX: 207-287-8910

Web: <http://www.maine.gov/dhhs/samhs>

E-mail: osa.ircosa@maine.gov