

Attachment 1: Service Categories & Program Information

Instructions:

The Sonoma County Department of Health Services (DHS) is accepting applications to provide services to adult and youth clients with substance use disorders. Please review the following continuum level of care information and requirements in preparation for your application.

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Revision History

Date	Version	Description
03/14/25	1.0	Original Publication
02/25/26	1.1	Updated contract metrics and service level needs for all DMC-ODS service categories Added Service Category 7 - Recovery Residences

Background and Purpose of Request for Applications (RFA)

The County of Sonoma Department of Health Services seeks to establish, modify, and renew contracts to provide Drug Medi-Cal services and recovery residence services that enable the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan to accomplish the following:

- Provide appropriate coverage, capacity, and timely access across all regions of the county; applications that support the County's efforts to provide services in West County (Monte Rio, Guerneville, Sebastopol), North County (Cloverdale, Windsor, Healdsburg), Central County (Santa Rosa), South County (Cotati, Petaluma, Rohnert Park), and East County (Sonoma Valley) are reviewed based on geographic need and equitable service provision.
- Provide bi-lingual, bi-cultural, and culturally sensitive/competent services where appropriate.
- Promote continuity of care; Community Based Organizations (CBOs) or collaborations of CBOs that provide the most complete range of services will be better positioned to provide continuity of care for clients whose needs change over time.
- Support program and service delivery models that are proven to be effective; proposers that utilize Evidence Based Practices (EBP) and can demonstrate their ability to implement those practices with fidelity are desired
- Provide a robust continuum of covered and mandated DMC-ODS services outlined in BHIN 24-001 and in the DMC-ODS system agreement.
- Provide supplemental services that are not covered on an as needed basis to support network needs including but not limited to recovery residences.

State of California Service Activity Definitions

1. See BHIN 24-001 – (<https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf>)
2. Drug Medi-Cal Organized Delivery System Agreement – (<https://www.dhcs.ca.gov/Documents/DMC-ODS-Agreement-25-26.pdf>)

State of California Department of Health Care Services (DHCS) Drug Medi-Cal Organized Delivery System Reimbursement Rates

1. Fee Schedules by Fiscal Year – (<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>)

Expected Program Metrics for all DMC-ODS Service Categories

1. 90% of program clients receiving treatment will have CalOMS (California Outcomes Measurement System) admission and discharge information completed in SmartCare within 7 days of admission and 30 days of discharge.
2. Program will meet agreed upon percentage targets for CalOMS for standard discharges, successful completions, arrest / charges, employment / education / job search, and housing
3. Program will use a Sonoma County approved survey and meet survey completion quantity and scoring thresholds
4. 80% of program clients served will meet DHCS timeliness standard
5. 100% of program clients will be screened and / or assessed as clinically appropriate to determine treatment and service needs.
6. 100% of program clients will complete required treatment planning and problem list requirements.
7. 100% of program clients discharged regardless of the reason will be given information and referrals for supportive services.
8. Satisfactory attendance in all required mandatory meetings
9. Timely completion of biannual contract reports

DMC-ODS Service Category Details

Service Category 1 – Outpatient Drug-Free (ODF) Treatment

1. Core Programmatic Requirements (Activities)
 - a. Screening & Assessment
 - b. Intake
 - c. Individual counseling
 - d. Group counseling
 - e. Collateral services
 - f. Crisis intervention
 - g. Treatment planning
 - h. Discharge planning
 - i. Care coordination / Case Management
 - j. Body specimen screens
 - k. Medication services (optional)
 - l. Recovery services

- m. Use 2 or more of the following EBPs
 - i. Motivational Interviewing
 - ii. Cognitive-Behavioral Therapy
 - iii. Relapse Prevention
 - iv. Trauma-Informed Treatment
 - v. Psycho-Education
- n. Services up to nine hours a week for adults 21+
- o. Services up to six hours a week for adult members under the age of 21.
- p. Services may exceed the maximum based on individual medical necessity.
- 2. Typical Program Outcome Metrics
 - a. Number and percent of clients served that will show no new arrests, including violation of probation
 - b. Number and percent of clients who maintain stable housing or show an increase in housing stability
 - c. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search
 - d. Number and percent of clients who have received at least one post treatment follow up survey
 - e. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
 - f. Final measures and measurement methodology negotiated on a contract by contract basis
- 3. Target Rates (Subject to CFO approval)
 - a. 65% of DHCS Medi-Cal reimbursement rate
- 4. License and Certification Requirements
 - a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted
- 5. Funding Regulation Requirements
 - a. Applicants must be able to meet Substance Use Block Grant (SUBG) requirements for the provision of these services.
 - b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
 - c. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
 - d. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

Service Category 1.1 – General

- 1. Referral Sources
 - a. DHS-Behavioral Health Division Programs

- b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Jail, Treatment Accountability for Safer Communities (TASC)
 - g. SonomaWorks
 - h. Hospitals and Clinics
 - i. Other SUD Treatment Programs
 - j. Community-at-Large (self-referral)
2. Estimated Level of Service Needed
 - a. Approximately 175-250 active Clients

Service Category 1.2 – Specialty Population: ODF for SUDS Court Participants

1. Referral Sources
 - a. Drug Court and Prop 36 Program
 - b. DUI Court Program
 - c. Drug Dependency Court Program
2. Estimated Level of Service Needed
 - a. 50 Drug Court and Prop 36 active Clients
 - b. 48 DUI Court active Clients (24 English, 24 Spanish)
 - c. 15 Drug Dependency Court active Clients

Service Category 2 – Narcotic (Opioid) Treatment Program (NTP)

1. Core Programmatic Requirements (Activities)
 - a. Screening & Assessment
 - b. Intake
 - c. Treatment planning
 - d. Medical direction
 - e. Body specimen screening
 - f. Physician and nursing services relates to substance use disorder
 - g. Medical psychotherapy
 - h. Individual and/or group counseling
 - i. Admission physical examinations and laboratory tests
 - j. Medication services
 - k. Provision of MAT for OUD
 - l. Provision of MAT for AUD and other non-opioid SUDs
 - m. Crisis intervention
 - n. Care coordination / Case Management
 - o. Recovery services
 - p. Use 2 or more of the following EBPs
 - i. Motivational Interviewing

- ii. Cognitive-Behavioral Therapy
 - iii. Relapse Prevention
 - iv. Trauma-Informed Treatment
 - v. Psycho-Education
- q. Body specimen screens
- 2. Typical Program Outcome Metrics
 - a. Number and percent of admits for Narcotic Treatment Program therapeutic services that are engaged in treatment at the 3- month mark from intake
 - b. Number and percent of clients served that will show no new arrests, including violation of probation
 - c. Number and percent of clients who maintain stable housing or show an increase in housing stability
 - d. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search
 - e. Number of eligible adolescent persons receiving MAT services
 - f. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
 - g. Number and percent of clients who have received at least one outcome survey per year
 - h. Final measures and measurement methodology negotiated on a contract by contract basis
- 3. Target Rates (Subject to CFO approval)
 - a. 65% of DHCS Medi-Cal reimbursement rate for counseling sessions
 - b. 100% of DHCS Medi-Cal reimbursement rate for bundled medication services
- 4. License and Certification Requirements
 - a. Applicants must be DMC certified with NTP license
- 5. Funding Regulation Requirements
 - a. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
 - b. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide
 - c. 100% of Clients must be Medi-Cal eligible and program must support clients with obtaining and maintaining Medi-Cal eligibility
- 6. Referral Sources
 - a. DHS-Behavioral Health Division Programs
 - b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Jail, Treatment Accountability for Safer Communities (TASC)
 - g. SonomaWorks

- h. Hospitals and Clinics
 - i. Other SUD Treatment Programs
 - j. Community-at-Large (self-referral)
7. Estimated Level of Service Need
- a. Approximately 500-600 active Clients

Service Category 3 – Adolescent Treatment Program (ATP) (ODF & IOT)

- 1. Core Programmatic Requirements (Activities)
 - a. Outreach services
 - b. Screening & Assessment
 - c. Intake
 - d. Individual counseling
 - e. Group counseling
 - f. Collateral services
 - g. Crisis intervention
 - h. Treatment planning
 - i. Discharge planning
 - j. Care coordination / Case Management
 - k. Body specimen screens
 - l. Medication services (optional)
 - m. Recovery services
 - n. Use 2 or more of the following EBPs
 - i. Motivational Interviewing
 - ii. Cognitive-Behavioral Therapy
 - iii. Relapse Prevention
 - iv. Trauma-Informed Treatment
 - v. Psycho-Education
 - o. Services up to 6 hours / week or exceeding if medically necessary (ODF)
 - p. Services a minimum of six hours with a maximum of 19 hours (IOT)
- 2. Typical Program Outcome Metrics
 - a. Number and percent of clients served that will show no new arrests, including violation of probation
 - b. Number and percent of clients who maintain stable housing or show an increase in housing stability
 - c. Number and percent of clients that are showing satisfactory progress with education
 - d. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
 - e. Number and percent of clients who have received at least one post treatment follow up survey

- f. Final measures and measurement methodology negotiated on a contract by contract basis
- 3. Target Rates (Subject to CFO approval)
 - a. 65% of DHCS Medi-Cal reimbursement rate
- 4. License and Certification Requirements
 - a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted.
- 5. Funding Regulation Requirements
 - a. Applicants must be able to meet SUBG requirements for the provision of these services.
 - b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
 - c. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide
- 6. Referral Sources
 - a. Department of Health Services
 - b. Human Services Programs
 - c. Probation/Juvenile Hall
 - d. Valley of the Moon
 - e. Commercial Sexual Exploitation of Children (CSEC) Collaborative
 - f. Community-at-Large (self-referral)
- 7. Estimated Level of Service Need
 - a. Approximately 36 active Clients

Service Category 4 – Intensive Outpatient Treatment (IOT) Services

- 1. Core Programmatic Requirements (Activities)
 - a. Screening & Assessment
 - b. Intake
 - c. Individual counseling
 - d. Group counseling
 - e. Collateral services
 - f. Crisis intervention
 - g. Treatment planning
 - h. Discharge planning
 - i. Care coordination / Case Management
 - j. Body specimen screens
 - k. Medication services (optional)
 - l. Recovery services
 - m. Use 2 or more of the following EBPs
 - i. Motivational Interviewing

- ii. Cognitive-Behavioral Therapy
 - iii. Relapse Prevention
 - iv. Trauma-Informed Treatment
 - v. Psycho-Education
- n. Services a minimum of nine hours with a maximum of 19 hours a week for adults 21+
- o. Services a minimum of six hours with a maximum of 19 hours a week for members under the age of 21.
- p. Services may exceed the maximum based on individual medical necessity.
- 2. Typical Program Outcome Metrics
 - a. Number and percent of clients served that will show no new arrests, including violation of probation
 - b. Number and percent of clients who maintain stable housing or show an increase in housing stability
 - c. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search
 - d. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
 - e. Number and percent of clients who have received at least one post treatment follow up survey
 - f. Final measures and measurement methodology negotiated on a contract by contract basis
- 3. Target Rates (Subject to CFO approval)
 - a. 65% of DHCS Medi-Cal reimbursement rate
- 4. License and Certification Requirements
 - a. Applicants must be DMC certified and AOD certified. Applications with confirmed DMC certification submitted to DHCS are permitted.
- 5. Funding Regulation Requirements
 - a. Applicants must be able to meet SUBG requirements for the provision of these services.
 - b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
 - c. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
 - d. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide
- 6. Referral Sources
 - a. DHS-Behavioral Health Division Programs
 - b. Human Services Programs
 - c. Homeless Services Programs

- d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Jail, Treatment Accountability for Safer Communities (TASC)
 - g. SonomaWorks
 - h. Hospitals and Clinics
 - i. Other SUD Treatment Programs
 - j. Community-at-Large (self-referral)
7. Estimated Level of Service Need
 - a. Approximately 60-90 active Clients
 8. Specialty Population Need
 - a. Clients referred from SUD Court Programs in need of IOT level care
 - b. Pregnant and parenting persons eligible for IOT services (Perinatal IOT)

Service Category 4.1 – Specialty Population: IOT for SUDS Court Participants

1. Additional Core Programmatic Components
 - a. This category must also include Service Category 5 components
2. Referral Sources
 - a. Drug Court Program
 - b. DUI Court Program
 - c. Drug Dependency Court Program
3. Estimated Level of Service Need
 - a. 0-5 Drug Court and Prop 36 active Clients
 - b. 0-5 DUI Court active Clients (English and Spanish)
 - c. 0-5 Drug Dependency Court active Clients

Service Category 4.2 – Specialty Program: Perinatal IOT Program

1. Additional Core Programmatic Components
 - a. Childcare services, as needed
 - b. Transportation services, as needed
2. Referral Sources
 - a. DHS-Behavioral Health Division Programs
 - b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Drug Free Babies Program
 - g. Jail, Treatment Accountability for Safer Communities (TASC)
 - h. SonomaWorks
 - i. Hospitals and Clinics
 - j. Other SUD Treatment Programs
 - k. Community-at-Large (self-referral)

3. Estimated Level of Service Need
 - a. Approximately 6-12 pregnant and/or parenting active Clients

Service Category 4.3 – General IOT

1. Referral Sources
 - a. DHS-Behavioral Health Division Programs
 - b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Drug Free Babies Program
 - g. Jail, Treatment Accountability for Safer Communities (TASC)
 - h. SonomaWorks
 - i. Hospitals and Clinics
 - j. Other SUD Treatment Programs
 - k. Community-at-Large (self-referral)
2. Estimated Level of Service Need
 - a. Approximately 40-50 active Clients

Service Category 5 – Residential Therapeutic Treatment (ASAM 3.1, 3.5)

1. Core Programmatic Requirements (Activities)
 - a. Screening & Assessment
 - b. Intake
 - c. Incidental medical services (IMS)
 - d. Individual counseling
 - e. Group counseling
 - f. Collateral services
 - g. Crisis intervention
 - h. Treatment planning
 - i. Discharge planning
 - j. Care coordination / Case Management
 - k. Body specimen screens
 - l. Medication services (optional)
 - m. Recreational activities
 - n. Food and shelter
 - o. Parenting education
 - p. Recovery services
 - q. Use 2 or more of the following EBPs
 - i. Motivational Interviewing
 - ii. Cognitive-Behavioral Therapy
 - iii. Relapse Prevention

- iv. Trauma-Informed Treatment
- v. Psycho-Education
- 2. Minimum Program Outcome Metrics
 - a. Number and percent of clients served that will show no new arrests, including violation of probation
 - b. Number and percent of clients who discharge to non- emergency shelter housing placements
 - c. Number and percent of clients who maintain stable housing or show an increase in housing stability
 - d. Number and percent of employable clients that are either employed, in an educational/training program, or participating in job search
 - e. Number and percent of clients who have received at least one post treatment follow up survey
 - f. Number and percent of all participants who are discharged during the contract year that have successfully completed the program
- 3. Target Rates (Subject to CFO approval)
 - a. \$260 per bed day for ASAM 3.1 (includes \$50 Room and Board)
 - b. \$290 per bed day for ASAM 3.5 (includes \$50 Room and Board)
 - c. \$40 per bed day Perinatal Add-on
 - d. 65% of DHCS Medi-Cal reimbursement rate for outpatient components of service
- 4. License and Certification Requirements
 - a. Applicants must be DMC certified, and with DHCS license and AOD certification. Applications with confirmed DMC certification submitted to DHCS are permitted.
 - b. Exception for adolescent residential: programs may be approved on case-by-case basis when meeting licensing requirements without DMC and AOD certification given limited number of DMC programs.
- 5. Funding Regulation Requirements
 - a. Applicants must be able to meet SUBG requirements for the provision of these services.
 - b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
 - c. Perinatal programs must adhere to Department of Health Care Services (DHCS) current Perinatal Practice Guidelines (PPG)
 - d. Adolescent programs must adhere to Department of Health Care Services (DHCS) current Adolescent Substance Use Disorder Best Practices Guide

Service Category 5.1 – General

- 1. Referral Sources
 - a. All residential placements require Sonoma County DHS-Behavioral Health Division prior authorization

- b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Jail, Treatment Accountability for Safer Communities (TASC)
 - g. SonomaWorks
 - h. Hospitals and Clinics
 - i. Other SUD Treatment Programs
 - j. Community-at-Large (self-referral)
2. Estimated Level of Service Need
 - a. 109 Residential Treatment Beds
 - i. 15 Perinatal Residential (5 Spanish speaking combined)
 - ii. 21 Women’s Residential (5 Spanish speaking combined)
 - iii. 71 Men’s Residential (10 Spanish speaking)
 - iv. 2 Adolescent Residential

Service Category 5.2 – Perinatal Residential SUD Treatment Services

1. Specialty Program Need
 - a. Pregnant and Parenting Women
2. Additional Program Outcome Metrics
 - a. Number and percent of pregnant and parenting persons served
 - b. Final measures and measurement methodology negotiated on a contract-by-contract basis
3. Estimated Level of Service Need
 - a. 15 Residential Treatment Beds

Service Category 5.3 – Mono-Lingual Spanish Residential SUD Treatment Services

1. Specialty Population Need
 - a. Spanish speaking persons with emphasis on monolingual clients
2. Additional Program Outcome Metrics
 - a. Number and Percent of monolingual Spanish speaking persons served
 - b. Final measures and measurement methodology negotiated on a contract-by-contract basis
3. Estimated Level of Service Need
 - a. 15 Residential Treatment Beds
 - i. Approximately 10 for men
 - ii. Approximately 5 for women

Service Category 5.4 – Adolescent Residential SUD Treatment Services

1. Specialty Population Need
 - a. Adolescents

2. Additional Program Outcome Metrics
 - a. Number and percent of clients that are showing satisfactory progress with education
 - b. Final measures and measurement methodology negotiated on a contract by contract basis
3. Estimated Level of Service Need
 - a. 2 Residential Treatment Beds

Service Category 6 – Clinically Managed Residential Withdrawal Management (ASAM 3.2)

1. Core Programmatic Requirements (Activities)
 - a. 24-hour support:
 - i. Physical checks
 - ii. Vital Signs
 - iii. Observation
 - b. Alcohol/Drug & health education
 - c. Screening & Assessment (or Pre-Assessment)
 - d. Intake
 - e. Incidental medical services (IMS) (optional)
 - f. Crisis intervention
 - g. Discharge planning
 - h. Care coordination / Case Management
 - i. Body specimen screens
 - j. Medication services (optional)
 - k. Food and shelter
 - l. Recovery services
2. Minimum Program Outcome Metrics
 - a. Number and Percent of clients referred and connected to treatment
 - b. Final measures and measurement methodology negotiated on a contract by contract basis
3. Target Rates (Subject to CFO approval)
 - a. \$300 per bed day for ASAM 3.2
 - b. 65% of DHCS Medi-Cal reimbursement rate for outpatient components of service
4. License and Certification Requirements
 - a. Applicants must be DMC certified, and with DHCS license and AOD certification. Applications with confirmed DMC certification submitted to DHCS are permitted.
5. Funding Regulation Requirements
 - a. Applicants must be able to meet SUBG requirements for the provision of these services.

- b. Referred clients may or may not be eligible for Medi-Cal, but > 90% of clients served must be Medi-Cal eligible, and program must support clients with obtaining and maintaining Medi-Cal eligibility
- 6. Referral Sources
 - a. DHS-Behavioral Health Division Programs
 - b. Human Services Programs
 - c. Homeless Services Programs
 - d. Probation Department
 - e. Drug Court, DUI Court, Drug Dependency Court
 - f. Jail, Treatment Accountability for Safer Communities (TASC)
 - g. SonomaWorks
 - h. Hospitals and Clinics
 - i. Other SUD Treatment Programs
 - j. Community-at-Large (self-referral)
 - k. Sherriff's Office
 - l. Police Departments
- 7. Estimated Level of Service Need
 - a. 16 withdrawal management beds

Service Category 7 - Recovery Residences

1. General Information: Recovery residences are safe, healthy, family-like substance-free living environments that support people in recovery from addiction. Residences are variable in structure but focus on peer support, connection to services, and long-term recovery. They are typically congregate shared living environments usually in single-family residential style homes.
2. Specific recovery residence levels
 - a. Level 1 / Type P – Peer Run: Democratically elected leaders
 - b. Level 2 / Type M – Monitored: Appointed resident leaders or managers. Provide some recovery support and life skills development but lower intensity
 - c. Level 3 / Type S – Supervised: Appointed resident leaders or managers, trained or credentialed peers and / or supervised staff. Includes peer-based and other recovery support services and life skills programming.
 - d. Level 4 / Type C – Clinical: all the elements of Level 3 / Type S but including clinical staff to the level of a clinically managed residential treatment facility.
3. Core Program Activities
 - a. Creating a home-like environment that is inviting, clean, and in good repair
 - b. Creating a safe and sober shared housing environment
 - c. Structured House meetings
 - d. Substance use monitoring including substance use testing, accountability, and relapse protocols
 - e. Develop and monitor house rules including resident rights and grievance process
 - f. Develop and monitor program policies and procedures

- g. Promote resident involvement in recovery and community engagement including self-help meetings
 - h. Promote peer support and accountability
 - i. Recovery support services (recovery and resiliency groups, person driven recovery plans)
 - j. Life skills training (job readiness, budgeting, etc.)
 - k. Linkage and coordination with external services
- 4. Minimum Program Outcome Metrics
 - a. Number of Clients successfully transitioning to a stable housing arrangement
 - b. Final measures and measurement methodology negotiated on a contract by contract basis
- 5. License and Certification Requirements
 - a. Recommended: California Consortium of Addiction Programs and Professionals (CCAPP) Recovery Residence Certification
- 6. Target Rates
 - a. \$1000-\$1500 for non-dedicated beds
 - b. \$750-\$900 for dedicated beds
- 7. Funding Requirements
 - a. Must utilize Short-Term Post-Hospitalization Housing for eligible clients
 - b. Must align with specific grant and / or contract requirements
 - i. For current funds available DHCS website for information: [Proposition-36](#)
 - ii. Specify number of average non-dedicated monthly beds funded
 - iii. Specify dedicated number of monthly beds funded
 - iv. Specify proposed rates and rationale including the percentage discount for dedicated beds
- 8. Referral Sources
 - a. Court coordinator for Drug Court and Prop 36 only
- 9. Estimated Level of Service Need
 - a. 9 recovery residence beds for all Prop 36 Clients
 - b. 1 recovery residence bed for Prop 36 Clients with 290 related charges, conviction, and /or registration