DEPARTMENT: Human Services

BY: Cheryle Rutherford-Kelly
PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board: (1) review and accept a County Alcohol and Drug Program Certification; and (2) authorize your Chair and I to sign the Certification forms.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? ( ) Yes (X) No  Current FY Cost: $
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $
Additional Funding Needed: $ 
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General  ( ) Other

Annual Recurring Cost: $

List Attachments, number pages consecutively
Board Memo, Page 1
Certification, Page 2 - 24

CLERK’S USE ONLY:
Res. No.: 52418
Vote – Ayes: 5  Noes: ___
Absent: ___
4 Approved
( ) Minute Order Attached  ( ) No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
No Opinion

Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: ____________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: __________________________
Deputy

CAO: ____________

Revised Dec. 2002
August 9, 2005

TO: Members, Board of Supervisors
FROM: Cheryle Rutherford-Kelly
RE: Behavioral Health / Alcohol and Drug Certification

Recommendation

It is respectfully recommended that your Board: (1) review and accept a County Alcohol and Drug Program Certification; and (2) authorize your Chair and I to sign the Certification forms.

Information

The Alcohol and Drug programs have been working, with State approval, under the old Kings View program certification. Their certification expired and it is now necessary to become certified.

Certification ensures that the program meets state standards and can bill drug MediCal in the very near future.

Financial

There are no general funds involved. Billing drug MediCal is of critical importance as it will enhance our revenue.

pk
ALCOHOL AND/OR OTHER DRUG PROGRAM
INITIAL CERTIFICATION
APPLICATION BOOKLET
ADP 5085 C

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
LICENSING AND CERTIFICATION DIVISION
RESIDENTIAL AND OUTPATIENT PROGRAMS COMPLIANCE BRANCH
1700 K STREET
SACRAMENTO, CA 95814 - 4037

(916) 322-2911
FAX (916) 322-2658 or 323-0659
TDD (916) 445-1942

REVISED 02/04
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
INITIAL APPLICATION CHECKLIST
ADP 5085-C

SECTIONS A & B

Residential and nonresidential program require separate applications

This form is to assist in identifying forms and documents needed for initial program certification. The following pages describe each item in greater detail. All applicants for initial shall submit the following:

SECTION A

REQUEST FOR INITIAL CERTIFICATION
Initial Application for Alcohol and/or Other Drug Program Certification (ADP5085 - C)

1. PROGRAM STAFFING PLAN (SEE ATTACHED FORM)

Initial Application Request for Alcohol and/or Other Drug Program Certification (ADP5085 – C) – The applicant shall complete all of the information and documentation contained in this application for certification.

<table>
<thead>
<tr>
<th>(For Departmental Use)</th>
<th>YES</th>
<th>NO</th>
<th>INCOMPLETE</th>
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<tbody>
<tr>
<td>1. Program staffing plan</td>
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Supportive Documents
Each applicant shall submit to the Department the following documents with the application for certification.

(For Departmental Use)

<table>
<thead>
<tr>
<th>PLAN OF OPERATION:</th>
<th>YES</th>
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<tr>
<td>1. ANNUAL LINE ITEM BUDGET</td>
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<td>2. PROGRAM MISSION AND PHILOSOPHY STATEMENT(S)</td>
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<td>3. PROGRAM DESCRIPTION (Detoxification services require separate program description)</td>
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<td>4. A STATEMENT OF PROGRAM OBJECTIVES</td>
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<td>5. PROGRAM EVALUATION PLAN</td>
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<tr>
<td>6. CONTINUOUS QUALITY MANAGEMENT PLAN</td>
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<tr>
<td>7. AN OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PROGRAM (Detoxification services require separate outline.)</td>
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<td>8. A COPY OF THE ADMISSION, READMISSION, AND INTAKE CRITERIA</td>
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<tr>
<td>9. A STATEMENT OF NONDISCRIMINATION IN THE EMPLOYMENT PRACTICES AND PROVISION OF BENEFITS AND SERVICES</td>
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<td>10. A COPY OF THE PROGRAM'S PARTICIPANT ADMISSION AGREEMENT</td>
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<td>11. A TABLE OF ADMINISTRATIVE ORGANIZATION</td>
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<tr>
<td>12. COPY(IES) OF THE STAFFING PLAN AND JOB DESCRIPTION(S) SHOWING MINIMUM STAFF QUALIFICATIONS</td>
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<td>13. AN APPROVED FIRE CLEARANCE</td>
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<td>14. APPROVAL FROM THE LOCAL AGENCY AUTHORIZED TO PROVIDE A BUILDING USE PERMIT</td>
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<tr>
<td>15. COPY OF STATE FACILITY LICENSE (RESIDENTIAL ONLY)</td>
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<tr>
<td>16. PARTNERSHIP AGREEMENT/ARTICLES OF INCORPORATION/BYLAWS</td>
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</tbody>
</table>

**FOR DEPARTMENTAL USE**

☐ APPLICATION COMPLETE: DATE: ________________________ BY: ________________________

4
INITIAL APPLICATION REQUEST
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
ADP 5085 C

SECTION A
(Residential and nonresidential programs require separate applications).

(FOR DEPARTMENTAL USE ONLY)
PROGRAM ID: ___________________ DATE: ___________________
COUNTY: _____________________ REVIEWED BY: ______________

(DIRECTIONS TO FACILITY)
________________________________________________________________
________________________________________________________________
________________________________________________________________

1. PROGRAM INFORMATION:

Mariposa County Behavioral Health and Recovery Services
(Name of Program)

5037 Stroming Road Mariposa CA 95338
(Location to be certified) (City/State) (Zip)

Mariposa (209) 966-2000 (209) 966-8251
(County) (Telephone number) (Fax number, if available)
P.O. Box 99 Mariposa CA 95338
(Mailing Address – if different from above) (City/State) (Zip)
2. EXECUTIVE/PROGRAM DIRECTOR:

Cheryle Rutherford-Kelly
(Name) Director (Title) (209) 966-2000 (Telephone number)

3. PROGRAM CONTACT PERSON:

John Lawless
(Name) Deputy Director (Title) (209) 966-2000 (Telephone number)

4. LEGAL OWNER INFORMATION:

Mariposa County Behavioral Health and Recovery Services
(Legal name, if corporation, the name filed with Secretary of State):

Cheryle Rutherford-Kelly Human Services Director
(Name and title of the officer or employee who acts on behalf of the corporation or association)

5037 Stroming Road Mariposa, CA 95338
(Street Address) (City/State) (Zip)

5. TYPE OF ORGANIZATION:

☐ Profit Corporation ☐ Nonprofit Corporation
☐ Sole Proprietor ☐ Partnership ☒ Government Entity
(If sole proprietor, please complete the Application Supplement for Sole Proprietors.)

6. TYPE OF ALCOHOL AND/OR OTHER DRUG SERVICES PROVIDED:

A. ☐ Residential
B. ☐ Residential Detoxification
C. ☒ Nonresidential:
   1. ☐ Day Treatment
   2. ☒ Outpatient
   3. ☐ Detoxification

(If detoxification services are provided, please include a protocol as required in Section B Supportive Documents.)

7. TARGET POPULATION TO BE SERVED:

☒ 1.1 Co-ed ☐ 1.2 Men only ☐ 1.3 Women only
☒ 1.4 Parents/Children ☒ 1.5 Youth/Adolescents ☐ 1.6 Elderly
☒ 1.7 Families ☒ 1.8 Dual Diagnosis ☐ Other

If other, please identify: ____________________________

8. HOURS OF OPERATION:

☐ 24-HOUR FACILITY ☐ YES ☒ NO
(If less than 24-hour operation, provide specific hours of operation)

Monday: 8 A.M. - 5 P.M.        Friday: 8 A.M. - 5 P.M.
Tuesday: 8 A.M. - 5 P.M.       Saturday: Closed
Wednesday: 8 A.M. - 5 P.M.      Sunday: Closed
Thursday: 8 A.M. - 5 P.M.
9. DOES THE APPLICANT PROVIDE OTHER SERVICES AT THIS LOCATION?

☒ YES ☐ NO

If yes, please identify the type of service(s) provided:

The clinic is also the county Mental Health provider

10. INCLUDE A COPY OF THE PROGRAM'S ANNUAL LINE-ITEM BUDGET.

11. DOES THE APPLICANT HAVE A COUNTY ALCOHOL AND/OR OTHER DRUG PROGRAM CONTRACT?  ☐ YES ☒ NO (If yes, identify funding in annual line-item budget.)

12. AUTHORIZED SIGNATURE(S) OF APPLICANT:

1. If the applicant is a sole proprietor, the proprietor shall sign the application.
2. If the applicant is a partnership, each partner shall sign the application.
3. If the applicant is a firm, association, corporation, county, city, public agency, or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.

THE UNDERSIGNED ENSURES THAT THE PROGRAM DOES 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); 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).

THE APPLICANT(S) AFFIRMS THAT THE FACTS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.

Bob Pickard, Mariposa Board of Supervisors

Chair (TITLE)

8-30-05 (DATE)

Cheryle Rutherford-Kelly, MSW

Human Services Director (TITLE)

9-5-05 (DATE)

(SIGNATURE) (TITLE) (DATE)
INITIAL APPLICATION REQUEST
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION

EXPLANATION OF SECTION A

Supportive documents and forms to be submitted to ADP.

1. **Facility Staffing Plan** – Identify the program staff and volunteers.
   [Standards Section 3035 a.12.] (See Program Staffing Plan)

EXPLANATION OF SECTION B

1. **Annual Line-item Budget** – A line-item budget (projection of revenues and expenditures) for the current fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. [Standards Section 3035 a. 1.]
   See attached line item Budget. See Attachment 1 a-i.

2. **Program Mission and Philosophy Statement(s)** – A written statement(s) describing the program’s mission and/or philosophy. [Standards Section 3035 a.2.]
   The mission of the Mariposa County Behavioral Health and Recovery Services is, in collaboration with our community partners, to promote a pathway to a healthy community through, prevention, intervention and treatment services that strongly encourage self sufficiency and protect vulnerable children and dependent adults.
   The ethics and standards that are used in this agency are backed by extensive research and adhere to the Code of Ethics of the National Association of Social Workers. The ethics and professional standards of this agency are not limited to social workers and therapists because each person here has duties that are of critical importance to clients.

3. **Program Description** – A written document that describes the program’s alcohol and/or other drug services and settings that are offered according to the severity of alcohol and/or other drug involvement and the program’s approach to recovery or treatment which shall include but not be limited to an alcohol and drug free environment.
   [Standards Section 3035 a. 3.]
   a. **Counseling and Other Therapeutic Services.**
      Frequency of Services
1. Currently Mariposa County operates only outpatient programs. Individuals in need of detoxification, or residential treatment, are referred to out-of-county contract providers.

2. Each client receiving outpatient services should be seen weekly or more often, depending on his/her need and treatment plan. At a minimum, all clients shall receive two counseling sessions per 30-day period or be subject to discharge.

3. Clients with co-occurring disorders will have treatment plans coordinated with mental health. The combination of services through both programs will likely exceed the number of counseling services provided to clients with substance abuse disorders alone.

4. Exceptions to the above frequency of services may be made for individual clients where it is determined by program staff that fewer contacts are clinically appropriate and that progress toward treatment goals is being maintained. Such exceptions shall be noted in the case file.

b. Type of Services
Mariposa County’s outpatient drug free treatment services can include: admission physical examinations; intake; medical direction; medication services; body specimen screens; treatment and discharge planning; crisis intervention; collateral services; group counseling; and individual counseling. These services will be provided by staff or contractors that are lawfully authorized to provide, prescribe and/or order these services within the scope of their practice or licensure, subject to the following:

1. **Group counseling sessions** shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. Each client will receive at least two group counseling sessions per month.

2. **Individual counseling** shall be limited to intake, with referral to treatment groups as needed, crisis intervention, collateral services and treatment and discharge planning.

3. Definitions of the above listed services are as follows:

   - **Collateral Services** means face-to-face sessions with therapists or counselors and significant persons in the life of a client, focusing on the treatment needs of the client in terms of supporting the achievement of the client’s treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.

   - **Crisis Intervention** means a face-to-face contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. Crisis means an actual relapse or an unforeseen event or circumstance, which presents to the client an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the client’s emergency situation.

   - **Group Counseling** means face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For outpatient drug free treatment services, groups counseling shall be conducted with no less than four and no more than 10 clients at the same time, only one of whom needs to be a MediCal beneficiary. A client sign-in sheet is required for each group.
activity. Group folders with sign-in sheets will be kept in the medical records office.

**Individual counseling** means face-to-face contacts between a client and a therapist or counselor. **Telephone contacts, home visits, and hospital visits shall not qualify as Medical reimbursable units of service.**

At a minimum, Mariposa County will directly provide or provide by referral to an ancillary service, the following services:

1. Education opportunity;
2. Vocational counseling and training;
3. Job referral and placement;
4. Legal service;
5. Medical and dental services;
6. Social/recreational services;
7. Individual counseling and group counseling for clients, spouses, parents and other significant others.

To the maximum extent possible, Mariposa County programs will provide and utilize community resources and document referrals in client records.

c. **Referral Services**

If during the course of treatment it is judged that a client is not appropriate for treatment, or is in need of other services, Mariposa County shall provide the client with a referral to appropriate alternative services. All referrals will be documented in the client record.

1. A signed release of information will be obtained for all referrals requiring release of patient health information (PHI).
2. Referrals requiring follow-up by the AOD counselor will be documented in the client record.
3. Conditions under which a referral may be necessary include but are not limited to:

   Clients who require or request services not provided by Mariposa Alcohol and Drug Programs, i.e. medical treatment, dental care, detoxification or residential care, psychiatric hospitalization, legal services, recreational services, vocational training and/or job referral and placement.

   Referral resources may include but are not be limited to: Legal Aid, Department of Social Services, Victim Witness, Public Health Department, Mariposa Adult School, Mother Lode Job Training, Mariposa John C. Fremont Hospital, Social Security Administration, Mariposa Housing Authority, Mariposa Parks and Recreation, Merced Community College, Comprehensive Alcohol Program, Changing Echoes, Progress House and so forth. Please see a complete listing of Mariposa resources in the appendices section of the policy and procedure manual.

d. **Medical Services**

   Emergency: To assure that continuous medical treatment is available to all Alcohol and Other Drug clients the following policy and procedure has been established to provide direction for staff in the event of a medical emergency occurring when a client is on-site at one of Mariposa County’s Alcohol and Drug facilities.

**PROCEDURE**
If there is a medical emergency (i.e. overdose, bodily injury) the client will be transported via ambulance to the closest appropriate medical hospital emergency room for treatment. The Medical Director or designee will be informed immediately of the situation.

Medical emergencies occurring in Mariposa (main clinic, Mariposa High School and Springhill High School) will be sent to John C. Fremont Hospital (JCF) (209) 966-3631. By calling Mercy Ambulance Services at 911 or (209) 966-3621 they will provide First Responder services, transportation to JCF E.R. and inform JCF that an emergency is being brought to their facility. Medical emergencies occurring in Coulterville will be sent to Tuolumne General Hospital (TGH) (209) 533-7196. Staff will contact Mercy Ambulance by calling 911 or 209-966-3621 to provide First Responder services, transportation to TGH and to inform TGH that an emergency is being brought to their E.R. For medical emergencies occurring in Yosemite, the AOD office is located in the Yosemite Medical Clinic facility (209) 372-4637 and the on-site medical staff is in the same facility and would be notified immediately.

Family members or the emergency contact person listed on the face sheet in the client's medical records chart will be contacted and informed of the emergency.

Only pertinent patient health information will be provided on a need to know basis (HIPAA Regulations) to the ambulance and hospital facility (client’s name, medications (if any), emergency contact person and insurance information).

Mariposa County staff involved in the emergency will document the information regarding the emergency in the client’s chart (progress note) and also complete an Incident report, which will be sent to the Mariposa County Alcohol and Drug Administrator and the Mariposa County Behavioral Health Medical Director, for review.

In the event that the medical emergency may lead to a 5150 and eventual placement in a psychiatric facility, staff should follow the 5150 procedure and contact the Mariposa County Mental Health Crisis Worker at (209) 966-2000.

e. Consulting

Mariposa County contracts with Kings View Corporation for Telepsychiatry psychiatric medical services. Herbert Cruz, M.D. is the Medical Director for Mariposa County Mental Health and Alcohol/Drug Programs. Dr. Cruz is Board Certified, Addiction Psychiatry. He is available by telephone or email Monday–Friday 8 a.m. – 5 p.m. After hour psychiatric emergencies initially go to Mariposa John C. Fremont Hospital if the emergency originated in Mariposa County proper and to Yosemite Medical Clinic if originating in Yosemite National Park.

f. Medical Detoxification

Mariposa County contracts with the Comprehensive Alcohol Program (CAP), an ADP certified/licensed residential facility, to provide social model residential and detoxification services to Mariposa County residents. Referral process includes:

1. Face-to-face client evaluation at a Mariposa Alcohol and Drug Program facility;
2. Release of information signed by the client to release pertinent patient health information to CAP;
3. Written referral to CAP with payment guarantee signed by the AOD Supervisor or his designee;
4. Transportation to the CAP facility if the client does not have his/her own transportation;
5. Follow-up phone and written contact between CAP and the Mariposa AOD counselor regarding the client’s progress in treatment; and
6. Aftercare treatment in Mariposa following the client’s release from CAP.

4. **A Statement of Program Objectives** – Written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. [Standards Section 3035 a. 4.] Verification of written time-limited measures will be based on the following elements:
   1. The process will begin with testing and an Intake assessment that determines a substance abuse or dependency diagnosis (or a determination of co-dependency) per DSM IV. The assessment determines the initial treatment plan that will be designed to reduce abuse or dependency and will address other problems that exasperate the abuse or dependency.
   2. The next step is to develop a treatment plan that utilizes the information in the assessment to create mutually agreed upon measurable goals that are intended to reduced substance abuse or dependence.
   3. The treatment plan will be re-assessed on a weekly basis to determine if measurable progress is occurring and/or if there are relapse warning signs.
   4. Measurable progress will be documented in weekly progress notes that will include the BIOP Behavior, Intervention, Outcome and Plan. Specific goals from the plan of care will be worked on in each session and progress will be documented in the progress note.
   5. Treatment plans will be updated every 90 days with a review of goals and progress which will result in a new treatment plan being written.

5. **Program Evaluation Plan** – A written evaluation plan for management decision making. [Standards Section 3035 a. 5.] Decisions will be made based on the following.

   Management encourages clients and staff to make suggestions about treatment services and programs. When a suggestion is made it goes to the program supervisor. After he considers it and makes any necessary changes it is submitted to the Deputy Director of Behavioral Health and Recovery Services for review and modification if necessary. After it has been approved at this level, it is given to the Director of Human Services for input. When it is deemed necessary the medical director is also consulted. Once revisions are finalized it is provided to the Alcohol and Drug Advisory Board for their response. After this process is complete and the suggestion are approved the program modification will become part of the written Policy and Procedure Manual.

6. **Continuous Quality Management Plan** – Written policies and procedures for continuous quality management which shall include continuity of activities, participant file review, and recovery or treatment plan review. [Standards Section 3035 a. 6.]
   a. **Quality Improvement**

   All Mariposa County Alcohol and Drug Programs will follow the policy and procedure set forth for Utilization Review and Quality Improvement in the Policies and Procedures Manual. At a minimum, Mariposa County Alcohol and Drug Programs will ensure that the following occurs:

   b. **Continuity of Care**

   1. A treatment plan is developed at the earliest practical time after admission, not to exceed thirty (30) days. This activity will be monitored by the
counselor, supervisor, medical records staff and the Utilization Review Committee that meets monthly for chart review. Medical Records staff utilizes a chart check-off list in which they monitor and check each time an item or form for the chart has been completed.

2. The services required by the presenting problem and treatment needs are provided and documented in the client record. This activity will be monitored by the counselor, supervisor, medical records staff, and the Utilization Review Committee that meets monthly for chart review. Medical Records staff utilizes a chart check-off list in which they monitor and check each time an item or form for the chart has been completed. Additionally, all staff is required to complete a daily log reflecting counseling activities for each day they work. All progress notes and intake paper work must be attached to the daily log, which is turned into the medical records staff no later than noon of the following workday. Any items missing from the log are immediately brought to the attention of the supervisor who has the counselor complete the missing items that same day.

3. Failure of the client to keep scheduled appointments is discussed with the client and other action taken as appropriate. The Utilization Review Committee monitors progress notes in their monthly meeting to assure that the counselor is following up with each client appropriately. Medical Records prints a monthly report that reflects client missed appointments per individual counselor and clients who have not had any contact in thirty (30) days. Counselors are required, when possible, to make contact with clients who miss appointments on the same day of the missed appointment to engage them in the treatment process.

4. Progress in achieving the goals and objectives identified in the treatment plan assessed and documented on a continuous basis. All treatment plans must be reviewed and signed by the medical director, client, supervisor and the counselor. At the time of signing the treatment plan, the supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment plan. Counselors will be asked to rewrite any treatment plan that appears to be inaccurate for the problems identified by the client.

5. The treatment plan is periodically reviewed and updated, at least every ninety (90) days. All treatment plans must be reviewed and signed by the medical director, client, supervisor, and the counselor. At the time of signing the treatment plan, the supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment plan. Medical Records has developed a tickler system for each treatment plan due date (ninety (90) days from the initial treatment plan date). Counselors are provided with a printout of all treatment plan due dates at least two weeks prior to the expiration of the due date.

6. The client's record contains all required documents (correspondence, authorization to release information, and consent for treatment). This activity will be monitored by the counselor, supervisor, medical records staff, and the Utilization Review Committee that meets monthly for chart review. Medical Records staff utilizes a chart check-off list in which they monitor and check each time an item or form for the chart has been completed.
Additionally, all staff is required to complete a daily log reflecting counseling activities for each day they work. All progress notes and intake paper work must be attached to the daily log, which is turned into the medical records staff no later than noon of the following workday. Any items missing from the log are immediately brought to the attention of the supervisor who has the counselor complete the missing items that same day.

7. If feasible, the client is followed-up after treatment as scheduled in the discharge summary. All AOD clients are followed-up by the AOD program within ninety (90) days after discharge. AOD clients sign an agreement at the time of admission stating how they wish to be contacted for appointments, cancellations, or discharge follow-up. If the client is agreeable, a standard letter is sent out through the receptionist whom inquires how they are doing and encourages them to contact us regardless if things are going well or not so well. Clients stating they would prefer telephone contact will be telephoned by program staff.

c. **Case and Treatment Plan Reviews**

Case Reviews At a minimum, all alcohol and drug case reviews will begin at intake, when treatment plan revision is appropriate and at discharge. The purpose of the documented case review is to ensure that:

1. The treatment plan is relevant to the stated Problems;
2. The services delivered are relevant to the treatment plan;
3. The record keeping is adequate.

Case Review activity will be monitored by the counselor, supervisor, medical records staff, and the Utilization Review Committee that meets monthly for chart review. Medical Records staff utilizes a chart check-off list in which they monitor and check each time an item or form for the chart has been completed. Additionally, all staff is required to complete a daily log reflecting counseling activities for each day they work. All progress notes, intake paper work must be attached to the daily log, which is turned into the medical records staff no later than noon of the following workday. Any items missing from the log are immediately brought to the attention of the supervisor who has the counselor complete the missing items that same day.

d. **Treatment Plan Review**

The AOD treatment plan review will:

1. Assess progress to date;
2. Reassess needs and services; and
3. Identify additional problem areas and formulate new goals, when appropriate.

All initial treatment plans must be reviewed and signed by the medical director, client, supervisor, and the counselor. Subsequent treatment plans must be reviewed and signed by the client, counselor, supervisor and either the medical director or a licensed psychologist if the physician has not prescribed medication. At the time of signing the treatment plan, the supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment. Counselors will be asked to rewrite any treatment plan that appears to be inaccurate for the problems identified by the client. Treatment plans will also be reviewed by the Utilization Review Committee to ensure quality care is being provided to all clients and that their treatment needs are being met by the program.
7. An Outline of Activities and Services to be Provided by the Program – (ADP 5085) –
Show outline for specific activities and services such as: detoxification (if applicable),
group and individual sessions, recovery or treatment planning, continuing recovery or
treatment planning recreation, self-help activities (AA, NA, CA), and other
activities/services. [Standards Section 3035 a. 7.]

Since the clinic is outpatient no detoxification services are provided.
For individual and group sessions see WEEKLY SCHEDULE OF RECOVERY,
TREATMENT, OR DETOXIFICATION SERVICES Chart.
For continuing recovery or treatment planning, recreation, self-help activities we
encourage clients to participate in local AA and NA meetings as well as take advantage of
services provided at the Heritage House which is our local Alcohol and Drug resource and
support center.

8. Statement of the Admission, Readmission, and Intake Criteria (including
detoxification services, if applicable) – Written admission, readmission, and intake
criteria for determining the participant’s eligibility and suitability for services and
procedures. [Standards Section 3035 a. 8.]

Admission or Readmission Criteria and Procedures
a) Criteria for Admission: The primary criterion for admission to the program shall be
involvement with alcohol and/or drugs, or problems related to alcohol and/or drug use,
including family members or significant others of individuals who are abusing
chemicals. Drugs of abuse may include, among others, substances such as alcohol,
methamphetamine, marijuana, prescription medication, cocaine, crack, heroin, PCP,
unlawful use of sedatives, stimulants, prescription medication and inhalants.
b) When a client is assessed for admittance into the program, their social, psychological,
and/or behavioral problems related to drug abuse will also be assessed through open
ended questions and the results will be documented in the assessment.
c) All (certified) Mariposa County Alcohol and Drug Programs will provide outpatient drug
free treatment services directed at stabilizing and rehabilitating persons (beneficiaries)
with substance abuse diagnoses. Acceptable diagnoses are all of the diagnoses
listed in the substance abuse section of the Diagnostic and Statistical Manual of
Mental Disorders, Fourth Edition (DSM IV). The primary beneficiaries of treatment
services will be individuals who are actively involved in alcohol and/or drug abuse and
who are experiencing the negative consequences associated with alcohol and drug
abuse. Significant others of beneficiaries may be involved in the treatment process
through collateral services. Any non-collateral services that are provided to individuals
without a DSM IV Axis I Substance Use Disorder diagnosis (i.e. co-dependents,
dependent personalities) will not be billed through DMC. During the intake process,
an assessment will be conducted to determine eligibility for admission to services.
d) Intake
a) An initial interview will be scheduled to determine if an individual meets intake criteria.
Persons not meeting intake eligibility will be referred to the most appropriate agency or
program.
b) All individuals who are deemed not eligible for services will receive referrals to
agencies or programs that may better meet their needs. Individuals in need of
detoxification or residential services will be referred to out of County contract providers.
c) All clients admitted to treatment shall meet the admission criteria and this will be documented in the client's record.
d) When eligibility for services has been determined, the counselor shall complete an intake packet and provide the individual with an orientation to treatment. The intake and orientation includes, but is not limited to, completing forms related to information on a personal, financial, educational, vocational and medical level. The intake also requires the compilation of a detailed substance abuse history that describes the pattern of substance use of the individual applying for services. An assessment or screening tool such as the ASI, SASSI, or MAST may be used to help in diagnosing the individual and determining treatment needs. Appropriate releases of information or requests for information will be completed at intake and necessary signatures will be obtained. The individual will be informed of client rights (fair hearings), confidentiality and privacy practices, program rules and regulations, available treatment modalities and the expected length of treatment. The individual will sign a consent for treatment form and all intake documents will be placed in a medical records chart with the individual's name and unique client identification number on the outside of the chart. Once this process is completed the individual will be considered a client. After the client has been seen, a case plan identifying specific problems and measurable goals designed to increase appropriate behavior or decrease inappropriate behavior will be created with input from client and clinician. All client records will be kept in the locked medical records room, which meets HIPAA standards. At a minimum, the following information will be gathered at intake:
1) Social, economic and family background;
2) Education;
3) Vocational achievements;
4) Criminal history and legal status;
5) Medical history;
6) Drug history; and;
7) Previous treatment episodes.
e) Intake times at the main Mariposa County Behavioral Health and Recovery facility site are by appointment, scheduled by contacting the receptionist, and are available throughout the hours the facility is open. At the Yosemite and Coulterville clinics as well as at Spring Hill High School and the Mariposa County High School, intake appointments will be scheduled with the counselor that provides services at that clinic and will be available on the days of the week that services are offered at that site.

9. Nondiscrimination in the Provision of Services – Written assurance that programs shall not discriminate in the 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 2000, Title 42, United States Code), The Rehabilitation Act of 1973 (Section 794, Title 29, 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 Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations. [Standards Section 3035 a. 9.]

Statement of Nondiscrimination is included in the assessment package and it is also posted in the main clinic. See Attachment 2 a-ab and Attachment 3.
A Copy of the Program's Participant Admission Agreement – A written admission agreement that shall be signed and dated by the participant and program staff upon admission. The admission agreement shall inform the participant of the following:

a. Fees assessed for services provided; See Attachment 4.
b. Activities expected of participant;

MARIPOSA COUNTY CLIENT INFORMATION FORM
(Consent to treatment, Rules/Regulations, Nondiscrimination, Fee for Services, Confidentiality, HIV/TH Testing) This sheet provides information about our outpatient alcohol and drug services. These services are provided by Mariposa County Behavioral Health and Recovery Services.

We will provide you with individual, family, or group therapy that focuses on goals developed by you and the counselor assigned to you. If you need residential treatment, vocational counseling, legal services or other services we will attempt to refer you to an agency that can provide these services.

We will provide these services between 8:00 a.m. and 5:00 p.m. Monday through Friday. We can also provide these services at our Coulterville Office through special arrangements with your counselor. If you have an emergency involving drugs or alcohol at any other time you should call the Emergency Services number of Mariposa County Behavioral Health and Recovery Services—(209) 966-2000. If you have a medical emergency involving drugs or alcohol go immediately to your family physician or the nearest emergency room.

You cannot be denied our services because of your race, religion, gender, ethnicity, age, disability, sexual preference or ability to pay.

If you have a concern about the services we are providing please discuss concerns with your counselor and/or refer to the grievance procedure provided.

We can stop providing you with services if you:
1. Behave violently in the clinic or towards any staff person;
2. Bring a weapon on the clinic grounds;
3. Appear at the clinic under the influence of any substance; or
4. Fail to comply with any reasonable requirement given to you by your counselor.

If we decide to stop providing you with services, we will give you a written notice telling you why.

Dating and/or sexual contact is prohibited between clients and the Alcohol and Drug Program staff. This policy is in effect for two (2) years after a client is discharged from services.

WHILE YOU ARE IN THE PROGRAM WE WILL EXPECT YOU TO:
1. Discuss fully with your counselor your background and your current situation;
2. Attend all scheduled appointments and call at least one day ahead if you need to cancel or reschedule an appointment;
3. Report all medications that you are taking to your counselor.

Charges for services are based on ability to pay as determined by a Client Fee Determination System approved by Mariposa County Behavioral Health and Recovery Services Alcohol and Drug Program Administrator. Your ability to pay is based on your current gross income and number of dependents. At your first interview your counselor will tell you what your fee will be. You should pay this fee at each session unless other arrangements are made.
Federal laws and regulations protect the confidentiality of the Alcohol and Drug abuse patient records that we maintain. Generally, we may not say to a person outside the program that you attend this program or disclose any information identifying you as a person with a drug problem unless:

1. You consent to this release of information in writing.
2. We are ordered to release this information by a valid court order.
3. We release information to medical personnel because of a medical emergency or to qualified personnel for research, audit, or program evaluation purposes or if you threaten to commit suicide or are deemed gravely disabled.
4. You commit or threaten to commit a crime either at the clinic or against any of our staff.
5. We have information about suspected child abuse or neglect, which we are required to report under the California State child abuse reporting law. Violation of the federal law and regulations by us is a crime. Suspected violations may be reported to the United States Attorney for this district. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under the California child abuse reporting law to local authorities.

PLEASE INITIAL EACH SECTION BELOW TO SHOW THAT YOU AGREE WITH EACH STATEMENT:

_____ I consent to receiving outpatient alcohol/drug services as described above.
_____ I agree to the following treatment plan agreed upon between my counselor and me.
_____ I consent to the staff of Mariposa County Behavioral Health and Recovery Services attempting to contact me for follow-up interview for up to a year following my last counseling appointment: the purpose of this interview is to help the clinic evaluate the effectiveness of the services that were offered to me.
_____ I agree to pay the fee for services determined at the first interview and keep my counselor informed if there are any changes in my income or number of dependents. I will make a payment at each session unless I make other arrangements with the counselor.
_____ I have received a copy of this patient information sheet and I have read and understood all of the program requirements and conditions. I agree to abide by all of the requirements in this information sheet.
_____ I have received information regarding HIV/AIDS/T.B. and have been informed of testing sites.
_____ I have been informed of the Grievance Policy and I am aware of the fair hearing procedures.

_________________________            ________________________
Signature                                      Date

_________________________            ________________________
Signature of Staff Person Explaining Rules Discharge:          Date

A. Written Criteria for Discharge:
1. Successful completion of the program: A client will successfully complete the AOD program when s/he has completed the entire individual and group sessions agreed upon in the treatment plan; completed a continuing recovery plan,
completed a client satisfaction questionnaire, and fulfilled their financial obligations to the program.

2. Unsuccessful discharge from the program: A client who has dropped out of treatment or who has failed to complete their individualized goals and objectives for sobriety/abstinence will be considered an unsuccessful discharge.

3. Involuntary discharge from the program: A client who has violated the rules and regulations of the AOD program and asked to leave treatment will be considered an involuntary discharge as well as a client who becomes incarcerated due to criminal activities while in treatment.

4. Transfers and referrals: Any client who is discharged as a result of relocation to another county or referral to another treatment facility for continuing AOD treatment.

5. A discharge summary that includes: At a minimum, the Mariposa County AOD Discharge summary will include:
   a. description of treatment episode;
   b. current drug usage;
   c. vocational/educational achievements
   d. reason for discharge;
   e. clients’ discharge plan;

   d. Participants’ statutory rights to confidentiality; See Confidentiality Form, Attachment 5 a-c.

   e. Participants’ grievance procedure; See Attachment 6 a-d.

   f. Reasons for termination: Written Criteria for Discharge:

6. Successful completion of the program: A client will successfully complete the AOD program when s/he has completed the entire individual and group sessions agreed upon in the treatment plan; completed a continuing recovery plan, completed a client satisfaction questionnaire, and fulfilled their financial obligations to the program.

7. Unsuccessful discharge from the program: A client who has dropped out of treatment or who has failed to complete their individualized goals and objectives for sobriety/abstinence will be considered an unsuccessful discharge.

8. Involuntary discharge from the program: A client who has violated the rules and regulations of the AOD program and asked to leave treatment will be considered an involuntary discharge as well as a client who becomes incarcerated due to criminal activities while in treatment.

9. Transfers and referrals: Any client who is discharged as a result of relocation to another county or referral to another treatment facility for continuing AOD treatment.

   a) At a minimum, the Mariposa County AOD Discharge summary will include:
      1) description of treatment episode;
      2) current drug usage;
      3) vocational/educational achievements;
      4) reason for discharge;
      5) clients’ discharge plan; and
      6) any referrals made while client was in the program.

11. **Table of Administrative Organization** – A document showing the lines of authority of all paid and volunteer staff including the board of directors (if applicable) and the community
advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency. [Standards Section 3035 a. 11.]

See Attachment 7.

12. **Job Description, and Minimum Staff Qualification** – (ADP 5085) – Staff job descriptions and the minimum staff qualifications for the positions. [Standards Section 3035 a. 12.]

See Attachment 8 a-r.

13. **An Approved Fire Clearance** – Documentation of the most recent fire safety inspection by the local fire authority (no more than 12 months prior to the date that the Department receives the application for certification) assuring that all fire safety requirements have been met. [Standards Section 3035 b.]

   See Attachment 9 a-b for copy of clearances for main clinic and The Heritage House. (The clearance for the Coulterville clinic has not been completed by the Fire Department. We plan to forward that to you as soon as it is completed.)

14. **Building Use Permit** – Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the applicant shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from the building use permit requirement unless the program is seeking certification for nonresidential services. If the applicant cannot secure a Building Use Permit, from its City or County Planning Department, the attached zoning approval form may be completed to meet this requirement. [Standards Section 3035 c.]

See Attachment 10 a-c.

15. **Copy of a State Facility License** – (this only applies to residential facilities that are not licensed by ADP) [Standards Section 3015]

   NA

16. **Partnership Agreement/Articles of Incorporation/Bylaws** – If the applicant is a corporation or association, the name and address of the principal place of business of the corporation or association; the name and title of the officer or employee who acts on behalf of the corporation or association; bylaws, and a copy of the articles of incorporation signed and dated by the Secretary of State. [Standards Section 3030 a. 2. B.]

   NA County Agency

20
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<td>John Phillips, AOD Program Supervisor</td>
<td>Bryan Blew, AOD Assistant II</td>
<td>Rich Roll, Senior AOD Specialist</td>
<td>Valerie Edwards, AOD Specialist III</td>
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<td>Vinny Dunivan, Senior AOD Specialist</td>
<td>Ray Roell, Senior AOD Specialist</td>
<td>Tom Marshall, V (CARR Intern)</td>
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**Program Staffing Plan**

**Application for Certification**

State of California - Health and Human Services Agency

**Instructions:** Use this form to list all staff and volunteers of the program. Designate volunteers by placing a "V." after their name.
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<th>3-4 p.m.</th>
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<td></td>
<td>3:30-4:30 p.m. AOD Treatment group (Coulteville)</td>
<td>4:00-6:10 p.m. DUI Counseling Group</td>
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TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): Approximately 780 hours per week are dedicated to these services.

Comments: Intake, Crisis and Collateral sessions are scheduled throughout the work week on an as-needed basis.