

## 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 PO Box 19007, S. Lake Tahoe, CA 96151 2580 Kubel Ave., S. Lake Tahoe, CA 96150

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MHRC RFP # 20-918-078





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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 <u>ahibbard@mountainhighrecovery.org</u>.

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.

Alto The

Allison Hibbard, Executive Director



## **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**

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### 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- toface 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 eachface-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 info1mation 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, 5<sup>th</sup> 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

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- 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 of 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.
- 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 •.

- 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

G1. ID No.:	ADDITIONAL TEST RESULTS
	G21.
G2. Soc. Sec. No.:	G22.
G4. Date of Admission://// (Month/Day/Year)	G23.
G5. Date of Interview: ////////////////////////////////////	
G6. Time Begun: (Hour:Minutes)	G24.
G7. Time Ended: (Hour:Minutes)	G25.
G8. Class: 1. Intake 2. Follow-up	G26.
G9. Contact Code: 1. In person 2. Telephone	G27.
(Intake ASI must be in person) G10. Gender: 1. Male 2. Female	G28
G11. Interviewer Code No./Initials:	SEVERITY PROFILE
	PROBLEMS         0         1         2         3         4         5         6         7         8         9
G12. Special: 1. Patient terminated 2. Patient refused	MEDICAL
3. Patient unable to respond N. Not applicable	EMP/SUPPORT       ALCOHOL
	DRUGS
	LEGAL
Name	FAMILY/SOCIAL
Address 1	PSYCH.
Address 2	GENERAL INFORMATION COMMENTS
Addross 2	(Include the question number with your notes)
City State Zip Code	]
G14. How long have you lived at this address? (Years/Months)	
G15. Is this residence owned by you or your family?	
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 numbering dependence of the past 30 days.	12 of 72

## (Clinical/Training Version)

### **MEDICAL STATUS**

<ul> <li>M1. How many times in your life have you been hospitalized for medical problems?</li> <li>Include ODs and DTs. Exclude detox, alcohol/drug, psychiatric treatment, and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.</li> <li>M2. How long ago was your last hospitalization for a physical problem?</li> </ul>	Confidence Rating         Is the above information significantly distorted by:         M10. Patient's misrepresentation? 0–No 1–Yes       Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image:
If no hospitalizations in Question M1, then (Years/Months) this should be "NN."	MEDICAL COMMENTS (Include question number with your notes)
<ul> <li>M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes</li> <li><i>If Yes, specify in comments.</i></li> <li>A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of the person's abilities.</li> <li>M15.<optional> Number of months pregnant:</optional></li> </ul>	
• "N" for males, "0" for not pregnant. (Months)	
<ul> <li>M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0-No 1-Yes</li> <li><i>If Yes, specify in comments.</i></li> <li>Medication prescribed by an M.D. for medical conditions; <i>not psychiatric medicines.</i> Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.</li> </ul>	
M5. Do you receive a pension for a physical disability?         0-No       1-Yes         • If Yes, specify in comments.         • Include worker's compensation; exclude psychiatric disability.	
<ul> <li>M6. How many days have you experienced medical problems in the past 30 days?</li> <li>Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles).</li> </ul>	
For Questions M7 & M8, ask the patient to use the Patient's Rating Scale.	
M7. How troubled or bothered have you been by these medical problems in the past 30 days? (Restrict response to problem days of Question M6.)	
<ul> <li>M8. How important to you now is treatment for these medical problems?</li> <li>If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.</li> </ul>	
Interviewer Severity Rating M9. How would you rate the patient's need for medical treatment? • Refers to the patient's need for <i>additional</i> medical treatment.	

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### **EMPLOYMENT/SUPPORT STATUS**

<ul> <li>E1. Education completed: <ul> <li>GED = 12 years, note in comments.</li> <li>Include formal education only.</li> </ul> </li> <li>E2. Training or technical education completed: <ul> <li>Formal/organized training only. For military training, include only training that can be used in civilian life (e.g., electronics, artillery).</li> </ul> </li> </ul>	EMPLOYMENT/SUPPORT COMMENTS (Include question number with your notes)
<ul> <li>E3. Do you have a profession, trade, or skill? 0-No 1-Yes</li> <li>Employable, transferable skill acquired through training.</li> <li>If Yes, specify</li></ul>	
<ul> <li>E4. Do you have a valid driver's license?</li> <li>Valid license; not suspended/revoked. 0-No 1-Yes</li> <li>E5. Do you have an automobile available for use?</li> <li>If answer to E4 is No, then E5 must be No. 0-No 1-Yes Does not require ownership, requires only availability on a regular basis.</li> </ul>	
<ul> <li>E6. How long was your longest full-time job? / / / / / / / / / / / / / / / / / / /</li></ul>	
E7. Usual (or last) occupation? (specify) (Use Hollingshead Categories Reference Sheet)	
<ul> <li>E8. Does someone contribute to your support in any way?</li> <li>0-No 1-Yes</li> <li>Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.</li> </ul>	
<ul> <li>E9. Does this constitute the majority of your support?</li> <li>0-No 1-Yes</li> <li>• If E8 is No, then E9 is N.</li> </ul>	]
<ul> <li>E10. Usual employment pattern, past 3 years?</li> <li>1. Full time (40 hrs/week) 5. Service/Military</li> <li>2. Part time (regular hours) 6. Retired/Disability</li> <li>3. Part time (irregular hours) 7. Unemployed</li> <li>4. Student 8. In controlled environment</li> <li>Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.</li> </ul>	

### **EMPLOYMENT/SUPPORT (cont.)**

<ul> <li>E11. How many days were you paid for working in the past 30 days?</li> <li>Include "under the table" work, paid sick days, and vacation.</li> </ul>	Interviewer Severity Rating E22. How would you rate the patient's need for employment counseling?
For Questions E12–17: How much money did you receive from the following sources	Confidence Rating Is the above information significantly distorted by:
in the past 30 days?	
E12. Employment	E23. Patient's misrepresentation? 0-No 1-Yes
• Net or "take home" pay; include any "under the table" money.	E24. Patient's inability to understand? 0–No 1–Yes
E13. Unemployment compensation	EMBLOVMENT/SUBDOBT COMMENTS (
E14. Welfare • Include food stamps, transportation money provided by an agency to go to and from treatment.	EMPLOYMENT/SUPPORT COMMENTS (cont.) (Include question number with your notes)
E15. Pensions, benefits, or Social Security • Include disability, pensions, retirement, veteran's benefits, SSI, and worker's compensation.	
<ul> <li>E16. Mate, family, or friends</li> <li>Money for personal expenses (e.g., clothing); include unreliable sources of income. Record</li> </ul>	
<i>cash</i> payments only; include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.	
<ul> <li>E17. Illegal</li> <li>Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.</li> </ul>	
<ul> <li>E18. How many people depend on you for the majority of their food, shelter, etc.?</li> <li>Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.</li> </ul>	
<ul> <li>E19. How many days have you experienced employment problems in the past 30 days?</li> <li>Include inability to find work, if actively looking for work, or problems with present job in which that job is jeopardized.</li> </ul>	
For Questions E20 & E21, ask the patient to use the Patient's Rating Scale.	
<ul> <li>E20. How troubled or bothered have you been by these employment problems in the past 30 days?</li> <li>If the patient has been incarcerated or detained during the past 30 days, he or she cannot have employment problems. In that case, an N response is indicated.</li> </ul>	
<ul> <li>E21. How important to you now is counseling for these employment problems?</li> <li>Stress help in finding or preparing for a job, not giving the patient a job.</li> </ul>	

### ALCOHOL/DRUGS

<ul> <li>Route of administration:</li> <li>1. Oral</li> <li>2. Nasal</li> <li>3. Smoking</li> <li>4. Non-IV injection</li> <li>5. IV injection</li> <li>5. IV injection</li> <li>• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.</li> </ul>	ALCOHOL/DRUGS COMMENTS (Include question number with your notes)
Years of Route of Past 30 Days Regular Use Admin.	
D1. Alcohol (any use at all)	
D2. Alcohol (to intoxication)	
D3. Heroin	
D4. Methadone	
D5. Other Opiates/Analgesics	
D6. Barbiturates	
D7. Sedatives/Hypnotics/Tranquilizers	
D8. Cocaine	
D9. Amphetamines	
D10. Cannabis	
D11. Hallucinogens	
D12. Inhalants	
D13. More than one substance per day (including alcohol)	
<ul> <li>D14. According to the interviewer, which substance(s) is/are the major problem?</li> <li>Interviewer should determine the major drug of abuse. Code the number next to the drug in Questions D1–12, or "00" = no problem, "15" = alcohol and one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.</li> </ul>	
<ul> <li>D15. How long was your last period of voluntary abstinence from this major substance?</li> <li>Last attempt of at least 1 month, not necessarily the longest. Periods of hospitalization/incarceration <i>do not count</i>. Periods of Antabuse, methadone, or naltrexone use during abstinence <i>do count</i>.</li> <li>"00" = never abstinent</li> </ul>	
<ul> <li>D16. How many months ago did this abstinence end?</li> <li>If D15 = "00," then D16 = "NN."</li> <li>"00" = still abstinent.</li> </ul>	
<ul> <li>How many times have you: D17. Had alcohol DTs?</li> <li>Delirium Tremens (DTs): Occur 24-48 hours after last drink or significant decrease in alcohol intake; includes shaking, severe disorientation, fever, hallucinations. DTs usually require medical attention.</li> </ul>	
D18. Overdosed on drugs? • <i>Overdoses</i> (OD): Requires intervention by someone to recover, not simply sleeping it off; include suicide attention by COD.20-918-078	16 of 72

## ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for:         D19. Alcohol abuse?         D20. Drug abuse?         • Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period).         How many of these were detox only?         D21. Alcohol         D22. Drugs         • If D19 = "00," then Question D21 is "NN."         If D20 = "00," then Question D22 is "NN."	Interviewer Severity Rating         How would you rate the patient's need for treatment for:         D32. Alcohol problems?
How much money would you say you spent during the past 30 days on:         D23. Alcohol?         D24. Drugs?         • Count only actual money spent. What is the financial burden caused by drugs/alcohol?	ALCOHOL/DRUGS COMMENTS (cont.) (Include question number with your notes)
D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?       •         • Include AA/NA       D99. <optional> How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days?</optional>	
How many days in the past 30 days have you experienced:         D26. Alcohol problems?         D27. Drug problems?         • Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.	
For Questions D28-D31, ask the patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.         How troubled or bothered have you been in the past 30 days by these:         D28. Alcohol problems?         D29. Drug problems?         How important to you now is treatment for:         D30. Alcohol problems?	
D31. Drug problems?	

### LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0–No 1–Yes       •         • Judge, probation/parole officer, etc.       •         L2. Are you on parole or probation? 0–No 1–Yes       •         • Note duration and level in comments.       •         How many times in your life have you been arrested and	<ul> <li>L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes</li> <li>L25. What for? <ul> <li>Use the number of the type of crime committed: L3–16 and L18–20.</li> <li>Refers to Question L24. If more than one charge, choose the most severe.</li> </ul> </li> </ul>
charged with the following:         L3.       Shoplifting/Vandalism         L4.       Parole/Probation         Wiolations       L11.         L5.       Drug Charges         L6.       Forgery         L7.       Weapons Offense         L14.       Prostitution         L7.       Weapons Offense         L14.       Prostitution         L8.       Burglary/Larceny/         L15.       Contempt         Breaking and Entering       of Court         L9.       Robbery         L16.       Other:         On ot include juvenile (pre age 18) crimes, unless client was charged as an adult.         Include formal charges only.         L17.       How many of these charges resulted in convictions?         If L3-16 = 00, then question L17 = "NN."         Do not include misdemeanor offenses from questions L18-20 below.         Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.         How many times in your life have you been charged with the	L26. How many days in the past 30 days were you detained or incarcerated?       • Include being arrested and released on the same day.         LEGAL COMMENTS         (Include question number with your notes)
following: L18. Disorderly conduct, vagrancy, public intoxication?	
L19. Driving while intoxicated?	
<ul> <li>L21. How many months have you been incarcerated in your life?</li> <li>If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.</li> <li>L22. How long was your <i>last</i> incarceration?</li> <li>Enter "NN" if never incarcerated. (Months)</li> <li>L23. What was it for?</li> <li>Use codes L3–16, L18–20. If multiple charges, choose the most severe. Enter "NN" if never incarcerated.</li> </ul>	

## LEGAL STATUS (cont.)

<ul> <li>L27. How many days in the past 30 days have you engaged in illegal activities for profit?</li> <li>Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with Question E17 under Employment/Support Section.</li> </ul>	LEGAL COMMENTS (cont.) (Include question number with your notes)	
For Questions L28-29, ask the patient to use the Patient's Rating Scale.		
<ul> <li>L28. How serious do you feel your present legal problems are?</li> <li>Exclude civil problems</li> </ul>		
<ul> <li>L29. How important to you now is counseling or referral for these legal problems?</li> <li>Patient is rating a need for <i>additional</i> referral to legal counsel for defense against criminal charges.</li> </ul>		
Interviewer Severity Rating         L30. How would you rate the patient's need for         legal services or counseling?		
Confidence Rating         Is the above information significantly distorted by:         L31. Patient's misrepresentation?       0-No       1-Yes         L32. Patient's inability to understand?       0-No       1-Yes		
FAMILY HISTORY		
Have any of your blood-related relatives had what you would call Specifically, was there a problem that did or should have led to tree		
Mother's SideAlcohol Drug Psych.Father's SideAlcoholH1. GrandmotherH6. GrandmotherH2. GrandfatherH7. GrandfatherH3. MotherH8. FatherH4. AuntH9. AuntH5. UncleH10. Uncle	Cohol Drug Psych.     Siblings     Alcohol Drug Psych.     H11. Brother     H12. Sister	
<ul> <li>0 = Clearly No for any relatives in that category 1 = Clearly Yes for any relatives in that category • In cases in which there is more than one person for a category, report the most severe. Accept the patient's judgment on these questions. FAMILY HISTORY COMMENTS (Include question number with your notes)</li> </ul>		

MHRC RFP # 20-918-078

### FAMILY/SOCIAL RELATIONSHIPS

F1.       Marital Status:	Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:         F12. Mother       F15. Sexual partner/ spouse         F13. Father       F16. Children         F14. Brothers/ sisters       F17. Friends         0 = Clearly No for all in class       X = Uncertain or "I don't know"         1 = Clearly Yes for any in class       N = Never had a relative
<ul> <li>F4. Usual living arrangements (past 3 years): <ol> <li>1-With sexual partner and children 6-With friends</li> <li>2-With sexual partner alone 7-Alone</li> <li>3-With children alone 8-Controlled environment</li> <li>4-With parents 9-No stable arrangement</li> <li>5-With family</li> <li>Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.</li> </ol> </li> <li>F5. How long have you lived in these arrangements? <ol> <li>If with parents or family, since age 18.</li> <li>Code years and months living in arrangements from Question F4.</li> </ol> </li> </ul>	in category  FAMILY/SOCIAL COMMENTS (Include question number with your notes)
F6. Are you satisfied with these arrangements?	
Do you live with anyone who:         F7. Has a current alcohol problem? 0–No 1–Yes         F8. Uses nonprescribed drugs, or abuses prescribed drugs? 0–No 1–Yes	
<ul> <li>F9. With whom do you spend most of your free time?</li> <li>I-Family 2-Friends 3-Alone</li> <li>If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to that person as "family" throughout this section, not as a friend.</li> <li>F10. Are you satisfied with spending your free time this way?</li> <li>0-No 1-Indifferent 2-Yes</li> <li>A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.</li> </ul>	
<ul> <li>F11. How many close friends do you have?</li> <li>Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.</li> </ul>	

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## FAMILY/SOCIAL (cont.)

Have you had significant periods in which you have experienced serious problems getting along with: 0-No 1-Yes Past 30 days In Your Life	Interviewer Severity Rating F36. How would you rate the patient's need
F18. Mother	for family and/or social counseling?
F19. Father	Confidence Rating
F20. Brother/sister	Is the above information significantly distorted by:
F21. Sexual partner/spouse	F37. Patient's misrepresentation? 0-No 1-Yes         F38. Patient's inability to understand? 0-No 1-Yes
F22. Children	
F23. Other significant family (specify)	FAMILY/SOCIAL COMMENTS (cont.) (Include question number with your notes)
F24. Close friends	
F25. Neighbors	
<ul> <li>F26. Coworkers</li> <li>"Serious problems" mean those that endangered the relationship.</li> <li>A "problem" requires contact of some sort, either by telephone or in person.</li> </ul>	
Has anyone ever abused you? 0-No 1-Yes	
Past 30 days In Your Life F27. Emotionally . Made you feel bad through harsh words.	
F28. Physically • Caused you physical harm.	
F29. Sexually • Forced sexual advances/acts.	
How many days in the past 30 days have you had serious conflicts with:	
F30. Your family?	
F31. Other people (excluding family)?	
For Questions F32–35, ask the patient to use the Patient's Rating Scale.	
How troubled or bothered have you been in the past 30 days by:	
F32. Family problems?	
F33. Social problems?	
How important to you now is treatment or counseling for:	
<ul> <li>F34. Family problems</li> <li>Patient is rating his or her need for counseling for family problems, not whether the patient would be willing to attend.</li> </ul>	
<ul> <li>F35. Social problems</li> <li>Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.</li> <li>MHRC RFP # 20-918-078</li> </ul>	191 21 of 72
	* ~ *

### **PSYCHIATRIC STATUS**

How many times have you been treated for any psychological or emotional problems:	For Questions P13–P14, ask the patient to use the Patient's Rating Scale.
<ul> <li>P1. In a hospital or inpatient setting?</li> <li>P2. Outpatient/private patient?</li> <li>Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.</li> <li>Enter diagnosis in comments if known.</li> </ul>	<ul> <li>P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?</li> <li>Patient should be rating the problem days from Question P12.</li> <li>P14. How important to you now is treatment for these psychological or emotional problems?</li> </ul>
P3. Do you receive a pension for a psychiatric disability?	<b>PSYCHIATRIC STATUS COMMENTS</b> (Include question number with your comments)
Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: 0-No 1-Yes Past 30 days In Your Life         P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?	
P5. Experienced serious anxiety/tension— were uptight, unreasonably worried, unable to feel relaxed?	
P6. Experienced hallucinations—saw things or heard voices that others didn't see/hear?	
P7. Experienced trouble understanding, concentrating, or remembering?	
<ul> <li>P8. Experienced trouble controlling violent behavior, including episodes of rage or violence?</li> <li>Patient can be under the influence of alcohol/drugs.</li> </ul>	
<ul> <li>P9. Experienced serious thoughts of suicide?</li> <li>Patient seriously considered a plan for taking his or her life. Patient can be under the influence of alcohol/drugs.</li> </ul>	
<ul> <li>P10. Attempted suicide?</li> <li>Include actual suicidal gestures or attempts.</li> <li>Patient can be under the influence of alcohol/drugs.</li> </ul>	
<ul> <li>P11. Been prescribed medication for any psychological or emotional problems?</li> <li>Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.</li> </ul>	
<ul> <li>P12. How many days in the past 30 days have you experienced these psychological or emotional problems?</li> <li>This refers to problems noted in Questions P4–P10.</li> </ul>	

## **PSYCHIATRIC STATUS (cont.)**

The following items are to be completed by the interviewer:		PSYCHIATRIC STATUS COMMENTS (cont.) (Include question number with your notes)
At the time of the interview, the patient was: 0-No 1-	Yes	
P15. Obviously depressed/withdrawn		
P16. Obviously hostile		
P17. Obviously anxious/nervous		
P18. Having trouble with reality testing, thought disorders, paranoid thinking		
P19. Having trouble comprehending, concentrating, remembering		
P20. Having suicidal thoughts		
Interviewer Severity Rating		
P21. How would you rate the patient's need for psychiatric/psychological treatment?		
Confidence Rating Is the above information significantly distorted by:		
P22. Patient's misrepresentation? 0-No 1-Yes		
P23. Patient's inability to understand? 0-No 1-Yes		

### 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	ASAM Level	Sul	ostance	<b>Sion .</b> Use, Acti Withdra	te	ALC: COMMENTER OF	Sector Contractor	sion 2 mainan	10.000	Emot	tional, Br	s <b>ion 3</b> shavioral ndition a			imen adiness t			D Relap Contini	ie, Cont		e, or	CONTRACTOR OF A	ALL PERMIT	Sion ( Environ	E STARLES
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Nould the patient with alcohol or o		r.							A 1*													- ve <sup>1</sup>	es 🗍	No	

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,	Client Name: Medi-Cal ID:
Civil Code and HIPAA Privacy Standards. Duplication of this information for further	Chern Wahle, Web-Carlo,
disclosure is prohibited without the prior written authorization of the patient/authorized	
representative to who it pertains unless otherwise permitted by law.	Treatment Agency:

RAHIBEORRPS# 4019518-078



## DUI Weekly Group Schedule

	MON	TUES	WED	THURS	FRI	SAT
8:00						
8:30						
9:00						MO
9:30						Group 9:00-
10:00		FO	MO Group	FO Enroll		11:00
10:30		Enroll	10:00-12:00	10:00- 11:00		-
11:00		10:00-12:45		DUI	MO Enroll	
11:30				Education	11:00-	
12:00		-		11:00-1:00	11:45	FO Group
12:30						12:00-
1:00				FO Group		2:00
1:30				1:00-2:30		
2:00					MO Enroll	
2:30					2:00-2:45	
3:00						
3:30						
4:00						
4:30						
5:00		·	MO Group		FO Group	MO
5:30		FO	5:00-7:00	DUI	5:00-7:00	Group 5:00-7:00
6:00		Education		Education 5:30-7:30		5.00 7.00
6:30		5:30-7:30				
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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P.O. Box 19007 S. Lake Tahoe, CA 96151 530-600-6505 www.mountainhighrecovery.org

## **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 manage 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. Additional, 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.

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gy of substance use, and co-occurring disorders.	
	2020-Current
care staff's implementation of treatment plans and provide relevant training. al and group SUD, mental health, and family counseling for adolescents in nt.	
y, Health & Human Services Agency, Alcohol & Drug Programs inician IA	2015-2020
l health and substance abuse assessments for community and court referred clients, in individuals in crisis. nealth and substance use assessment, individual and group counseling, and case mana tance use and co-occurring disorders	-
8-078	28 of 72
21-0193	3 B 28 of 70

## 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 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 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**

### 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 **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**

### **Head of Service**

- Supervise direct of
- Provide individua STRTP placemen

#### El Dorado County 20 Mental Health Cli

- Complete mental 0 assessments for in
- Provide mental he clients with substa MHRC RFP # 20-918-

2020

2015

2010

2017 - Current

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-FOIUNDER/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 C0MPLETE UNITS): COUNSELING AND EDUCATIONAL PSYCHOLOGY

BACHLAORS OF ARTS: AMERICAN STUDIES

University of California Berkeley

## Attachment A

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

 $\langle \hat{} \rangle$ 

PROGRAM TYPE	INTAKE FEE	STATE FEE	COUNTY FEE	SESSION TYPE	# SESSIONS	AT (Fee Per Session)	TYPE TOT
W&R	Ś -	JIATE FLE	5%	Educational	# 323310183	<u>session</u> \$ -	\$ -
	<b>7</b>			Face-to-face		\$ -	Š -
				Lauran and the superson		W&R TOTAL	\$ -
3-MONTH	\$60		5%	Educational	<u> Antonia in antonia in antonia antonia</u>	\$50	\$ 300
				Face-to-face		\$ 20	\$ 60
				Group		\$50	\$ 600
* 86081711	600		F0/		And the second se	IONTH TOTAL	Construction of the local data and the locae data and the local data a
5-MONTH	\$60		5%	Educational Face-to-face		\$ 50 \$ 20	\$ 300 \$ 120
				Group		\$ 20 \$ 50	\$ 120
					6-M	ONTH TOTAL	\$ 1680
-MONTH	\$60		5%	Educational		\$50	\$ 300
				Face-to-face		\$20	\$ 200
				Group		\$ 50	<u>\$1500</u>
				<u> </u>		ONTH TOTAL	
B-MONTH	\$60		5%	Educational		\$50 \$20	\$ 300
				Face-to-face		\$ 20 \$ 50	\$ 480 \$1750
			이 그 요구한 것 같은 것이 같이 것.	Group Reentry		\$ 20	\$ 120
					18-M	ONTH TOTAL	
D-MONTH	\$ -		5%	Educational	COLOR DOWNERS AND ADDRESS AND ADDRESS ADDR	\$ -	\$ -
				Face-to-face	:	\$ -	\$ -
				Group	ļ	\$ -	\$ -
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dditional Charges:		Fee			50-141	ONTRIOTAL	
ad Check	X	\$30	Explanation of	other fee(s):		gan an a	and a state of the second s
uplicate 101 (Research ite Payment	n) X X X X	\$15 \$25	Additiona activity a	al fees cover nd charged a	cost of staff at time servic	time to com e is rendere	plete d.
ave of Absence issed Activity	Â	\$25 \$40	Participa	nts will not b	e charged ac	ditional fees	s without
instatement	X	\$10	рног кло	wledge and a	approval.		
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ansfer-in	X	\$60					
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her	Bey approximately						
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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	18 Month Program	\$3	2,710.00
<b>Regular Payments</b>		Regular Payments		
Down Payment	\$ 250.00	Down Payment	\$	250.00
8 Monthly Installments	\$ 226.25	12 Monthly Installments	\$	205.00
Extended Payments		Extended Payments		
Down Payment	\$ 250.00	Down Payment	\$	250.00
Payment Plan (Choose one)		Payment Plan (Choose one)		
2 monthly payments of	\$ 905.00	2 monthly payments of	\$3	1,230.00
3 monthly payments of	\$ 603.33	3 monthly payments of	\$	820.00
4 monthly payments of	\$ 452.50	4 monthly payments of	\$	615.00
5 monthly payments of	\$ 362.00	5 monthly payments of	\$	492.00
6 monthly payments of	\$ 301.67	6 monthly payments of	\$	410.00
7 monthly payments of	\$ 258.57	7 monthly payments of	\$	351.43
8 monthly payments of	\$ 226.25	8 monthly payments of	\$	307.50
9 monthly payments of	\$ 201.11	9 monthly payments of	\$	273.33
10 monthly payments of	\$ 181.00	10 monthly payments of	\$	246.00
11 monthly payments of	\$ 164.54	11 monthly payments of	\$	223.64
12 monthly payments of	\$ 150.83	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

- Payments are due on the 1<sup>st</sup> of each month and are considered late after the 10<sup>th</sup> 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 10<sup>th</sup> 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.

Payment Schedule MHRC RFP # 20-918-078

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\$ 144.71

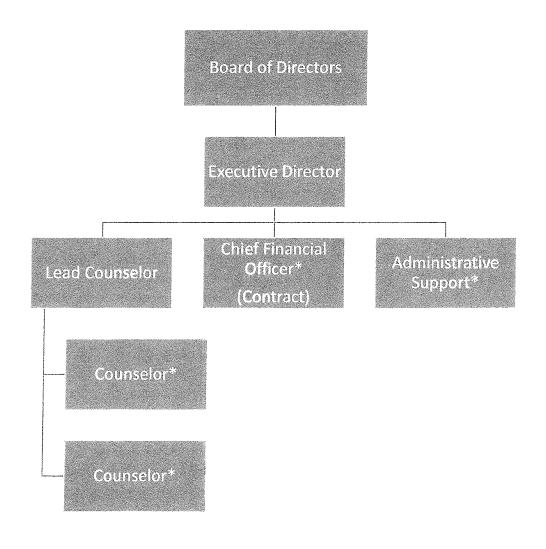
\$ 136.67

17 monthly payments of

18 monthly payments of



## **Organizational Chart**



\*denotes vacant position

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## **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):
  - o Intake interview
  - o 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)
  - o 3 months minimum participation from date of enrollment
- Enhanced First Offender Program (6 months):
  - o Intake interview
  - o 6 face-to-face interviews (beginning, middle and end, 15 minutes each)
  - o 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):
  - o Intake interview
  - o 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):
  - o Intake interview
  - o 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, 5<sup>th</sup> 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-toface 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

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#### 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
  - o Extended illness or medical treatment of participant or family member
  - o 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.

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- 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

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• 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 of 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

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#### Payment Guidelines

- Payments are due on the 1<sup>st</sup> of each month and are considered late after the 10<sup>th</sup> 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 10<sup>th</sup> 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

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- 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 the 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 (150 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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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 1 Intake Interview	<b>Session</b> \$60.00	Service Total \$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.

<ul> <li>Program &amp; Service Fees</li> <li>1 Intake Interview</li> <li>6 Face-2-Face Interviews</li> <li>6 Education Sessions</li> <li>24 Group Counseling Sessions</li> <li>Total Program Fee</li> </ul>	Session \$60.00 \$20.00 \$50.00 \$50.00	Service Total \$ 60.00 \$ 120.00 \$ 300.00 \$1200.00 \$1680.00
Additional Fees Returned check (excluding bank charge Missed activity Rescheduling Transfer Out Transfer In Reinstatement Duplicate DMV Cert Leave of Absence Late Payment Drug Testing DMV Certificate		\$30.00 \$40.00 \$25.00 \$55.00 \$60.00 \$10.00 \$15.00 \$25.00 \$25.00 \$30.00 \$ 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.

<ul> <li>Program &amp; Service Fees</li> <li>1 Intake Interview</li> <li>6 Face-2-Face Interviews</li> <li>6 Education Sessions</li> <li>24 Group Counseling Sessions</li> <li>Total Program Fee</li> </ul>	<b>Session</b> \$60.00 \$20.00 \$50.00 \$50.00	Service Total \$ 60.00 \$ 200.00 \$ 300.00 \$1500.00 \$2060.00
Additional Fees Returned check (excluding bank charge Missed activity Rescheduling Transfer Out Transfer In Reinstatement Duplicate DMV Cert Leave of Absence Late Payment Drug Testing DMV Certificate		\$30.00 \$40.00 \$25.00 \$55.00 \$60.00 \$10.00 \$15.00 \$25.00 \$25.00 \$30.00 \$ 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 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 1 Intake Interview 24 Face-2-Face Interviews 6 Education Sessions 35 Group Counseling Sessions 6 Re-entry Face-2-Face Interviews Total Program Fee	Session \$60.00 \$20.00 \$50.00 \$50.00 \$20.00	Service Total \$ 60.00 \$ 480.00 \$ 300.00 \$1750.00 \$ 120.00 \$2710.00
Additional Fees Returned check (excluding bank charge Missed activity Rescheduling Transfer Out Transfer In Reinstatement Duplicate DMV Cert Leave of Absence Late Payment Drug Testing DMV Certificate		\$30.00 \$40.00 \$25.00 \$55.00 \$60.00 \$10.00 \$15.00 \$25.00 \$25.00 \$30.00 \$ 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

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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)).

#### Statement of Confidentiality

MHRC RFP # 20-918-078

## 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

MHRC RFP # 20-918-078

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

MHRC RFP # 20-918-078

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)

Statement of Confidentiality



## **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



## **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

Staff Signature

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Date

Date



## Intake Interview

Participant:	Case #:
Interviewer:	Date:
Please initial that you have discussed the follow	wing with your counselor:
Rules and Regulations as outlined in Co	ntract for Participation;
Reasons for Termination as outlined in	Contract for Participation;
Payment Schedule, including Late Paym	ent Policy;
Program Schedule, including Absence Po sessions and counseling sessions;	olicy and Participant attendance in educational
Program Goal of Abstinence and role of	abstinence in a healthy lifestyle;
Assessment results, recognition of an ac drugs; and name of referral to higher le	ctual, possible, or potential problem with alcohol or vel of care, if needed;
Any barriers to successful completion of	f the program.

Participant Signature

**Staff Signature** 

Date

Date



## **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: Gen	nder: DOB:
Ethnicity:	
Disability: Yes / No Children under 18	: Yes / No Pregnant: Yes / No
Offense Data	
<ul> <li>Alcohol – Blood Alcohol Content</li> <li>Alcohol &amp; Drugs – Blood Alcohol Content</li> <li>Drugs</li> </ul>	

- □ Refused
- Unknown



## **Emergency Contact / Family Information**

Participant:	Case#:
Emergency Contact Name:	
Relationship:	
MailingAddress:	
Phone:	Alt. Phone:
•	additional family/friends participate in a program (offered cate him/her on alcohol/drug use and the effect on the e/s below.
Name:	
Relationship:	
MailingAddress:	
Phone:	Alt. Phone:
Name:	
Mailing Address:	
	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.

DUI Program Signature Sheet

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DUI Payment	Oth	er Fees li	ncurred		Group S	essions		Individual	Sessions
iitials Date A	Amount Initials	Date	Amount	Initials	Date	Initials	Date	Initials	Date
·	1			1		14		1	
·	2			2		15			
				3		16		3	
				4	· ····································	17			
	4			5		18	<u> </u>	5	
	5			6		19		6	
				7		20		7	
				8		21		8	
	7			9		22		9	
	8			10		23		10	
	٥			11		24		11	
	9. <u></u>			12		25		12	
)	10			13		26		13	
1	11								
2	12			Educatio	on Classes	Self-Help	Classes	Re-Ent	ry
3	13			1	L	1		1	
4	14			2		2			
5				3		3		3	
				4		4		4	
6	16			5	<u>, w</u>	5		5	
7	17			6				6	
8.	18.					Moun	itain High F	Recovery Center	- 11/28/202
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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:\_\_\_\_\_\_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

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

Staff Signature

Date

Date



## **Discharge Summary**

N	ame:		Case #:
Μ	ailing Address		
A	dmit Date:Exit Dat	e:	_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	1
3.	Financial Plans:		
	Fees Paid:	Fees Owed:	
4.	Aftercare Plans:		
5.	Special conditions for re-admission:		
Cli	ent Comments:		
Со	unselor Name:		_ Title:
Cοι	unselor Signature:		_Date:

Discharge Summary MHRC RFP # 20-918-078



Appendix B

**Financial Statements and Statement of Compliance** 

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#### 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)

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RFP #20-91840782 Attachment B

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- 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

1

<u>11/30/20</u> Date

(2 of 2)

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## FINANCIAL STATEMENT

As of	November 25	2020

PROGRAM NAME		
ASSETS		
Cash on hand		\$ <u> </u>
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		\$ <u>4,871</u>
		: 2 C C C C C C C C C C C C C C C C C C
Accounts Payable (include installment con	tracts and balance due)	\$
Salaries and Wages Payable		\$
Payroll Taxes Payable		\$
lotes Payable (include personal notes). S	how source and balance du	ıe. \$ <u>-</u>
,		\$ <u>-</u>
Real Estate Loans or Mortgages (balance	due):	\$
Other debts (describe):		\$
B. Total Liabilities		\$ <u>0</u>
======================================		****************
N 1 97		<b>dB) \$</b> 4,871
C. Total Ownership	(difference between A and	uв) <u>ş-,,,,,</u>

County of Ep Dorado

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RFP #20-918-0982 Attachment C

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

DATE: <u>11/29/20</u> COUNTY: <u>El Dorado</u>									
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									
P	Α	В	С	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 SERVICE	S (from line 5, DH	CS/DUI 7825R)	<u>\$</u> 1	76,905					
8) OPERATING EXPENS	SES (from DHCS/I	OUI 7830R)	\$	53,306					
9) EQUIPMENT DEPRE	CIATION (from line	e 2, DHCS/DUI 783	35R) <u>\$</u>	0					
10) FACILITY DEPRECIA	10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835R)         \$								
11) ESTIMATED GROSS	•			30,211					
<b>12) Profit/Surplus \$</b> 13,039									
Bookkeeper: Allison Hibba	Ind	Auditor: _T	BD						
			Telephone:						
Telephone: 530-600-6505	·	Telephone:	•						
Telephone: <u>530-600-6505</u> Accountant: <u>TBD</u>									

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RFP #20-918<sup>6</sup>09<sup>6</sup>8<sup>2</sup> Attachment D

## DRIVING-UNDER-THE-INFLUENCE PROGRAM PERSONAL SERVICES BUDGET

#### 1) PERSONAL SERVICES:

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Α	В	С	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	\$ <u></u> - \$	2080	\$62,400	100%	\$62,400			
Counselor - Supervisor	\$ <u>_25</u> \$	2080	\$52,000	100%	\$52,000			
Counselor	\$ <u>20</u> \$	1040	\$20,800	100%	\$20,800			
Administrative Support	\$ <u>15</u> \$	1040	\$15,600	100%	\$15,600			
	\$ \$							
	\$ \$							
	\$ \$							
	\$\$							
2) TOTAL SALAR	2) TOTAL SALARIES \$							
3) STAFF BENEFITS								
a) Social Security (	OASDI)			¥	9,350			

b) Unemployment Insurance	\$ 5,128	
c) Health Insurance	\$ <u>0</u>	
d) Worker's Compensation	<u></u> \$ 11,627	
e) Other (specify)	<u>\$</u> 0	
4) TOTAL STAFF BENEFITS		
(please indicate the %, if used)%	<u>\$</u> 26,105	-
5) TOTAL PERSONAL SERVICES	\$176,905	==
(Enter on DHCS/DUI 7820R, Line 7)		-

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

RFP #20-918<sup>8</sup>0<sup>4</sup>7<sup>2</sup> Attachment D

## DRIVING-UNDER-THE-INFLUENCE PROGRAM OPERATING EXPENSES BUDGET

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

#### TOTAL OPERATING EXPENSES:

(enter on DHCS/DUI 7820R, line 8)

RFP #20-918-078<sup>2</sup> Attachment D

\$ 53,306

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

#### 1) EQUIPMENT:

A	В	С	D	E	F	G	Н
TOTAL NO	ITEM	NEW/ USED	COST EACH	TOTAL COST	LIFE YEARS	YEAR OF DEPRE. LIFE	TOTAL YEAR DEP. \$
	N/A						

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

## 3) FACILITY DEPRECIATION:

A	В	С	D	E	F	G
FACILITY LOCATION	DATE OF PURCHASE	COST	DEPREC. COST	LIFE YEARS	ACCUMULATE DEPRE. LIFE	CURRENT YR. DEPRE.
	N/A					

#### 4) TOTAL FACILITY (DEPRECIATION) COSTS:

RFP #20-918-078<sup>2</sup> Attachment D

\$

\$

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