

RFP Attachment "F"
Driving Under the Influence Service RFP

Department of Health Care Services (DHCS)
Driving Under the Influence Program License Application Packet

DHCS/DUI 100134

DRIVING-UNDER-THE-INFLUENCE PROGRAM
LICENSE APPLICATION PACKET

FIRST OFFENDER PROGRAM,
18-MONTH PROGRAM,
AND 30-MONTH PROGRAM

State of California
Health and Human Services Agency
DEPARTMENT OF HEALTH CARE SERVICES
BEHAVIORAL HEALTH
LICENSING AND CERTIFICATION DIVISION
LICENSING BRANCH 2, DUI UNIT
1501 Capitol Avenue, MS 2602, Sacramento, CA 95814
(916) 322-2964

SUBMISSION AND PROCESSING OF APPLICATION**License Application Fee**

The Department of Health Care Services (DHCS) charges a one-time \$400 application processing fee. This fee is not refundable. Any application received without the processing fee will be returned to the County Alcohol Program Administrator or directly to the applicant (when applicable).

County Board of Supervisors

The County Board of Supervisors must recommend an applicant for licensing. This recommendation must be submitted with the application. Any application received without the County Board of Supervisors' recommendation will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

Application Forms

The application consists of submission of complete and accurate forms as directed and applicable and all requested information.

Application Processing

Submit the license application fee, board of supervisors recommendation and completed application to:

DEPARTMENT OF HEALTH CARE SERVICES
Licensing Branch 2, DUI Unit
1501 Capitol Avenue, MS 2602
Sacramento, CA 95814

Applications will be processed in the order received. Applications will be immediately returned to the applicant or county (if applicable) for the following reasons:

1. \$400 license application fee not submitted.
2. Recommendation of the county board of supervisors not submitted.
3. Required application materials or other information not submitted.

NOTE: THE PROGRAM SHALL NOT ENROLL PARTICIPANTS NOR PROVIDE SERVICES PRIOR TO THE EFFECTIVE DATE OF THE LICENSE.

Contact the Driving-Under-the-Influence Program Branch at (916) 322-2964 for information on completion, submission and processing of the application. Applicant should retain a copy of all application documents submitted. The Department of Health Care Services will not make available copies of any portion of the application.

Applicant Name: Athana Thomas County: Ventura Date: 2/20/24

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION CHECKLIST

INSTRUCTIONS: Use the applicant column below to ensure that all required forms, documents and information are completed and submitted to the Department of Health Care Services. Please include the completed checklist with the application submitted to the Department. The applicant may use the forms provided in the license application packet or facsimiles of the forms containing the same information.

PART I - DEPARTMENT FORMS TO BE COMPLETED BY THE APPLICANT

NOT APPLICANT APPROVED APPROVED			
			1. APPLICATION FOR LICENSURE (FORM DHCS/DUI 7785) <i>[This form identifies the applicant, program, program address and applicable information for licensure.]</i> Please refer to Title 9, §9804 (b)(1-9) for requirements.
			2. ADMINISTRATIVE INFORMATION (FORM DHCS/DUI 7790) <i>[This form identifies the entity applying for licensure.]</i> Please refer to Title 9, §9804 (b)(1-9) for requirements.
			3. DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY (FORM DHCS/DUI 7795) <i>[This form identifies the program director/administrator responsible for the operation of the program.]</i> Please refer to Title 9, §9804 (b)(12) for requirements.
			4. ADMINISTRATOR/DIRECTOR INFORMATION (FORM DHCS/DUI 7800) <i>[This form identifies and verifies the qualifications of the Program Director/Administrator.]</i> Please refer to Title 9, §10564 (a)(1-3) for specific requirements. Title 9, §9846 (a)(1-3)
			5. STAFF INFORMATION (FORM DHCS/DUI 7805) <i>[This form identifies and verifies qualifications of program staff (group leader/counselor/facilitator) who will be providing services at the program.]</i> Please refer to Title 9, § 10564 (b)(1-3) for specific requirements. Title 9, §9846 (b-h)
			6. FINANCIAL STATEMENT (FORM DHCS/DUI 7815) <i>[This form provides a summary of the applicant's assets and liabilities.]</i> Please refer to Title 9, §9804 (b)(13) for requirements.
			7. STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH (FORM DHCS/DUI 7810) <i>[This form provides assurances of compliance and adherence to Title 9, Chapter 3 of the California Code of Regulations (CCR).]</i> Please refer to Title 9, §9804 (b)(11) for requirements.
			8. BUDGET (FORMS DHCS/DUI 7820, 7825, 7830, 7835 AND 7840) <i>[These forms provide a proposed summary of revenue and expenditures.]</i> Please refer to Title 9, §9804 (b)(13-14) for requirements.

PART II - GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT

APPLICANT APPROVED		NOT APPROVED
		1. BOARD OF SUPERVISORS RECOMMENDATION FOR LICENSURE INCLUDING A STATEMENT DEMONSTRATING THE NEED FOR A NEW DUI PROGRAM <i>[Provide a copy of the Board of Supervisors' approval of the selection of the applicant to operate within the county upon licensure by the Department.]</i> Please refer to Title 9, §9805 (a)(1) for requirements.
		2. ALCOHOL ADVISORY BOARD RECOMMENDATION (IF THE COUNTY HAS AN ADVISORY BOARD) <i>[Provide a copy of the Alcohol Advisory Board's recommendation to the Board of Supervisors regarding the application for licensure.]</i> Please refer to Title 9, §9805 (a)(2) for requirements.
		3. COPY OF OPERATING AGREEMENT BETWEEN COUNTY AND APPLICANT <i>[Provide a copy of the contract, memorandum of understanding, or any other operating agreement between the applicant and the county, if applicable.]</i> Please refer to Title 9, §9805 (a)(3) for requirements.
		4. ADMINISTRATIVE ORGANIZATION <i>[Provide an organizational chart identifying positions and names of proposed incumbents, if known.]</i> Please refer to Title 9, §9805 (a)(4) for requirements.
		5. COPY OF BUSINESS LICENSE ISSUED BY THE LOCAL COUNTY OR CITY, <i>[Provide a copy of the business license issued by the local county or city.]</i> Please refer to Title 9, §9805 (a)(5) for requirements.
		6. COPY OF FIRE CLEARANCE ISSUED BY THE LOCAL FIRE AUTHORITY Title 9, <i>[Provide a copy of the Fire Clearance issued to the applicant by the local fire authority.]</i> Please refer to Title 9, §9805 (a)(6) for requirements.

PART III – WRITTEN PLAN OF OPERATION TO BE SUBMITTED BY THE APPLICANT

APPLICANT APPROVED		NOT APPROVED
		1. LOCATION AND SERVICES TO BE PROVIDED <i>[Provide the address, hours of operation, and program services, e.g., 3-mo, 9-mo., etc. to be provided at each location.]</i> Please refer to Title 9, §9805(a)(9)(B-C) for requirements.
		10. PROVIDE A COPY OF EACH PARTICIPANT CONTRACT <i>[Provide a copy of the contract and all documents that require participant signature, in all languages in which the DUI program provides services.]</i> Please refer to Title 9, §9848 (e) for specific requirements. Title 9, §9805 (a)(9)(I)
		11. PROVIDE COPIES OF ALL OTHER FORMS TO BE USED <i>[Provide copies of all forms, including, the fee payment agreement, notice of confidentiality, etc.]</i> Please refer to Title 9, §9805 (a)(9)(J) for requirements. <i>(Confirm that participant has signed authorization for the county/state to review participants files.)</i>

PART IV - LICENSE APPLICATION FEE

NOT
APPLICANT RECEIVED RECEIVED

			1. \$400 LICENSE APPLICATION PROCESSING FEE [A one-time \$400 license application fee is charged to each applicant requesting licensure to operate a driving-under-the-influence program. This fee must be submitted with the application in order for the review of the application to commence.]
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PART V - PROGRAM INFORMATION

NOT
APPLICANT APPROVED APPROVED

			1. INTAKE INTERVIEW/ENROLLMENT PROCESS [Provide a narrative description of the procedures for the enrollment process/intake interview, including staff responsible, and copies of intake forms.] Please refer to Title 9, Section 9848 for specific requirements. Title 9, §9805 (a)(9)(D)
			2. FACE-TO-FACE INTERVIEWS [Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.] Please refer to Title 9, Section 9858 for specific requirements. Title 9, §9805 (a)(9)(A)
			3. EDUCATIONAL SESSIONS [Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, §9852 for specific requirements. Title 9, §9805 (a)(9)(A)
			4. GROUP COUNSELING SESSIONS [Identify the number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.] Please refer to Title 9, Section 9854 for specific requirements. Title 9, §9805 (a)(9)(A)
			5. INDIVIDUAL COUNSELING SESSIONS [Identify the process for providing or referring participants to individual counseling when the participant is unable to benefit from group counseling sessions.] Please refer to Title 9, Section 9856 for specific requirements. Title 9, §9805 (a)(9)(A)
			6. ASSESSMENT OF EACH PARTICIPANT'S ALCOHOL AND OTHER DRUG PROBLEM [Provide a narrative description of the assessment process, staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.] Please refer to Title 9, §9849 for specific requirements. Title 9, §9805 (a)(9)(E)
			7. REFERRAL TO ANCILLARY SERVICES [Provide a detailed description of the process to refer participants to ancillary services.] Please refer to Title 9, §9849 (d) , and Title 9, §9862 for specific requirements. Title 9, §9805 (a)(9)(G)
			8. INTERPROGRAM TRANSFERS [Describe the procedures for transferring participants to and receiving participants who transfer from another state-license DUI Program. The description must address both the transfer in and transfer out process.] Please refer to Title 9, §9884 for requirements. Title 9, §9805 (a)(9)(N)

			9. PARTICIPANT DISMISSAL POLICY <i>[Describe the policy and procedures for dismissing a participant.] Please refer to Title 9, §9886 for requirements. Title 9, §9805 (a)(9)(O)</i>
			10. RE-ENTRY ACTIVITIES <i>[Provide a detailed description of the re-entry phase for 18-month program participants.] Please refer to Title 9, §9851 for specific requirements. Title 9, §9805(a)(9)(F)</i>
			11. DESCRIPTION OF ADDITIONAL COUNTY REQUIREMENTS, IF APPLICABLE <i>[Provide a detailed description of approved additional county requirements, if any.] Please refer to Title 9, §9805 (a)(9)(H) for requirements.</i>
			12. PROGRAM FEE REQUIREMENTS <i>[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)] Please refer to Title 9, Sections 9878 and 9879 of the CCR for requirements.</i>

PART VI - DOCUMENTS TO BE SUBMITTED FOR 30-MONTH PROGRAM ONLY

NOT
APPLICANT APPROVED APPROVED

			COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: <i>[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file.] Please refer to Title 9, Section 9851 (f)(1)(D-E), for specific requirements. Title 9, §9805 (b)</i>
			1. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE: <i>[Identify the documentation to be reviewed, frequency and level of staff to perform the review.] Title 9, §9805 (b)(1)</i>
			2. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF: <i>[Provide a copy of the schedule used to verify participant compliance with this requirement.] Title 9, §9805 (b)(1)</i>
			3. COMMUNITY SERVICE REQUIREMENTS: <i>[Identify the community service options approved by the county, courts, and program. State process for verification and staff to perform verification.] Title 9, §9805 (b)(2)</i>
			4. PROVISIONS FOR PARTICIPANTS WHO ENTER LICENSED CHEMICAL DEPENDENCY PROGRAMS: <i>[Identify documentation required to verify participant treatment and staff level to verify.] Title 9, §9851 (f)(2)(C)</i>

APPLICATION FOR LICENSURE

County <u>Ventura</u>	FOR DHCS USE ONLY
License Number <u>560032DP</u>	Rec'd _____ Analyst _____ Renewal Issued _____
APPLICATION INFORMATION	
Applicant(s) Name: <u>Genesis Programs, Inc.</u> Telephone: <u>805-650-3094</u>	
Application Filed By: <input type="checkbox"/> Individual Ownership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> County Operated <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Profit _____	
Applicant Mailing Address: <u>1732 Palma Drive Suite 108 & 208</u>	
City: <u>Ventura</u> State: <u>California</u> Zip Code: <u>93003</u>	
Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years: <u>N/A</u>	
PROGRAM INFORMATION	
Program Type(s): <input checked="" type="checkbox"/> W&R <input checked="" type="checkbox"/> First Offender <input checked="" type="checkbox"/> 6-Month <input checked="" type="checkbox"/> 9-Month <input checked="" type="checkbox"/> 18-Month <input type="checkbox"/> 30-Month	
Program Name: <u>Genesis Programs, Inc.</u>	
Program Address: <u>1732 Palma Drive Suite 108 & 208</u>	
City: <u>Ventura</u>	State: <u>California</u> Zip Code: <u>93003</u>
Program Director: <u>Athena Naranjo</u>	Telephone: <u>805-650-3094</u>
Note any fee, program, staff or other changes since last application submission. <u>N/A</u>	
Signed: 	Date: <u>2/20/24</u>

ADMINISTRATIVE INFORMATION

This page is for corporations only. Public agencies, partnerships, and other associations use page two.

INSTRUCTIONS: This form must be updated and submitted to the DEPARTMENT OF HEALTH CARE SERVICES each time there is a change in officers or change in the corporation.

CORPORATION				
(Attach a copy of approved incorporation papers from the Secretary of State)				
Name (as listed with the Secretary of State) <u>Genesis Programs, Inc.</u>				
Chief Executive Officer <u>Athena Naranjo</u>				
Incorporation Date <u>1-29-2002</u>				
Place of Incorporation <u>California</u>				
Principal office of business: <u>Genesis Programs, Inc.</u>				
Address <u>1732 Palma Drive Suite 108 & 208</u>				
City <u>Ventura</u> State <u>California</u> Zip Code <u>93003</u> Telephone <u>805-650-3094</u>				
Contact Person <u>Athena Naranjo</u> Title <u>CEO</u> Telephone <u>805-650-3094</u>				
Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.				
<div style="background-color: black; height: 20px; width: 100%;"></div>				
Governing Board of Directors				
a. Number of Board Members <u>3</u> b. Term of Office <u>1 year</u>				
c. Frequency of Meetings <u>Annual</u> d. Method of Selection <u>Majority Vote</u>				
Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES				
Office	Name	Business Address, City, Zip Code	Telephone #	Term Expiration
President	Athena Naranjo	1732 Palma Drive Suite 208 Ventura, California 93003	805-650-3094	1-5-2025
Vice-President				
Secretary	Angel Jones	1732 Palma Drive Suite 208 Ventura, California 93003	805-650-3094	1-5-2025
Treasurer				
Other	Victor Williams	1732 Palma Drive Suite 208 Ventura, California 93003	805-650-3094	1-5-2025

County: _____

Date: _____

This form is for public agencies, partnerships, and other associations.

PUBLIC AGENCY			
1. Check type of public agency: <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Other, specify below			
2. Agency providing service			
Name _____			
Address _____ City _____ State _____ Zip Code _____			
Contact Person _____ Title _____ Telephone _____			
3. Attach a copy of Resolution or other legal document authorizing this application			
PARTNERSHIPS			
1. Attach a copy of the partnership agreement			
2. Partners	Type of Partnership	Name	Business Address City, State, Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person _____ Title _____ Telephone _____

OTHER ASSOCIATIONS
Other associations must also provide a list of all persons legally responsible for the organization, the contact person, and appropriate legal documents which set forth legal responsibility of the organization and accountability for opening the program.
USE THIS SPACE OR ATTACH A SEPARATE SHEET

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

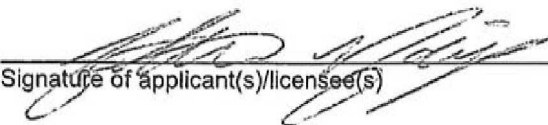
Applicants/licensees who are corporations shall attach board resolutions authorizing a delegation to the Program Director/Administrator or other appropriate staff.

1. Applicant Name: Athena Naranjo
2. Program Name: Genesis Programs, Inc.
3. Program Address: 1732 Palma Drive Suite 108 & 208
4. City: Ventura County: Ventura Zip Code: 93003
5. Telephone: (805) 650-3094

6. Angel Jones
(Name of person(s) authorized by applicant/licensee)

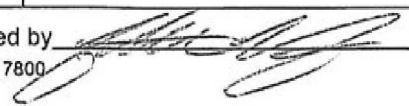
is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above-named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, IN WRITING,
WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.

7. 
Signature of applicant(s)/licensee(s)
8. Title: CEO
9. Address: 1732 Palma Drive Suite 108 & 208
10. City: Ventura County: Ventura Zip Code: 93003

ADMINISTRATOR/DIRECTOR INFORMATION

IDENTIFYING INFORMATION				
NAME Athena Naranjo				
TITLE CEO			TELEPHONE NUMBER (805) 650-3094	
ADDRESS 1732 Palma Drive Suite 108 & 208, Ventura, California 93003				
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR N/A				
EDUCATION				
EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12			HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL	
EQUIVALENCY TESTS			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS UNITS	DEGREE OBTAINED	DATE COMPLETED
Purdue Global University	Psychology of Addiction		Yes	3-2019
MANAGEMENT EXPERIENCE				
Type	Title	Date Started	Date Ended	Reason for Leaving
DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
IF YES, COMPLETE THE FOLLOWING				
Type	Period Held	Issuing Agency		
Licensed Advanced Alcohol Drug Counselor	2013 - current	CCAPP		
WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).				
Dates	Name and Address of Employer	Duties	Reason for Leaving	
FROM 2-2018 TO Current	Genesis Programs, Inc 1732 Palma Drive Suite 208 Ventura, California 93003	Overssee and development of Genesis clinical department through task such as hiring, evaluating, scheduling, and supervising. Strategic planning to allow for continued growth, provide clinical training to staff, interns, company liaison.	Current	
FROM 2010 TO 2-2018	Genesis Programs, Inc 1732 Palma Drive Suite 208 Ventura, California 93003	Oversight of program merger. Assured policies and procedures matched between the offices and reported any discrepancies. Revised, created, and implemented new procedures with the goal to keep quality of treatment yet improve staff efficiency.	New position within Company	
FROM TO				

Completed by  Date 7/20/24
 DHCS/DUI 7800 (Rev 4/15)

STAFF INFORMATION

IDENTIFYING INFORMATION					
NAME Holly Bayes					
TITLE SUD Counselor Level I			TELEPHONE NUMBER (805) 650-3094		
ADDRESS 1732 Palma Drive Suite 108 and 208, Ventura, California, 93003					
OTHER NAME(S) USED Holly Joy Komatz					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED			1 2 3 4 5 6 7 8 9 10 11 (12)		
HIGH SCHOOL GRADUATE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
GED HIGH SCHOOL EQUIVALENCY TEST			<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
University of Laverne	School of Clinical Counseling			Masters in Counseling	Nov. 2022
Azusa Pacific University	Applied Business Management			Bachelors of Science	2015
Ventura College	Liberal Arts General Studies			Associate Degree	1998
WORK EXPERIENCE - BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM 12-2023 TO current	Genesis Programs, Inc. 1732 Palma Drive Suite 208 Ventura, California 93003	Administer initial clinical assessment (EBSA), well-check, pre-mid, and pre-exit appointments. Provide referrals or other community resource for current patients. Administer Conjoined Sessions. Facilitate/Co-facilitate education and process groups. Lead versatile process and educational groups appropriate for patient's level of care and needs. Develop treatment plans patient centered along with patient input and assessments. Documentation is completed in accordance with the organizations standards. Grate treatment goals clearly.		current	
FROM 2021 TO 2022	Aegis Treatment Center 5225 Telegraph Road Ventura, California 93003	Case Manager Substance Abuse Counselor II		Certification Program Discontinued	
FROM 2004 TO 2017	Laurel Springs College Prep School 302 El Paseo Road Ojai, California 93024	Academic Advisor Admission Advisor		Decided to get my master's degree	

Completed by: Date: 1/20/24

County Where Signed _____

STAFF INFORMATION

IDENTIFYING INFORMATION					
NAME Trisha Creighton					
TITLE SUD Counselor Level I			TELEPHONE NUMBER (805) 650-3094		
ADDRESS 1732 Palma Drive Suite 108, Ventura, California, 93003					
OTHER NAME(S) USED					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED		1 2 3 4 5 6 7 8 9 10 11 12			
HIGH SCHOOL GRADUATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
GED HIGH SCHOOL EQUIVALENCY TEST		<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED
UCSD San Diego, CA	SUD	27	3		3-2024 will complete
Ventura College Ventura, CA	Science	20	2	no	
Eternity Bible College Simi Valley, CA	Counseling Theology		8	yes	5-2022
WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM 2-2023 TO current	Genesis Programs, Inc. 1732 Palma Drive Suite 208 Ventura, California 93003	Administer initial clinical assessment (EBSA), well-check, pre-mid, and pre-exit appointments. Provide referrals or other community resource for current patients. Administer Conjoined Sessions. Facilitate/Co-facilitate education and process groups. Lead versatile process and educational groups appropriate for patient's level of care and needs. Develop treatment plans patient centered along with patient input and assessments. Documentation is completed in accordance with the organizations standards.		current	
FROM 5-2022 TO 6-2023	New Life Counseling 141 South A Street Oxnard, California 93030	Counseled Couples and Individuals		Too much work between this job and GPI	
FROM 3-2019 TO 3-2020	Dr. Feinberg 1280 South Victoria Ventura, California 93003	A variety of duties		COVID Doctor Retired	

Completed by:  Date: 2/20/24
County Where Signed: _____

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH**

Genesis Programs Inc. 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.

Statement of Compliance/Nondiscrimination/Truth

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.
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.

Athena Naranjo, CEO

Type or Print Name of Authorized Representative and Title

Signature 

Date 2/20/24

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: 01/15/2024 COUNTY: Ventura

Driving-Under-the-Influence Program Name: _____ License #: - _____

Address: 1732 Palma Dr. Ventura CA 93003Corporate Name: Genesis Programs Inc.Fiscal Year: 2024

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients	55	354	51	460
3) % of Total Clients	12%	77%	11%	100%
4) Total Amount to be Collected		\$593,152	\$84,736	\$677,888
5) Average Fee to be Collected		\$4,260	\$609	\$4,868
6) ESTIMATED GROSS REVENUE			\$	<u>677,888</u>

Cost Summary:Amounts

7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ <u>465,520</u>
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ <u>153,278</u>
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ <u>0</u>
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ <u>0</u>
11) ESTIMATED GROSS BUDGET	\$ <u>618,798</u>
12) Profit/Surplus	\$ <u>59,090</u>

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Bookkeeper: Juliana Ramirez Auditor: _____Telephone: 805-755-6721 Telephone: _____

Accountant: _____ Telephone: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET REQUIREMENTS AND INSTRUCTIONS

GENERAL REQUIREMENTS

The Department of Health Care Services is responsible for reviewing annual program budgets and cost reports, reference Title 9, Section 9878(h) of the CCR. The Department must ensure program fees are (1) set at an amount sufficient to cover the cost of administering and providing the required services, and (2) used only for the purpose set forth in Chapter 9, Section 11837.4(b)(2), of the Health and Safety Code. Therefore, a budget and standardized fee schedule are required to be submitted to the Department with the application.

If the Driving-Under-the-Influence (DUI) Program facility is multiservice (e.g., residential, nonresidential, prevention, etc.), a separate budget shall be prepared for the DUI Program portion.

DUI Programs are not required to provide separate budgets for first offender, 18-month and 30-month programs that operate at the same location/facility. However, if a single license has been issued for programs that operate at different locations/facilities, a separate budget is required for each location/facility.

GENERAL GUIDELINES

1. Complete forms DHCS/DUI 7825, 7830, 7835, 7840, and then transfer this information to form DHCS/DUI 7820.
2. Round off all amounts to the nearest dollar.
3. The budget forms are used to report projected costs and revenue.
4. The budget submitted with the application must be for a 12-month period and coincide with the state fiscal year of July through June.

BUDGET SUMMARY

1. Projected Fee Analysis - Enter the following information for the projected year in the proper corresponding columns.
2. Number of Clients.
 - A. No Fee: Enter the projected number of clients who will not pay any fees on Line 2A.
 - B. Incomplete Fee: Enter the projected number of clients who will pay only a partial fee due to termination or transfer on line 2B.
 - C. Full Fees: Enter the projected number of clients who will pay the full fee on Line 2C.
 - D. Total: Add lines 2A, 2B, and 2C and enter on line 2D.
3. Enter the percentage of total clients that will pay no fees on line 3A, Incomplete Fees on line 3B, full fee on line 3C and Total on line 3D.
4. Enter the total projected amount to be collected for Incomplete fees on line 4B, Full Fees on line 4C, and Total on line 4D.
5. Enter the projected average fee to be collected for Incomplete Fees on line 5B, Full Fees on line 5C, and Total on line 5D.
6. Estimated Gross Revenue - Enter the amount from line 4D.
7. Personal Services - Enter the amount from line 5, Form DHCS/DUI 7825, Personal Services.
8. Operating Expenses - Enter the amount of Total Operating Expenses from Form DHCS/DUI 7830, Operating Expenses.
9. Equipment Depreciation - Enter the amount from line 2, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.

10. Facilities Depreciation - Enter the amount from line 4, Form DHCS/DUI 7835, Equipment and Facility Depreciation Schedule.

11. Estimated Gross Budget - Enter the sum of lines 7, 8, 9, and 10.

12. Profit/Surplus - Subtract line 11 from line 6 and enter the amount.

Bookkeeper: Your in-house person who sorts bills, decides what type of expense each bill represents, and so forth.

Accountant: The person who is responsible for closing your books, preparing your financial statements and budgets.

Auditor: The independent, outside CPA who audits your accounting records. A CPA who can certify his/her statements is required.

DRIVING-UNDER-THE-INFLUENCE PROGRAM PERSONAL SERVICES BUDGET

1) PERSONAL SERVICES:

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE	# OF MONTH/ WEEKS/ HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
SUD Counselor	\$ <u>23.75</u> - \$ <u>25.00</u>	1640	\$41,897	100%	\$38,950
SUD Counselor	\$ <u>23.75</u> - \$ <u>25.00</u>	2080	\$58,025	100%	\$52,000
SUD Counselor	\$ <u>23.75</u> - \$ <u>25.00</u>	2080	\$58,025	100%	\$52,000
	\$ _____ - \$ _____				
Receptionist	\$ <u>19.25</u> - \$ <u>25.00</u>	2080	\$51,389	100%	\$45,760
Office Manager	\$ <u>24.00</u> - \$ <u>27.00</u>	1040	\$66,396	50%	\$27,560
Executive Liaison	\$ <u>30.00</u> - \$ <u>50.00</u>	1820	\$96,843	88%	\$64,522
Program Director	\$ <u>40.00</u> - \$ <u>70.00</u>	1820	\$156,548	88%	\$124,467
2) TOTAL SALARIES			\$ <u>405,259</u>		

3) STAFF BENEFITS

a) Social Security (OASDI)	\$ <u>25,714</u>
b) Unemployment Insurance	\$ <u>2,980</u>
c) Health Insurance	\$ <u>24,008</u>
d) Worker's Compensation	\$ <u>1,825</u>
e) Other (specify) (401k)	\$ <u>7,560</u>

4) TOTAL STAFF BENEFITS

(please indicate the %, if used) 0 % \$ 60,261

5) TOTAL PERSONAL SERVICES

\$ 465,520

(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.

PERSONAL SERVICES**1. Personnel Services**

- A. Position Classification - Enter **all** positions relative to the driving-under-the-influence (DUI) program in column A.
- B. Salary Range - For each position listed in column A, specify the salary range in column B. A salary range shall be shown to include anticipated wage increases for the reporting year.
- C. Number of Months/Weeks or Hours - List the number of months/weeks or hours each position will be filled in column C.
- D. Annual Salary - For each position itemized in column A, enter the total actual salary or the amount of budgeted salary in column D.
- E. DUI Program Percent of Time - Enter the percentage of salary time each position will devote to the DUI program in column E.
- F. DUI Program Annual Salary - Show the total actual DUI Program salary or the amount of budgeted salary for each position itemized under the Position Classification in column F. If DUI Program staff provide services to other programs, personal services costs shall be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program.

- 2. **Total Salaries** - Enter the sum of all salaries shown in column F.
- 3. **Staff Benefits** - Enter total staff benefits for a) OASDI, b) Unemployment, c) Health Insurance, d) Worker's Compensation or e) any other benefits under Benefit Costs.
- 4. **Total Staff Benefits** - Enter the sum of 3a, b, c, d, and e on line 4. A percentage figure may be used in projecting staff benefits budgeted.
- 5. **Total Personal Services** - Enter the sum of lines 2 and 4 on line 5.

DRIVING-UNDER-THE-INFLUENCE PROGRAM OPERATING EXPENSES BUDGET

ANNUAL COST

Rental of Space = \$ <u>1.13</u> /sq. ft. x <u>2,353</u> sq. ft. x <u>3,796</u> hrs (time) \$	<u>31,532</u>
(If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ <u>3,898</u>
Telephone	\$ <u>10,577</u>
Insurance	\$ <u>2,226</u>
Overhead	\$ <u>25,416</u>
Maintenance & Repair of Buildings (Routine)	\$ <u>1,314</u>
Maintenance & Repair Office Equipment	\$ <u>345</u>
Maintenance of Automobile Equipment	\$ <u>0</u>
Maintenance & Repair other Equipment	\$ <u>0</u>
Cleaning & Janitorial Supplies/Services	\$ <u>4,817</u>
Contractor:	\$ <u>0</u>
Service :	\$ <u>0</u>
Contractor:	\$ <u>0</u>
Service :	\$ <u>0</u>
Printing & Reproduction Services	\$ <u>1,515</u>
Postage	\$ <u>1,122</u>
Stationery & Office Supplies	\$ <u>4,028</u>
Rental of Equipment (Printer lease)	\$ <u>9,904</u>
Educational Materials	\$ <u>2,260</u>
Travel	\$ <u>2,600</u>
Staff Education/Training	\$ <u>2,256</u>
Professional Services (Legal, CPA, Accountant, IT/Website, Clinical Supervision.)	\$ <u>16,359</u>
County Program Monitor Costs	\$ <u>23,000</u>
State Program Monitor/Approval Costs	\$ <u>1,750</u>
Interest Paid	\$ <u>0</u>
Property Taxes	\$ <u>302</u>
Other Taxes (specify) (Corporate, SOS)	\$ <u>437</u>
Other (specify) (Disaster Recovery Relief Emergency Funds, drug testing supplies)	\$ <u>7,622</u>

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

\$ 153,279

OPERATING EXPENSES

Operating expenses shall include all other direct cost line items, such as rent, mortgage interest, travel and subsistence, supplies, insurance, contractors, etc. A line item for rent must identify the number of square feet to be utilized for the driving-under-the-influence program, and the cost per square foot. A line item for equipment rental must identify the type of rental equipment. If rental of space is shared, show the prorated amounts and explain the basis of the allocation of costs on DHCS/DUI 7840 (Budget Justification).

Under Contracts, list only those contracts for direct services. Contractor's cost must be fully explained and justified, including the cost per hour and number of hours on DHCS/DUI 7840, Budget Justification.

Staff Education/Training/Travel includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.

You may charge off interest on loans taken out to cover operating expenses or meet payrolls. Please show loan expense under titled "Interest Paid" operating costs. You may pay for professional association/organizational memberships and professional periodical subscriptions related to alcohol and drug programs.

NOTE: LINE ITEMS LISTED ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE OPERATING EXPENSES.

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

1) EQUIPMENT:

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

2) TOTAL EQUIPMENT (DEPRECIATION) COSTS:\$ 0

(Enter on DHCS/DUI 7820, Line 9)

3) FACILITY DEPRECIATION:

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

4) TOTAL FACILITY (DEPRECIATION) COSTS:\$ 0

EQUIPMENT AND FACILITY DEPRECIATION SCHEDULE

1. **Equipment** - Providers must depreciate equipment. Definition of Equipment: Nonexpendable personal property, each item of which has:

A. A useful life of at least four years, and

B. A unit acquisition cost of at least \$500 (e.g., four identical assets which cost \$300 each, for a \$1,200 total, would not meet the requirement).

Further, an item/unit of equipment is defined as equipment which in itself is whole and complete and not an element or component of such and includes any modification, attachment, accessory, or auxiliary apparatus necessary to perform the overall purpose of the whole or complete equipment.

If the item in question does not meet this test for the definition of equipment, then it does not have to be recaptured through depreciation and can be claimed as a reimbursable expense. Any loan charges for equipment should be included under "Interest Paid" on DHCS/DUI 7830. Equipment may be recorded as an expense if purchased from profit.

2. **Total Equipment Costs** - Enter the sum of column H on this line.
3. **Facility Depreciation** - Facility depreciation is an allowable expense (expenditures for remodeling are capitalized and depreciated).
4. **Total Facility (Depreciation) Costs** - Enter the sum of column G on this line.

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET JUSTIFICATION

All line items must be fully explained and justified. This section should explain why individual line items are being charged to the driving-under-the-influence program and justify the reasonableness of the cost of each line item including a formula for how the cost was determined. The budget justification will be evaluated on reasonableness in comparison to services, adequacy and appropriateness of the cost information.

If more than one program (i.e., residential, non-residential, prevention, etc.) is provided within the facility, shared costs should be prorated, using an appropriate statistical basis (i.e., square footage, time used), to determine the costs attributable to the DUI Program. If DUI Program staff provide services to other programs, personal services costs should be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program. If the DUI Program is part of a larger organization, administrative costs of that organization may be charged to the DUI Program using one or more appropriate allocation bases (i.e., total direct costs, full time equivalents, square footage, and number of transactions). Statements should be in summary or outline format with calculations. Avoid Narrative.

Please reference all comments on this page to the appropriate DHCS form and section title.



*Driving Under The Influence
Program Budget Justification
Operating Expenses Budget Form - DHCS/DUI 7830*

Table A. Operational Expense DUI Budget Proposal

Expense Category & Line Item	Justification & Determination	Shared Expense	Allocation %	Total DUI Budget
Rent		\$73,329	43%	\$31,532
Facility Lease	Rental space \$1.13 psf with 3% annual increase. Total space includes suite #208 consist of 3,080sf. and suite #108 consist of 2,353sf. = 5,433sf. Suite #108 allocated to DUI program as it consists of 4 offices, receptionist area, waiting room, and one large group room providing ideal space. 5,433/2,353 = 43%	\$73,329	43%	31,532
Utilities		\$7,014	53%	\$3,898
Edison	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$5,187	53%	\$2,749
Internet		\$1,443	53%	\$765
Water delivery Services	Drinking water unit & delivery services 100% allocated to the DUI budget.	\$0	100%	\$384
Telephone		\$13,681	77%	\$10,577
Solutions Phone System	GPI average annual admissions vs DUI estimated annual admissions 149/484 = 76%	\$7,621	76%	\$5,792
Verizon Executive Cell Phones	2 executive cell phones used by Program Director and Executive Liaison. Annual services fee & insurance \$2,640. Employee hrs. allocated to GPI vs DUI Program 260/1820 = 88% *\$2,640 = \$2,323.	\$2,640	88%	\$2,323
Verizon Emergency Cell Phone	1 emergency office cell phone used if phone system goes down and emergency evacuation. Annual service fee & insurance \$600. GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53% *\$600 = \$318.	\$600	53%	\$318
Verizon Tablets	3XL & 4 Mid-size tablets used for conducting surveys, accessing EHR, educational lectures, etc. Annual services fee & insurance \$2,820. GPI average annual admissions vs DUI estimated annual admissions 149/484 = 76%	\$2,820	76%	\$2,143
Insurance		\$2,929	76%	\$2,226
Professional liability		\$1,389	76%	\$1,055
General Insurance	GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$1,540	76%	\$1,170
Overhead		\$21,917	65%	\$25,416
T.B. Testing		\$300	48%	\$144
Background Check		\$600	48%	\$288
In Motion hosting (Employee Emails)		\$630	48%	\$302
PowerDMS (Policy & Procedures online & Training Software)	GPI FTA vs DUI FTA employee ratio 6.00/5.75 = 48%			
Pre-employment UDS	Estimated 2 new hires for DUI program.	\$3,906	48%	\$1,875
Shredding Services	GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$0	100%	\$150
		\$636	76%	\$483



*Driving Under The Influence
Program Budget Justification
Operating Expenses Budget Form - DHCS/DUI 7830*

Bank Remote Deposit fee		\$2,671	76%	\$2,030
Merchant Fees		\$5,788	76%	\$4,399
Survey Monkey		\$1,377	76%	\$1,047
Alleva EHR System		\$2060	76%	\$1,566
Alleva EHR System (DUI Enrollment Fee)	Charge of \$2 per enrolled DUI participant per month based on average monthly censuses of 460. (2*460 = annual expense of \$11,040)	\$0	100%	\$11,040
Domain Name		\$229	53%	\$121
365 Office Software		\$2,700	53%	\$1,431
Adobe		\$1,020	53%	\$541
Maintenance & Repair of Building (Routine)		\$2,757	44%	\$1,314
General Facility Repairs and Maintenance	Paint, wall patch, nails, screws, hammer & screwdriver, light bulbs, WD40, door key/lock replacement, floor board replacement, and non-slip mat and rug replacement. GPI sqf. vs DUI sqf. 5,433/2,353 = 43%	\$2,312	43%	\$994
Pest Control	Annual aunt extermination. Annual expense of \$125.00 for pest control services for one unit. \$125*2 = 250.	\$250	50%	\$125
Fire Extinguisher	1 Fire Extinguisher at \$125.00 needed in suite 108 and annual maintenance of \$70. 125+70 = \$195.	\$0	100%	\$195
Maintenance & Repair Office Equipment		\$650	53%	\$345
General Office Equipment Repair & Maintenance	Power cords, telephone, computer keyboard. GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$650	53%	\$345
Cleaning & Janitorial Supplies/Services		\$8,653	56%	\$4,817
General cleaning Supplies	Disinfectant spray, hand Sanitizer, face masks, paper towels, toilet paper, dish soap, sponges, mop & floor cleaner, carpet cleaner, trash bags, glass cleaner, furniture cleaner, and hand gloves. GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$3,321	76%	\$2,524
Janitorial Services	GPI sqf. vs DUI sqf. 5,433/2,353 = 43%	\$5,332	43%	\$2,293
Printing & Reproduction Services		\$0	0%	\$1,515
DUI Program Printing	DUI program \$.10 Black/white per paper copy for the following - enrollment packet based on estimated admission (461) rate (10 pages per packet) \$461 and assessment packet including AOD assessment (5 pages per packet) \$231. Group education & group counseling informational handouts/worksheets (1 page per person educational groups average attendance 20 scheduled groups 187) = \$374 + (1 page per person group counseling average attendance 10 scheduled groups 382) = \$382. Colored brochures for 550 visits \$.12 per copy = \$67 \$461+\$231+\$374+\$382+\$67 = \$1,448		100%	\$1,515
Postage		\$1,476	76%	\$1,122



*Driving Under The Influence
Program Budget Justification
Operating Expenses Budget Form - DHS/DUI 7830*

General postage	GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$1,476	76%	\$1,122
Stationary & Office Supplies		\$5,300	76%	\$4,028
General Stationary & Office Supplies	Printing paper, envelopes, pens & pencils, succors, note pads, stick notes, paper clips, stapler & staples, binders, file folders, batteries, and storage containers. GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$5,300	76%	\$4,028
Rental of Equipment		\$13,032	76%	\$9,904
Industrial Printer	GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%	\$13,032	76%	\$9,904
Educational Materials		\$1,000	76%	\$2,260
General educational supplies	Whiteboard, dry erase markers and eraser, clipboards, and art and craft supplies, educational models, and videos. GPI average annual admissions vs DUI estimated annual admissions 149/460 = 76%.	\$1,000	76%	\$760
DUI program Educational curriculum	Educational Curriculum for DUI education group - \$1,500 shall be allocated to DUI budget.	\$0	100%	\$1,500
Travel		\$0	0%	\$2,600
Milage	Annual milage allowance or Program Director and Executive Liaison conduction DUI program only.	\$0	100%	\$2,600
Staff Education/Training		\$4,700	48%	\$2,256
Outside Training	Employee annual conference and/or outside workshop. GPI FTA vs DUI FTA employee ratio 6.00/5.75 = 48%	\$3,000	48%	\$1,440
In-house/	Materials and food for employee quarterly in-house training workshops. GPI FTA vs DUI FTA employee ratio 6.00/5.75 = 48%	\$1,700	48%	\$816
Professional Services		\$24,126	52%	\$16,359
IT Services	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$5,260	53%	\$2,788
SRO website Maintenance	Maintain website functionality and accessibility	\$4,736	53%	\$2,510
Website Development	Add 3 Pages of content (including Spanish) to the GPI website for DUI program - 4.5 hours, building a document library and Installing and configure Calendly for scheduling automation - 4 hours files/documents management system - 6 hours, Website Design Services: 14.5 hours @ \$129.00 = \$1870.00. Any Out-of-Scope labor related to this project will be billed at \$129.00 per hour.	\$0	100%	\$1,870
Bookkeeping & Accounting	Bookkeeping, Payroll services, & accounting for DUI program only.	\$0	100%	\$1,920
Legal Consultation	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$5,000	53%	\$2,650
Corporate Tax Services		\$1,850	53%	\$981
Clinical Supervisor	Independent contractor provides supervision for Master level students for GPI practicum student program DUI provided with 2 interns annually.	\$7,280	50%	\$3,640



*Driving Under The Influence
Program Budget Justification
Operating Expenses Budget Form – DHCS/DUI 7830*

County Program Monitor Costs		\$0	0%	\$23,000
VCBH fee W&R			11*50	\$552
VCBH fee 3months			20*50	\$989
VCBH fee 6months			93*50	\$4,669
VCBH fee 9months			129*50	\$6,440
VCBH fee Multi-offenders			207*50	\$10,350
State Program Monitor/Approval Costs		\$2,700	50%	\$1,750
DHCS DUI Licensing	Required to obtain DUI license.	\$0	100%	\$400
Certification/Reg. Renewal	Bi-annual (every 24 months) \$200 for each SUD counselor certification renewal and \$100 for each SUD counselor annual registration renewal. GPI FTA vs DUI FTA employee ratio 4.75/4.75 = 50%	\$2,700	50%	\$1,350
Property Taxes		\$570	53%	\$302
Business Licenses	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$570	53%	\$302
Other Taxes		\$825	53%	\$437
Federal Corporate Taxes	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$800	53%	\$424
Secretary of State	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$25	53%	\$13
Other		\$5,060	53%	\$7,622
Disaster Recovery Relief Emergency Funds	GPI hrs. of operation vs DUI hrs. of operation. 3796/3380 = 53%	\$5,060	53%	\$2,682
Drug Testing Onsite 13 panel Supplies	Determined by expense for drug testing supplies and shipping expenses for DUI program only.	\$0	100%	\$140
Computers	3 computers needed for DUI program services each \$1,600.	\$0	100%	\$4,800
Subtotal Expense Budget		\$189,140	55%	\$49,514
Table A. Total Expenses Allocation – (55% of shared expenses \$103,765) + (\$49,514 expenses specific to DUI program) = \$153,279				



**Personal Services
Explanation/Justification**

Table B. Calculations for Persons Served Participation in DUI Program Services.

Table B. through Table H. calculations are intended to explain and justify GPI personnel budget set forth to meet Ventura County Behavioral Health service needs.

Average Annual Enrollments 640

1. Estimated 460 DUI program enrollments multiply by _____
2. Average % based on VCBH enrolment history _____
3. Average # of annual enrollments. _____

<u>Wet & Reckless</u>	<u>3-Months</u>	<u>6-Months</u>	<u>9-Months</u>	<u>18-Months</u>
460 x 2%	460 x 4%	460 x 20%	460 x 28%	460 x 45%
11	20	93	129	207

Average Monthly Enrollments 56

4. Line 3 divided by _____
5. 12-months _____
6. Add each total - average monthly enrollment = 56. _____

<u>Wet & Reckless</u>	<u>3-Months</u>	<u>6-Months</u>	<u>9-Months</u>	<u>18-Months</u>	<u>18-months Monitoring</u>
11 ÷ 12	20 ÷ 12	93 ÷ 12	97 ÷ 12	207 ÷ 12	207 ÷ 12
3	2	8	11	17	17

Average Monthly Censes 461

7. # of months required attendance for each DUI program modality multiplied by _____
8. 12-months _____
9. Determination for % of average monthly census. _____
10. Line 3 multiplied by _____
11. Line 9. _____
12. Add each total - # for average monthly census = 461 _____

<u>Wet & Reckless</u>	<u>3-Months</u>	<u>6-Months</u>	<u>9-Months</u>	<u>18-Months</u>	<u>18-months Monitoring</u>
3 ÷ 12 25%	3 ÷ 12 25%	6 ÷ 12 50%	9 ÷ 12 75%	12 ÷ 12 100%	6 ÷ 12 50%
3	5	47	97	207	104



*Driving Under The Influence
Program Budget Justification
Personal Services Budget - Form DHCS/DUI 7825*

Table C. DUI Program Individual Service Hours Per Person Specified by Modality

(1 Unit of Service = 15-Minutes)	Duration of Service	Wet & Reckless					18-Month Monitoring	
		3-Months	6-Months	9-Months	18-Months	18-Month		
DUI Program Enrollment	60	x 1 = 60	x 1 = 60	x 1 = 60	x 1 = 60	x 1 = 60	x 11 = 165	0
F2F Interview Program Compliance	15	0	0	0	0	0	x 11 = 165	0
F2F Interview Program Compliance	30	0	0	0	0	0	x 11 = 165	0
F2F AOD Assessment & Review	60	x 1 = 60	x 1 = 60	x 1 = 60	x 1 = 60	x 1 = 60	x 1 = 60	0
F2F Exit Interview	60	0	0	0	0	0	x 1 = 60	0
F2F Interview 18-Month Monitoring	60	0	0	0	0	0	x 6 = 360	0
Monthly Program Monitoring	15	x 3 = + 45	x 3 = + 45	x 3 = + 45	x 6 = + 90	x 12 = + 180	x 6 = + 180	0
Table C. Total Minutes Per Person Per Modality		165	255	330	405	855		450

Table D. Estimations of Hours for Direct DUI Program Services

Based on # of annual enrollments (Table B. line 3)	Wet & Reckless	3- Months	6- Months	9- Months	18- Months	18-months Monitoring	Total Hrs.
1. Table C. total min. provided per client/modality divided by	165	255	330	405	855	450	
2. # of program months for each modality	÷ 3	÷ 3	÷ 6	÷ 9	÷ 12	÷ 6	
3. Determination for min. provided per client/modality/month	55	85	55	45	71	75	
4. Line 3 total min. divided by 60 min.							386
5. Determination for Hrs. provided per client/modality/month							÷ 60
6. Line 3 multiplied by	55	85	55	45	71	75	6
7. Table B. line 12 monthly total census	x 3	x 5	x 47	x 97	x 207	x 104	
8. Determination for total min. provided per monthly census	152	420	2568	4347	14749	7763	29998
9. Line 8. total min. divided by 60							÷ 60
10. Determination for total Hrs. provided per monthly census							500
11. Line 8 multiplied by	152	420	2568	4347	14749	7763	
12. 12-months	x 12	x 12	x 12	x 12	x 12	x 12	
13. Determination for min. provided annually	1822	+ 5044	+ 30815	+ 52164	+ 176985	+ 93150	359980
14. Line 13. total divided by 60 min.							÷ 60
15. Determination for total Hrs. provided annually							6000



*Driving Under The Influence
Program Budget Justification
Budget Summary Form - DHCS/DUI 7820*

<u>Education Group DUI Program Services</u>	<u>Monthly Grp's</u>	<u>Annual Grp's</u>	<u>Weekly Grp's</u>
16. Average # of Grp's.	14 Average Grp attendance ÷ 460 Annual enrollments	26 Grp's per month x 12 Multiply by 12-months	307 Total annual Grp's ÷ 52 Multiply weeks
17. Min. for documenting group notes (based on 1unit per group with attendance of 15 or less). Total Grp note min. divided by	26 Grp's per month x 15 384	307 Total Grp's annually x 15 4603	6 Grp's per week x 15 89
18. 60 min. equals	÷ 60 6	÷ 60 77	÷ 60 1
19. Total Hrs. for group notes.			
20. Total Grp Hrs. + Grp Hrs. for notes equal total Hrs. spent providing Grp	26 + 6 = 32hrs.	307 + 77 = 384hrs.	6 + 1 = 7 hrs.

<u>Group Counseling DUI Program Services</u>	<u>Monthly Grp's</u>	<u>Annual Grp's</u>	<u>Weekly Grp's</u>
21. Average # of Grp's.	10 ÷ 460	36 x 12	35 ÷ 52
22. Min. for documenting group notes (based on 1unit per group with attendance of 15 or less). Total Grp note min. divided by	36 x 15 537	430 x 15 6444	8 x 15 124
23. 18. 60 min. equals	÷ 60 9	÷ 60 107	÷ 60 2
19. Total Hrs. for group notes.			
24. Total Grp Hrs. + Grp Hrs. for notes equal total Hrs. spent providing Grp	36 + 9 = 45 hrs.	430 + 107 = 537 hrs.	35 + 2 = 10 hrs.
25. Total Grp time	Month 32 + 45 = 77 hrs.	Annual 384 + 537 = 921 hrs.	Week 7 + 10 = 17 hrs.

Tabel E. Estimations of Hours for Direct DUI Other Activities/Services

<u>(Base # used DUI Annual Enrollments Table A.2.)</u>	<u>Return checks</u>	<u>Rescheduling Missed activity</u>	<u>Leave of Absence</u>	<u>Transfer out/out</u>	<u>Duplicate DL101</u>	<u>Late payment</u>	<u>Reinstate</u>	<u>Drug screening</u>
1. # of Enrollments multiply by	460 x 1%	460 x 25%	460 x 5%	460 x 10%	460 x 1%	460 x 20%	460 x 12%	460 x 2%
2. Estimated % of service	5	115	23	46	5	92	55	9
3. # of estimated service	x 15	x 15	x 30	x 30	x 15	x 15	x 60	x 30
4. Estimated time to provide services	69	1728	690	1380	138	1380	3312	635
5. Line 5 multiplied by Line 4 equals Average Annual Minutes								
6. Sub Line 5 equals total Hrs. spent for providing other Direct DUI program activities/services	3947 ÷ 60 = 66 hrs.							



*Driving Under The Influence
Program Budget Justification
Personal Services Budget - Form DHCS/DUI 7825*

Table F. Indirect DUI Program Services Employee Hrs.

<u>Employee Title</u>	<u>PST/PTO</u>	<u>Training & Supervision</u>	<u>Program Management & Reporting</u>	<u>Administration Activities</u>	<u>Other Administrative Services</u>	<u>Community Relations</u>
Counselor	42	13.00				
SUD Counselor	42	13.00				
SUD Counselor	42	13.00				
Receptionist	82	13.00		1891	+ 94	
Office Manager	61	13.00	352	+ 89		
Executive Liaison	143	25.50	351			+ 402
Program Director	+ 143	+ 55.00	+ 613			
Subtotal Hrs.	554	146	1316	1980	94	402
Total F. Hrs. Required to Operate DUI Program General Operations = 4491 Hrs.						

Table G. Direct DUI Program Services Employee Hrs.

<u>Type of Service</u>	<u>Employee Title</u>	<u>1. Individual Services</u>	<u>2. GRP Education</u>	<u>3. GRP Counseling</u>	<u>4. Monitoring F2F 18-Month</u>	<u>5. Other Services</u>	<u>6. AOD Assessment</u>	<u>7. Monthly Monitoring</u>
	SUD Counselor	974.22	123.57	156.99	154.00	22.22	154.00	
	SUD Counselor	975.00	130.00	190.00	544.00	23.04	147.96	15.00
	SUD Counselor	+ 975.00	+ 130.00	+ 190.00	+ 544.00	+ 23.86	+ 147.00	15.14
	Office Manager							264.78
	Executive Liaison							489.57
	Program Director							+ 600.00
	Subtotal Hrs.	2924	384	537	1242	69	449	1384
Table G. Total Employee Hrs. Allocation to provide DUI Program Services = 6989 Hrs.								



*Driving Under The Influence
Program Budget Justification
Personal Services Budget - Form DHCS/DUI 7825*

Table H. Allocation of Employee Hours

Employee Title	Total Hrs. Allocated to	DUI Program Allocation	DUI Program % Allocation to Direct Hrs.	Total Hrs.	% Allocation to Indirect Hrs.	Indirect Hrs.
SUD Counselor	1640 ÷ 1,640 =	100%	100%	1,640		
SUD Counselor	2080 ÷ 2,080 =	100%	100%	2,080		
SUD Counselor	2080 ÷ 2,080 =	100%	100%	2,080		
Receptionist	2080 ÷ 2,080 =	100%	100%	2,080		
Office Manager	2080 ÷ 1,040 =	50%	75%	780	25%	260
Executive Liaison	2080 ÷ 1,830 =	88%	77%	1,409	23%	420
Program Director	2080 ÷ 1,830 =	88%	77%	1,409	23%	420

Total Direct DUI program Hrs. Table D. line 15 (6000) + Line 24 (921) Annual Grp Hrs. + Table E Line 5 (66) = 6986 hrs.

Total Indirect DUI program employee Hrs. Table F. 4491 hrs.

Total Direct DUI program employee Hrs. Table G. 6989 hrs.

Total Indirect Employee Hrs. Table H. 1100



*Driving Under The Influence
Program Budget Justification
Budget Summary - Form DHCS/DUI 7820*

Unit based on 15-minute rule. Cost per unit determination - Total units to be charged multiplied by number of units for specified services listed.

Minutes Per Unit	Service Minutes	Total # of Units	Allocation % of Expense	Budget allocation	Cost per unit	Increase % for revenue	Unit to be charged
15 X	369311 =	24621	87%	\$53,292	\$22	10%	\$24
Program Service							
			W&R	3months	6-Months	9months	18 months
Monthly Monitoring			3 - \$ 72.00	3 - \$ 72.00	6 - \$ 144.00	9 - \$ 216.00	12 - \$ 432.00
F2F Interview Program Compliance (15)			0 - \$ 0.00	0 - \$ 0.00	0 - \$ 0.00	0 - \$ 0.00	11 - \$ 264.00
F2F Interview Program Compliance (30)			0 - \$ 0.00	2 - \$ 48.00	4 - \$ 96.00	6 - \$ 144.00	11 - \$ 264.00
F2F AOD Assessment & Review			4 - \$ 96.00	4 - \$ 96.00	4 - \$ 96.00	4 - \$ 96.00	1 - \$ 96.00
F2F Interview Exit			0 - \$ 0.00	1 - \$ 96.00	4 - \$ 96.00	4 - \$ 96.00	1 - \$ 96.00
F2F 18-Months Monitoring			0 - \$ 0.00	0 - \$ 0.00	0 - \$ 0.00	0 - \$ 0.00	24 - \$ 576.00
Group Education			12 - \$ 108.00	12 - \$ 108.00	12 - \$ 108.00	12 - \$ 108.00	12 - \$ 108.00
Group Counseling			0 - \$ 0.00	18 - \$ 216.00	32 - \$ 384.00	48 - \$ 576.00	52 - \$ 624.00
Cost Per Modality			\$ 276.00	\$ 636.00	\$ 924.00	\$ 1,236.00	\$ 2,460.00
Type of Individual Service							
F2F Interview "Program Compliance Review"			Total Services Minutes		# of Units	Total Fee Per Service	
			15		1	\$ 24.00	
F2F Interview "Program Compliance Review"			30		2	\$ 48.00	
F2F AOD Assessment & Review			60		4	\$ 96.00	
F2F Interview "Exit Interview"			60		4	\$ 96.00	
F2F Interview "18-Months Monitoring"			60		4	\$ 96.00	
Monthly Monitoring Services			15		1	\$ 24.00	
Type of Other Program Fees							
			Total Services Minutes		# of Units	Total Fee Per Service	
Reinstatement Fee			15		3	\$ 72.00	
Drug Screening (Positive Results)			15		2	\$ 48.00	
Return checks			15		2	\$ 48.00	
Missed activity			15		2	\$ 48.00	
Reschedule			15		3	\$ 72.00	
Leave of Absence			30		2	\$ 48.00	
Transfer out/out			30		3	\$ 72.00	
Duplicate DL101 research			30		2	\$ 48.00	
Late payment fee			15		1	\$ 24.00	



*Driving Under The Influence
Program Budget Justification
Budget Summary - Form DHCS/DUI 7820*

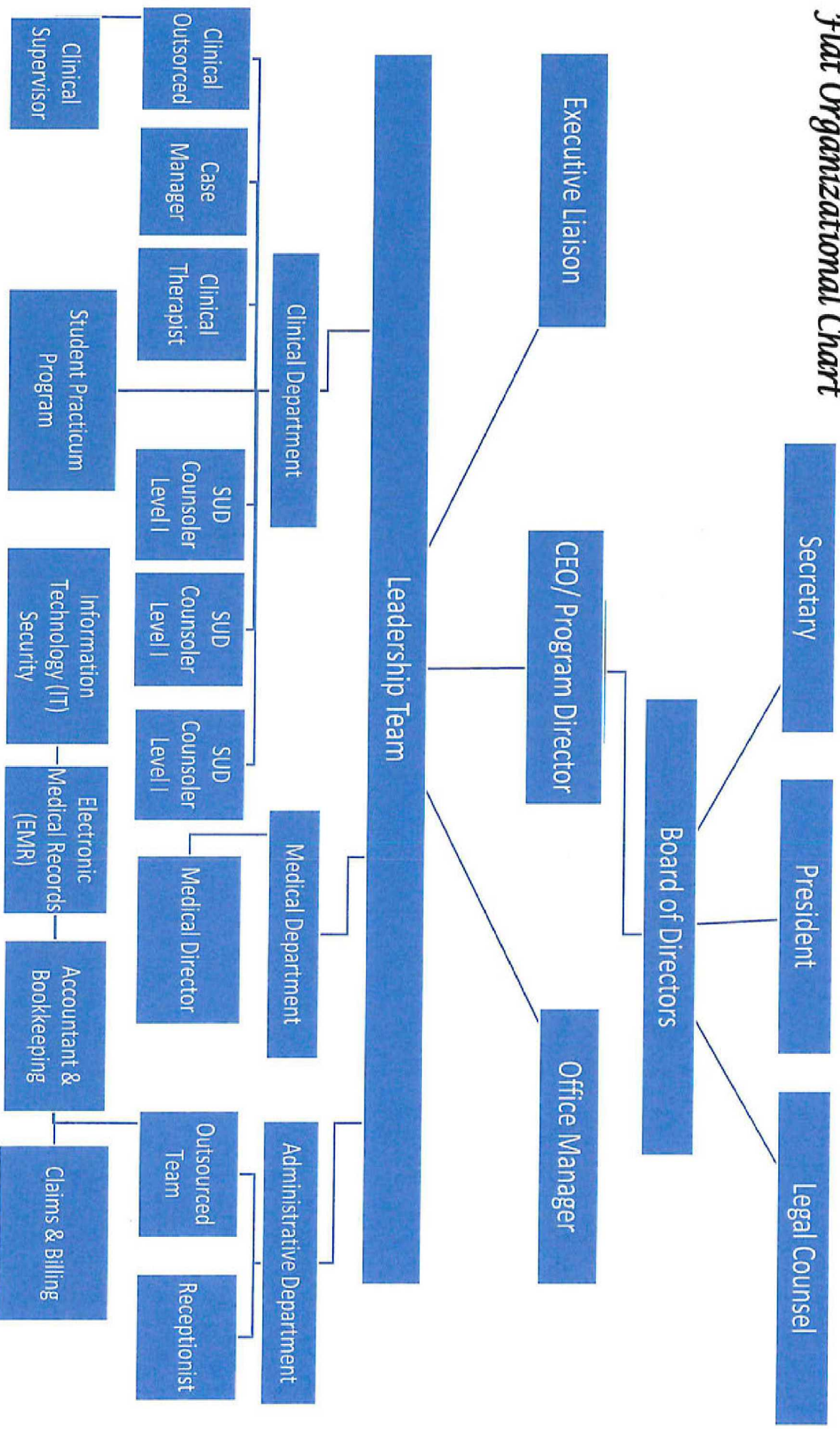
Unit based on 75-minutes (60-minute per group + 15-minutes per group for notes). Cost per unit determination - Total units to be charged multiplied by average attendance for specified unit of services listed.

<u>Minutes Per Unit</u>	<u>Service Minutes</u>	<u>Total # of Units</u>	<u>Allocation % of Expense</u>	<u>Budget allocation</u>	<u>Cost per unit</u>	<u>Increase % for revenue</u>	<u>Unit to be charged</u>
75 X	55234 =	736	13%	\$80,506	\$109	10%	\$120

<u>Type of Group Service</u>	<u>Average Attendance</u>	<u>Total Services Minutes per Group + Notes</u>	<u># of Units</u>	<u>Total Fee Per Service</u>
Group Education	14	75	1	\$ 9.00
Group Counseling	10	75	1	\$ 12.00

Genesis Programs Inc.

Flat Organizational Chart



BUSINESS TAX CERTIFICATE # 130013801

COMPANY/OWNER: GENESIS PROGRAMS INC

EXPIRATION

BUSINESS LOCATION: 1732 PALMA DR STE 208
VENTURA, CA 93003-5796

06/30/2024

BUSINESS DESCRIPTION: SUBSTANCE USE TREATMENT PROGRAM

VEN0627A AUTO 5-DIGIT 93003 7000001792 00.0006.0507 1792/1



GENESIS PROGRAMS INC
1732 PALMA DR STE 208
VENTURA, CA 93003-5796

CITY OF
VENTURA

501 Poli St. Rm 107, Ventura CA 93001
(805) 656-4715

Issuance of this certificate does not entitle holder to conduct business without all other necessary permits or in a manner or location prohibited by law.
Certificate is not transferable or assignable in any manner by holder. **POST IN A CONSPICUOUS PLACE.**

CITY OF VENTURA

FIRE DEPARTMENT

December 20, 2021

Genesis Programs Inc.
1732 Palma Drive Suite 208
Attention: Will Leitzinger
Ventura, CA 93003

On December 1, 2021, I conducted a Fire Clearance Inspection of the Genesis Programs Inc. offices located at 1732 Palma Dr. Ste 208 Ventura, CA. No violations were noted in the unit at the time. Fire Clearance is granted to Genesis Programs Inc.

Feel free to contact me if you have any questions or concerns at 805-658-4907 or by email at eindermill@cityofventura.net.

Sincerely,



Eric Indermill
Fire Inspector



Locations and Services To Be Provided

Facility Location - GPI has resided at its current location since March 2014. The facility is accompanied by 3,300 sq. upstairs and 2,500 sq downstairs of commercial space with a max capacity of 75 people upstairs and 45 visitors downstairs. Both facilities are accessible by wheelchair, we are within walking distance of public transportation and near Highway 101. Our building provides applicable parking including designated space for handicap parking accessibility. We offer multiple group rooms with a max capacity of 25, 9 counseling offices, a community room, and two waiting rooms with a front office receptionist. Our facility uses a lock and key to gain access beyond the waiting room, filing room, and counseling offices.

GPI hours of operation-Monday - Friday from 8am-9pm.

Facility Address- 1732 Palma Drive Suite 108 & 208 Ventura, Ca 93003

DUI Program Services to be Provided-

12-hour program-Wet/Reckless (SB 1176 or AB 803)

3-month program (AB 541)

6-month (AB762)

9-month program (AB 1353)

18-month program (SB 38)



Genesis Programs Inc. DUI Program Contract

Genesis Programs Driving Under the Influence Program (DUIP) is licensed by the State of California and operates under the authority of Title 9 and the California Health and Safety Code. The County Alcohol and Drug Services division exercises supervisory authority over DUI programs.

PROGRAM GOAL

Genesis Programs, Inc. is committed to reducing the number of repeat DUI offenses. The goal of Genesis DUIP is to work in collaboration with individuals who have been court ordered to participate in a DUIP address attitudes and behaviors related to the use of alcohol and/or other drugs and support positive lifestyle changes to eliminate the risk for repeat DUI offenses. Our dedicated clinical team works with each participant to enhance their experience through providing education group counseling and offering individual support, referrals for ancillary services, and other resources including community activities to help promote ongoing healthy living choices.

COMPONENTS OF THE DRIVING UNDER THE INFLUENCE PROGRAM

Alcohol & Other Drug Assessment and Review (Individual Appointment) - Within the first 60 days of participation, each DUI program participant shall complete an assessment to evaluate their alcohol/drug use. The assessment address patterns and history of alcohol and other drug use, addiction treatment history, family substance use history, biological and psychological history, environmental and social experiences, legal history, and current physical and mental health status. The assessment results are reviewed with the participant and any recommendations for ancillary services that could be potentially beneficial to the participant, needs identified, or concerns are discussed further.

Education Groups - Our evidence-based educational group sessions offer an interactive setting for participants to gain knowledge about the impact alcohol and other drugs have on the mind and body, increase interpersonal insight, and share ideas and information with fellow group peers. Classes are designed to give you evidence-based information on the legal, medical, and social problems associated with the use and abuse of alcohol and other drugs.

Group Counseling - Genesis DUIP group counseling sessions are designed to allow a safe space for our participants to examine thoughts, feelings, and behaviors that compromise their decision making, develop or enhance coping skills, and acquire valuable life skills that improve the quality of life. Group counseling will offer an opportunity for you to examine your own behavior and personal choices. Providing you with a safe, supportive environment for any needed changes.

Face-to-Face Interview (Individual Appointment) - Individual sessions GPI will assess your progress in the program and discuss any administrative or personal matters that could create a barrier to your successful completion of the program. Being sure to also offer referrals and resources that may be able to better improve quality of life.

Re-enter Sessions (18-month program only)- During the last six months of participation, you will attend monthly re-entry sessions. These sessions focus on community re-entry activities with self-help, employment, family, reintroduction prevention strategies, and other areas of self-improvement.

Genesis Programs Inc.
DUI Program Contract
(Continued)

DUI PROGRAM SERVICES PLAN *(Mark Program to Attend)*

☐ **12-HOUR WET/RECKLESS DUI PROGRAM- \$276.00**

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 12 hours – Group Education

☐ **3-MONTH FIRST OFFENDER DUI PROGRAM- \$636.00**

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 1 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 18 hours – Group Counseling
- 12 hours – Education

☐ **6-MONTH FIRST OFFENDER DUI PROGRAM-\$924.00**

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 2 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 32 hours – Group Counseling
- 12 hours – Education

☐ **9-MONTH FIRST OFFENDER DUI PROGRAM- \$1236.00**

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 3 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 48 hours – Group Counseling
- 12 hours – Education

☐ **18-MONTH EDUCATION PROGRAM- \$2460.00**

Program Services

Phase I Core Program (First 12 months)

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 3 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 52 hours – Group Counseling
- 12 hours – Education

Phase II Community Re-entry (Final 6 months)

- 6 Program Compliance Review (Individual Appointment)

Genesis Programs Inc.

DUI Program Contract

(Continued)

ADDITIONAL FEES

- Missed Activity Fee (Group/Education/Face to Face) – \$48.00
- Leave of Absence Fee – \$48.00
- Reschedule Fee – \$72.00
- Reinstatement Fee – \$72.00
- Transfer-Out Fee – \$72.00
- Transfer-In Fee (In County/Out of County) – \$72.00
- NSF Returned Check Charge / Credit Card Chargeback Fee – \$35.00
- Replacement Fee for Notice of Completion (DL 101) – \$24.00
- Copies of any documents requested from records- \$0.10 each.
- Drug Testing (Positive Tests)- \$48.00

QUALITY SERVICE/FEEDBACK

Genesis DUIP strives for excellence and your input is what helps us continue to help save lives, support families, and strengthen communities. Please take the time and provide feedback to help improve our program. Input can be provided at any time to the Administrative Manager or GPI Clinical Director. You can also provide feedback at www.GenesisPrograms.com website or confidential feedback boxes placed throughout the GPI lobbies.

REQUESTING ACCOMMODATIONS

GPI evaluates and carefully considers the merits of all requests for accommodation to determine whether any remedial actions are appropriate. Please provide your request for accommodation in writing to the administrative office (front desk) or GPI Staff. Accommodation requests should answer the following questions below:

- What specific accommodation is requested?
- If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain:
- If your accommodation request is time sensitive? If yes, please explain:

CONFIDENTIALITY NOTICE

Genesis DUIP is covered by both State and Federal laws protecting the confidentiality of the program participants. We cannot discuss your case or verify your involvement in the program with anyone without a signed release from you. The law does require disclosure related to child and elderly abuse to appropriate authorities. Disclosures are allowed when by court order, to medical personnel in a medical emergency, and to qualified GPI personnel for research, audit, or program evaluation.

- By signing this contract, you agree to respect the right of confidentiality of other participants by not revealing any information to any person, agency or institution that might reveal the identity of any other participant in the program.

Genesis Programs Inc.

DUI Program Contract

(Continued)

PROCESS FOR REPORTING A DISPUTE OR GRIEVANCE

GPI DUIP staff are available any time to help assist you, if you find you have a concern that you cannot resolve ask to speak to the Compliance Officer. Disputes or grievances are provided with a response within 24 hours from the time of notice. Please refer to “Confidentiality Title 42 Public Health” form in your Welcome Packet for further information regarding GPI’s process for managing dispute or grievance reported by a DUI program participant.

PROGRAM RULES & EXPECTATIONS

1. Behavioral Expectations

- Food, drinks, vaping, and smoking are allowed only in the designated areas or outside of the building 10 ft away from all entrances.
- Visitors or children are not allowed in program activities.
- Children are not to be left unattended on GPI premises at any time.
- 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 GPI activities. Logos on clothing that are vulgar, offensive, gang or drug related are not permitted. No Sunglasses are allowed in activities.
- Sleeping or appearing to be asleep during program activities may result in an absence.
- Participants shall be responsible for their behavior and are expected to communicate, cooperate, and show respect to other participants, their property, and all staff members.
- All participants are encouraged to participate in their activities. “Cross-talk” or conversations not relative to the group discussion are not permitted.
- Participants who appear to be under the influence agree to submit to a breath/drug test or face dismissal.
- Electronic devices (tablets/laptops) are not permitted, and cell phones must be turned off or set to silent mode during program activities.
- Gambling in any form is not permitted. No stealing, borrowing, or lending of money or other personal property items.
- Participants are to park their vehicles in Suite 108 or 208 parking spots only. If none are open, you can park in surrounding street parking areas.

2. Substance Free Zone

- All program participants must comply with the State of California program sobriety regulations.

Genesis Programs Inc. DUI Program Contract (Continued)

2. Substance free zone (Continued)

GPI is a Substance Free Zone therefore GPI prohibits visitors from entering the facility with **any measurable amount of alcohol or illicit drugs in your system or under the influence of any substance that causes you to be impaired.** If you appear on GPI premises at any time with a measurable amount of alcohol or illicit drugs in your system or appear to be impaired, you will be dismissed from the program.

- Those who refuse to submit to a breath test or drug screen will be dismissed from the DUI program.
- Participants who are arrested for another DUI after enrolling will be dismissed from program sobriety once they are **convicted** for their subsequent DUI.
- GPI encourages all program participants to maintain total abstinence from alcohol and other drugs during their program as a way to explore their relationship with alcohol and/or drugs.

3. Missed activities

- Attendance to program activities must be given priority and we encourage you not to miss any activity. If you must miss an appointment or activity it will fall into one of the two following categories:
 - **Reschedule**: A missed appointment or activity is classified as a Reschedule when you contact GPI to reschedule by phone or in person before an appointment or activity is missed.
 - **Absence**: A missed appointment or activity is classified as an Absence if you fail to contact GPI before it is missed. If you exceed the allowed number of allowed absences for your program, you will be dismissed from the program.
- All missed activities should be made up within 30 days of the occurrence.
- A missed activity fee will be charged for each **Reschedule** and **Absence**.
- Missed activity fees are due as they occur and will be charged to your account.
- There is no grace period, and you will receive an absence if you are late to any activity.
- You will not receive credit if you leave an activity early.

Number of Allowed Absences by Program Level

12-Hour	2 Absence	3-Month	5 Absences	6-Month	7 Absences	9-Month	7 Absences
		12-Month	8 Absences	18-Month	10 Absences		

Genesis Programs Inc.

DUI Program Contract

(Continued)

4. Leave of absence (LOA)

- If you are going to be absent for a period of time or will not attend an activity at least every 21 days, you must request a Leave of Absence, or you will be dismissed for non-attendance. (MOP Re-Entry stage is 60 days, refer to Dismissal Section 7(e).
- Leave of absences and extensions will not be approved without appropriate documentation requesting leave of absence in writing. Written request must include Name, Reason for leave and Dates requested for leave.
- A leave of absence must fit one of the following criteria and must be verified with documentation.
- Military responsibility requiring an extended absence; Work responsibilities requiring extended travel; Extended illness or medical treatment of participant or family member; Incarceration; Residential substance treatment program; Extreme personal hardship or family emergency; Pre-planned Vacation (Only if you have made up all missed activities and are current with fees).

5. PROGRAM DISMISSAL

- The State of California requires that GPI MUST dismiss any participant who:
- Fails to participate in required program activities within 21 days of transfer to another California driving under the influence program licensed by the Department of Health Care Services.
- Fails to maintain program sobriety, including conviction of a subsequent DUI.
- Fails to comply with driving under the influence program rules.
- Fails to attend program services for 21 days or longer without obtaining a leave of absence, in accordance with section 9876.5. This section does not apply to multiple offenders in the last 6 months of the 18-month program. In these phases of the program, participants will face dismissal for failure to attend program services for 60 days or longer without obtaining an LOA.
- Exceeds the number of absences allowed in Section 9876(d).
- Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence.
- Is physically, verbally abusive, or acts in a threatening manner to program staff or other program participants.
- Fails to pay, within 30 days of the date due, his/her program fee assessed in accordance with the requirements of Section §9879; or fails to reschedule and attend a financial assessment interview in accordance with the provisions of Subsection §9879(j). The program shall not dismiss the participant if he/she pays his/her assessed program fee instead of rescheduling and attending a financial assessment interview.

Genesis Programs Inc.

DUI Program Contract

(Continued)

PROGRAM REINSTATEMENT (Re-Enrollment Following Dismissal)

- Court referred participants who are dismissed from the program may need a re-referral from the court to re-enroll. Upon dismissal GPI will inform you by mail of the requirements for your re-enrollment, including the requirement that your fees are current.
- DMV referred participants who are dismissed from their program may need an H-6 DMV printout to re-enroll. Upon dismissal GPI will inform you by mail of the requirements for your re-enrollment, including the requirement that your fees are current prior to reinstating back into your program.
- Participants who return to the program after dismissal may receive credit for activities, they have completed provided that the reinstatement was scheduled within twenty-four (24) months from the date on which the participant was dismissed.
- The program may refuse to reinstate any participant who fails to pay their past due balance on services received prior to dismissal or was dismissed for physical or verbal abuse or threatening behavior.

PROGRAM TRANSFER

- Participants may transfer within California to another State licensed DUI program.
- Participants must pay for all services received, plus the required transfer fee.
- Transfers between programs must be completed within 21 days.
- Participants who are moving out of State cannot officially transfer to an out of state program but may receive notification of completed activities if all program fees are up to date.

PROGRAM FEES AND PAYMENT

- Payments can be made in person at the administrative office (Front Desk), or by phone with a credit card by calling 805.650.3094. A receipt for each payment will be issued at the time of payment. Never make a payment without getting a receipt. Payments are never accepted in activities. Automatic payments can be created on request by administrative office staff.
- If you are going to be unable to make any payment on time or in full, please contact the administrative office right away.
- You can request a financial assessment of your payment schedule. The financial assessment is based on the County's criteria for income levels. You will be required to provide documented evidence of your income. No one will be denied services because of their documentation of the inability to pay.
- It is your responsibility to contact GPI to request financial assessment and for you to document your current situation. Failure to make payments in full and on time, including administrative charges (or make alternative arrangements) will be viewed as an unwillingness to pay program fees and may result in your dismissal from the program and referral back to court and/or DMV.



Genesis Programs Inc.

DUI Program Contract

PROGRAM FEES AND PAYMENT (Continued)

- 18-Month program participants must attend a face-to-face session every other week for the first 12 months of the program or until the required activities of the first 12 months are completed. If GPI provides additional face-to-face due to failure to complete the required activities during the first 12 months, you will be charged for each face-to-face until those activities are completed. All 3-, 6- and 9-month program participants will be charged additional missed activity fees if they are not ready to complete at their final face-to-face.
- All program fees must be paid in full before completion of paperwork is processed and released to the DMV.
- Participants reinstating or converting to a different program level will pay fees calculated on a fee service basis for the remaining services needed for completion based on the current rates at the time of reinstatement or conversion. A reinstatement fee will be charged for re-enrollment after dismissal or for re-enrollment to a different program level on the same case post completion.
- The participant is responsible for paying all fees incurred in this contract. If the participant obtains a new conviction, stops attending GPI and/or attends a longer program when DMV may only require a program shorter in length, the participant will be responsible for paying for all services rendered. All fees incurred will continue to be owed regardless of whether the participant enrolls in another program with GPI. GPI will utilize a collection agency unless the participant is willing to work with the program to develop a payment plan.
- Final payment must be credit card or cash.

PROGRAM FEE SUSPENSION

1. If your payments become past due, you may be placed in suspension status. If this occurs you will be notified that you must either bring your account current or arrange for a financial assessment.
2. If you fail to make arrangements or bring your account current by the end of the suspension you will be dismissed for non-payment of fees.

PROGRAM COMPLETION

1. You will receive a letter of completion after you have completed the program and paid all fees.
2. The courts and DMV will be notified of completion by GPI as required. You are responsible for following through on any specific instructions you may have received from the court pertaining to program completion.
3. GPI will not maintain or provide information from program files that have been inactive for more than four years.

Genesis Programs Inc.
DUI Program Contract
(Continued)

PROGRAM REQUIREMENTS

1. In order to fulfill the court and/or DMV requirements you must complete all of the requirements identified for your program listed above.
2. It is your responsibility to determine which program you will need to satisfy your court or DMV requirements.
3. The 12-Hour Education Only Program is for court purposes only and does not satisfy DMV requirements for a DUI program.
4. The county or state may require amendments to this contract at a later date.

I understand that alcohol and/or drugs impair my ability to drive, and I understand the dangerous consequences of drinking and or using drugs and driving. If I choose to ignore this warning and drive while under the influence of alcohol/drugs or both, and someone is killed, I understand I may be charged with vehicular manslaughter or murder, the elements of malice in a charge of murder may be implied because I knowledge of the danger of the conduct and the risk that such conduct poses to the public. (People vs Watson 30 Cal 3d. 290,179 Cal Rptr. 43)

With my signature I confirm that this document was explained to me in its entirety, I fully understand the information, I agree to the GPI DUI Program Contract, and I received a copy of this contract for my reference.

Signature

Date

Print Name

Staff Signature

Date



Driving Under the Influence Program Participants Financial Agreement

Participant Name: _____ **MRN#** _____

Program Fee: \$ _____ **Down Payment:** \$ _____ **Balance** \$ _____

To be paid in _____ number of monthly payments in the amount of \$ _____ per month.

Monthly payments begin on _____.

Past Due Amount \$ _____. **This amount is due IMMEDIATELY and is not part of the monthly payments. If not brought current within 15 days of enrollment, you will be subject to SUSPENSION of SERVICES and/or DISQUALIFICATION from the program.**

As a participant of the GPI DUI program, I understand and agree that:

- A. It is my responsibility to pay my program fees as described above in my Participant Agreement to Program Rules and Regulations ON TIME and IN FULL or, If I am unable to keep my payments current at any time, it is my responsibility to make ALTERNATIVE ARRANGEMENTS IN ADVANCE and IN WRITING with program staff.
- B. I will be subject to administrative action up to and including DISQUALIFICATION FOR NONPAYMENT OF FEES and DENIED REINSTATEMENT UNTIL I HAVE BROUGHT MY ACCOUNT CURRENT.
- C. A CERTIFICATE OF COMPLETION WILL NOT BE ISSUED UNTIL MY FEES HAVE BEEN PAID IN FULL.
- D. I will be subject to COLLECTION ACTION ON MY PAST DUE PAYMENTS including submission of my account to collection and credit reporting agencies, garnishment of my wages, and liens against my tax return and personal bank accounts.
- E. All additional fees will be added to my account when incurred and are due and payable immediately.

A LATE PAYMENT CHARGE WILL BE ADDED TO YOUR ACCOUNT IF PAYMENTS ARE NOT RECEIVED BY THE DUE DATE.

Payment should be made with the administrative office (Front Office) or with card by phone (805.650.3094).

Participant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____



Genesis Driving Under the Influence Program
FINANCIAL ASSESSEMENT

ALL INFORMATION IS CONFIDENTIAL

Complete application in its entirety and submit form to GPI Staff.

Participant Name: _____ MRN: _____ Todays Date: _____

Court Docket # _____ Driver's License # _____

REASON FOR ASSESSMENT (Check all that Apply)

- ☐ Participant Request ☐ Two Consecutive Payments Missed
☐ Prior to Dismissal for Nonpayment of fees ☐ Monthly Reassessment
☐ Loss of Eligibility for previous Payments Agreement

List your name and the names of ALL individuals in your household if claimed on your taxes.
Please add additional names if needed on the back of this form.

Name	Relationship	Age	Annual Income	Employer
	SELF			

MONTHLY INCOME

Item	Income	Item	Income
Salary or Wages	\$	Spousal Support	\$
Unemployment	\$	Interest	\$
Social Security	\$	Rental Income/Dividends	\$
Pension/Retirement	\$	Child Support	\$
Real or Personal Property	\$	Public Assistance (ATAP)	\$
Permanent Fund	\$	Longevity Bonus	\$
Self-Employed (net amt.)	\$	Worker's Comp Benefits	\$
Disability Benefits	\$	Other	\$



Genesis Driving Under the Influence Program
FINANCIAL ASSESSEMENT
(Continued)

GROSS INCOME

Total Monthly Income.....\$ _____

INCOME VERIFICATION

(Check All that Apply)

- ☐ Income Tax Return
- ☐ Pay Vouchers or Paystubs for Prior Two Months
- ☐ Award Letter from County Welfare Department or other Government Agency Documenting Eligibility for General Assistance or Other Public assistance and Indication the Income Level on which it was based.
- ☐ Other: (Specify) _____

PAYMENT PLAN ELIGIBILITY COMPUTATION

(Check ONE that Applies)

- ☐ Standard Payments- Income listed is above 35% of County median family income.
- ☐ Extended Payments- Income listed is below 35% of County median family income but is above General Relief eligibility level.
- ☐ Waived Fees- Gross Monthly Income is below General Relief eligibility level.

I certify that the statements regarding the persons and income in my household are true and correct to the best of my knowledge. I further understand if any information is found to be inaccurate, I may be denied assistance and/or subject to legal action for knowingly providing false information. I agree to notify Genesis DUI Program of all changes in income, number of household members, and/or other circumstances. I understand that the information given above will be kept confidential. I also understand that if I do not agree with any decision made concerning this assessment, I have the right to ask in writing for a review by the Administrative or Clinical Director. I also have the right to request a review from the Driving-Under-the- Influence Program Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, Ca 95811.

Participant Signature: _____ Date: _____

Thank you for your cooperation.

Sincerely:

Genesis DUI Staff

Completed By: _____ **Date:** _____

Approved By: _____ **Date:** _____



GENESIS DUI PROGRAM HIPPA REGULATIONS

The Notice includes individual's rights (HIPAA regulations 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 CFR Part 2) pertaining to his or her Personal Health Information (PHI) and Records, and how such rights may be exercised. It covers Genesis Programs, Inc. legal duties, describes the types of uses and disclosures that are permitted under this law, and how to file a formal grievance.

Genesis Programs, Inc. Release of Information Form complies with State and Federal Regulations and contains the name of the client, content to be released, purpose of information to be released, party to whom the information will be released, date on which the release is signed, the expiration date of the release, information on how to revoke the release, and signature of the client or guardian. Limitations on information desired released may be indicated on the form.

Psychotherapy notes are covered under HIPAA, thus are considered Genesis Programs Inc. property, and are not required to be disclosed to the client. In cases when a client's information is subpoenaed follow the RESPONDING TO A REQUEST FOR CLIENT RECORDS (INCLUDING SUBPOENAS AND COURT MANDATES). All other PHI in the client's chart is their property and can be requested by and copied for the client.

HIPAA requires an accounting of disclosures, which is a list of disclosures made without consent or authorization (in order for treatment, payment, or health care operations). All Qualified Service Organization / Business Associate Agreements state that all inadvertent re-disclosures need to be reported to Genesis Programs, Inc. within 24 hours of the incident. If there are cases where information is disclosed without authorization a disclosure log needs to be implemented in the client's chart.

HIPAA allows for unintended or incidental disclosure of PHI; however, it is absolutely imperative that any use, submission, or disclosure be documented on an Accounting of Disclosure Form and remains in the person's chart. Documentation should be specific as to what PHI was released, to whom it was released, reason for release, and why a consent for release of information was not obtained. The client and all appropriate parties involved should be notified of the accidental disclosure. An incident report should be completed and submitted to management.

Clients may update their records by completing the Request for Amending Personal Health information form. Amendments of PHI may only be completed if:

1. A request has been made by the client and
2. The PHI originated in Genesis Programs Inc. office.



GENESIS DUI PROGRAM HIPPA REGULATIONS

New employees are trained in HIPAA within the first week of employment. Each staff member signs an agreement acknowledging the HIPAA regulations and penalties for violations of these regulations. The penalties are:

1. \$100 per person per violation up to \$25,000
2. Criminal - \$50,000 fine and up to 1-year imprisonment for wrongful disclosure
3. Intent to sell, transfer or use PHI for gain is a \$25,000 fine and up to 10 years imprisonment.

Participants Name: _____ **Date:** _____



*GENESIS DUI PROGRAM
CONFIDENTIALITY
TITLE 42 PUBLIC HEALTH*

Confidentiality Title 42 Public Health

According to the Code of Federal Regulations Title 42-Public Health, any information identifying an individual as: an alcohol/drug user; or identified as participant within as alcohol/drug rehabilitation center; is considered a violation of said regulations unless one of the following three criterions are met:

1. The client consents to the release in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

If I suspect a violation, I may report them to the appropriate authorities in accordance with State and Federal regulations. I have the right to change my confidentiality list at my discretion and/or to discern what kind of information may be released. I am aware that the state and federal laws and regulations mandate that certain crimes be reportable i.e., child, elderly or domestic abuse, and the intent to harm self or someone else. I am aware of my rights of confidentiality and can report violations to Genesis Programs, Inc. Director, or California DHCS. If you wish to file a complaint about a licensed, certified Alcohol & Other Drugs (AOD) Drug Service Provider OR a Registered or Certified Counselor you can do so via mail, fax, or by using the online Complaint Form.

The following contact names, addresses, and phone numbers are provided to follow up any unresolved complaint(s):

Genesis Programs, Inc.
1732 Palma Drive Suite 208
Ventura CA 93003
Phone: 805-650-3094
Attention: Athena Naranjo

Department of Health Care Services Substance Use Disorder Services
P.O. Box 997413, MS 2601
Sacramento, CA 95899- 7413
Fax form to: (916) 440-5094

Participants Name: _____ **Date:** _____



Part V Program Information (Continued)

1. INTAKE INTERVIEW/ENROLLMENT PROCESS

A. Pre-enrollment “Initial Contact”

Defined by the day of first contact with prospect inquiring or seeking to enroll into GPI DUI program. The intent of this process is to provide information regarding GPI DUI program services, collection of data regarding persons served for quality assurance measures and prepare the prospect for enrolment into GPI DUI program. Administration personnel shall be responsible for meeting GPI organizational standards through implementation of the following GPI DUI program initial contact procedures.

- (1) **Provide oral information** – To assist DUI participants in accessing program services to include: 1) explanation of eligibility requirements for GPI DUI program services pursuant to Section §9848. (a)-(b); 2) provide information regarding Intake interview requirement and documents; 3) Explain visitor requirements to include GPI substance free zone; 5) provide verbal consent question to allow obtainment of private information to enable GPI correspondents with prospect based on their communication preferences,
- (2) **Obtain prospects general information** - To enable efficient communication GPI administrative personnel shall gather personal information to allow: 1) GPI to correspond with prospect, 1) conduct follow-up calls such as verifying day and time of upcoming appointments, and 2) provide GPI DUI program intake packet. Information to be gathered by administrative personnel shall be limited to the following items:
 - (a) **Contact information** – Shall include prospects full name, address of current residency, contact phone number, email address.
 - (b) **Demographics** – Shall include prospects date of birth, age, gender assigned at birth, gender identified with, identified race, identified ethnicity, preferred spoken and written language, occupational statuses, transportation accessibility, marital status, need for disability accommodations.
 - (c) **Eligibility documentation** – Shall include one of the following documents pursuant to Section §9848. (a)-(b), Participant Enrollment: a) court order, b) Department of Motor Vehicles (DMV), or c) transfer in referral. Court order or DMV document must verify arrest or conviction, date requiring prospect to enroll into a DUI program and assigned DUI program. Transfer in referral documentation must include from the state making the referral the date requiring prospect to enroll into a DUI program and/or requirement to attend and either the number of hours of program services or the program type required.



Part V

Program Information

(Continued)

(3) Schedule Intake/Enrollment Interview - Appointment must be scheduled within 21 days from the date of initial contact or sooner if the court-order date for enrollment is set to expire.

(4) Provide enrollment documents – Participant shall be provided with notice of their requirement to complete the enrollment packet prior to the date of intake but no later than the day of enrollment to avoid having to reschedule. GPI enrollment pack shall include the following information:

- (a)** DUI participants general demographics and contact information.
- (b)** Current physical and medical health status and psychological and environmental status.
- (c)** Participant DUI Program SMART Goals to include: 1) template outline that contains a section for participants to address current goal setting, short-term goal setting, and long-term goal setting.
- (d)** DUI Program Participant Contract to include: 1) DUI Program Goals statement; 2) Description of services; 3) Service plan requirements and program cost 4) Additional fees; 5) Quality service/feedback; 6) Requesting accommodations; 7) Confidentiality Notice; 8) Process for reporting disputes and grievances; 9) Program Rules and Expectations to include: a) Behavioral Expectations; b) Substance Free Zone; c) Missed Activities; d) Leave of absence; e) Program Dismissal; 10) Program Reinstatement; 12) Program Transfer; Program Fees & Payment; 13) Program Fees Suspension; 14) Program Completion; 15) Program Requirements.
- (e)** Confidentiality Title 42 Public Health to include: 1) Process for reporting disputes and grievances full description.
- (f)** HIPPA Regulations Notice to include: 1) GPI Federal and State reporting requirements.

B. Intake Interview Appointment

Defined as a face-to-face individual appointment conducted by a qualified licensed, certified, or registered member of GPI clinical personnel in accordance with Section §9846(c) and Section §9846(d). The intake interview appointment shall consist of 60-minutes in duration and be provided in accordance with GPI procedures and pursuant to Section §9849. The intake interview appointment is intended to enroll the participant into the DUI Program and shall include the following:

- (1)** Collect downpayment and determine schedule for fees to be collected;



Part V Program Information (Continued)

- (2) Schedule program services to include: 1) First scheduled service within 21-days from the date of enrollment; and 2) Schedule must specify the date, day, and time participant is expected to attend each required activity as specified in their service program;
- (3) Provide oral presentation explaining each of the enrollment packet documents making sure DUI program participant signs and dates all applicable forms to signify their acknowledgement of understanding information provided and a copy was obtained. DUI participant contract shall include the following information:
- (4) Develop DUI program service plan using GPI EHR templet with each pre-populated goal: 1) I will refrain from the use of alcohol and illicit drugs throughout my enrollment in the DUI program; 2) I will complete the DUI program requirements while maintaining a status of full compliance; 3) I will utilize my time in the DUI program to explore my relationship with alcohol and/or other drugs so that I can make informed decisions that better support healthy living; 4) GPI counselor shall include *Participant DUI Program SMART Goals* and any additional goals that are meaningful and personal to the participant; 5) Counselor shall solicit feedback regarding the objectives to be used to help the participant meet their treatment goals; 6) Counselor shall utilize GPI resources and participants, abilities, strengths, and preferences in establishing measurable interventions for evaluating objectives level of effectiveness in regards to goal obtainment; 7) Counselor shall provide a copy of the service plan for participants future reference.
- (5) Provide DUI Program participant with GPI Welcome Packet. GPI Welcome packet shall provide the following information: 1) GPI Facility Information to include: a) Hours of operation; b) Facility contact information, and c) Key personnel contact information; 2) A comprehensive list of community resources that can provide assistance with basic life necessities and/or services to help support healthy living; 3) Confidentiality & Privacy Notice of Rights full description; 4) Human Rights full description; 5) GPI Process for Suspicion of intoxication or under the influence full description; 6) Educational material for healthy living to include: a) credible data defining healthy living; b) key elements to well-being must include diet, sleep, physical activities, mental health, and stress management, and c) information explaining how abstinence contributes to a healthy lifestyle.
- (6) Provide AOD Assessment Packet - shall be provided with a completion date of 1-week prior to their scheduled AOD Assessment & Review appointment. The alcohol and drug assessment shall gather the following information: 1) patterns and history of alcohol and



Part V

Program Information

(Continued)

other drug use; 2) past treatment history; 3) family substance use history; 3) biological and psychological history; and 4) social and environmental status.

(7) Intake interview/enrollment Documentation

- (a)** Coordination regarding DUI participants enrollment, completion, transfer, and/or dismissal shall be managed by administration personnel to include:
 - (i)** Completion of required reporting of information/notification regarding DUI participants enrollment, completion, transfer, and dismissal within 24-days but no later than 30-days to each of the following applicable agencies: 1) Ventura County Behavioral Health, 2) Ventura County Superior Court, 3) Department of Health Care System, and 4) Department of Motor Vehicles.
 - (ii)** Complete all administrative forms requested by: 1) Ventura County Behavioral Health, 2) Ventura County Superior Court, 3) Department of Health Care System, and 4) Department of Motor Vehicles.
 - (iii)** Obtain confirmation regarding timely submission of information/notification or requested data from 1) Ventura County Behavioral Health, 2) Ventura County Superior Court, 3) Department of Health Care System, and 4) Department of Motor Vehicles
- (b)** GPI clinical personnel shall document the intake interview/enrollment appointment and must include at a minimum the following information in each participant's EHR:
 - (i)** The date, time, and length of the intake interview appointment;
 - (ii)** a brief interpretive summary including participants presenting condition at the time of enrollment; and
 - (iii)** any referrals to ancillary services, barriers identified or areas of concern.

2. FACE-TO-FACE INTERVIEW

Defined as an individual appointment conducted by a qualified member of GPI clinical personnel in accordance with Section §9846(c) and (d) pursuant to Section 9851 and shall at a minimum consist of 15-minute up to 30-minutes. If personnel and/or the participant determine that more time is needed additional time may be extended in increments of 15-minutes but no more than 60-minutes total. GPI clinical personnel are required to document the reason additional time was provided in the participants' EHR under f2f progress note. GPI DUI program shall provide the following three types of face-to-face interview appointments:

A. Face to Face AOD Assessment and Review



Part V

Program Information

(Continued)

Defined and an individual appointment with GPI DUI program participant and conducted in accordance with Section §9849 by a qualified member of GPI clinical personnel pursuant to Section §9846(c) and (d). AOD Assessment and Review appointments shall be scheduled no later than 60 days from the date of enrollment and at a minimum 60 minutes in length. If GPI clinical personnel or the participant determines that more time is needed an additional but no more than 15 minutes is allowed. GPI clinical personnel are required to document the reason additional time was provided in the participants' EHR F2F-AOD note. The F2F AOD Assessment and Review appointment is intended to: 1) identify symptoms that could indicate the presents of a substance use disorder' 2) identify potential barriers or concerns that increase the individual's risk for further problematic substance use; 3) discuss areas of risk or vulnerability to prevent future offences; and 4) utilize areas of strength to enable healthy lifestyle changes. The AOD assessment & review appointment shall include:

- (1) Prior to the AOD appointment, counselor shall evaluate, configure screening scores, and document concerns, questions and/or needs identified through the evaluation process that require further discussion during the AOD appointment. Documents to be evaluated shall include: 1) participants enrollment packet with specific focus on participants responses to questionnaires for biological and psychological health and social and environmental status; and 2) AOD assessment packet.
- (2) During the appointment counselor shall conduct an interview based on results and information produced from the evaluation process. The counselor shall discuss all screening results, AOD assessment findings, and answer any questions the participant may have. Further discussion shall be provided regarding any recommendations for ancillary services that the participant may benefit from. Ancillary services recommended should be appropriate to the individual participant and available nearby. Any referrals provide for ancillary services must be in accordance with Section §9862.
- (3) Counselor shall revise participants' service plan to include additions and/or changes as a result of the AOD appointment. Any revisions made to the participants' services plan shall require the participant and the counselor to sign and date the revised service plan. A copy shall be provided to the participant for future reference.
- (4) Documentation of AOD assessment and Review appointment must include the following information in each participant's EHR: 1) The title, date, time, and length of the appointment; 2) A brief summary of the appointments outcome; 3) participant and counselor shall sign and date the AOD assessment results form; 4) any details regarding the follow ups; and 5) the recommendations for ancillary services.

B. Face-to-Face Program Compliance Review



Part V Program Information (Continued)

Defined as an individual meeting conducted by a qualified member of GPI clinical personnel in accordance with Section §9846(c) and (d) pursuant Section 9851, The Program Compliance Review appointment is intended to provide aide during the process of program enrollment and shall consist of at least 15-minute to 30-minutes in duration. If GPI clinical personnel or the participant determine that more time is needed additional time may be provided in increments of 15-minutes but shall not exceed 60-minutes total. GPI clinical personnel are required to document the reason additional time was provided in the participants' EHR F2F-notes. Program Compliance Review appointments shall include the following:

- (1) Counselor shall review and discuss: 1) participants program plan objectives and level of obtainment; 1) compliance status regarding: a) payment of fees; b) educational session attendance; c) group counseling session attendance; d) face to face interview attendance; and 3) participants own progress reports completed at the end of each educational and group counseling session. Clinical personnel shall also provide praise for areas of program compliance and lifestyle changes the participant has accomplished since enrollment.
- (2) Documentation Face 2 Face Program Compliance Review appointments must include the following information in each participant's HER: 1) The title, date, time, and length of the appointment; 2) A brief summary of the appointment outcome including participants level of compliance; and 3) any details regarding the follow ups.

C. Face 2 Face Exit Interview – defined as an individual appointment with GPI DUI program participant and conducted pursuant to Section 9851, by a qualified member of GPI clinical personnel in accordance with Section §9846(c) and (d). The Face-to-Face Exit Interview appointment shall consist of at a minimum 60-minutes in length and may be extended an additional 15 minutes if GPI clinical personnel or the participant determines that additional time is needed. The exit face-to-face interview is intended to solidify the participants' plan of action in making healthier lifestyle choices and provide a smooth transition from receiving GPI DUI program services to that of utilizing community resources. The face-to-face exit appointment shall include the following:

- (1) Counselor shall review DUI participants service plan and program compliance status to ensure all requirements have been met to include 1) attendance to program services requirements; and 2) payments of program fees.
- (2) Counselor shall work in collaboration with DUI participants to: 1) address and plan for payment regarding any outstanding balance due; 2) discuss participants progress while enrolled in the DUI program and include a plan of action to address areas of ongoing



Part V

Program Information

(Continued)

need/concern; 3) add necessary steps for utilizing referrals to ancillary services; and 4) connect DUI participant with other agencies or community activities that can help promote making adequate lifestyle changes needed to support healthy living and avoid future risky behaviors.

- (3) Documentation face-to-face exit interviews appointments must include the following information in each participant's EHR: 1) The date, time, and length of face-to-face exit interview; 2) A summary the DUI participants exit interview appointment to include any changes made regarding payment of program services fees; their presenting condition at the time of the exit interview; 3) all referrals to ancillary services or community resources provided to the participant.

3. EDUCATIONAL SESSIONS

Defined as an instructional presentation that is informational in content and conducted by a qualified member of GPI clinical personnel pursuant in accordance with Section §9846(c) and (d) and provided pursuant to Section §9852.

- A. Educational sessions shall be no less than one hour and no more than two hours in length and offered to DUI participants 4 days per week Monday, Tuesday, Thursday sessions shall be provided during both am and pm times, and Saturday during the am hours. Additional education sessions may be added to the schedule to meet the needs of persons served.

Educational Sessions shall include the following:

- (1) Educational Sessions shall be intended to: 1) Reduce DUI recidivism; 2) Help participants learn or enhance existing coping skills to promote healthier lifestyle choices; 3) Rise awareness in the impact alcohol and other drugs has on the body and mind that compromises decision making; and 4) Encourage participants to engagement in group education discussions to increase personal insight.
- (2) Educational sessions shall include information regarding the following topics: 1) The use and effects of alcohol and other drugs, 2) The nature of addiction to alcohol and other drugs, 3) Impairment of driving abilities, skills, and judgment caused by consumption of alcohol or other drugs, 4) Alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how abstinence, ancillary services, and participation in self-help groups, assist the participant to recognize the effects of chemical dependency and understand the recovery process, and 5) The effects of alcohol or other drug use on the individual, the family, and society.



Part V

Program Information

(Continued)

- (3) Educational sessions shall consist of lectures, seminars, films, audio tapes, written exercises, or any combination thereof. material shall be constructed using a variety of evidence-based approaches such as cognitive behavioral therapy, goal oriented, disease concept model, and interactive theory.
- (4) A participant shall not attend more than one educational session per calendar day and groups shall limit attendance to a maximum of 35 members.
- (5) GPI qualified clinical personnel must be present during the entire educational session and shall only use curriculum designated by GPI.
- (6) Time allowed for breaks shall not be counted toward meeting the number of hours for educational sessions in accordance with Section §9851.
- (7) At enrollment participants shall be provided with an attendance schedule that includes a minimum of 12 hours of group education in accordance with Section §9852. Participants shall only be allowed to access the group education listed on their schedule unless preapproved otherwise by their primary counselor. GPI personnel shall not allow any outside person except an interpreter to attend educational sessions.
- (8) GPI Administrative staff shall attend to the following:
- (a) Maintain an attendance roster for each group education session.
 - (b) Each roster must include the following information: 1) Date of the session, 2) Starting and ending time, 3) Facilitators printed name; 4) education topic presented; 5) session number, 6) printed names of participants scheduled for attendance; and 7) a section for notes.
 - (c) Shall require each participant to sign the roster at each group education session next to their printed name, to verify attendance.
- (9) GPI Group facilitator shall provide the following documentation for each educational session:
- (a) In the group note section of GPI DUI program participants EHR to include: 1) Date of the session, 2) Starting and ending time, 3) Educational topic presented; 4) List of goals and objectives or a brief description of the purpose and desired outcome; 5) Brief description of written exercise and amount of time allocated for participants to complete the exercise; 6) a brief description of clinical observation regarding participants level of engagement; and 6) Signature of the program staff who conducted the session.



Part V

Program Information

(Continued)

(b) In the individual note section of GPI DUI program participants EHR to include:
1) Date of the session, 2) Starting and ending time, 3) educational topic presented; 4) A brief description of participants level of engagement; 5) notable clinical observation regarding the participants presentation; and 6) Signature of the program staff who conducted the session.

4. GROUP COUNSELING

Defined as a process group and conducted by a qualified member of GPI clinical personnel in accordance with Section §9846(c) and (b) pursuant to Section §9854.

- A. Group counseling sessions shall be no less than one hour and no more than two hours in length and offered to DUI participants 5 days per week Monday, Tuesday, Thursday, Friday groups shall be provided during both am and pm times, and Saturday during the pm hours. Additional group counseling sessions may be added to the schedule to meet the needs of persons served. Educational Sessions shall include the following:
- (1) Group Counseling session shall be intended to: 1) Encourage participants to talk and share ideas and information in order to identify and resolve alcohol or drug related problems; 2) Provide an opportunity for participants to examine their thoughts, feelings, and behaviors that put them at risk for future drinking and driving; and 3) Provide support for positive changes in life style to facilitate reduction or elimination of alcohol or drug problems.
 - (2) Group Counseling Sessions shall be limited to 15 members in total. However, on an emergency basis defined as a sudden, unexpected occurrence or set of circumstances which could not have been avoided, prevented, or planned for by either GPI or the DUI program participant. 2 additional participants may be included in a group counseling session but under no circumstances shall a group counseling session exceed more than 17 participants.
 - (3) GPI qualified clinical personnel must be present during the entire group counseling sessions.
 - (4) No credit shall be given for attendance unless the participant attended the entire group counseling session as scheduled.
 - (5) Group Counseling Sessions shall be conducted as a process group and may emphasize on a specific topic or facilitated in a manner that is less structured in nature or a combination thereof. The use of films or lectures shall never be used to meet the number of hours of group counseling sessions as the group is to be facilitated as a process group.



Part V

Program Information

(Continued)

- (6) GPI DUI program shall maintain an attendance roster for each group counseling session. Each roster must include the following information: 1) Date of the session, 2) Starting and ending time, 3) Facilitators printed name; 4) topic presented; 5) session number, 6) printed names of participants scheduled for attendance; and 7) a section for notes.
- (7) GPI Administrative staff shall attend to the following:
- (a) Maintain an attendance roster for each group counseling session.
 - (b) Each roster must include the following information: 1) Date of the session, 2) Starting and ending time, 3) Facilitators printed name; 4) group type/topic presented; 5) session number, 6) printed names of participants scheduled for attendance; and 7) a section for notes.
 - (c) Shall require each participant to sign the roster at each group counseling session next to their printed name, to verify attendance.
- (8) GPI Group facilitator shall provide the following documentation for each group counseling session:
- (c) In the group note section of GPI DUI program participants EHR to include: 1) Date of the session, 2) Starting and ending time, 3) Group type/topic presented; 4) If applicable list goals and objectives or a brief description of the purpose and desired outcome; 5) Brief description of written exercise and amount of time allocated for participants to complete the exercise; 6) a brief description of clinical observation regarding participants level of engagement; and 6) Signature of the program staff who conducted the session.
 - (d) In the individual note section of GPI DUI program participants EHR to include: 1) Date of the session, 2) Starting and ending time, 3) group type/topic presented; 4) A brief description of participants level of engagement; 5) notable clinical observation regarding the participants presentation; and 6) Signature of the program staff who conducted the session.
 - (e) In the case where a participant is added to a group counseling session on an emergency basis, GPI counselor shall document the nature of the emergency in the participant's individual EHR file and on the attendance roster.



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5. Individual Counseling

Defined as an individual counseling session conducted by a qualified member of GPI clinical personnel in accordance with Section §9846(c) and (b) pursuant to Section §9856.

- A. Individual counseling sessions shall consist of 60-minutes in length and are offered when the DUI participants is not able to benefit from group counseling sessions. Individual Counseling sessions shall include:
- (1) One hour of individual counseling shall be substituted for two hours of group counseling and must be pre-approved by GPI Program Director.
 - (2) The circumstances as to why individual counseling was approved must be documented in the DUI participants EHR.
 - (3) Individual counseling sessions must be documented in the participants EHR and shall include information regarding 1) the level of participation; and 2) progress in individual counseling.
 - (4) No credit for attendance will be provided unless participant attends entire counseling session.
 - (5) If it is found that the participant is not benefiting from services due to language barrier or special problems referral for other alcohol programs will be provided.

6. ASSESSMENTS

An assessment packet shall be provided at the time of enrollment and shall be due 1 week prior the participation in their AOD appointment. Assessments will be provided and reviewed during the pre-enrollment process. (Description of process can be viewed in above Pre-Enrollment section and AOD Assessment and Review appointment).

7. REFERRAL TO ANCILLARY SERVICES

Referral to ancillary services shall not result, directly or indirectly, in increased revenues for the referring DUI program. Exceptions for good cause may be granted by the county alcohol program administrator on a case-by-case basis.

- (1) The cost of ancillary services shall not be part of the county administrative fee, but may be part of the funds allocated to the county by the Department pursuant to section 11818 of the Health and Safety Code.
- (2) GPI counselors may provide referrals to ancillary services at any point when an indication is present that the participant could benefit from the services.
- (3) Referrals shall be: 1) appropriate to the individual's needs; 2) available near the participant; and 3) and voluntary.



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Program Information

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- (4) Exceptions to voluntary referral to ancillary services and/or any referrals to services which require any additional fees, regardless of funding source, shall be made only on an individual basis with the approval of VCBH.
- (5) GPI counselors shall make every attempt to provide participant with a minimum of 3 choices best suited to participants' needs.
- (6) Referrals shall be confirmed prior to the list being given to the DUI participants to ensure a working referral is provided to the participant election.
- (7) Referral listings will be provided in preferred method of communication.
- (8) Documentation requirements for referrals to ancillary services must include the following information in each participant's EHR: 1) date and time referral was provided; 2) name and type of ancillary services or community resource; 3) verification of working referral; and 4) provide the reasons for referral to ancillary services.

8. INTERPROGRAM TRANSFER

A. Transfer In

- (1) At the time of initial contact DUI participants shall be requested to provide documentation from any out of state referral, or program transfer referral to: 1) verify enrollment eligibility for GPI DUI program services pursuant to 9 CCR Section §9848. (a)-(b), Participant Enrollment, and 2) date requiring prospect to enroll into the DUI program.
- (2) GPI administrative staff shall request from the referring DUI program written history for the transferee, indicating the number of program activities completed and any additional program information relevant to the participant shall be requested.
- (3) GPI shall not accept any transferee who cannot enroll and commence services within 21 days following the date of transfer from the sending DUI program.
- (4) GPI administrative staff shall provide the sending DUI program written notice of the transferee's enrollment or non-enrollment within 10 days of the transfer deadline specified in their transfer documents.
- (5) GPI shall notify the court of conviction and the Department of Motor Vehicles of the participant's subsequent completion of or dismissal from the DUI program.

B. Transfer Out

- (1) GPI shall inform DUI participant transferring to another licensed DUI program that they are allowed to pursue enroll and attend a face-to-face interview, an educational session,



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or a group counseling session in the new DUI program within 21 days from the date of transfer from GPI.

- (2) If required by the court, GPI administrative staff shall provide written notice of transfer to Ventura County Superior court or the court of conviction.
- (3) GPI shall provide the receiving DUI program with a written history for the transferee, indicating the number of program activities completed.
- (4) GPI shall include any additional program information relevant to the participant in another document with a separate cover marked "confidential."
- (5) GPI administrative staff shall obtain written notice of the transferee's enrollment or non-enrollment from the receiving DUI program within 10 days of the transfer deadline provided on their transfer documents.
- (6) GPI administrative staff shall notify the Department of Motor Vehicles and the court of conviction if the transferee does not enroll in the receiving DUI program.

9. DISMISSAL POLICY

A. In accordance with Section §9886 participants enrolled in GPI DUI program shall be dismissed from the DUI program who:

- (1) Fails to participate in required program activities within 21 days of transfer to another DUI program licensed by the Department;
- (2) Fails to maintain program sobriety in accordance with Section 9874;
- (3) Fails to comply with DUI program rules;
- (4) Fails to attend program services for 21 days or longer without obtaining a leave of absence in accordance with Section 9876.5. This section shall not apply to multiple offenders in the last six months of the 18-month program;
- (5) Exceeds the number of absences allowed in Section 9876(d);
- (6) Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence; or
- (7) Is physically or verbally abusive or acts in a threatening manner to DUI program staff or DUI program participants.
- (8) Fails to pay their program fee assessed in accordance with the requirements of Section 9879 or fails to reschedule and attend a financial assessment interview in accordance with the provisions of Subsection 9879. However, GPI shall not dismiss a



Part V Program Information (Continued)

participant, who has completed all required program services, for failure to pay program fees.

- (9) If a participant was attending GPI DUI program as a condition of probation or in accordance with a court order, GPI shall notify the court that the participant was dismissed from the program. GPI shall also notify the Department of Motor Vehicles if the participant has been issued a DL 107. (Proof of Enrollment Certificate)
- (10) If the participant is not attending GPI DUI program as a condition of probation or in accordance with a court order, GPI may reinstate the participant in accordance with GPI DUI program written reenrollment procedures, which shall be included in the participant contract.
- (11) GPI DUI program may refuse to reinstate a participant if the participant was dismissed due to physically or verbally abusive to staff or other participants. GPI shall document in the participant's record the circumstances under which the participant was dismissed.
- (12) GPI shall not give credit for services attended prior to dismissal if the participant has not been enrolled in GPI DUI program for a period of two years or longer. GPI DUI program shall give credit for services attended prior to dismissal if:
 - (a) The dismissal occurred less than two years prior to re-enrollment; and
 - (b) GPI DUI program who provided the services verifies in writing that the services were provided to the participant.
- (13) GPI DUI program shall notified participant of their dismissal status immediately by phone and a notice of their dismissal will also be sent by mail.
- (14) GPI DUI program will notify the Department of motor vehicles for all participants on dismissal within 10days of dismissal. Exception, includes those who have a condition of probation or in accordance with a court order, reinstatement procedures shall be written into individual participants' contracts.
- (15) Counseling staff shall, as early as possible from date of enrollment, assess for potential barriers that may hinder an individual from participating in the DUI program such as but not limited to, living arrangements after discharge, transportation to ongoing treatment care, job situations, medical issues, and family issues. Based on identified needs, participants may be referred to ancillary services, either as an adjunct to or in lieu of program services. GPI will proactively attempt to connect the participants with the receiving service provider and contact the participants before and after the transfer to assess their pre & post-discharge status. GPI makes every effort to follow up with



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participants after discharge using a calendar system & progress notes that allow for smooth seamless outreach support before and after discharge.

- (16) If participants are found to be under the influence either by suspicion of being under the influence of alcohol or other drugs is considered when alcohol smelling alcohol on a person, non-pre-existing speech impairment, non-pre-existing mobility impairment, breath, a positive onsite drug screen or own admission they are not to proceed to enter group room unless supervisorial authorization has been provided. 2 or more GPI staff will evaluate the impairment, with a variety of tests and questioning to understand the need of emergency services, return home or continue to group. GPI makes every attempt to find a safe solution to returning home either by a loved one or driving service. Incident reports are filed and follow up is created for participants confirming safe arrival home. GPI staff members will note in writing findings of participants behavior and testing results. Noting type of testing device used and time frame of testing. If a participant is found to be under the influence of alcohol the participant will be dismissed from program as noted sobriety in accordance with section 9874.

10. RE-ENTRY ACTIVITIES

A. 18-month program re-entry activities-

- (1) All participants who have completed core program requirements can start re-entry activities being monitored in bi-weekly face-to-faces meetings with participants by DUI staff.
- (2) When completion of core program requirements and no sooner than 6-month point of program participant will be assessed for appropriate re-entry activities needs. Addressing areas of needs such as self-help groups, employment needs, family support & education, primary health directed towards self-improvement and wellbeing. Participants and DUI staff will in collaboration will decide on activities and goals set to attend them.
- (3) DUI staff will create a referral sheet for needs and schedule a card for participants to fill out during attendance of activities. The card will show date, time and over all activity happens.
- (4) DUI staff will monitor activity card biweekly, not to extend over 6 hours of monitoring to completion of re-entry activities goal set to attend during program. Monitor of activity card will be uploaded and reported on participants records by staff at each review.



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Program Information
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11. Program Fee Requirements and Cost for Per Service plan

- A. GPI shall set participant fees at a level sufficient to cover the cost of program services, including each participant's share of personnel and operating expenses incurred by the DUI program in providing program services.
- B. GPI shall charge only the program fee or any additional fee that has been approved by the Department pursuant to Section §9878. GPI shall not increase program fees or additional fees unless a request has been submitted to the Ventura County Behavioral Health DUI program administrator and submitted to and approved by the Department of Health Care Services.
- C. GPI shall establish and use a standardized payment schedule, approved by Ventura County Behavioral Health and the Department of Health Care Services in accordance with Section §9878, to determine each participant's assessed program fee and schedule for payment of fees. GPI DUI program cost for services includes the following:

12-HOUR WET/RECKLESS DUI PROGRAM- \$276.00

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 12 hours – Group Education

3-MONTH FIRST OFFENDER DUI PROGRAM- \$636.00

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 1 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 18 hours – Group Counseling
- 12 hours – Education



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Program Information
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6-MONTH FIRST OFFENDER DUI PROGRAM-\$924.00

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 2 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 32 hours – Group Counseling
- 12 hours – Education

9-MONTH FIRST OFFENDER DUI PROGRAM- \$1236.00

Program Services

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 3 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 48 hours – Group Counseling
- 12 hours – Education

18-MONTH EDUCATION PROGRAM- \$2460.00

Program Services

Phase I Core Program (First 12 months)

- 1 Alcohol & Other Drugs Assessment and Review (Individual Appointment)
- 3 Program Compliance Review (Individual Appointment)
- 1 Exit Interview (Individual Appointment)
- 52 hours – Group Counseling
- 12 hours – Education

Phase II Community Re-entry (Final 6 months)

- 6 Program Compliance Review (Individual Appointment)



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Cost Analysis Per Service Unit

• Type of Individual Service	Total Services Minutes	Total Fee Per Service Unit
F2F Interview "Program Compliance Review"	15	\$ 24.00
F2F Interview "Program Compliance Review"	30	\$ 48.00
F2F AOD Assessment & Review	60	\$ 96.00
F2F Interview "Exit Interview"	60	\$ 96.00
F2F Interview "18-Months Monitoring"	60	\$ 96.00
Monthly Monitoring Services	15	\$ 24.00
Type of Group Service	Total Services Minutes	Total Fee Per Service
Group Education	60	\$ 9.00
Group Counseling	60	\$ 12.00

Additional Fees Descriptions

- Reinstatement Fee – (A fee charged to a participant for re-enrolling or reinstating back into a DUI program following dismissal.)
- Drug Screening (Positive result)
- Returned Check Charge / Credit Card Chargeback Fee – (A fee charged due to the participants bank returning the check)
- Missed Activity Fee (Group/Education/Face to Face) – (A missed activity fee charged to a participant for being absent from a scheduled DUI program activity.)
- Reschedule Fee – (A rescheduling fee charged to a participant when time off is requested in advance from a scheduled DUI program activity.)
- Leave of Absence Fee – (A fee charged to a participant for processing a request to take a leave of absence from attending DUI program service.)
- Transfer-Out Fee – (A transfer-out fee is charged to a participant for transferring from their current DUI program to another licensed DUI program.)
- Transfer-In Fee (In County/Out of County) – (A transfer-in fee is charged to a participant for enrolling into a DUI program from another licensed DUI program.)



Part V Program Information (Continued)

- Replacement Fee for Notice of Completion (DL 101) – (A fee charged to a participant if a duplicate completion certificate (DL 101) is requested)
- Late Payment- (A fee charged to a participant for the late payment of a DUI program fee.)

Other Fees Cost Analysis Per Service Unit

Type of Other Program Fees	Total Services Minutes	Fee Per Unit
Reinstatement Fee	15	\$ 72.00
Drug Screening (Positive Results)	15	\$ 48.00
Return checks	15	\$ 48.00
Missed activity	15	\$ 48.00
Reschedule	15	\$ 72.00
Leave of Absence	30	\$ 48.00
Transfer out/out	30	\$ 72.00
Duplicate DL101 research	30	\$ 48.00
Late payment fee	15	\$ 24.00

Fee Collection

Administrative staff shall maintain; 1) GPI payment collection/process; and 2) collect down payments at the time of intake appointment.

Administrative staff shall collect ongoing payments from DUI participants in person at arrival to group or prescheduled automatic payments.

Administrative staff shall collect payments by means of cash, credit card, e-check, or will create automatic withdrawal with participants written authorized.

Payment financial plans shall be available per request and meet the requirements of need. Participants will be asked to fill out a Financial Assistance packet. If approved an extended payment plan will be created.

If the participant's monthly income is equal to or less than the general assistance benefit level for one person, established by the county board of supervisors pursuant to Part 5 (commencing with Section 17000) of the Welfare and Institutions Code, we shall assess the participant a maximum program fee of no more than \$5.00 per month for each month in



Part V

Program Information

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which the participant's income is equal to or less than the general assistance benefit level for the county in which the DUI program is licensed to provide services.

The assessed program fee shall be applicable for each month in which the participant is enrolled in the DUI program for one or more calendar days. Participants stating hardship will be eligible for fee waiving assistance for additional fees they may incur. If the participant is eligible for a maximum program fee of no more than \$5.00 per month, the following additional fees apply:

- A maximum additional fee of no more than \$5.00 each time it must reschedule a program service because the participant failed to attend or reschedule in advance, in accordance with the requirements of Section 9876.
- Maximum additional fee of no more than \$10.00 each time reinstating a participant who was dismissed from the program, in accordance with Section 9886, or who voluntarily withdrew from the program.
- A maximum fee of \$5.00 for processing a transfer to another licensed DUI program.

Once an Assistance Financial packet is filled out and requested information provided such as proof of income, check stubs or income tax returns will be reviewed by lead administrator for final approval. Financial payment assistance plans approved will be offered a plan within reason followed by limits listed below:

- Participant in a three-month program no less than six months from the date of enrollment to pay the program fee.
- Participant in a six-month program no less than nine months from the date of enrollment to pay the program fee.
- Participant in a nine-month program no less than 12 months from the date of enrollment to pay the program fee.
- Participant in a 12-month program no less than 15 months from the date of enrollment to pay the program fee.
- Participant in a 18-month program no less than 18 months from the date of enrollment to pay the program fee.

At least once a year GPI administrative staff, on or before July 1, will request written notification of the current general assistance benefit level from the county alcohol and drug program administrator or the county board of supervisors. Retaining a copy of the notification in our files and shall send a copy of the notification to the Department by October 1 of the same year.



Part V Program Information (Continued)

If the county board of supervisors has not established a general assistance benefit level, the DUI program shall assess the participant a maximum program fee of no more than \$5.00 per month for each month in which the participant's monthly income is \$300 or less.

Payment Refund

GPI shall refund the participant any program fee paid in advance for services the participant did not receive. Refunds to participants who have been dismissed from the program shall be issued within ninety days of the date of dismissal. In calculating the amount to be refunded to the participant, GPI shall use the program fee per unit of service to provide an accurate refund of services not received.