

**FUNDING AGREEMENT #8340  
AMENDMENT I**

---

**This First Amendment** to that Funding Agreement #8340, is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Mountain High Recovery Center, a California Nonprofit Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 2494 Lake Tahoe Boulevard, Suite B7, South Lake Tahoe, California 96150 (hereinafter referred to as "Grantee");

**RECITALS**

**WHEREAS**, Grantee has been engaged by County to provide opioid remediation activities, pursuant to Funding Agreement #8340, dated May 21, 2024, incorporated herein and made by reference a part hereof (hereinafter referred to as "Agreement");

**WHEREAS**, the parties hereto desire to amend the Agreement to increase the not-to-exceed compensation amount of the Agreement by \$77,819.60, and add Amended Exhibit A marked "Amended Application" to the Agreement to include updated Grantee activities, amending **ARTICLE I, Use of Funds Reporting Requirements, and Payment;**

**WHEREAS**, the parties hereto desire to amend the Agreement to extend the expiration date of June 30, 2025, for one (1) additional year, amending **ARTICLE II, Term;**

**WHEREAS**, the parties hereto desire to amend the Agreement to update language, amending **ARTICLE XIV, Notice to Parties, and ARTICLE XXX, Contract Administrator;**

**WHEREAS**, unless otherwise specified herein, the following terms and conditions shall be effective upon final execution by both parties hereto of this First Amendment to that Agreement #8340;

**NOW THEREFORE**, in consideration of the foregoing and the mutual promises and covenants hereinafter contained, County and Grantee mutually agree to amend the terms of the Agreement in this First Amendment to Agreement #8340 on the following terms and conditions:

- 1) **ARTICLE I, Use of Funds Reporting Requirements, and Payment**, of the Agreement is amended in its entirety to read as follows:

**ARTICLE I**

**Use of Funds:**

- A. For the period beginning May 21, 2024, the effective date of the Agreement, and continuing through the day before the effective date of this First Amendment to the Agreement, Grantee shall perform activities as described in the submitted grant application as approved by the Opioid Remediation Panel as defined in Exhibit A marked "Application," incorporated herein and made by reference a part hereof.

For the period beginning on the effective date of this First Amendment to the Agreement and continuing through the remaining term of the Agreement, Grantee shall perform activities as described in the submitted grant application as approved by the Opioid Remediation Panel as defined in Amended Exhibit A marked "Amended Application," incorporated herein and made by reference a part hereof.

B. All Grantee activities performed through this Agreement must also adhere to the approved list of opioid remediation uses as listed in Exhibit B, marked "Funding Uses," incorporated herein and made by reference a part hereof, with the schedules included in Exhibit B as follows:

- Schedule A: Core Strategies
- Schedule B: Approved Uses

**Reporting Requirements:**

Grantee shall submit activity and data reporting to [EDCOSF@edcgov.us](mailto:EDCOSF@edcgov.us), Attn: OSF Quarterly Reporting, in accordance with Exhibit C, marked "Opioid Settlement Funds Grantee Reporting Requirements," incorporated herein and made by reference a part hereof.

**Payment:**

Grantee shall be subawarded Opioid Settlement Funds in the amount of \$155,639.20 as follows:

Term	Subaward Amount
5/21/24 to 6/30/25 (Fiscal Year 2024/25)	\$77,819.60
7/01/25 to 6/30/26 (Fiscal Year 2025/26)	\$77,819.60
<b>Total</b>	<b>\$155,639.20</b>

Within sixty (60) days of execution of the Agreement, County will advance Fiscal Year 2024/25 funds to Grantee.

County agrees to pay Grantee within forty-five (45) calendar days following County’s receipt and approval of Grantee’s invoice or request for distribution of the Fiscal Year 2025/26 Opioid Settlement Funds. Invoices/Remittance shall be addressed as indicated in the table below or to such other location as County may direct per the Article titled "Notice to Parties."

Funds shall be used in accordance with the approved Grantee Application on file and in accordance with the approved list of Opioid Remediation Uses in Exhibit B.

Grantee shall revert any unspent funds that remain at the end of the term of this Agreement back to the County, for replenishment to County’s Opioid Remediation Fund account. Grantee will ensure that unspent funds are returned to County within sixty (60) days of the end of the term of this Agreement.

A. Remittance shall be addressed as indicated in the table below or to such other location as County or Grantee may direct per the Article titled "Notice to Parties."

<i>Email (preferred method):</i>	<i>U.S. Mail:</i>
<p><u>BHinvoice@edcgov.us</u>  Please include in the subject line:  “Contract #, Service Month or Year,  Description / Program</p>	<p>County of El Dorado  Health and Human Services Agency  Attn: Finance Unit  3057 Briw Road, Suite B  Placerville, CA 95667-5321</p>

Grantee shall keep and maintain all necessary records to properly and accurately reflect all costs claimed to have been incurred in order for County to properly audit all expenditures. County shall have access, at all reasonable times, to the records for the purpose of inspection, audit, and copying.

Funding shall not be used for political advocacy of any kind and shall not be used for individual person or business promotion or advertisement. Any person or business name mentioned in County funded materials must be a sponsor or direct participant in the event of promotional effort. Any listing of service or product providers or co-sponsors must be inclusive. Any advertising space or time purchased by a person or business must be clearly and separately identified as paid advertising.

- 2) **ARTICLE II, Term**, of the Agreement is amended in its entirety to read as follows:

**ARTICLE II**

**Term:** This Agreement, as amended, shall become effective when fully executed by the parties hereto and shall expire on June 30, 2026.

- 3) **ARTICLE XIV, Notice to Parties** of the Agreement is amended in its entirety to read as follows:

**ARTICLE XIV**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing, with both the County Health and Human Services Agency and County Chief Administrative Office addressed in said correspondence and served by either United States Postal Service mail or electronic email. Notice by mail shall be served by depositing the notice in the United States Post Office, postage prepaid and return receipt requested, and deemed delivered and received five (5) calendar days after deposit. Notice by electronic email shall be served by transmitting the notice to all required email addresses and deemed delivered and received two (2) business days after service.

Notices to County shall be addressed as follows:

with a copy to:

COUNTY OF EL DORADO  
Health and Human Services Agency  
3057 Briw Road, Suite B  
Placerville, CA 95667  
ATTN: Contracts Unit  
Email: hhsa-contracts@edcgov.us

COUNTY OF EL DORADO  
Chief Administrative Office  
Procurement and Contracts Division  
330 Fair Lane  
Placerville, CA 95667  
ATTN: Purchasing Agent  
Email: procon@edcgov.us

or to such other location or email as the County directs.

Notices to Grantee shall be addressed as follows:

Mountain High Recovery Center  
2494 Lake Tahoe Blvd, Suite B7  
South Lake Tahoe, CA 96150  
[ahibbard@mountainhighrecovery.org](mailto:ahibbard@mountainhighrecovery.org)

or to such other location or email as the Grantee directs.

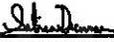
- 4) **ARTICLE XXX, Contract Administrator**, of the Agreement is amended in its entirety to read as follows:

**ARTICLE XXX**

**Contract Administrator:** The County Officer or employee with responsibility for administering this Agreement is Salina Drennan, Alcohol and Drug Program Division Manager, Behavioral Health Division, Health and Human Services Agency (HHSA), or successor. In the instance where the named Contract Administrator no longer holds this title with County and a successor is pending, or HHSA has to temporarily delegate this authority, County Contract Administrator's Supervisor shall designate a representative to temporarily act as the primary Contract Administrator of this Agreement and HHSA Administration shall provide the Grantee with the name, title and email for this designee via notification in accordance with the Article titled "Notice to Parties" herein.

Except as herein amended, all other parts and sections of that Agreement #8340 shall remain unchanged and in full force and effect.

**Requesting Contract Administrator Concurrence:**

By:   
Salina Drennan  
Alcohol and Drug Program Division Manager  
Behavioral Health Division  
Health and Human Services Agency

Dated: 01/30/2025

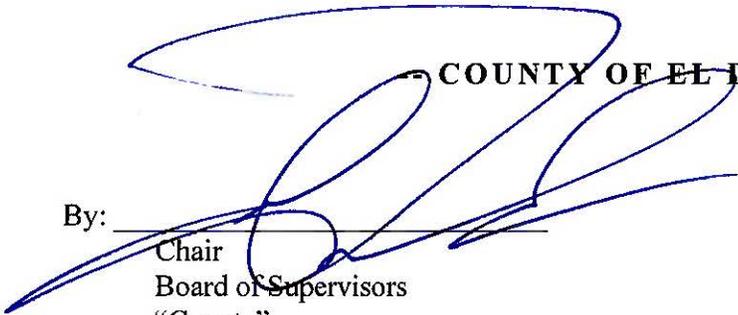
**Requesting Department Head Concurrence:**

By:   
Olivia Byron-Cooper, MPH  
Director  
Health and Human Services Agency

Dated: 01/30/2025

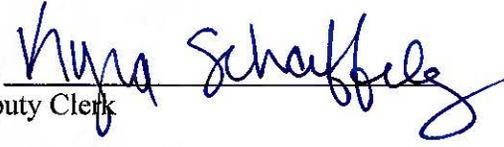
IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to Funding Agreement #8340 on the dates indicated below.

**COUNTY OF EL DORADO --**

By:   
Chair  
Board of Supervisors  
"County"

Dated: 5/20/25

Attest:  
Kim Dawson  
Clerk of the Board of Supervisors

By:   
Deputy Clerk

Dated: 5/20/25

**-- MOUNTAIN HIGH RECOVERY CENTER --**

By: Allison Hibbard  
Allison Hibbard (Jan 30, 2025 11:48 PST)  
Allison Hibbard  
Chief Executive Officer  
"Grantee"

Dated: 01/30/2025

By: Natasha Schue  
Natasha Schue (Feb 11, 2025 14:51 PST)  
Natasha Schue  
Chief Financial Officer

Dated: 02/11/2025



Opioid Settlement Grant Application  
El Dorado County Department of  
Substance Use Disorders  
July 2023 – July 2024

## **Organization Contact Information**

Mountain High Recovery Center  
2494 Lake Tahoe Blvd., Suite B7  
South Lake Tahoe, CA 96150  
530-600-6505  
Mountainhighrecovery.org  
info@mountainhighrecovery.org

### **Grant Coordinator**

Allison Hibbard, LMFT, LAADC  
Executive Director  
ahibbard@mountainhighrecovery.org

## **Proposal Summary**

Mountain High Recovery Center (MHRC) requests a total of \$25,500 to pilot a substance use education and early intervention program targeting adolescents attending South Tahoe High School, parents and caregivers, and education faculty in order to reduce prevalence of opiate and co-occurring substance use through development of social-emotional learning (SEL) skills. Additional funding of \$103,000 is requested to assist MHRC in becoming a California-licensed Alcohol and Other Drug (AOD) program, assess community substance use needs, and develop an initial strategic plan to provide substance use and recovery services to South Lake Tahoe community members who meet criteria for diagnosis of opioid use and co-occurring substance use disorders.

## **Organization Background and Experience**

Mountain High Recovery Center (MHRC) is a non-profit substance use treatment program founded in 2019 with the mission of providing quality, affordable, and local substance use treatment services to the South Lake Tahoe Community.

In 2021, MHRC was licensed by the California Department of Health Care Services (DHCS) as a DUI services provider. Since opening, we have provided education and prevention services to over 200 adults (age 18 and older) convicted of DUI. All participants are screened for the presence of a substance use disorder and receive information and referrals to ancillary care as needed. Information and interventions presented to participants encourage a commitment to an abstinent lifestyle and focus on reducing the risks associated with alcohol, opiate, cannabis, and other substances commonly used.

MHRC has developed community relationships with mental health and substance use providers, non-profit organizations, Tahoe Unified School District, law enforcement, and local government agencies through participation in monthly Community Health Advisory Committee and Behavioral Health Network meetings facilitated by Barton Health Care. A strong partnership with the Tahoe Alliance for Safe Kids (TASK) has developed due to the shared mission of reducing the negative effects of substance use through education and prevention strategies. Beginning as the South Tahoe Drug Free Coalition, TASK is currently establishing itself as a non-profit organization and continues to coordinate substance use education and prevention efforts in the South Lake Tahoe community. One such program is a parent texting network with over 125 participants receiving information on trends and local resources associated with substance use. This program recently expanded to include a separate network for

adolescents which has received positive feedback from participants and will be expanded in the coming school year.

## Program Description

### Project 1 – Kognito Software

#### Goal

Reduce opiate and co-occurring substance use among high school students

#### Identified Need

The landscape of opioid use continues to expand following the COVID 19 pandemic with significant impact on adolescents. Adolescent overdose deaths more than doubled from 2019 to 2021 due to increase in counterfeit pills containing fentanyl. The 2022 Monitoring the Future report found the past 30-day use of cocaine, hallucinogens, heroin, and prescription opioids has returned to levels seen prior to the COVID pandemic among 12th grade students. Misuse of opioid in middle school increases the youth's risk of using heroin by the age of 18.

#### Project Description

Social-Emotional Learning (SEL) is an evidenced-based intervention for youth at risk of developing a substance use disorder. Development of refusal skills, self-confidence, and understanding of social norms around substance use help empower youth to delay or decrease substance use patterns. Use of artificial intelligence (AI) has expanded in recent years and demonstrated its utility in providing targeted interventions that simulate real world situations in a convenient, safe, and private learning environment.

*Friend2Friend: Substance Use* by Kognito is an interactive role-play simulation for middle and high school students that builds awareness, knowledge, and skills to prevent substance misuse by giving students the tools to better navigate real-life situations involving substances. During a 35 minute interactive experience, users identify personal goals that motivate them to make healthy decisions, learn coping and refusal skills, and communication techniques to support a friend. A pre and post screening test is completed by each user to help identify individual needs and provide customized national, local, and school-specific resources to further assist in goal achievement. Providing parents, caregivers, and educators with resources to empower conversations with youth that reinforce SEL skills further improves outcomes. Kognito has also developed *Substance Use*, an interactive role-play simulation that helps parents and caregivers initiate conversations about healthy choices and substance use, which in turn has a strong positive influence on adolescent decision-making.

*The Teaching Resiliency & Growth for Educators* program helps teachers and school staff with come along side parents and caregivers to cultivate emotional resiliency and a healthy sense of self in students. Equipping educators with the tools to help students navigate stress, uncertainty, adversity, and trauma in an emotionally healthy way reduces risk factors associated with substance misuse and development of a substance use disorder.

#### Implementation

MHRC will partner with TASK and Lake Tahoe Unified School District for one year to pilot the intervention program to students, parents, caregivers, and education faculty at South Lake Tahoe and Tallac High Schools during the 2023-2024 academic school year. MHRC will purchase and manage the

subscriptions to the Kognito services described above. TASK will assist in promoting use of the platform to caregivers and students through their already developed texting networks and community events including Friday Night Live events. TASK will also provide incentives, such as gift cards, to students and parents/caregivers who complete the program and provide proof completion. MHRC will dedicate a substance use professional to act as a local resource for caregivers and students providing additional educational and case management services to students and families seeking treatment. A substance use professional will also review the de-identified data from pre and post screenings monthly to track current trends and provide professional guidance to identify prevalence of substance use disorders among platform users and future intervention development.

#### Outcomes

During the one-year pilot program, access to Kognito services will be provided to all education staff, parents/caregivers, and students enrolled at South Tahoe and Tallac High School. MHRC's goal is to have engagement with at least 75 students, 50 parents/caregivers, and 20 education staff members. Feedback from participants and pre/post test data of participants will be evaluated to determine the utility and viability of the program long-term, including potential expansion to include younger populations such as elementary and middle school students.

## **Project 2 – AOD Licensure**

#### Goal

Provide Local Outpatient Treatment Services for Adults & Youth

#### Identified Need

Access to treatment for a substance use disorder remains limited for rural communities, including South Lake Tahoe. There are currently no California-licensed Alcohol and Other Drug (AOD) programs in South Lake Tahoe. This restricts access to vulnerable populations such as low income and homeless who rely on Medi-Cal services to access treatment. Individuals and families with private health insurance also experience barriers to care due to the lack of providers specializing in substance use treatment.

#### Project Description & Implementation

MHRC will begin the process of obtaining the appropriate licensure required to begin providing outpatient substance use treatment services to adults and youth ages 12 and older. MHRC currently has completed the initial steps of obtaining a national provider identification (NPI) number through the National Plan and Provider Enumeration Services (NPPES). With the assistance of a consultant, MHRC will identify all the steps needed to complete the application process with California Department of Health Care Services (DHCS) and develop a strategic plan to best meet community needs. Additional services would be considered including peer recovery, co-occurring mental health treatment, telehealth treatment, and specialty populations such as homelessness during the strategic planning process. Partnerships with existing community agencies and service providers will also be identified and developed to support the holistic treatment of individuals and families.

#### Outcomes

After one year of funding, MHRC will have applied for AOD program licensure through CA DHCS and developed a 5-year strategic plan to expand substance use outpatient and recovery services to the South Lake Tahoe community.

## Required Questions

### **How does this activity contribute to opioid remediation in my community? Is there a different activity that would meet the goal of opioid remediation more directly?**

Both projects outlined in this grant proposal contribute to and expand on opioid remediation efforts occurring within the community. Additional education and prevention services afforded by this grant will help identify current use trends among high school students and develop social emotional skills which assist in reducing substance misuse and development of substance use disorders, including opioid use. Treatment service needs help reduce the risk of overdose and continued substance use among active substance users including opioid use.

### **Does this activity correspond to a High Impact Abatement Activity since 50% of funding must be spent on one of these?**

Yes, the development of an outpatient treatment or recovery program builds treatment capacity for the South Lake Tahoe community and is considered a high impact abatement activity.

### **Does this activity correspond to one of the Core Strategies as described in the DHCS allowable expenses document?**

Education, prevention, intervention, and treatment services are all identified as core strategies under the DHCS allowable expense document.

### **Does this activity supplement current efforts in the community related to prevention, treatment, recovery, or harm reduction?**

Project 1 – TASK currently provides education and prevention services to the middle and high school population through their Club Live and Friday Night Live activities. TASK also provides education to community members about the risks of opiate use and Naloxone. MHRC in partnership with TASK will expand prevention services to include online access to education resources and development of SEL skills to reduce risk of opioid misuse.

Project 2 - Barton Health currently has a Medication Assisted Treatment (MAT) program for individuals diagnosed with opioid use disorder. Counseling services are limited to participants receiving medication. MHRC will expand these services to include individuals not receiving MAT services and to include additional individual, group, and peer recovery support.

**Is the strategy evidence-based, and how robust is the research base on the strategy? One example of a list of evidence-based strategies can be found at <https://www.samhsa.gov/resource-search/ebp> and <https://www.lac.org/assets/files/TheOpioidEbatement-v3.pdf>**

Project 1 – Kognito software is based on evidenced based strategies for social and emotional learning skills which has robust empirical support. Research has also demonstrated improved outcomes with the use of AI technology to practice social skills in a safe setting.

Project 2 – All outpatient substance use treatment services will utilize evidenced based strategies that have robust empirical support. All staff members will be trained and certified as required to provide quality services that adhere to industry standards and promote positive treatment outcomes.

## **Project Timeline/Budget Timeline**

### **Project 1: Kognito Software**

August 2023 – (\$5,000) Purchase use of Kognito Applications for students, educators, and parents/caregivers for 2023/2024 school year.

September 2023 - May 2024 – (\$10,500) - Marketing efforts with TASK including incentives, print material, website updates, social media, and staff attendance at school events.

October 2023 - June 2024 – (\$5,000) - Monthly reviews of data and additional support services.

### **Project 2: AOD Licensure**

October – December 2023 – (\$15,000) – Identify and hire contract consult and begin outlining requirements for AOD licensure. Executive Director of MHRC to begin attending training on DHCS program implementation and management to assist with strategic planning.

January – March 2024 – (\$61,000) – Begin developing strategic plan for service implementation and submit application for AOD licensure.

April – July 2024 – (\$32,000) – Continue staff development and training. Identifying future organization needs including staffing.

## **Budget**

Mountain High Recovery Center  
Amended Exhibit A  
Amended Application

El Dorado County Opiate Grant Funding  
Mt. High Recovery Center

Project 1 - Adolescent Prevention and Early Intervention Proposed Changes

Year 1 - FY 24/25

Budget Categories	EDC Opiate Funding	Other Funding Sources	Total Cost	Budget Narrative. Must include a description of how the funds will be spent and how the requested amount was determined (i.e. received three quotes, or researched like products, or based on last year's actuals, number of personnel hours at what rate, etc.)
Personnel	\$10,000.00	\$ 26,000.00	\$36,000	Funding will assist with hiring one part-time SUD counselor to provide services at \$25/hour for 20 hours per week for one year and administrative salary of program operation.
Fringe Benefits	\$ -	\$ 1,000.00	\$ 1,000.00	MHRC offers all employees 40 hours of sick time per calendar year in compliance with CA State labor regulations.
Equipment	\$ 5,000.00	\$ 8,000.00	\$ 13,000.00	Equipment needs include: (1) upgrade to current Electronic Health Record System to include adolescent outpatient with an approximate cost of \$5,000 (2) purchase of one laptop computer with docking station and software (i.e. Microsoft Office, Zoho Subscription, Mafware, etc) estimated at \$4,000, and (3) 3 tablets to allow for interactive activities and data collection at community prevention events with estimated cost of \$3,000.
Supplies	\$ -	\$ 10,000.00	\$ 10,000.00	Supply needs include: (1) Curriculum materials including participant & facilitator manuals, supplemental resources (i.e. DVDs, app subscriptions, etc) estimated at \$5,000, (2) participant incentives for contingency management, food, and event supplies budgeted at \$5,000.
Other:	\$ 10,000.00	\$ -	\$ 10,500.00	Other anticipated needs including: (1) Marketing including updates to website and development of Social Media accounts estimated at \$6,000 and staff training estimated at \$4,500.
<b>Total Direct Costs (lines 1-7)</b>	<b>\$ 25,500.00</b>	<b>\$ 45,000.00</b>	<b>\$ 64,500.00</b>	
Indirect Costs*	\$ -	\$ 3,000.00	\$ 3,000.00	Indirect costs are anticipated low for the initial phase of this program due to shared facility space with school facilities and current office expenses incurred MHRC. Due to the complexity of treating adolescents and providing services off site, increase in insurance premiums are expected.
<b>TOTAL COSTS (lines 8 + 9)</b>	<b>\$25,500.00</b>	<b>\$ 48,000.00</b>	<b>\$ 67,500.00</b>	<b>The total proposed budget for the first year of operation.</b>

Year 2 - FY 25/26

Budget Categories	EDC Opiate Funding	Other Funding Sources	Total Cost	Budget Narrative. Must include a description of how the funds will be spent and how the requested amount was determined (i.e. received three quotes, or researched like products, or based on last year's actuals, number of personnel hours at what rate, etc.)
Personnel	\$ 40,000.00	\$ 25,000.00	\$65,000	Funding will assist with salaries for two part-time SUD counselors and administrative salary of adolescent and adult outpatient program operation.
Fringe Benefits	\$ -	\$ 2,000.00	\$ 2,000.00	MHRC offers all employees 40 hours of sick time per calendar year in compliance with CA State labor regulations.
Equipment	\$ -	\$ 5,000.00	\$ 5,000.00	Equipment needs include: (1) maintenance of Electronic Health Record System for adolescent outpatient with an approximate cost of \$2,500 (2) maintenance of software subscriptions for employees (microsoft, phone, etc.) at \$2,500.
Supplies	\$ -	\$ 11,000.00	\$ 11,000.00	Supply needs include: (1) Curriculum materials including participant & facilitator manuals, supplemental resources (i.e. DVDs, app subscriptions, etc) estimated at \$3,000, (2) participant incentives for contingency management, food, and event supplies budgeted at \$8,000.
Other:	\$ 9,000.00	\$ -	\$ 9,000.00	Other anticipated needs including: (1) Marketing materials, website, and Social Media accounts estimated at \$3,000 and (2) staff training estimated at \$6,000.
<b>Total Direct Costs (lines 1-7)</b>	<b>\$ 49,000.00</b>	<b>\$ 43,000.00</b>	<b>\$92,000</b>	
Indirect Costs*	\$ -	\$ 3,000.00	\$ 3,000.00	Indirect costs are anticipated low for the initial phase of this program due to shared facility space with school facilities and current office expenses incurred by MHRC. Due to the complexity of treating adolescents and providing services off site, increase in insurance premiums and mandated background checks for employees are expected.
<b>TOTAL COSTS (lines 8 + 9)</b>	<b>\$49,000.00</b>	<b>\$ 46,000.00</b>	<b>\$ 102,000.00</b>	<b>The total proposed budget for the second year of operation.</b>

Project 2 - AOD Certification and Outpatient Services

Year 2 - FY25/26

Budget Categories	EDC Opiate Funding	Other Funding Sources	Total Cost	Budget Narrative. Must include a description of how the funds will be spent and how the requested amount was determined (i.e. received three quotes, or researched like products, or based on last year's actuals, number of personnel hours at what rate, etc.)
Personnel	\$ 14,000.00	\$ 12,000.00	\$26,000	Funding will be combined with other funding sources to assist with salaries for at least one FTE SUD Counselor and administrative support staff for approximately 6 months during initial program development and implementation.
Fringe Benefits	-	\$ 2,000.00	\$ 2,000.00	MHRC offers all employees 40 hours of sick time per calendar year in compliance with CA State labor regulations.
Equipment	\$5,500.00	-	\$ 6,500.00	Equipment needs include: (1) Purchase and set up of 2 additional computers and workstations for staff members at \$4,000, (2) Software subscriptions for employees (electronic health record, microsoft, phone, etc.) at \$1,500.
Supplies	\$ 3,000.00	-	\$ 3,000.00	Supply needs include: (1) Curriculum materials including participant & facilitator manuals, supplemental resources (i.e. DVDs, app subscriptions, etc) estimated at \$3,000.

Mountain High Recovery Center  
Amended Exhibit A  
Amended Application

Other:	\$ 6,319.00	\$ 8,181.00	\$ 14,500.00	Other anticipated needs including: (1) Marketing materials, website, and Social Media accounts estimated at \$2,500 and (2) staff training on ASAM, MI, DMC requirements, Documentation, Legal & Ethics, etc. estimated at \$8,000. (3) Administration costs of Medical Billing & Bookkeeping services at \$4,000.
<b>Total Direct Costs (lines 1-7)</b>	<b>\$ 28,819.00</b>	<b>\$ 22,181.00</b>	<b>\$52,000</b>	
Indirect Costs*	\$ -	\$ 1,000.00	\$ 1,000.00	Indirect costs are anticipated low for the initial phase of this program due to shared facility space and office expenses with other MHRC programs. Additional cost of insurance premiums and staff onboarding due to increased staffing levels and additional services.
<b>TOTAL COSTS (lines 8 + 9)</b>	<b>\$ 28,819.00</b>	<b>\$ 23,181.00</b>	<b>\$53,000</b>	<b>The total proposed budget for the second year of operation.</b>

Project 2 Narrative:

Mt. High Recover Center anticipates receiving DHCS AOD certification approval during the 25/26 FY. Once approved, MHRC will hire additional certified or registered substance use counselors, provide staff training, and begin providing direct outpatient services immediately to community members while medical billing systems are approved and implemented. Funding from the EDC Opiate sources will assist in providing these essential services more quickly to community members at low or no cost whenever possible. Information regarding risks of opiate poisoning and opiate use disorders will be provided to all participants and referrals to harm reduction and MAT services will be made when appropriate. Staff training will consist of identifying, treating, and the special needs of opiate use disorders. Services will be open to community members 12 years old and above.