

A

Request for Proposal #20-918-078
Driving Under the Influence (DUI) Program Providers
in the South Lake Tahoe Basin

Submitted by:

Mountain High Recovery Center
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Contact Person:

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November 29, 2020

Mountain High Recovery Center (MHRC) is a 501(c)3 non-profit organization in South Lake Tahoe. MHRC proposes to provide a First Offender (3, 6, & 9 months) and Multiple Offender (18 months) Driving Under the Influence (DUI) Program in South Lake Tahoe as detailed in El Dorado County's Request for Proposal #20-918-078.

The proposed physical location for this program is 2494 Lake Tahoe Blvd., Suite B7, South Lake Tahoe. All DUI program services will be offered at this location with operating hours of Tuesday – Saturday, 9am – 8pm. Once the location is secured, MHRC will apply for the appropriate business license and fire clearance.

The current Executive Director of MHRC, Allison Hibbard, will serve as the DUI program director and may be contacted via phone at 530-600-6505, mail at PO Box 19007, S. Lake Tahoe, CA 96151, or email at ahibbard@mountainhighrecovery.org.

MHRC is willing and able to obtain insurance that meets the state's requirements and follow all state regulations and guidelines for DUI programs if selected.

Mountain High Recovery Center Board of Directors, by resolution, has appointed Allison Hibbard, Executive Director, to sign all contracts or correspondence pertaining to agency business.

A handwritten signature in black ink, appearing to read 'Allison Hibbard', written in a cursive style.

Allison Hibbard, Executive Director



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Plan Narrative

Intake Interview/Enrollment Process

Procedures

Mountain High Recovery Center (MHRC) may enroll any person who presents documentation from the court of the Department of Motor Vehicles verifying his/her arrest or conviction for one of the DUI violations specified in the Health and Safety Code Section 11836(a). Such documentation shall indicate whether the offense is a first or subsequent DUI violation.

MHRC may enroll and provide services to persons referred from another state for conviction of a DUI offense. The person must provide documentation from the state making the referral, indicating the requirement to attend and either the number of hours of program services or the program type required.

MHRC may accept a participant for enrollment after the date specified by the court. MHRC shall notify the court of the enrollment through an established court referral and tracking system. Before a potential participant begins program services, MHRC shall conduct an intake interview and enroll the participant in the program.

Staff Responsibilities

A qualified Substance Use Counselor will complete the intake interview, which will consist of:

- A discussion of goals and objectives for participation in the program, including abstinence from the use of alcohol and/or illicit drugs as a goal during the duration of participation in the program. Materials describing how abstinence contributes to a healthy lifestyle will be provided.
- Explanation of the counseling, education, and face-to-face interview requirements; attendance requirements; procedures for requesting a leave of absence; and reasons for dismissal from the program.
- Review the Participant Contract with the participant including the following sections: program services to be provided, program rules, grievance procedures, program fees, additional fees, payment schedule and reasons for dismissal from the program. The participant and staff members signatures and date of review are required on the contract to be considered complete. A copy of the signed and dated contract will be provided to the participant and a copy is retained for the participant's record.

Plan Narrative

Enrollment

Enrollment process can be completed by a qualified Substance Use Counselor at the time of the intake interview when a person is deemed eligible for participation. The participant can be scheduled for program services and provided with a written list of the date, time, and location of program activities they are scheduled to attend. The counselor is responsible for completion of all administrative forms required by MHRC, the DHCS, county, and Department of Motor Vehicles.

MHRC will provide the contract, and all documents that require participant signature in all languages of which MHRC provides services. MHRC shall begin providing services (i.e. face-to-face interviews, educational sessions, and group counseling sessions) within 21 days of the date that it enrolls a participant. Samples of all intake and enrollment forms can be found in Appendix A.

Face-to-Face Interviews – 15 minutes each

Frequency of face-to-face interviews are determined by program requirements and participants individual needs. Minimum required face-to-face interviews ranges from 3 for first offenders to 24 for multiple offenders. A participant will be scheduled regularly while participating in the program and will be completed by the same counselor whenever possible. Face-to-face interviews will be at least 15 minutes in length and may be longer whenever the interviewer or the participant determines that additional time is needed.

The purpose of these sessions is to assess the participant's progress and provide an opportunity to discuss any personal issues that are deterring him/her from successfully completing the program including progress in group and other counseling sessions and evaluate the participant's need for referral to ancillary services. Topics can include attendance, payments, transportation, barriers to treatment, family issues, referrals, court requirements, employment, 12 Step meeting attendance, community service, ancillary services, medical concerns, etc.

No credit for attendance will be given unless the participant attends the entire face-to-face interview as scheduled. MHRC may only charge for additional face-to-face interviews as provided in Section 9851. Charges for additional face-to-face interviews shall be based on the approved unit of service fee for face-to-face interviews determined in accordance with Section 9878.

Each face-to-face interview will be documented in the participant's record with the following information:

- The date, time, and length of each face-to-face interview.
- The counselor's assessment of the participant's progress regarding participation in program activities and any increased awareness in understanding his/her alcohol and/or drug related problems.

Educational Sessions – 2 Hours Each

All DUI participants are required to complete 6 weeks (12 hours) of education groups as part of their program. Educational sessions will be provided weekly on Wednesday's at 9:00am and 5:00pm. Each session will last a minimum of 2 hours and have a maximum of 35 program participants. A qualified substance use professional will facilitate each session and utilize a variety of teaching methods including lectures, discussions, films, and interactive journaling. These classes are designed to give the participant information on the legal, medical, and social problems associated with the abuse of alcohol and other drugs. Proposed curriculum includes use of evidenced based curriculum *Responsible Decisions: Impaired Driving Program*.

Curriculum Outline

Week 1: Why am I here?	Week 4: Feelings and Behavior
Week 2: Alcohol, Drugs, Driving, and You	Week 5: Change Vs. Consequences
Week 3: Use, Misuse, and Problem Use	Week 6: My Personal Change Plan

All participants must sign a roster at each educational session to verify attendance. MHRC shall document attendance at educational sessions in each participant's case record. No credit shall be given for attendance unless the participant attends and participates in the entire educational session as scheduled.

Group Counseling Sessions – 1.5 hours each

Frequency of group counseling sessions for each participant is determined by program requirements and ranges from 12 groups for first offenders to 35 groups for multiple offenders. Counseling groups are scheduled throughout the week on Tuesday, Thursday, Friday, and Saturday at 9:00am and 5:00pm and last a minimum of one and a half hours. All group counseling sessions will be facilitated by a certified substance use counselor and will have a maximum of 15 participants to allow for greater interaction between group participants and the facilitator. Counseling groups all participants an opportunity to meet and exchange ideas, discuss their own behavior and attitudes, and support and encourage positive changes in each other's lifestyle to facilitate resolution of problems related to the

use of alcohol and other drugs. These sessions provide an opportunity for the participant to examine his own behavior and personal attitudes and provide support for positive changes. The group is conducted in a manner that encourages the participant to share ideas and information so the participant may identify and resolve alcohol/drug related problems. The groups are less structured in nature and can include topics described below.

Sample Counseling Group Topics

- Getting and Staying Clean and Sober
- Financial Recovery
- Restoring Relationships
- Managing Risky Situations
- Defining Myself
- How Not to Drink and Drive
- Genetic Pre-Disposition
- Alcohol is a Drug
- Lifestyle and Change
- Disease Concept
- Recovery in the Community
- Progression of Disease
- Early Recovery
- Cravings and Urges
- Stress Management
- Tolerance and Withdrawal
- Family Roles of Addiction
- Substance Use and Anger
- The Feeling Disease
- Chemical Dependence
- Stop or Control Drinking
- Denial
- Myths About Alcohol & Marijuana
- Addicted Brain
- The Night You Got Your DUI
- Drugs and Driving
- How to Get Help
- Consequences of Use
- Culture of Alcohol
- Relapse Drinking and Driving
- What Happens Next (Another DUI)
- Shame and Substance Abuse

Individual Counseling Sessions

MHRC recognizes that not all individuals are suited for or benefit from participation in a group setting. When an individual is determined to not be benefiting from group counseling sessions one hour of individual counseling may be substituted for two hours of group counseling with approval from the DUI program manager. All individual counseling sessions must be facilitated by a certified substance use treatment professional and documented in a participant's record using a standard progress note format (i.e. GIIRRP, SOAP, etc.). The cost of the participant's individual counseling shall not exceed the cost of participation in groups as outlined by the DUI program fees.

Assessment of Each Participant's Alcohol and Other Drug Problem

As soon as possible from time of enrollment and no later than the 30 days of enrollment, a certified substance use counselor will complete an assessment of each participant's substance use. The assessment will address patterns and history of alcohol and other substance use, substance use treatment history, gender, age, work status, family substance use history, legal history, and current health status. The assessment will be completed using the Addiction Severity Index, 5th Edition (ASI) and American Society of Addiction Medicine (ASAM) Placement Criteria to help determine the presence of a substance use disorder and recommended level of care. The counselor completing the assessment will discuss the results and recommendations with the participant and provide referrals to ancillary services as needed. The counselor will record the results of the assessment, follow up discussion, and any recommendations and referrals in the participant's record.

Referral to Ancillary Services

MHRC may refer participants to ancillary services, such as family counseling, residential treatment, mental health treatment, and outpatient treatment services as appropriate for each participant.

When a referral is made to an outside agency, the MHRC staff member making the referral shall document the reason for the referral and participants reaction to receipt of the referral in the participant's record.

MHRC may refer participants to ancillary services MHRC provides only if: MHRC is licensed to provide such services, approval from the local county alcohol and drug program administrator, and a copy of the written approval is maintained in the participant's record.

When a participant enrolls in ancillary treatment services, the DUI program administrator or designee will obtain a Release of Information to the ancillary program to obtain information about participant's progress and completion of services. Regular progress reports will be obtained from the program and documented in the participant's record.

Referrals can include:

Granite Wellness
8491 N Lake Blvd, Kings Beach, CA 96143
(530) 546-5641

Progress House, Inc. Corporate Offices
2844 Coloma St
Placerville, CA 95667
530-626-9240

Live Violence Free
2941 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
530-544-2118

Barton Community Health Center
2201 South Ave.
South Lake Tahoe, CA 96150
530-543-5623

El Dorado County Substance Use Disorder Services
1900 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
530-573-7959

A Balanced Life
2100 Eloise Ave.
South Lake Tahoe, CA 96150
530-544-1748

Interprogram Transfers

Participants may transfer their services to another licensed DUI provider of their choice at any time during their program. If a participant elects to transfer to another program, they must enroll and attend a face-to-face interview, an educational session, or a group counseling session in the new program within 21 days from the date of transfer.

The following requirements apply to interprogram transfers:

- Written notice of transfer shall be provided to the court of conviction
- The sending program shall provide the receiving program with a completed transfer form approved by the Department

- The receiving program shall not accept any transferee that who cannot enroll and commence participation services within 21 days following the date of last activity with transfer from the sending program.
- The receiving program shall notify provide the sending program written notice of the transferee's enrollment or non-enrollment in the receiving program within 10 days of the transfer deadline specified in (3) above.
- The sending program shall notify the Department of Motor Vehicles and the Court of conviction if the transferee does not enroll in the receiving program.
- The receiving program shall notify the Court of conviction and the Department of Motor Vehicles of your subsequent completion of or dismissal from the program.

Participant Dismissal Policy

MHRC reserves the right to dismiss any participant who:

- Fails to participate in the required program activities within 21 days of transfer to another DUI program licensed by the Department of Health Care Services
- Fails to maintain program sobriety, including conviction of a subsequent DUI
- Repeated failure to comply with DUI general program rules
- Fails to obtain a Leave of Absence, in accordance with the above, when a participant is unable to attend any scheduled program services for 21 days or longer.
- Exceeds the number of absences allowable without an approved Leave of Absence
- Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence
- Is physically or verbally abusive to program staff or other program participants
- Fails to pay, within 30 days of the date due, the program fee assessed in the initial intake or fails to reschedule and attend a financial assessment interview. MHRC shall not dismiss you if you pay your assessment program fee instead of rescheduling and attending a financial assessment review.

The following are actions, circumstances, or conditions which may result in eviction from the facility:

- The use or possession of alcohol or other altering substances. The proper use of prescribed medications is allowed if they do not impede your ability to function.
- Physical abuse or threatening behavior towards staff or other clients.
- Possession of firearms, knives, and/or potential weapons.
- Non-fulfillment of agreed participation and/or financial obligations

MHRC will not give credit for services attended prior to dismissal if the participant has not been enrolled in a DUI program for the period of 2 years or longer. MHRC will give credit for services attended prior to dismissal if:

- The dismissal occurred less than 2 years prior to re-enrollment and

- The DUI program who provided the services verifies in writing that the services were provided to the participant.

Re-Entry Activities

For participants of the 18-month multiple offender program, upon completion of all core program requirements, the participant shall transition to the re-entry period for a minimum of 6 months. During this time, MHRC will provide support to participants in the form of oversight and case management services through scheduled monthly face-to-face interviews with participants. Participants are required to participate in community activities, including self-help groups, employment, family, and other areas of self-improvement. Proof of participation in community services will be reviewed by MHRC staff during monthly face-to-face interview and recorded in participant's record.

Addiction Severity Index, 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.

Deni Carise, Ph.D

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive the same standard interview. All information gathered is **confidential**.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.

The scale is: 0–Not at all

- 1–Slightly
- 2–Moderately
- 3–Considerably
- 4–Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!
Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of comments and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE: 0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used:

- Antidepressants
- Ulcer Medications—Zantac, Tagamet
- Asthma Medications—Ventoline Inhaler, Theo-Dur
- Other Medications—Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As a rule of thumb, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
 - ✓ How many days in the past 30 days have you used...?
 - ✓ How many years in your life have you *regularly* used...?

Addiction Severity Index, 5th Edition
GENERAL INFORMATION

(Clinical/Training Version)

G1. ID No.:

G2. Soc. Sec. No.: - -

G4. Date of Admission: / /
 (Month/Day/Year)

G5. Date of Interview: / /
 (Month/Day/Year)

G6. Time Begun: (Hour:Minutes) :

G7. Time Ended: (Hour:Minutes) :

G8. Class: 1. Intake 2. Follow-up

G9. Contact Code: 1. In person 2. Telephone
 (Intake ASI must be in person)

G10. Gender: 1. Male 2. Female

G11. Interviewer Code No./Initials:

G12. Special: 1. Patient terminated
 2. Patient refused
 3. Patient unable to respond
 N. Not applicable

ADDITIONAL TEST RESULTS

G21. _____

G22. _____

G23. _____

G24. _____

G25. _____

G26. _____

G27. _____

G28. _____

_____ Name

_____ Address 1

_____ Address 2

_____ City State Zip Code

PROBLEMS	SEVERITY PROFILE									
	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCH.										

G14. How long have you lived at this address? /
 (Years/Months)

G15. Is this residence owned by you or your family?
 0-No 1-Yes

G16. Date of birth: / /
 (Month/Day/Year)

G17. Of what race do you consider yourself?
 1. White (not Hispanic) 4. Alaskan Native 7. Hispanic-Puerto Rican
 2. Black (not Hispanic) 5. Asian/Pacific Islander 8. Hispanic-Cuban
 3. American Indian 6. Hispanic-Mexican 9. Other Hispanic

G18. Do you have a religious preference?
 1. Protestant 3. Jewish 5. Other
 2. Catholic 4. Islamic 6. None

G19. Have you been in a controlled environment in the past 30 days?
 1. No 4. Medical Treatment
 2. Jail 5. Psychiatric Treatment
 3. Alcohol/Drug Treatment 6. Other: _____
 • A place, theoretically, without access to drugs/alcohol.

G20. How many days?
 • "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

GENERAL INFORMATION COMMENTS
 (Include the question number with your notes)

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

ASAM LEVEL OF CARE DETERMINATION TOOL

Instructions: For each dimension, indicate the least intensive level of care that is appropriate based on the client's severity/functioning and service needs.

ASAM Criteria Level of Care- Withdrawal Management	ASAM Level	Dimension 1 Substance Use, Acute Intoxication, Withdrawal Potential				Dimension 2 Biomedical Condition and Complications				Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications				Dimension 4 Readiness to Change				Dimension 5 Relapse, Continued Use, or Continued Problem Potential				Dimension 6 Recovery/Living Environment							
		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev				
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM																												
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM																												
Clinically Managed Residential Withdrawal Management	3.2-WM																												
Medically Monitored Inpatient Withdrawal Management	3.7-WM																												
Medically Managed Intensive Inpatient Withdrawal Management	4-WM																												
ASAM Criteria Level of Care- Other Treatment and Recovery Services																													
Severity / Impairment Rating		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Early Intervention	0.5																												
Outpatient Services	1																												
Intensive Outpatient Services	2.1																												
Clinically Managed Low-Intensity Residential Services	3.1																												
Clinically Managed Population-Specific High-Intensity Residential Services	3.3																												
Clinically Managed High-Intensity Residential Services	3.5																												
Medically Monitored Intensive Inpatient Services	3.7																												
Medically Managed Intensive Inpatient Services	4																												
Consider referral to mental health facility																													
ASAM Criteria Level of Care- Other Treatment and Recovery Services																													
Severity / Impairment Rating		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Opioid Treatment Program	OTP																												
Would the patient with alcohol or opioid use disorders benefit from and be interested in Medication-Assisted Treatment (MAT)?																								<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe: _____																													

<p style="font-size: small;">This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.</p>	Client Name: _____ Medi-Cal ID: _____ Treatment Agency: _____
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DUI Weekly Group Schedule

	MON	TUES	WED	THURS	FRI	SAT	
8:00							
8:30							
9:00						MO Group 9:00-11:00	
9:30							
10:00		FO Enroll 10:00-12:45	MO Group 10:00-12:00	FO Enroll 10:00-11:00			
10:30							
11:00					DUI Education 11:00-1:00	MO Enroll 11:00-11:45	
11:30							
12:00					FO Group 12:00-2:00		
12:30							
1:00				FO Group 1:00-2:30			
1:30							
2:00					MO Enroll 2:00-2:45		
2:30							
3:00							
3:30							
4:00							
4:30							
5:00		FO Education 5:30-7:30	MO Group 5:00-7:00		FO Group 5:00-7:00	MO Group 5:00-7:00	
5:30							DUI Education 5:30-7:30
6:00							
6:30							
7:00							
7:30							

FO = First Offender MO = Multiple Offender

Counselors work 8-hour shifts. When not conducting groups, they are involved in face-2-face, assessments, etc. Calendar is subject to change.



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Experience and Capabilities Narrative

Mountain High Recovery Center (MHRC) was established in August 2019 as a non-profit organization by two substance use professionals. With the mission of providing healing and recovery of all individual, families, and communities affected by the misuse of substances in the South Lake Tahoe community, MHRC has spent time developing the organizational infrastructure needed to provide the highest quality of substance use services to clients. Over the past year, MHRC has assessed community needs and explored opportunities to serve the community during the COVID 19 pandemic. Establishing the capability to provide virtual substance assessments and individual counseling services. MHRC continues to seek opportunities, such as the DUI program to serve the community and fulfill its mission. MHRC is actively pursuing office space at 2494 Lake Tahoe Blvd to further its capacity to serve individual and family's needs.

Upon receipt of the DUI Program, MHRC anticipates being able to hire its first employees, a program director and counselor. Due to the size of the organization, staff members are expected to manage a wide range of roles and responsibilities while ensuring the highest quality of treatment services are provided to participants. MHRC proposes to hire its current executive director, Allison Hibbard to fulfill the role of DUI program manager and assist with providing counseling services as needed. Ms. Hibbard holds a master's degree in nonprofit business management and psychology. She is currently an Associate Marriage and Family Therapist and anticipates becoming fully licensed within the next three months. Additionally, Ms. Hibbard is a certified Licensed Advanced Alcohol and Drug Counselor (LAADC-CA) and adjunct faculty member for the substance use certification program at Lake Tahoe Community College. Ms. Hibbard has over 10 years working experience in the field of mental health with 6 years specializing in treatment of substance use and co-occurring disorders. Additionally, Ms. Hibbard has supervisory experience as Team Leader for California Psychiatric Transitions and current Head of Service with Rite of Passage overseeing the implementation of mental health treatment services.

MHRC also proposes to hire Cristie Tibbetts as counselor. Ms. Tibbetts has over 15 years' experience in the field of substance use treatment serving the South Lake Tahoe community. She holds a master's degree in counseling and educational psychology and is a certified substance use counselor. Ms. Tibbetts will provide oversight and supervision to additional counseling staff and volunteers as needed by the program.

MHRC is uniquely qualified to operate the DUI program in the South Lake Tahoe community. As a non-profit organization, the primary concern is for the quality of care for participants and

servicing the community. Since 2018, South Lake Tahoe residents have struggled to complete DUI program requirements following the closure of the previous DUI program. The board members and proposed staff are eager to begin serving the community through direct care program such as a DUI program.

ALLISON HIBBARD

209.505.7365 | ahibbard1106@gmail.com | Associate MFT # AMF88076 | LAADC-CA #LCi12030518

SKILLS PROFILE

- 10 years of experience working in the field of psychology in a variety of settings, approximately 7 years with SUDs
- Experience completing Biopsychosocial assessments, individual, group and family therapy with adults and children
- Online teaching for Lake Tahoe Community College Substance Use Certification Program for 3 years including introduction in counseling, introduction to substance use disorders, and co-occurring disorders.

EDUCATION HISTORY

Masters of Arts in Nonprofit Business Management 2020

Grace College and Seminary

- Graduated with 4.0 Cumulative GPA
- Coursework included: Managing the Nonprofit Organization, Financial Management, and Obtaining and Managing resources.

Masters of Science in Psychology 2015

California State University, Stanislaus

- Concentration in counseling
- Graduated with cumulative 3.59 GPA
- Relevant Course Work in: Advanced Counseling Theory, Substance Abuse Counseling, Community Counseling and Interventions, Domestic Violence and Trauma Counseling, Clinical Psychological Pathology, and Family Therapy

Bachelors of Arts in Psychology 2010

California State University, Stanislaus

- Graduated Cum Laude with a cumulative 3.4 GPA
- Relevant Course Work in: Sociology and Drug Abuse, Abnormal Psychology, Forensic Psychology, Counseling Techniques and Theory, and Psychological Testing

EMPLOYMENT HISTORY

Lake Tahoe Community College 2017 - Current **Adjunct Faculty**

- Educate undergraduate students enrolled in addiction studies program on theories, evidenced based treatment, legal and ethical responsibilities, and critical thinking skills required in the field of Substance Use Disorders treatment and counseling.
- Courses instructed include: introduction to counseling, introduction to substance use disorders, legal & ethical issues, physiology of substance use, and co-occurring disorders.

Rite of Passage 2020-Current **Head of Service**

- Supervise direct care staff's implementation of treatment plans and provide relevant training.
- Provide individual and group SUD, mental health, and family counseling for adolescents in STRTP placement.

El Dorado County, Health & Human Services Agency, Alcohol & Drug Programs 2015-2020 **Mental Health Clinician IA**

- Complete mental health and substance abuse assessments for community and court referred clients, including 5150 assessments for individuals in crisis.
- Provide mental health and substance use assessment, individual and group counseling, and case management for clients with substance use and co-occurring disorders

Aegis Treatment Centers, Inc.

2013 – 2015

Case Manager/Counselor

- Provide individual counseling services for individuals receiving methadone maintenance
- Coordinate care with other professionals relevant to clients treatment and well-being

California Psychiatric Transitions

2010 -2013

Team Leader

- Oversee implementation of treatment plan interventions by mental health workers
- Develop working relationship with outside parties such as conservators/public guardians, family members, and treatment providers
- Provide crisis intervention and counseling to adults with severe mental illness and/or intellectual disabilities

CRISTIE TIBBETTS



TAHOETIBBETTS@YAHOO.COM



(530) 307-1170

POSITION

CO-FOUNDER/BOARD MEMBER:
MOUNTAIN HIGH RECOVERY
CENTER (MHRC)

CREDENTIALS / SKILLS

Certified Addiction Treatment
Counselor – CCAPP

9/12/14 – present

ASAM trained

Over 400 hrs. of Continuing
Education

Dialectic Behavior Therapy (DBT)
Certified 3/8/2017

Trained in CALOMS and
DATAR reporting

EXPERIENCE

HEALTH EDUCATION COORDINATOR / EL DORADO COUNTY BEHAVIORAL HEALTH DEPARTMENT

APRIL 2010 to APRIL 2018

Planned, developed, and implemented a variety of health related intervention, and prevention programs; provided and supported direct services to individuals, families, and communities; functional areas of responsibility included public health, behavioral health, and substance use programs; undertook comprehensive case management responsibilities for assigned clients. Conducted screening assessments and developed diagnostic evaluation of client's disorder and any co-existing conditions – provided an approach to treatment and level of care required based upon multiple industry-based practices and factors. Formulated case management and treatment plan strategies.

SUPERVISOR / TAHOE YOUTH AND FAMILY SERVICES YOUTH SUBSTANCE USE DISORDER COUNSELING

JAN 2005 to JULY 2009

Provided supervision to substance use counselors. Managed county contract for the Mental Health Services Act. Provided assessment, individual and group counseling.

OUTREACH COORDINATOR / LAKE TAHOE COMMUNITY COLLEGE

SEP 2001 to JAN 2005

Provided outreach and program coordination to prospective students. Engaged new college students to campus life as well as provided guidance and support.

EDUCATION

MASTERS OF ARTS (70 COMPLETE UNITS): COUNSELING AND EDUCATIONAL PSYCHOLOGY

BACHLAORS OF ARTS: AMERICAN STUDIES

University of California Berkeley

Attachment A

FEE INFORMATION							
PROGRAM TYPE	INTAKE FEE	STATE FEE	COUNTY FEE	SESSION TYPE	# SESSIONS	AT (Fee Per Session)	TYPE TOTAL
W&R	\$ -		5%	Educational		\$ -	\$ -
				Face-to-face		\$ -	\$ -
				W&R TOTAL		\$ -	
3-MONTH	\$60		5%	Educational		\$ 50	\$ 300
				Face-to-face		\$ 20	\$ 60
				Group		\$ 50	\$ 600
3-MONTH TOTAL				\$ 1020			
6-MONTH	\$60		5%	Educational		\$ 50	\$ 300
				Face-to-face		\$ 20	\$ 120
				Group		\$ 50	\$ 1200
6-MONTH TOTAL				\$ 1680			
9-MONTH	\$60		5%	Educational		\$ 50	\$ 300
				Face-to-face		\$ 20	\$ 200
				Group		\$ 50	\$ 1500
9-MONTH TOTAL				\$ 2060			
18-MONTH	\$60		5%	Educational		\$ 50	\$ 300
				Face-to-face		\$ 20	\$ 480
				Group		\$ 50	\$ 1750
				Reentry		\$ 20	\$ 120
18-MONTH TOTAL				\$ 2710			
30-MONTH	\$ -		5%	Educational		\$ -	\$ -
				Face-to-face		\$ -	\$ -
				Group		\$ -	\$ -
				Reentry		\$ -	\$ -
30-MONTH TOTAL				\$ -			

Additional Charges:

	<input checked="" type="checkbox"/>	Fee
Bad Check	<input checked="" type="checkbox"/>	\$30
Duplicate 101 (Research)	<input checked="" type="checkbox"/>	\$15
Late Payment	<input checked="" type="checkbox"/>	\$25
Leave of Absence	<input checked="" type="checkbox"/>	\$25
Missed Activity	<input checked="" type="checkbox"/>	\$40
Reinstatement	<input checked="" type="checkbox"/>	\$10
Reschedule	<input checked="" type="checkbox"/>	\$25
Transfer-in	<input checked="" type="checkbox"/>	\$60
Transfer-out	<input checked="" type="checkbox"/>	\$55
Other		
Other		
Other		

Explanation of other fee(s):

Additional fees cover cost of staff time to complete activity and charged at time service is rendered.

Participants will not be charged additional fees without prior knowledge and approval.



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Payment Schedule

Mountain High Recovery Center has established and will use the following standardized payment schedule. Mountain High Recovery Center accepts cash, money orders, credit cards and personal checks. Extended payment programs are available for participants whose household income is 35% or less of El Dorado County's median income level of \$86,811. Participants can qualify for the minimum payment of \$5.00 per month if they meet or are below the general assistance level of \$676 per month. Payment plans area outlined below.

3 Month Program	\$1,020.00	6 Month Program	\$1,680.00
Regular Payments		Regular Payments	
Down Payment	\$ 250.00	Down Payment	\$ 250.00
2 Monthly Installment	\$ 385.00	5 Monthly Installments	\$ 286.00
Extended Payments		Extended Payments	
Down Payment	\$ 250.00	Down Payment	\$ 250.00
Payment Plan (Choose one)		Payment Plan (Choose one)	
2 monthly payments of	\$ 385.00	2 monthly payments of	\$ 715.00
3 monthly payments of	\$ 256.67	3 monthly payments of	\$ 476.67
4 monthly payments of	\$ 192.50	4 monthly payments of	\$ 357.50
5 monthly payments of	\$ 154.00	5 monthly payments of	\$ 286.00
6 monthly payments of	\$ 128.33	6 monthly payments of	\$ 238.33
7 monthly payments of	\$ 110.00	7 monthly payments of	\$ 204.29
8 monthly payments of	\$ 96.25	8 monthly payments of	\$ 178.75
9 monthly payments of	\$ 85.56	9 monthly payments of	\$ 158.89
10 monthly payments of	\$ 77.00	10 monthly payments of	\$ 143.00
11 monthly payments of	\$ 70.00	11 monthly payments of	\$ 130.00
12 monthly payments of	\$ 64.17	12 monthly payments of	\$ 119.17

9 Month Program \$2,060.00

Regular Payments

Down Payment \$ 250.00

8 Monthly Installments \$ 226.25

Extended Payments

Down Payment \$ 250.00

Payment Plan (Choose one)

2 monthly payments of \$ 905.00

3 monthly payments of \$ 603.33

4 monthly payments of \$ 452.50

5 monthly payments of \$ 362.00

6 monthly payments of \$ 301.67

7 monthly payments of \$ 258.57

8 monthly payments of \$ 226.25

9 monthly payments of \$ 201.11

10 monthly payments of \$ 181.00

11 monthly payments of \$ 164.54

12 monthly payments of \$ 150.83

18 Month Program \$2,710.00

Regular Payments

Down Payment \$ 250.00

12 Monthly Installments \$ 205.00

Extended Payments

Down Payment \$ 250.00

Payment Plan (Choose one)

2 monthly payments of \$1,230.00

3 monthly payments of \$ 820.00

4 monthly payments of \$ 615.00

5 monthly payments of \$ 492.00

6 monthly payments of \$ 410.00

7 monthly payments of \$ 351.43

8 monthly payments of \$ 307.50

9 monthly payments of \$ 273.33

10 monthly payments of \$ 246.00

11 monthly payments of \$ 223.64

12 monthly payments of \$ 205.00

13 monthly payments of \$ 189.23

14 monthly payments of \$ 175.71

15 monthly payments of \$ 164.00

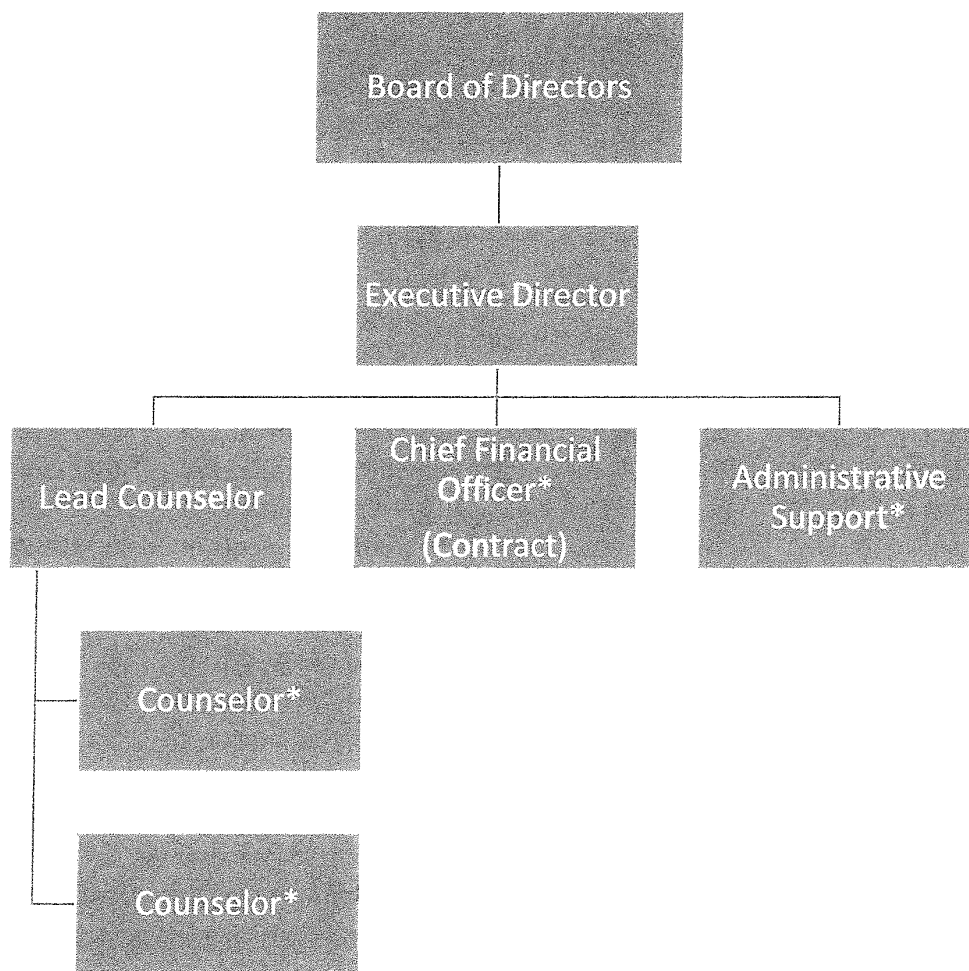
16 monthly payments of \$ 153.75

17 monthly payments of \$ 144.71

18 monthly payments of \$ 136.67

- Payments are due on the 1st of each month and are considered late after the 10th of each month. Payments can be made in person or mailed to Mountain High Recovery Center.
- A late fee of \$25.00 will be assessed after the 10th and participants may be placed in a suspension status.
- Failure to make payments in full and on time (without prior arrangement) will be viewed as an unwillingness to pay program fees and may result in the dismissal of the participant from the program and a referral back to court and/or DMV.
- All program fees must be paid in full before completion paperwork is processed and released to the participant and the DMV.

Organizational Chart



*denotes vacant position



Contract for Participation in a DUI Program

Components of the DUI Program

Required Program Activities

Participants enrolling in one of the following programs are required to attend and participate in the program activities listed below to successfully complete the program:

- First offender program (3 months):
 - Intake interview
 - 3 face-to-face interviews (beginning, middle and end, 15 minutes each)
 - 12 hours of education (6 weekly groups, 2 hours each)
 - 18 hours of group counseling (12 weekly groups, 1 1/2 hours each)
 - 3 months minimum participation from date of enrollment
- Enhanced First Offender Program (6 months):
 - Intake interview
 - 6 face-to-face interviews (beginning, middle and end, 15 minutes each)
 - 12 hours of education (6 weekly groups, 2 hours each)
 - 36 hours of group counseling (24 weekly groups, 1 1/2 hours each)
 - 6 months minimum participation from date of enrollment
- Enhanced First Offender Program (9 months):
 - Intake interview
 - 10 face-to-face interviews (beginning, middle and end, 15 minutes each)
 - 12 hours of education (6 weekly groups, 2 hours each)
 - 44 hours of group counseling (30 weekly groups, 1 1/2 hours each)
 - 9 months minimum participation from date of enrollment
- Multiple Offender Program (18 months):
 - Intake interview
 - 24 face-to-face interviews (bi-weekly, 15 minutes each)
 - 12 hours of education (6 weekly groups, 2 hours each)
 - 52 hours of group counseling (35 weekly groups, 1 1/2 hours each)

Description of Program Activities

- Substance Use Assessment: Within the first 60 days of participation, Mountain High Recovery Center will help you evaluate your alcohol and/or drug use through an assessment tool (Addiction Severity Index, 5th edition). This assessment is the first step towards empowering you to make future decisions to avoid further problems with drugs and alcohol.
- Education Classes: These classes are designed to give you information on the legal, medical, and social problems associated with the abuse of alcohol and other drugs. Each class will be conducted by a skilled instructor and will include lectures, discussions, and films.

- **Group Sessions:** Group sessions provide an opportunity for the individual to examine his/her behavior and personal attitudes as well as provide support for any positive changes. A skilled counselor encourages you to share ideas with the group so you may identify and resolve alcohol/drug related problems.
- **Counseling Groups:** These sessions provide an opportunity for you to examine your own behavior and personal attitudes and provide support for positive changes. The group is conducted in a manner that encourages you to share ideas and information so you may identify and resolve alcohol/drug related problems.
- **Face-to-Face Interviews:** The purpose of these sessions is to assess your progress and provide an opportunity to discuss any personal issues that are deterring you from successfully completing the program.

Community Re-entry Phase

- Last 6 months of the 18-month Multiple Offender Program
- MHRC requires the participant to complete a community re-entry phase, consisting of participation in self-help groups, employment, and other areas of self-improvement.
 - MHRC will monitor the participant's progress during the community re-entry phase.
 - MHRC will provide 6 hours of monitoring, which will consist of six face-to-face interviews, monthly.
 - MHRC will not allow the participant to begin the community re-entry phase until the participant has completed the requirements of the first 12 months.

Abstinence Policy

Substance use of any kind is not permitted on the premises of MHRC. If a participant appears on MHRC premises actively under the influence of alcohol or other substance or with any detectable amount of alcohol or drugs in his/her system, the participant will not be permitted to participate in any treatment services and will be reported to court. All active participants enrolled in the DUI program are highly encouraged to abstain from the use of all alcohol and substances which may impair their ability to function. Abstinence is defined as not consuming alcohol, non-prescribed or illicit drugs anywhere, anytime, for any reason.

Attendance

The program shall require each participant to attend all scheduled activities unless you have:

- Contacted the program and arranged to attend an activity at an alternate time, or
- Been granted an approved leave of absence (see below)

Missed Activities

Attendance at program activities must be given priority and we encourage you not to miss any activity. You will not receive credit if you leave an activity early. If you miss an appointment or activities, it will fall into one of the two categories below:

Contract for Participation

Reschedule

A missed appointment or activity is classified as a reschedule when you contact your counselor BEFORE the appointment or activity is missed.

Absence

A missed appointment or activity is classified as an absence if you fail to reschedule the appointment or activity before the appointment or activity is missed. If you exceed the allowed number of absences for the program, the court will be notified.

Program number of allowed absences:

- First Offender (3 months): 5 absences
- Enhanced First Offender (6 months): 7 absences
- Enhanced First Offender (9 months): 7 absences
- Multiple Offender (18 months): 10 absences

You must be on time for all appointments and scheduled activities. If you are late you will receive an absence.

All missed activities will need to be 'made up' within 30 days and prior to completion of the program. A fee will be charged for each absence and each reschedule (when not rescheduled within 24 hours of the appointment). Missed activity fees are due as soon as they occur and will be charged to your account. Participants who extend their programs because they fail to do make up sessions within 30 days of the missed appointment or activity will be charged for each additional face-to-face required to keep their program in compliance.

Leave of Absence

- A leave of absence must be requested, in writing, if you are going to be absent for a period which exceeds 3 weeks (21 calendar days).
- A leave of absence must fit one of the following criteria and must be verified with documentation:
 - Military responsibility
 - Work responsibility requiring extended travel
 - Extended illness or medical treatment of participant or family member
 - Incarceration
 - Attendance to a residential substance use treatment program
 - Extreme personal hardship or family emergency
 - Pre-Planned vacation (only if participant has made up all absences and is current with fees.)
- All requests for leave of absence require prior approval from designated MHRC staff, unless unable to do so due to circumstances beyond your control. If you request a retroactive approval for a leave of absence, in addition to the information listed above, the request for leave of absence shall explain the circumstances that prevented you from requesting prior approval.

- All scheduled program activities missed while on a leave of absence are required to be made up prior to successful completion of the program.
- Time missed while on a leave of absence shall not be counted as participation time.

Program Rules

General Rules

- Visitors or children are not allowed in program activities
- Children are not to be left unattended on MHRC premises
- Waste and cigarette butts are to be placed in the proper receptacles
- No part of the building shall be modified or defaced
- Appropriate attire is required for all MHRC activities, no sunglasses or hats while indoors
- Sleeping or closing eyes during program activities (unless as part of program activities) may result in an absence
- All participants are expected to participate in the group discussions and to respect other participants
- Participants who appear under the influence of any substance will be asked to leave MHRC premises and will receive an absence for the activity.
- Use of tobacco products are prohibited within 20 feet of building

Dismissal from Program

MHRC reserves the right to dismiss any participant who:

- Fails to participate in the required program activities within 21 days of transfer to another DUI program licensed by the Department of Health Care Services
- Fails to maintain program sobriety, including conviction of a subsequent DUI
- Repeated failure to comply with DUI general program rules
- Fails to obtain a Leave of Absence, in accordance with the above, when a participant is unable to attend any scheduled program services for 21 days or longer.
- Exceeds the number of absences allowable without an approved Leave of Absence
- Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence
- Is physically or verbally abusive to program staff or other program participants
- Fails to pay, within 30 days of the date due, the program fee assessed in the initial intake or fails to reschedule and attend a financial assessment interview. MHRC shall not dismiss you if you pay your assessment program fee instead of rescheduling and attending a financial assessment review.

The following are actions, circumstances, or conditions which may result in eviction from the facility:

- The use or possession of alcohol or other altering substances. The proper use of prescribed medications is allowed if they do not impede your ability to function.
- Physical abuse or threatening behavior towards staff or other clients.
- Possession of firearms, knives, and/or potential weapons.

Contract for Participation

- Non-fulfillment of agreed participation and/or financial obligations

MHRC will not give credit for services attended prior to dismissal if the participant has not been enrolled in a DUI program for the period of 2 years or longer. MHRC will give credit for services attended prior to dismissal if:

- The dismissal occurred less than 2 years prior to re-enrollment and
- The DUI program who provided the services verifies in writing that the services were provided to the participant.

Program Transfer

Participants may transfer their services to another licensed DUI provider of their chose at any time during their program. If a participant elects to transfer to another program, they must enroll and attend a face-to-face interview, an educational session, or a group counseling session in the new program within 21 days from the date of transfer.

The following requirements apply to interprogram transfers:

- Written notice of transfer shall be provided to the court of conviction
- The sending program shall provide the receiving program with a completed transfer form approved by the Department
- The receiving program shall not accept any transferee that who cannot enroll and commence participation services within 21 days following the date of last activity with transfer from the sending program.
- The receiving program shall notify provide the sending program written notice of the transferee’s enrollment or non-enrollment in the receiving program within 10 days of the transfer deadline specified in (3) above.
- The sending program shall notify the Department of Motor Vehicles and the Court of conviction if the transferee does not enroll in the receiving program.
- The receiving program shall notify the Court of conviction and the Department of Motor Vehicles of your subsequent completion of or dismissal from the program.

Program Fees and Payments

Additional fees

Returned check (excluding bank charge	\$30.00
Missed activity	\$40.00
Rescheduling	\$25.00
Transfer Out	\$55.00
Transfer In	\$60.00
Reinstatement	\$10.00
Duplicate DMV Cert	\$15.00
Leave of Absence	\$25.00
Late Payment	\$25.00
Drug Testing	\$30.00
DMV Certificate	\$ 5.00

Contract for Participation

Payment Guidelines

- Payments are due on the 1st of each month and are considered late after the 10th of each month. Payments can be made in person or mailed to Mountain High Recovery Center.
- A late fee of \$25.00 will be assessed after the 10th and participants may be placed in a suspension status.
- Failure to make payments in full and on time (without prior arrangement) will be viewed as an unwillingness to pay program fees and may result in the dismissal of the participant from the program and a referral back to court and/or DMV.
- All program fees must be paid in full before completion paperwork is processed and released to the participant and the DMV.
- You will be charged a fee for any missed appointment or scheduled activity (rescheduled or absence).

Inability to Pay

- No one will be denied services because of a documented inability to pay. If a participant is going to be unable to make any payment on time or in full, please contact the financial department immediately.
- You can request a financial assessment for qualification of an extended payment schedule or low-income eligibility. You will be required to provide documented evidence of financial hardship.

Transfers and Reinstatements

- A one-time transfer or reinstatement fee will be charged.
- Participants transferring or reinstating into a program will pay fees based on itemization of the remaining services needed for completion.
- All charges will be based on the current rates at the time of transfer or reinstatement.

Complaints and Grievances

- All grievances and complaints shall be reported by the complainant to a person in a supervisory capacity per the Client Grievance Procedures. All staff members of MHRC, who serve in a supervisory capacity are responsible for reporting all complaints and grievance utilizing the chain of command structure. Complaints will be treated with discretion and will be promptly and thoroughly investigate. All complaints and grievances need to be put in writing.
- If a participant has a complaint or grievance regarding any part of admission, treatment, or discharge, the participant may make his/her views known to the counselor or staff members on duty. If this action fails to satisfy the problem, the participant may bring the complaint to the outpatient coordinator. The outpatient coordinator shall act on the grievance within five (5) working days. If this action fails to rectify the problem, the participant may bring the grievance to the Executive Director.

Contract for Participation

- The Executive Director shall conduct an inquiry that may include inspection of participant records, interviews with the staff, and interviews with participant and any other pertinent individual. Federal confidentiality regulations shall be observed at all times during this inquiry. This inquiry shall take no more than fifteen (15) working days at which time the participant shall be presented with a written report of the inquiry findings and any decision reached.
- If this action fails to rectify the problem, then the participant has recourse to meet with the MHRC Board of Directors at its next scheduled meeting. The Board shall respond in writing to the participant regarding findings and a decision within fifteen (15) working days after meeting with the participant.
- No participant or person seeking access to treatment will be denied treatment because a grievance has been filed. MHRC will take no adverse actions against a participant or person for filing a grievance. A signed copy of any previous information will be included in the participant chart.
- If you wish to file a complaint about a licensed, certified AOD drug service provider or a registered or certified counselor you can do so via mail, fax, or by using the online complaint form on the website DHCS. Please complete the complaint Form and submit online. You may also print the form and mail or Fax to:

Department of Health Care Services
 Substance Use Disorder Services
 PO Box 997413
 MS #2601
 Sacramento, CA 95899-7413
 Fax form to: (916)-445-5094

Program Completion

Proof of completion will be provided to the court and DMV after the following requirements have been met:

- Attendance and participation in all services outlined in program requirements.
- All fees have been paid.
- Completion of any additional, specific instructions given by the court.

By signing below, you are verifying that you have read this contract and it has been clearly explained to you by a MHRC staff.

Client Signature

Date

Staff Signature

Date

Contract for Participation



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www.mountainhighrecovery.org

Appendix A

Client Documents



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Participant Agreement and Service Fees 3 Month First Offender Program

Required Services

- Intake interview
- 3 face-to-face interviews (beginning, middle and end, 15 minutes each)
- 12 hours of education (6 weekly groups, 2 hours each)
- 18 hours of group counseling (12 weekly groups, 1 1/2 hours each)
- 3 months minimum participation from date of enrollment

Allowed Absences (missed sessions)

- 5 missed sessions are allowed. The 6th absence will result in termination.
- Missed sessions do not count toward required services and must be made up.

Program & Service Fees	Session	Service Total
1 Intake Interview	\$60.00	\$60.00
3 Face-2-Face Interviews	\$20.00	\$60.00
6 Education Sessions	\$50.00	\$300.00
12 Group Counseling Sessions	\$50.00	<u>\$600.00</u>
Total Program Fee		\$1020.00

Additional Fees

Returned check (excluding bank charge)	\$30.00
Missed activity	\$40.00
Rescheduling	\$25.00
Transfer Out	\$55.00
Transfer In	\$60.00
Reinstatement	\$10.00
Duplicate DMV Cert	\$15.00
Leave of Absence	\$25.00
Late Payment	\$25.00
Drug Testing	\$30.00
DMV Certificate	\$ 5.00

Program fees will be reduced if low income eligibility is documented. Service fees charged prior to fee reduction are to be paid in full. Low income participation fee per month.

\$ 5.00

Client Signature _____ Date _____



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Participant Agreement and Service Fees 6 Month First Offender Enhanced Program

Required Services

- Intake interview
- 6 face-to-face interviews (beginning, middle and end, 15 minutes each)
- 12 hours of education (6 weekly groups, 2 hours each)
- 36 hours of group counseling (24 weekly groups, 1 1/2 hours each)
- 6 months minimum participation from date of enrollment

Allowed Absences (missed sessions)

- 7 missed sessions are allowed. The 8th absence will result in termination.
- Missed sessions do not count toward required services and must be made up.

Program & Service Fees	Session	Service Total
1 Intake Interview	\$60.00	\$ 60.00
6 Face-2-Face Interviews	\$20.00	\$ 120.00
6 Education Sessions	\$50.00	\$ 300.00
24 Group Counseling Sessions	\$50.00	<u>\$1200.00</u>
Total Program Fee		\$1680.00

Additional Fees

Returned check (excluding bank charge)	\$30.00
Missed activity	\$40.00
Rescheduling	\$25.00
Transfer Out	\$55.00
Transfer In	\$60.00
Reinstatement	\$10.00
Duplicate DMV Cert	\$15.00
Leave of Absence	\$25.00
Late Payment	\$25.00
Drug Testing	\$30.00
DMV Certificate	\$ 5.00

Program fees will be reduced if low income eligibility is documented. Service fees charged prior to fee reduction are to be paid in full. Low income participation fee per month. \$ 5.00

Client Signature

Date



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Participant Agreement and Service Fees 9-Month First Offender Enhanced Program

Required Services

- Intake interview
- 10 face-to-face interviews (beginning, middle and end, 15 minutes each)
- 12 hours of education (6 weekly groups, 2 hours each)
- 44 hours of group counseling (30 weekly groups, 1 1/2 hours each)
- 9 months minimum participation from date of enrollment

Allowed Absences (missed sessions)

- 8 missed sessions are allowed. The 9th absence will result in termination.
- Missed sessions do not count toward required services and must be made up.

Program & Service Fees	Session	Service Total
1 Intake Interview	\$60.00	\$ 60.00
6 Face-2-Face Interviews	\$20.00	\$ 200.00
6 Education Sessions	\$50.00	\$ 300.00
24 Group Counseling Sessions	\$50.00	<u>\$1500.00</u>
Total Program Fee		\$2060.00

Additional Fees

Returned check (excluding bank charge)	\$30.00
Missed activity	\$40.00
Rescheduling	\$25.00
Transfer Out	\$55.00
Transfer In	\$60.00
Reinstatement	\$10.00
Duplicate DMV Cert	\$15.00
Leave of Absence	\$25.00
Late Payment	\$25.00
Drug Testing	\$30.00
DMV Certificate	\$ 5.00

Program fees will be reduced if low income eligibility is documented. Service fees charged prior to fee reduction are to be paid in full. Low income participation fee per month. \$ 5.00

Client Signature

Date



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www.mountainhighrecovery.org

Participant Agreement and Service Fees 18-Month Multiple Offender Program

Required Services – 1 year to complete

- Intake interview
- 24 face-to-face interviews (bi-weekly, 15 minutes each)
- 12 hours of education (6 weekly groups, 2 hours each)
- 52 hours of group counseling (35 weekly groups, 1 1/2 hours each)

Re-Entry Services – 6 months to complete

- 6 face-to-face interviews (monthly, 15 minutes each)
- Provide verification of outside self-help groups, employment, family, or other areas of self-improvement
- 18 months minimum participation from date of enrollment

Allowed Absences (missed sessions)

- 10 missed sessions are allowed. The 11th absence will result in termination.
- Missed sessions do not count toward required services and must be made up.

Program & Service Fees	Session	Service Total
1 Intake Interview	\$60.00	\$ 60.00
24 Face-2-Face Interviews	\$20.00	\$ 480.00
6 Education Sessions	\$50.00	\$ 300.00
35 Group Counseling Sessions	\$50.00	\$1750.00
6 Re-entry Face-2-Face Interviews	\$20.00	<u>\$ 120.00</u>
Total Program Fee		\$2710.00

Additional Fees

Returned check (excluding bank charge)	\$30.00
Missed activity	\$40.00
Rescheduling	\$25.00
Transfer Out	\$55.00
Transfer In	\$60.00
Reinstatement	\$10.00
Duplicate DMV Cert	\$15.00
Leave of Absence	\$25.00
Late Payment	\$25.00
Drug Testing	\$30.00
DMV Certificate	\$ 5.00

Program fees will be reduced if low income eligibility is documented. Service fees charged prior to fee reduction are to be paid in full. Low income participation fee per month. \$5.00

Client Signature

Date



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Statement of Confidentiality Summary of 42 CFR Part 2 & HIPAA Compliance

Summary of 42 CFR Part 2

Protecting confidentiality is critical in substance abuse treatment. Practitioners need to guard clients' rights to privacy and protect against the stigma that might cause clients to avoid treatment. In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the client's treatment may be disclosed with and without the client's consent. Determining when 42 CFR Part 2 is applicable and how to legally access information about substance abuse treatment requires practitioners to work through a series of questions.

What Programs Are Covered by Federal Confidentiality Laws?

42 CFR Part 2 applies to any program that:

- 1) involves substance abuse education, treatment, or prevention; and
- 2) is regulated or assisted by the federal government (42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11- 2.12).

What Information Is Protected?

42 CFR Part 2 applies to all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

How Can Protected Information Be Shared?

Information can be shared if written consent is obtained. A written consent form requires ten elements (42 C.F.R. § 2.31(a); 45 C.F.R. § 164.508(c)):

1. the names or general designations of the programs making the disclosure
2. the name of the individual or organization that will receive the disclosure
3. the name of the patient who is the subject of the disclosure
4. the specific purpose or need for the disclosure
5. a description of how much and what kind of information will be disclosed
6. the patient's right to revoke the consent in writing and the exceptions to the right to

revoke or, if the exceptions are included in the program's notice, a reference to the notice

7. the program's ability to condition treatment, payment, enrollment, or eligibility of benefits on the patient agreeing to sign the consent, by stating
 - 1) the program may not condition these services on the patient signing the consent, or
 - 2) the consequences for the patient refusing to sign the consent
8. the date, event, or condition upon which the consent expires if not previously revoked
9. the signature of the patient (and/or other authorized person)
10. the date on which the consent is assigned

When used in the criminal-justice setting, expiration of the consent may be conditioned upon the completion of, or termination from, a program instead of a date.

Mandatory Disclosures

42 CFR Part 2 allows for disclosure where the state mandates child-abuse-and neglect reporting (42 C.F.R. § 2.12(c)(6); 45 C.F.R. §164.512(b)(1)(ii)); when cause of death (42 C.F.R. § 2.15(b)) is being reported; or with the existence of a valid court order.

Permitted Disclosures

Programs are permitted to disclose patient-identifying information in cases of medical emergency (45 C.F.R. § 164.506(c); 42 C.F.R. § 2.51); in reporting crimes that occur on program premises or against staff (45 C.F.R. § 164.502(j)(2), 164.512(f)(2); 42 C.F.R. § 2.12 (c)(5)); to entities having administrative control (45 C.F.R. § 164.502(a)(1), 164.506(a), (c); 42 C.F.R. § 2.12 (c)(3)); to qualified service organizations (45 C.F.R. § 160.103, 164.504(e), (c); 42 C.F.R. § 2.12 (c)(4)); and to outside auditors, evaluators, central registries, and researchers (45 C.F.R. § 164.501, 164.506, 164.512; (c); 42 C.F.R. § 2.53 (c)-(d); 42 C.F.R. § 2.52; 45 C.F.R. § 164.512(i)(1)(ii)).

Notice of HIPAA Compliance

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice tells you about the ways in which MOUNTAIN HIGH RECOVERY CENTER (referred to as “we”) may collect, use, and disclose your protected health information, and your rights concerning your protected health information. “Protected health information” is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of the health care to you, or the payment for that care.

We are required by federal and state laws to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your protected health information for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization for payment, health care operations and treatment.

- **Payment.** We use and disclose your protected health information in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer that may be responsible for payment.
- **Health Care Operations.** We use and disclose your protected health information in order to perform our planned activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, we may use or disclose the information for determining health care insurance premiums. We may also contact you to provide appointment reminders or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Treatment.** We may use and disclose your protected health information to assist your health care providers (doctors, mental health practitioners, pharmacies, hospitals, ambulance services and others) in your diagnosis and treatment. For example, we may disclose your protected health information to providers to provide information about alternative treatments.
- **Plan Sponsor.** If you are enrolled through a group health plan, we may provide summaries of claims and expenses for enrollees in a group health plan to the plan

Statement of Confidentiality

sponsor, who may also be an employer.

- Enrolled Dependents and Family Members. We will mail explanation of benefits forms and other mailings containing protected health information to the address we have on record for the subscriber of the health plan.

OTHER PERMITTED OR REQUIRED DISCLOSURES

- As Required by Law. We must disclose protected health information about you when required to do so by law.
- Public Health Activities. We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- Victims of Abuse, Neglect or Domestic Violence. We may disclose protected health information to government agencies about abuse, neglect or domestic violence.
- Health Oversight Activities. We may disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.
- Judicial and Administrative Proceedings. We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- Law Enforcement. We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- Coroners, Funeral Directors, Organ Donation. We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose protected health information in connection with organ or tissue donation.
- Research. Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.
- To Avert a Serious Threat to Health or Safety. We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Special Government Functions. We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- Workers' Compensation. We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.
- Health Information That is Not Protected. We may disclose health information about

Statement of Confidentiality

you that is not “protected health information;” that is, information used in a way that does not personally identify you or reveal who you are.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under a health plan.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding protected health information that we maintain about you.

- **Right to Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment, or case/medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right to Amend Your Protected Health Information.** If you feel that protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or if you ask to amend a record that is already accurate and complete.
- **Your Rights if a Request is Denied.** If we deny your request to amend your protected health information, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to disagree with that statement.
- **Right to an Accounting of Disclosures Made by Us.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, to payment, to health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting but we will tell you the cost in advance.
- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health**

Statement of Confidentiality

Information. You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

- Right to Receive Confidential Communications. You have the right to request that we use a certain method to communicate with you, such as paper or electronic communication, or that we send information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to a Paper Copy of this Notice. You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- Contact Information for Exercising your Rights. You may exercise any of the rights described above by contacting our Privacy Office. See the end of this Notice for the contact information.

HEALTH INFORMATION SECURITY

Mountain High Recovery Center requires its employees to follow the Mountain High Recovery Center security policies and procedures that limit access to health information about client or participant members to those employees who need it to perform their responsibilities. In addition, Mountain High Recovery Center maintains physical, administrative and technical security measures to safeguard your protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. Any time we make a material change to this Notice, we will promptly revise and post the new Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or the Secretary of the Department of Health and Human Services. All complaints to Mountain High Recovery Center must be made in writing and sent to the privacy official

Statement of Confidentiality

listed at the end of this Notice. We support your right to protect the privacy of your protected health information. We will not retaliate against you or penalize you for filing a complaint.

CONTACT MOUNTAIN HIGH RECOVERY CENTER

If you have any complaints or questions about this Notice or you want to submit a written request to Mountain High Recovery Center as required in any of the previous sections of this Notice, please contact:

Allison Hibbard, Executive Director
Mountain High Recovery Center
PO Box 19007
S. Lake Tahoe, CA 96151
PH: (530) 600-6505

YOU MAY ALSO CONTACT:

Region IX, Office for Civil Rights
U.S. Department of Health and Human
Services 50 United Nations Plaza, Room
322
San Francisco, CA 94102
PH: (415) 437-8310 FAX: (415) 437-8329 TDD: (415) 437-8311

(End of Notice)



P.O. Box 19007
S. Lake Tahoe, CA 96151
530-600-6505
www.mountainhighrecovery.org

Mountain High Recovery Center

Acknowledgement of Receipt of Statement of Confidentiality

Summary of 42 CFR Part 2 and Notice of HIPAA Compliance

I hereby acknowledge that I have been provided with a copy of Mountain High Recovery Center's Statement of Confidentiality which includes the Summary of 42 CFR Part 2 and the Notice of HIPAA Compliance on this date:

Client Signature

Date

PRINT NAME



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DUI Release of Information

I, _____ hereby consent to communication between Mountain High Recovery Center and (please initial below):

_____ CA DMV _____ El Dorado County Court _____ El Dorado County Probation

_____ Other (please specify): _____

The purpose of and need for the disclosure is to inform the agency or persons (listed above) of my attendance and progress in treatment. The extent of information to be disclosed is diagnosis, information about my attendance in treatment sessions and enrollment in, participation in, completion of or termination of the DUI program.

I understand that this consent will remain in effect and cannot be revoked by me until:
(initial one)

_____ There has been a formal and effective termination revocation of my probation, parole, condition release or other proceeding which I was mandated into treatment; or

_____ Fourteen (14) days after completion or termination; or

_____ Other & expiration of consent: _____

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patients' records and that recipients of this information may re-disclose it only in connection with their official duties,

Participant Signature

Date

Staff Signature

Date



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530-600-6505
www.mountainhighrecovery.org

Intake Interview

Participant: _____ Case #: _____

Interviewer: _____ Date: _____

Please initial that you have discussed the following with your counselor:

_____ Rules and Regulations as outlined in Contract for Participation;

_____ Reasons for Termination as outlined in Contract for Participation;

_____ Payment Schedule, including Late Payment Policy;

_____ Program Schedule, including Absence Policy and Participant attendance in educational sessions and counseling sessions;

_____ Program Goal of Abstinence and role of abstinence in a healthy lifestyle;

_____ Assessment results, recognition of an actual, possible, or potential problem with alcohol or drugs; and name of referral to higher level of care, if needed;

_____ Any barriers to successful completion of the program.

Participant Signature

Date

Staff Signature

Date



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Registration for Drug Diversion/DUI Program

Current Name: _____

Phone- Home/Cell: _____ Work: _____

Mailing Address: _____

Physical Address: _____

Court Information

Case/Docket #: _____ Referring Court: _____

Violation Date: _____ Conviction Date: _____

Personal Data

Driver's License: _____ Gender: _____ DOB: _____

Ethnicity: _____

Disability: Yes / No

Children under 18: Yes / No

Pregnant: Yes / No

Offense Data

- Alcohol – Blood Alcohol Content _____
- Alcohol & Drugs – Blood Alcohol Content _____
- Drugs
- Refused
- Unknown



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Emergency Contact / Family Information

Participant: _____ Case#: _____

Emergency Contact Name: _____

Relationship: _____

Mailing Address: _____

Phone: _____ Alt. Phone: _____

If you are interested in having additional family/friends participate in a program (offered at no charge) designed to educate him/her on alcohol/drug use and the effect on the family, please write their name/s below.

Name: _____

Relationship: _____

Mailing Address: _____

Phone: _____ Alt. Phone: _____

Name: _____

Relationship: _____

Mailing Address: _____

Phone: _____ Alt. Phone: _____

NOTES



Use of Signature Sheet

All activities completed as part of your DUI program are to be documented with staff signatures on this signature sheet. An additional replacement fee of \$50 will be charged if this sheet is lost or damaged. Failure to obtain all required signatures can result in a delay of completing the treatment program. Attempts to falsify this document will result in immediate termination from the DUI program.



**MOUNTAIN HIGH
RECOVERY CENTER**

**DUI Program
Signature Sheet**

DUI Payment	Other Fees Incurred
--------------------	----------------------------

Initials	Date	Amount	Initials	Date	Amount
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	3. _____	_____	_____
4. _____	_____	_____	4. _____	_____	_____
5. _____	_____	_____	5. _____	_____	_____
6. _____	_____	_____	6. _____	_____	_____
7. _____	_____	_____	7. _____	_____	_____
8. _____	_____	_____	8. _____	_____	_____
9. _____	_____	_____	9. _____	_____	_____
10. _____	_____	_____	10. _____	_____	_____
11. _____	_____	_____	11. _____	_____	_____
12. _____	_____	_____	12. _____	_____	_____
13. _____	_____	_____	13. _____	_____	_____
14. _____	_____	_____	14. _____	_____	_____
15. _____	_____	_____	15. _____	_____	_____
16. _____	_____	_____	16. _____	_____	_____
17. _____	_____	_____	17. _____	_____	_____
18. _____	_____	_____	18. _____	_____	_____

MHRC RFP # 20-918-078

Group Sessions	Individual Sessions
-----------------------	----------------------------

Initials	Date	Initials	Date	Initials	Date
1. _____	_____	14. _____	_____	1. _____	_____
2. _____	_____	15. _____	_____	2. _____	_____
3. _____	_____	16. _____	_____	3. _____	_____
4. _____	_____	17. _____	_____	4. _____	_____
5. _____	_____	18. _____	_____	5. _____	_____
6. _____	_____	19. _____	_____	6. _____	_____
7. _____	_____	20. _____	_____	7. _____	_____
8. _____	_____	21. _____	_____	8. _____	_____
9. _____	_____	22. _____	_____	9. _____	_____
10. _____	_____	23. _____	_____	10. _____	_____
11. _____	_____	24. _____	_____	11. _____	_____
12. _____	_____	25. _____	_____	12. _____	_____
13. _____	_____	26. _____	_____	13. _____	_____

Education Classes	Self-Help Classes	Re-Entry
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1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____

Mountain High Recovery Center - 11/28/2020



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Request for a Leave of Absence

A participant is required to request a leave of absence (LOA) whenever he/she is unable to attend any scheduled program activity for 21 days or longer. A participant may request a LOA for less than 21 days.

Name of Participant: _____ Date of Request: _____

The above participant plans to be absent from the DUI program from:
_____ to _____ for
the following reason:

- Vacation (approval granted only after absences are made up and all program fees are current)
- Incarceration
- Participant Illness
- Family member Illness
- Employment Travel
- Residential Alcoholism or Drug Abuse Recovery or Treatment Program
- Military Duty
- Personal Hardship/Family Emergency (explain)

Note: Participant must make up all scheduled program activities missed while on LOA. Time missed on LOA will not be counted as participation time.

Participant Signature Date

- Leave of Absence approved
- Leave of Absence disapproved (explain):

Staff Signature Date



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Discharge Summary

Name: _____ Case #: _____

Mailing Address _____

Admit Date: _____ Exit Date: _____ Last Contact: _____

1. Reason for Discharge

- Completed Program: _____
- Transferred or Referred to: _____
- Dropped Out Without Notice: _____
- Violation of Program Rules: _____

2. Is the Client abstinent at the time of discharge? Yes / No

3. Financial Plans: _____

Fees Paid: _____ Fees Owed: _____

4. Aftercare Plans: _____

5. Special conditions for re-admission: _____

Client Comments:

Counselor Name: _____ Title: _____

Counselor Signature: _____ Date: _____



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Appendix B
Financial Statements and Statement of Compliance

Attachment B

DRIVING-UNDER-THE-INFLUENCE PROGRAM

STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH

Mountain High Recovery Center has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.
2. The program will be self-supporting from participant fees.
3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.
4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.
5. The program will pay State licensing fees in accordance with instructions issued by the Department of Health Care Services.
6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.
7. The program will forward all substantive program changes, or changes to this application to the county alcohol and drug program administrator (CADPA) for review and to the Department of Health Care Services (DHCS) for approval.
8. The program will provide the CADPA and representatives from DHCS with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.
9. The program will comply with all laws and regulations governing DUI programs.
10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.
11. The program will not accept any participant until licensure is granted to the program by the Department of Health Care Services as stated in Title 9, Section 9802 of the CCR.

(1 of 2)

Attachment B

12. The program will maintain participant files including completed copies of all required forms and records, for a minimum of 48 months after completion of services as stated in Title 9, Section 9866 of the CCR.
13. The program shall employ staff who meet the minimum qualifications as stated in Title 9, Section 9846 of the CCR.
14. The program will maintain confidentiality of participant records and information in accordance with Title 42, Code of Federal Regulations. A copy of the above regulations will be available at each program facility as stated in Title 9, Section 9866 (c), of the CCR.

The applicant declares under penalty of perjury that all information submitted to the Department of Health Care Services for the purpose of licensure is true and correct to the best of the applicant's knowledge.

Allison Hibbard, Executive Director

Type or Print Name of Authorized Representative and Title



Signature

11/30/22

Date

(2 of 2)

Attachment C

FINANCIAL STATEMENT

As of November 25, 2020

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PROGRAM NAME

=====

ASSETS

Cash on hand	\$ -
Checking accounts	\$ 4,871
Savings accounts	\$ -
Time deposits	\$ -
Notes and receivables (identify source)	\$ -
Inventory	\$ -
Real Estate (at market value):	\$ -
Land	\$ -
Buildings and Improvement	\$ -
Equipment, Furniture and Furnishings	\$ -
Other Investments or Assets (describe)	\$ -
	\$ -
	\$ -
A. Total Assets	\$ 4,871

=====

LIABILITIES

Accounts Payable (include installment contracts and balance due)	\$ -
Salaries and Wages Payable	\$ -
Payroll Taxes Payable	\$ -
Notes Payable (include personal notes). Show source and balance due.	\$ -
	\$ -
Real Estate Loans or Mortgages (balance due):	\$ -
Other debts (describe):	\$ -
B. Total Liabilities	\$ 0

=====

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B) **\$ 4,871**

=====

COMPLETED BY Allison Hibbard	TITLE Executive Director	DATE 11/25/20
------------------------------	--------------------------	---------------

Attachment D

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
BUDGET SUMMARY**

DATE: 11/29/20 COUNTY: El Dorado

Driving-Under-the-Influence Program Name: Mountain High Recovery Center License #: - N/A

Address: PO Box 19007, S. Lake Tahoe, CA 96151

Corporate Name: Mountain High Recovery Center

Fiscal Year: 2021-2022

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients	10	16	174	200
3) % of Total Clients	5%	8%	85%	100%
4) Total Amount to be Collected	\$500	\$19,460	\$223,290	\$243,250
5) Average Fee to be Collected	\$5	\$1,440	\$1,912	\$3,357
6) ESTIMATED GROSS REVENUE			\$ _____	

Cost Summary:

Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825R)	\$ 176,905
8) OPERATING EXPENSES (from DHCS/DUI 7830R)	\$ 53,306
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835R)	\$ 0
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835R)	\$ 0
11) ESTIMATED GROSS BUDGET	\$ 230,211
12) Profit/Surplus	\$ 13,039

Bookkeeper: Allison Hibbard Auditor: TBD

Telephone: 530-600-6505 Telephone: _____

Accountant: TBD Telephone: _____

Attachment D

DRIVING-UNDER-THE-INFLUENCE PROGRAM
PERSONAL SERVICES BUDGET

1) **PERSONAL SERVICES:**

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE	# OF MONTH/ WEEKS/ HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
Program Director/ Executive Director	\$ 30 - \$	2080	\$62,400	100%	\$62,400
Counselor - Supervisor	\$ 25 - \$	2080	\$52,000	100%	\$52,000
Counselor	\$ 20 - \$	1040	\$20,800	100%	\$20,800
Administrative Support	\$ 15 - \$	1040	\$15,600	100%	\$15,600
	\$ - \$				
	\$ - \$				
	\$ - \$				
	\$ - \$				

2) TOTAL SALARIES	\$ _____
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3) **STAFF BENEFITS**

a) Social Security (OASDI)	\$ 9,350
b) Unemployment Insurance	\$ 5,128
c) Health Insurance	\$ 0
d) Worker's Compensation	\$ 11,627
e) Other (specify)	\$ 0

4) **TOTAL STAFF BENEFITS**

(please indicate the %, if used) _____ % \$ 26,105

5) **TOTAL PERSONAL SERVICES**

(Enter on DHCS/DUI 7820R, Line 7)

\$ 176,905

NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.

Attachment D

DRIVING-UNDER-THE-INFLUENCE PROGRAM
OPERATING EXPENSES BUDGET

ANNUAL COST

Rental of Space = \$ 1.85 /sq. ft. x 1,332 sq. ft. x 12 months (time)	\$ 29,570
(If owned, use Depreciation Schedule instead)Utilities (Gas, Elec., Water, Scavenger)	\$3,600
Telephone	\$ 996
Insurance	\$ 5,000
Overhead	\$ -
Maintenance & Repair of Buildings (Routine)	\$ 1,200
Maintenance & Repair Office Equipment	\$ 1,200
Maintenance of Automobile Equipment	\$ -
Maintenance & Repair other Equipment	\$ -
Cleaning & Janitorial Supplies/Services	\$ 3,600
Contractor:	\$ -
Service :	\$ -
Contractor:	\$ -
Service :	\$ -
Printing & Reproduction Services	\$ 1,000
Postage	\$ 240
Stationery & Office Supplies	\$ 1,200
Rental of Equipment	\$ 0
Educational Materials	\$ 1,800
Travel	\$ -
Staff Education/Training	\$ 1,500
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ 2,400
County Program Monitor Costs	\$ -
State Program Monitor/Approval Costs	\$ -
Interest Paid	\$ -
Property Taxes	\$ -
Other Taxes (specify)	\$ -
Other (specify)	\$ -

TOTAL OPERATING EXPENSES:
(enter on DHCS/DUI 7820R, line 8)

\$ 53,306

Attachment D

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
EQUIPMENT AND FACILITY DEPRECIATION SCHEDULE
BUDGET**

1) EQUIPMENT:

A	B	C	D	E	F	G	H
TOTAL NO	ITEM	NEW/USED	COST EACH	TOTAL COST	LIFE YEARS	YEAR OF DEP. LIFE	TOTAL YEAR DEP. \$
	N/A						

2) TOTAL EQUIPMENT (DEPRECIATION) COSTS: \$ _____
(Enter on DHCS/DUI 7820, Line 9)

3) FACILITY DEPRECIATION:

A	B	C	D	E	F	G
FACILITY LOCATION	DATE OF PURCHASE	COST	DEPREC. COST	LIFE YEARS	ACCUMULATE DEP. LIFE	CURRENT YR. DEP.
	N/A					

4) TOTAL FACILITY (DEPRECIATION) COSTS: \$ _____