Appendix I
COVER PAGE

All proposals must include this cover page as the first page

Proposal to Perform Substance Abuse Treatment Services

PROPOSALS DUE: July 30, 2018 @ or before 3pm	WEBB COUNTY CSCD	Treatment Alternatives to Incarceration Program
Subject of Proposal	Concilio Hispano Grant. AAMA Webb Outpatient	
Proposer's Legal Name	Headquarters' Address	Taxpayer ID
Association for the Advancement of Mexican Americans	6003 Gulf Fwy Bldg E Houston TX 77023	74-1696981
Address (for **each TAIP** Service / Treatment location) (Use separate pages if needed)	*Submit **both** the billing address and the physical addresses for **each** location where services will be delivered.*	
Telephone Numbers, Fax *and* ***E-mail Address***	(956) 728 0440 phone	(956) 722 7589 fax e-mail nstillman@aama.org
Service Type	**Rate: Individual / Group**	**Exceptions**
Detoxification		
Day Treatment		
Intensive Residential		
Supportive Residential		
Outpatient	Yr 1 $44 ind/$14 group Yr 2;3 $52 ind/$16 group	
*Other*_____		
Printed Name of Authorized Agent or official authorized to submit proposal or execute contracts.	Diane Arms Name	Director of Programs Title
SIGNATURE		

THIS FORM MUST BE INCLUDED WITH RFP PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFP PACKAGE AND SIGN BELOW TO COMFIRM SUBMITTAL OF EACH REQUIRED ITEM.

3 Year Contract for
RFP # 2018-005
"Treatment Alternative to Incarceration Program (TAIP)
Substance Abuse Treatment Services"

☑ Proposer Information

☑ A minimum of five (5) references

☑ Proposed pricing sheet (Form "Appendix I")

☑ Conflict of Interest form (Form CIQ)

☑ Certification regarding Debarment (Form H2048)

☑ Certification regarding Federal lobbying (Form 2049)

☑ Code of Ethics Affidavit

☑ Proof of No Delinquent Tax Owed to Webb County

Signature of person completing RFP

Eligibility

Clients will be referred from the Community Supervision Corrections Department (CSCD) of Webb County. Clients will include any with special client characteristics. However, if staff counselor determines client's needs are beyond scope of services of this program then client will be referred to appropriate sources.

Program Description

The following proposal for TAIP services is for an existing contract with CSCD. All Services provided will follow our 3 phase approach for group and individual counseling sessions to all persons on community supervision, probations and pre-trial offenders. AAMA's TAIP Outpatient program will follow the three-phase program as detailed below for a term of six months:

Phase I (Month 1 and Month 2) 1.0 hour of Individual counseling weekly and 7.5 hours of group sessions weekly

Phase II (Month 3 and Month 4) 1hour of Individual counseling and 7.5 hours of group sessions weekly

Phase III (Month 5 and Month 6) 1hour of Individual counseling and 2.5 hour of group sessions weekly.

Upon referral from CSCD, client is contacted by program staff and appointment is set for intake. At intake program Licensed Chemical Dependency Counselor will complete the Screening/psychosocial assessment, which includes information on family and social history, educational/vocational training, employment history, legal history, medical history, substance abuse history and assessment, prior psychiatric and chemical dependency treatment. In addition, counselor will check for level of consciousness, thought process and perceptions, intellectual functioning, speech and affect to determine the appropriate level of treatment services. Counselor will provide a summary for client's strengths, weaknesses, and motivational level. Counselor will also make appropriate substance abuse diagnosis based on the Diagnostic and Statistical Manual 5 (DSM-V). The DSM-V is the standard classification of Substance Use Disorders used by Substance abuse/mental health professionals in the United States. It is intended to be used in all clinical settings by clinicians of different theoretical orientations. The handbook is used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of substance use and mental disorders.

Once the assessment and intake is complete and client is deemed appropriate for the level of treatment services client will receive orientation given a client handbook of AAMA program expectations and requirements for successful completion of the program, the client and the counselor will schedule treatment services for the same days and time, to provide consistency.

The first week (5 calendar days from intake) an appointment is scheduled for the treatment plan. The treatment plan is individualized for each client and identifies the problem(s) from the assessment/intake and whether the problem will be addressed immediately, in the process, noted, in aftercare, or to be referred. Working with the client the counselor will identify strengths and assets and goals and objectives. The type of interventions provided will also be listed in each treatment plan. At this time client is made aware of our discharge process, which is listed above in regards to the phasing system. On average, client's individualized treatment plan will be reviewed every 60 days. At this review the client's progress in regards to attendance, client's insight, objectives, motivation to change and acknowledgement of problem is discussed. New goals are identified if applicable.

Group counseling, open concept, will be provided according to the phase system above. Each group objective varies depending on the group dynamic. However, the following are covered: Stages of Change, the Addiction Cycle, Disease Concept, Triggers and Cravings, Feelings, Thoughts and Behaviors, Stress, Defense Mechanisms, Communication, Relationships, Community Support Meetings, Anger Management, Goal Setting, Smoking Cessation, HIV/STIs Post-Acute Withdrawal Syndrome, Cross Addiction and Relapse Prevention. Individual Counseling is provided and the counseling matrix is utilized. The different approaches utilized are: Cognitive Behavioral, Motivational Interviewing and Life Skills.

AAAM's TAIP Outpatient program will see clients from 6 months to a year and half. As stated above, clients will move through a phase process throughout the duration of their treatment. Clients will only move through the phases after staffed with probation officer and counselor. Probation officer and Program Counselor meet on a monthly basis to discuss each case. Criteria for moving through phases are attendance in group and individual sessions, attendance and communication with PO and counselor and negative urinalysis screens.

Client progress will be measured monthly through urinalysis and progress in goals and objectives set forth in treatment plan. If a client is noncompliant with their treatment they will be staffed at monthly meeting between Program Counselor and CSCD PO.

Successful discharge usually occurs for clients once they have completed all three phases successfully. Program Counselor will meet with client to review treatment plan and set up discharge plan, usually including attendance of 1 self-help/ community support group meeting a month and continuing to gain awareness of their substance abuse. Unsuccessful discharges occur for a myriad of reasons and is only determined at monthly CSCD PO and Program Counselor meetings. If it is determined that client is unmotivated for change and all treatment options have been exercised, counselor will recommend for unsuccessful discharge of the program. In addition, if client has been rearrested or has continuously failed drug testing by the CSCD probation officer, they may be discharged from the program. A successful discharge summary is provided to CSCD PO and client. An unsuccessful discharge summary is provided to only the

CSCD PO. Certificates of completion will be provided to clients who have been successfully discharged.

All confidential documentation is held behind lock door and within in a secured, locked filing cabinet. Records are kept for 6 years after discharged and then discarded in accordance to CFR 42 regulations.

For more information in regards to Program Description, please review Intake Packet attached to this document.

Objectives

AAMA performance measures for services provided are as listed below:

Outputs

a) Total number of offenders served – 218
b) Total number of counseling hours provided – 978(Individual), 2,993 (Group)
c) AAMA will develop a written individualize treatment plan that addresses the needs of each offender
d) AAMA will document the offenders progress on their treatment plan reviews
e) Each offender exiting treatment will have a discharge plan completed and forwarded to the CSCD PO
f) AAMA will maintain communication with PO on a monthly basis on every active client

Outcomes

a) Total number of successful program completion – 108
b) Reduction of drug or alcohol use by offenders – 123
c) One hundred percent (100%) of offenders served will have a written treatment plan, including individualized goals and objectives, completed within 7 business days of intake/assessment.
d) One hundred percent (100%) of offenders served will have weekly chronological recording their case files documenting the offender's level of participation.
e) One hundred percent (100%) of offenders exiting treatment shall have discharge plan prepared and forwarded to the department within three days of the discharge.

Program Evaluation Methods

Each client will be provided with a post test to determine the degree to which several output and outcome objectives are met and methods are followed. The survey includes questions and answers on a Likert scale on satisfaction of the program, i.e., Program met my needs; what did you like most; Least; what should be changed. Survey also includes evaluation of the counselor: Groups were organized, understood what the counselor was saying, counselor answered

questions and allowed me to talk, teaching style was effective; and content met stated objectives. Questions specifically on treatment objectives are included: Skills to prevent relapse; learned more about substance abuse, gained enough tools to use to stay clean and sober, and knowledge of relapse prevention. Program sign in sheets will provide evidence of number of hours served. In addition, excel spreadsheet with dates of admission and dates of treatment plans, treatment plan reviews and discharge dates will also be kept.

AAMA proposes an innovative approach with a comprehensive plan to enhance services that are currently provided to Webb County TAIP Offenders in our Concilio Hispano Libre Outpatient Program. This program has been in existence with TAIP funding for over 10 years. These services have been developed, demonstrated, and evaluated. The efforts of all personnel both direct care and indirect care are coordinated and integrated to fulfill the offender and TAIP funder's needs in a timely manner and at a reasonable cost.

The Association of the Advancement of Mexican Americans (AAMA) have received, read, and agree to comply with the TDCJ-CJAD Substance Abuse Standards, in providing Continued Services to the Webb County TAIP offenders. Our policies and procedures set forth are to ensure compliance with both the TDCJ and The Health and Human Service Commission (HHSC).

The Association of the Advancement of Mexican Americans (AAMA) have received, read, and agree to comply with the TDCJ-CJAD Substance Abuse Standards, in providing Continued Services to the Webb County TAIP offenders. Our policies and procedures set forth are to ensure compliance with both the TDCJ and the Department of State Health Services.

AAMA proposes a revised innovative treatment approach with comprehensive best practices to enhance services that are currently provided to Webb County TAIP Offenders in our Concilio Hispano Libre Outpatient Program. This program has been in existence with TAIP funding for over 11 years. These services have been developed, demonstrated, and evaluated. The efforts of all personnel both direct care and indirect care are coordinated and integrated to fulfill the offender and TAIP funder's needs in a timely manner and at a reasonable cost.

The goals and objectives of AAMA Outpatient Treatment Services treatment approaches are:

Goals:

a. Increase insight into the disease concept of addiction
b. Increase insight and proficiency into developing skills and tools necessary to sustain long-term abstinence.
c. Learn to interrupt 'using' thoughts and behaviors before taking action
d. Identify, describe and accept client's effect on the family through client's continued use of drugs and alcohol.
e. Identify, describe, document and process how continued use could further negativity and distrust within the family.
f. Develop pro-social values that can be continued upon discharge from treatment.
g. Identify thinking errors/cognitive distortions that can lead client back to ongoing use of drugs and alcohol.

Objectives:

a. Client will acknowledge the pattern of substance use
b. Client will develop a plan for implementing an active recovery program
c. Client will identify impact of his/her substance use on the family and friends
d. Identify criminal thinking behaviors and develop coping skills to refrain from criminal actions

d. Client will voice motivation for continued abstinence and outpatient treatment
e. Client will verbalize understanding of factors such as personality, social and family that foster chemical dependency
f. Client will list and follow recreational and social activities that will replace the formerly substance abuse related activities
g. Client will identify the positive impact sobriety will have on life of both his/hers and those significant others
h. Client will make appropriate arrangements to terminate any settings or environment that may hinder recovery

i. Client will develop an aftercare plan during phase III that will support long term recovery

Desirable Outcomes	**Performance Measures**	**Measurement criteria to capture information**
Gain relapse prevention skills and increased motivation to remain drug free (immediate)	Completion of treatment	70% of clients complete 60% of treatment plan goals as documented in treatment plans
Get outside help to support recovery goals. (immediate)	Utilize continuum of services case manager referred client to.	50% of clients involved in additional community services post discharge
Utilize better skills training, and identify criminal behaviors (long-term)	Attend skills training education	Document attendance at skill training education classes
Long-term abstinence from drugs and alcohol (long-term)	Attend "step-down" services offered by AAMA Outpatient Treatment Services and other providers to support long term abstinence.	Periodic UA's to insure abstinence.

AAMA Performance Numbers for services provided are as listed below:

1) Outputs
   a) Total number of offenders served – 218
   b) Total number of counseling hours provided – 84
   c) AAMA will develop a written individualized treatment plan that addresses the needs of each offender served
   d) AAMA will document the offenders progress on their individualize treatment plans.
   e) Each offender exiting treatment will have a discharge plan completed and forwarded to the department
2) Outcomes
   a) Total number of successful program completion – 108
   b) Reduction of drug or alcohol use by offenders – 123
   c) One hundred percent (100%) of offenders served will have a written offender treatment plan completed within (5) working days of admission to outpatient treatment. The plan shall identify specific goals and objectives
   d) One hundred percent (100%) of offenders served will have weekly chronological recording in their case files documenting the offender's level of participation.
   e) One hundred percent (100%) of offenders exiting treatment shall have discharge plan prepared and forwarded to the department within three (3) days of the offender's discharge.

All offenders' screenings, assessments and treatment plans, groups, and individual sessions will be conducted by a License Chemical Dependency Counselor (LCDC), appropriately supervised Counselor Intern or a person otherwise exempt by HHSC substance abuse rules. All client documentation will be recorded in the electronic medical records program CHMBS; according to the scheduled guidelines in Chapter 448 Standard of Care.

AAMA's TAIP Outpatient Program will follow the three-phase program as detailed below for a term of six months.

Laredo's outpatient program will provide supportive outpatient programing in three phases for a minimum of 6 months. Clients will benefit from individual counseling, group process counseling, substance use education, family counseling and relapse prevention services.

The program schedule is designed, that clients will receive 7.5 hours of treatment services per week during the first two phases of with a minimum of 4 individuals per month, and 2.5 hours of treatment services with a minimum of four individuals during the third and final phase of treatment AAMA will provide the opportunity for a maximum of 10.0 service hours weekly, however client will only be required to attend 7.5 hours, with the opportunity to make up any missed day of treatment service. Services will be offered primarily during evening hours to avoid conflict with employment, employment searches, and educational goals. Individual counseling sessions will be scheduled by counselor and client on a weekly basis.

Phase I (Month 1 and Month 2) 1.0 hour of Individual counseling weekly and 7.5 hours of group sessions weekly

Phase II (Month 3 and Month 4) 1hour of Individual counseling and 7.5 hours of group sessions weekly

Phase III (Month 5 and Month 6) 1hour of Individual counseling and 2.5 hour of group sessions weekly.

Group Times 6:00- 8:30 PM

PHASE I, II 2.5 Hours Daily

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
6-7:30 PM Process Group	6-7 PM Relapse Prevention	6-7:30 PM Process Group	6-7 PM Addiction Education
10 Minute Break	**10 Minute Break**	**10 Minute Break**	**10 Minute Break**
7:40- 8:30 PM Relapse Prevention	7:10-8:10 PM Addiction Education	7:40- 8:30 PM Relapse Prevention	7:10-8:10 PM Life Skills (1st and 3rd) Addiction Education (2nd and 4th)

PHASE III

		WEDNESDAY	
		6- 7:30 PM Process Group	
		10 Minute Break	
		7:40-8:30 PM Relapse Prevention	

Proposer Information

Name of Company: AAMA

Address: 204 Clifton

City and State Houston, Texas

Phone: 713-926-9491

Email Address: darms@aama.org

Signature of Person Authorized to Sign:

Signature

Dare Arms

Print Name

Director of Programs

Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

(Date)

Note:
All submissions relative to these RFP shall become the property of Webb County and are nonreturnable.

If any further information is required, please call the Webb County Contract Administrator, Juan Guerrero, at (956)523-4125.

References

Name of Local / State government or private company	Address	Phone	Name of Contact	Contract Active, if not when did it expire (If applicable)
City of Laredo Health Dept Hector Gonzalez	2600 Cedar Laredo Tx 7840	956-795 4920	Hector Gonzalez	N/A
Border Region	1500 Pappas	956-794-3404	Graciela Martinez Vela	N/A
Pillar	1403 N Seymour Laredo 78044	956-773 7457	manuel Sanchez	N/A.
SCAN	1605 Salomar Laredo 78041	956-724 3177	Clara Vazquez	N/A
"	"	"	Dora Ramirez	N/A

Appendix III
Vendor Request for Funding

Association for the Advancement of Mexican Americans
VENDOR NAME (Name as Incorporated)

6001. Gulf Freeway Bldg E Houston TX 77023.
STREET ADDRESS CITY STATE ZIP

AAMA dams@aamaorg
List any D.B.A. or A.K.A.'S E-MAIL ADDRESS

Diane Arms Drector (713)926-9491 (713)926-2672.
CONTACT PERSON TITLE TELEPHONE FAX

BUSINESS FORM of Vendor (Check applicable):
For Profit Corporation_____ Non-Profit Corporation ✓ Partnership_____ Other_____

State where incorporated or formed: Texas Date of Incorporation or formation: _____

TYPE OF RESIDENTIAL FACILITY:

Outpatient Services.

INDICATE ALL THAT ARE APPLICABLE: Total Number of ~~Beds:~~ slots 130 Male:_____ Female:_____

SPECIFIC NAME, PHYSICAL LOCATION, PHONE NUMBER AND NUMBER OF BEDS BY GENDER FOR **EACH FACILITY OPERATED BY VENDOR**:

Facility Name:	*Location:*	*Male Beds:*	*Female Beds:*
Conalio Hispanolibre	~~2055~~ 6909 Springfield Laredo TX 78041	Total: 130.	

INSURANCE PROVIDER (S): Crystal & Company

I certify that all information contained in this application, including all attachments and supporting materials, is true and correct to the ~~best~~ of my knowledge.

Signature of Authorized Official Director of Programs Title 7/30/2018 Date

Appendix IV
Summary Budget for Purchase of Services
FISCAL YEAR 2018-2019

Vendor: AAM A

City: Laredo

Contract Period: 2019-2021

COST CATEGORY	COST	
Personnel – Salaries	$ 8391.98	x 3 251,975.94
Personnel – Fringe Benefits	$ 15821	47463
Personnel – Training	$ 3090	9270
Personnel – Travel	$ 2037	6111
Equipment	$	
Transportation	$	
Consumable Supplies	$9600	28800
Other	$ 16100	48300
Facility	$ 20637	61,911
TOTAL	$ 151276.98	453830.94

Total Units Service Per Year (example: Bed days per year):

250

Cost Per Unit:

605.11

Show Computation:

250 x 605.11 = $151,276.98

BUDGET JUSTIFICATION

1.Personnel Salaries

Vendor: AAMA

Personnel--Salaries

Position or Title	Staff Name or AVacant	Annual Salary	% Time for Job	Total
Drector	DaveArms	83,999	2%	1679.98
Admin ASST.	GZCooner	43022	2.21%	951.00
Quality Assurance	Catranda Thurmond	60,000	2.69%	1614.00
Program Mngr	Helen Stillman	50,000	15.17%	7587.00
Counselor	Ana Maria Guevara	35000	100%	35000.00
Counselor	Miguel Dettoyos	35000	100%	35000.00
Asst Dir of TX	Patrick Rocha	54000	4%	2160.00
TOTAL				83991.98

Note: Use as many additional pages as needed

BUDGET JUSTIFICATION

2. Personnel Fringe Benefits

Vendor: AAMA

Fringe Benefits Based on Salaries Paid:	Total
FICA	$ 5066
SUTA	1457
WORKMAN'S COMP.	311
MEDICAL BENEFITS	8987
OTHER: (Describe)	
TOTAL FRINGE BENEFITS	$15821

BUDGET JUSTIFICATION

3. Personnel Training

Vendor: Assoc. for the Advancement of Mexican Americans AAMA

Purpose (List Conference Fees, Describe In-Service Training Costs)	Total
Texas Behavioral Institute 2 Staff	$ 790.00
Onsite Training - PMAB, CPR, Anger mgmt, Abuse, Neglect & Exploitation, Infectious Diseases	$ 2,300.00
TOTAL PERSONNEL TRAINING	$ 3090

BUDGET JUSTIFICATION

4. Personnel Travel

Vendor: Assoc. for the Advancement of Mexican Americans AAMA

Purpose (List Staff Mileage and rate used, Per Diem and rate, Public Transport)	Total
Mileage to Conference 506 miles x .48	$ 242.88
Hotel: 4 night x $127.44	$ 509.76
Per Diem $25/day x 5 days x 2 staff	$ 250.00
QA Travel from San Antonio to Laredo .316 miles x .48 = 151.68 x 4 times/yr	$ 606.72
QA Hotel stay: $107 x 4 nights	$ 428.00
TOTAL PERSONNEL TRAVEL	$ 2037.36

BUDGET JUSTIFICATION

5. Equipment

Vendor: Assoc. for the Advancement of mexicanAmericans ~~AAMA~~

Purpose (All Equipment will be purchased by CSCD residential facility.)	Total
	$
N/A	
TOTAL EQUIPMENT	$ 0

BUDGET JUSTIFICATION

6. Transportation

Vendor: ~~Assoc. for the~~ AAAMA Advancement of Mexican Americans

Purpose (List All Project Transportation Costs for Transport of Residents)	Total
	$
N/A	
TOTAL TRANSPORTATION COSTS	$ 0

BUDGET JUSTIFICATION

7. Consumable Supplies

Vendor: Association for the Advancement of Mexican ~~AAMA~~ Americans

Purpose (List All Consumable Supplies with Brief Description)	Total
Office Supplies - Copy Paper, File Folders, Tape, Pens, Highlighters, Toner	$ 3,000.00
Drug Screens - 15/clients/mo x $6.00 = $75.00/month	$ 900.00
Brochures/Literature	$ 1,200.00
Computer & Software - 2 staff	$ 2,000.00
Chairs for Group Room	$ 1,000.00
Office Furniture 2 staff	$ 1,500.00
TOTAL CONSUMABLE SUPPLIES	$ 9,600.00

BUDGET JUSTIFICATION

8. Other

Vendor: Assoc. for the Advancement of Mexican Americans

Purpose (List All Other Costs with Brief Description)	Total
Pest Control - $90/month	$1080
Janitorial Supplies - $100/month	$1,200
Copier Lease - $100/month	$1,200
Fed EX - billing $10/month	$120
Indirect Cost - 10%	$12,500
TOTAL OTHER COSTS	$16,100

BUDGET JUSTIFICATION

9. FACILITY COSTS

Vendor: AAMA

Purpose (List All Facility Costs with Brief Description)	Total
Rent	$ 14,400
Utilities	2467
Insurance	1545
Maintenance	2225
TOTAL FACILITY COSTS	$20637

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

N/A

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

_____

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

_____ _____

Signature of vendor doing business with the governmental entity Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Texas Department of
Agriculture

Form H2048
January 2008

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?
☐ Yes
☑ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered potential contractor:

☑ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded form participation in this contract by any federal department or agency or by the State of Texas.

☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
AAAMA	74-1696961	

[signature]
Signature of Authorized Representative

7/30/18
Date

Diane Arms, Director of Programs
Printed/Typed Name and Title of Authorized Representative

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have peen paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?
☐ Yes
☑ No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
AFMA	74-1696961	

Name of Authorized Representative	Title
Diane Arms	Director of Programs

Signature – Authorized Representative

07/30/2018
Date

WEBB COUNTY PURCHASING DEPT.
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS
AFFIDAVIT FORM

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared Diare Arms, the herein-named "Affiant", who is a resident of Harris County, State of Texas and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: http://www.webbcountytx.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to joel@webbcountytx.gov .

Executed and dated this 30 day of July, 2018.

Signature of Affiant

Diare Arms AAMA
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 30 day July 2018

NOTARY PUBLIC, STATE OF TEXAS

SYLVIA SALAS
My Notary ID # 125491850
Expires December 7, 2021

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name AAMA owes no delinquent property taxes to Webb County.

AAMA owes no property taxes as a business in Webb County.
(Business Name)

AAMA owes no property taxes as a resident of Webb County.
(Business Owner)

Diane Arms
Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb
Before me, a Notary Public, on this day personally appeared Diane Arms, know to me (or proved to me on the oath of Diane Arms to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 30 day of July 2018.

Notary Public, State of Texas

SYLVIA SALAS
My Notary ID # 125491850
Expires December 7, 2021

SYLVIA SALAS
(Print name of Notary Public here)

My commission expires the 7 day of Dec 2021

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

Substance Abuse Treatment Facility

This is to certify that

ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS
6909 SPRINGFIELD AVENUE SUITE 105
LAREDO, TX 78041

is licensed as a substance abuse treatment facility under the provision of the Health and Safety Code, Chapter 464, and the 25 Texas Administrative Code, Chapter 448 Substance Abuse Standards of Care Rules.

Residential Beds: 0 Outpatient Slots: 50

Service Setting	Gender	Age Group
Outpatient	**Female & Male**	**Adults**

357 - 4315
License Number:

08/31/2019
Expiration Date:

06/05/2018
Original Licensure Date

06/05/2018
Effective Date of Licensure

Non-Transferable

8018

Certificate of Occupancy

City of Laredo Building Development Services Department

This certificate issued pursuant to the requirements of Section 110 of the International Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City regulating building construction or use. For the following:

Occupancy Load **50**

Code - ICC 2012 Date: **March 7, 2018** Occupancy Classification **Business**

BLDG Permit No **18-455** Use **Offices (Professional)**

FIRE Permit No **18-2093** Group **B** Type Construction **II-B**

Business Name **AAMA Concilio Hispano** Owner of Business **Diane Arms-Signore**

Business Address **6909 Springfield Ave. Ste. 105** Address **1205 E. Hillside Rd. Laredo, TX 78041**

Required Sprinkler System [X] Yes [ ] No Legal Description **Del Mar Village Subdivision Lot 2 Block 6**

Automated Sprinkler System [X] Yes [ ] No Property Address

Victor J. Linares, P.E., Acting Director
Building Development Services Department

For Building Official
Building Development Services

Internal Revenue Service

Date: November 16, 2004

Association For The Advancement of
Mexican Americans
6001 Gulf Fwy. Bldg. B-1
Houston, TX 77023-5423

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Brenda Fox 31-07209
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
74-1696961

Dear Sir or Madam:

This is in response to your request of November 16, 2004, regarding your organization's tax-exempt status.

In February 1972 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

CRYSTAL
&COMPANY

Crystal IBC LLC
32 Old Slip
New York, NY 10005-3504
Phone 800 221-5830
FAX 800 383-1852

CONFIRMATION OF INSURANCE

Original

NAMED INSURED
Association for Advancement of Mexican Mexican Americans 6001 Gulf Freeway, Building E Houston, TX 77023

BINDER DATE	BINDER NO.
09/08/17	349268

CLIENT CODE	POLICY TYPE
ASSOAD	Renewal

ACCOUNT EXECUTIVE
Amanda Shepard, CAM, ACSR 713-624-6324

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	INSURER
08/31/17	08/31/18	PHPK1702646	Philadelphia Indemnity Insu

COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Commercial Package (Commercial Property, General Liability, Professional Liability, Sexual Abuse, Employee Benefits, Commercial Automobile)

Policy Term
August 31, 2017 to August 31, 2018

COMMERCIAL PROPERTY COVERAGE SECTION
==========

Perils Insured
All Risk of Direct Physical Loss or Damage including Earthquake Excluding Flood, but subject to the term, conditions, limitations and exclusions

Property Locations and Limits of Insurance:
See attached Schedule of Values for Details per location

Deductibles
Windstorm & Hail (Houston Only) 5% of Total Insurable Values No Minimum
Business Income 72 Hours
Earthquake 10% of Total Insurable Values - $5,000 Minimum
All Other Perils (per occurrence).....$5,000

Inland Marine (EDP) Locations and Limits of Insurance:
See attached Schedule of Values for Details per location

Inland Marine Computer Exposure Additional Coverages:
While In Transit.....$10,000
Transfer between Premises.....$10,000
Temporary within other Premises.....$10,000
Permanently located at an employees residence.....$10,000

Valuation:
Buildings & Personal Property.....Replacement Cost
Business Income and Extra Expense.....Actual Loss Sustained

Coverage Features

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CONFIRMATION OF INSURANCE

NAMED INSURED
Association for Advancement of Mexican

BINDER DATE	BINDER NO.
09/08/17	349268

COVERAGE DESCRIPTION AND AMOUNTS/LIMITS
Exclusion of Loss Due to Virus or Bacteria
Water / Flood Exclusion
Property Blanket Schedule
Building and Personal Property Coverage Form
Business Income and Extra Expense Coverage Form
Property Declarations and Supplemental Schedule
Commercial Property Conditions
Commercial Inland Marine Coverage Part Declarations
Commercial Inland Marine Conditions
Inland Marine Schedule
Computer Coverage Form
Coinsurance 100%
Loss Payable Provisions
Common Policy Declarations and Conditions
TX - Limitation on Fungus, Wet Rot, Dry Rot and Bacteria
Multiple Deductible Form (Fixed Dollar Deductibles)
Windstorm or Hail Percent Deductible 5%
Causes of Loss Special Form
Earthquake and Volcanic Eruption Endorsement $1,000,000
Changes Electronic Data
Texas Changes
Texas Changes Duties
Texas Changes Loss Payment
Texas Changes Cancellation and Non-Renewal
Loss of Income Due to Workplace Violence
Nuclear Energy Liability Exclusions Endorsement
Bell Endorsement
Crisis Management Enhancement Endorsement
Elite Property Enhancement Endorsement: Human Services
Foundations Included
Business Personal Property within 1600 Feet
Fire Department Service Charge $50,000
Pollutant Clean Up and Removal $50,000
Emergency Vacating Expense $25,000
Automated External Defibrillators (AEDs) $5,000
Lease Cancellation Moving Expenses $5,000
Joint or Disputed Loss Agreement Included
Green Consultant Expense Coverage $5,000
Elite Property Enhancement Endorsement: Human Services
Newly Acquired or Constructed Property 180 Days
Personal Effects $50,000
Valuable Papers and Records $100,000
Property Off-Premises, Including Stock $500,000
Property at Conventions, Fairs, Exhibitions and Special Events $100,000
Outdoor Property $50,000
Garages/Storage Sheds $5,000
Retaining Walls $10,000

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COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Accounts Receivables $100,000
Business Income an Extra Expense $300,000
Residential Room Reserve $100,000
Fire Extinguisher Recharge $25,000
Lock Replacement $10,000
Reward Reimbursement $50,000
Inventory or Appraisals of Loss $50,000
Ordinance or Law Undamaged Portion of the Building Building Limit
Ordinance or Law Demolition Cost $500,000
Ordinance or Law Increased Cost of Construction $500,000
Spoilage 1,600 Feet $50,000
Fine Arts $50,000
EDP Equipment and Media $10,000
Damage to Property of Home Care Provider $50,000
Mobile Medical Equipment $15,000
Vacancy Clause Modification 90 Days
Earthquake Sprinkler Leakage $30,000
Dampness/Extremes of Temperature Exclusion Removed
Furs $10,000
Precious Metals $25,000
Water Coverage $30,000
Property in Transit (Includes Common Carrier) $10,000 any one transit / $100,000 aggregate
Off Premises Power Failure $50,000
Extended Business Income 180 Days
Utility Services Included

GENERAL LIABILITY / SEXUAL OR PHYSICAL ABUSE / PROFESSIONAL LIABILITY / EMPLOYEE BENEFITS LIABILITY COVERAGE SECTION
==========

Limits of Liability:
General Aggregate.....$3,000,000
Products/Completed Operations Aggregate.....$3,000,000
Personal and Advertising Injury Liability.....$1,000,000
Each Occurrence.....$1,000,000
Damages to Premises Rented to You (increased by the Deluxe Endorsement).....$1,000,000
Medical Payments (increased by the Deluxe Endorsement).....$20,000
General Liability Claims-Made Retroactive Date.....05/14/2004

Professional Liability - Each Professional Incident.....$1,000,000
Professional Liability - Aggregate.....$3,000,000
Professional Liability Claims-Made Retroactive Date.....05/14/2004

Sexual or Physical Abuse or Molestation - Each Claim..... $1,000,000

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Association for Advancement of Mexican

BINDER DATE	BINDER NO.
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COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Sexual or Physical Abuse or Molestation - Aggregate..... $1,000,000
Sexual or Physical Abuse Claims-Made Retroactive Date.....05/14/2004

Employee Benefits Liability - Each Claim..... $1,000,000
Employee Benefits Liability - Aggregate.....$1,000,000
General Liability Claims-Made Retroactive Date.....08/31/2010

Deductibles:
General Liability (per claim).....None
Professional Liability (per claim).....None
Employee Benefits Liability (each claim).....None

Coverage Features
Retroactive Date for General Liability, Professional Liability and Sexual Abuse: May 14, 2004
Retroactive Date for Employee Benefits Liability: August 31, 2010
Defense Costs are within the Limits of Liability
Recording and Distribution of Material or Information Exclusion
Texas Changes- Your Right to Claim
Additional Insured Designated Person or Organization
Additional Insured Mortgagee, Assignee or Receiver
Blanket Waiver of Subrogation when required by written contract
Commercial General Liability Coverage Claims Made
Employee Benefits Administration Errors and Omissions
Human Services Professional Liability Claims Made
Sexual or Physical Abuse or Molestation Liability Claims Made
Prior/Pending Litigation and Known Circumstances Exclusion
Fundraising Events Endorsement
Employee Defense Coverage
Auto, Aircraft and Watercraft Exclusion
Nuclear Energy Liability Exclusion Endorsement
Blanket Additional Insured Endorsement General Liability (as required by written contract)
Employers Liability Exclusion
Bodily Injury Coverage for Volunteers
Binding Arbitration Endorsement
Prior / Pending Litigation and Known Circumstances Exclusion
Exclusion Designed Ongoing Operations
Fungi or Bacteria Exclusion
Exclusion of Certified Nuclear, Biological or Chemical
Exclusion of Acts of Terrorism Coverage
Exclusion Medical Payments to Children in Day Care Center
Employment Relation Practices Exclusion
Exclusion Corporal Punishment
Exclusion Professional Liability coverage
Texas Abuse or Molestation Exclusion
Managed Care Services Limitation

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COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Amendment of Exclusion Prescription/Non-Prescription Drugs
Texas Changes Endorsement
Cap on Losses from Certified Acts of Terrorism
General Liability Deluxe Endorsement: Human Resources
Limited Rental Lease Agreement Contractual Liability $50,000
Non-Owned Watercraft Less than 58 Feet
Damage to Property You Own, Ren or Occupy $30,000
Damage to Premises Rented to You $1,000,000
Medical Payments $20,000
Medical Payments Extended Reporting Period 3 Years
Bail Bonds $5,000
General Liability Deluxe Endorsement: Human Resources
Loss of Earnings $1,000 per Day
Employee Indemnification Defense Coverage $25,000
Key and Lock Replacement Janitorial Services Client Coverage - $10,000
Additional Insured when required by written contract
Additional Insured for Newly Acquired Time Period, Medical Directors & Administrators, Managers and Supervisions (with Fellow Employee Coverage), Broadened Named Insured, Funding Source, Home Care Providers, Managers, Landlords or Lessors of Premises, Lessor or Leased Equipment, Grantor of Permits, Vendor, Franchisor, Owners, Lessees & Contractors and State or Political Subdivisions.
Duties in the Event of Occurrence, Claim or Suit
Unintentional Failure to Disclose Hazards
Liberalization
Bodily Injury Includes Mental Anguish
Personal and Advertising Injury Includes Abuse of Process Discrimination
Transfer of Rights of Recovery Against Others to Us

COMMERCIAL AUTOMOBILE COVERAGE SECTION
==========

Vehicle Schedule:
1. 1997 Dodge Van S#2B4HB15X3VK591596
2. 1999 Ford Winstar S#2FMZA51U7XBB99538
3. 2006 Ford E150 Van S#1FMRE11L56DB21370
4. 2000 Ford Van S#1FBSS31L9YHA33562
5. 2000 Ford Van S#1FBSS31LOYHA04323
6. 2007 Chevrolet Van S#1GAHG39U171117413
7. 1996 International Bus S#1HVBBAANOTH437919
8. 2011 Chevrolet Van S#1GAZGXFG1B1172219
9. 1995 International Bus S#1HVBBAAP0SH672935
10. 2015 Chevrolet Express G3500 S# 1GAZGZFF1F1283149
11. 2017 Toyota Corolla S# 5YFBURHEXHP618347

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COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Limit of Liability:
Bodily Injury and Property Damage (any auto).....$1,000,000
Uninsured/Underinsured Motorist (owned).....$1,000,000
Medical Payments (owned).....$5,000
Personal Injury Protection (owned).....Statutory

Deductible:
Bodily Injury and Property Damage.....None
Uninsured/Underinsured Motorist Property Damage.....$250
Comprehensive (Vehicles 3-10).....$1,000
Collision (Vehicles 3-10).....$1,000

Coverage Features
Philadelphia requires that the Motor Vehicle Records be ran annually on are scheduled drivers
Texas Notice to Insureds Claimants for Motor Vehicle Repairs
Schedule of Hired or Borrowed Covered Auto
Business Auto Declarations and Coverage Form
Texas Changes Cancellation and Non-Renewal
Waiver of Transfer of Rights of Recovery Against Others to Us
Designated Insured
Texas Uninsured/Underinsured Motorists Coverage
Texas Personal Injury Protection Endorsement
Auto Medical Payments Coverage
Exclusion of Terrorism/Nuclear, Biological or Chemical
Public Transportation Autos
Commercial Automobile Elite Endorsement:
Who is an Insured (Automatically Included): Board Members, Newly Acquired Entities, Designated Insured, Lessor
Cost of Bail Bonds $5,000
Reasonable Expenses Loss of Earning $500 per day
Fellow Employee Coverage
Towing $100 per disablement
Glass Breakage (Windshields and Windows) - No Deductible Applies
Transportation Expenses $100 per day / $3,000 maximum
Hired Auto Physical Damage Loss of Use $100 per day / $1,000 maximum
Hired Auto Physical Damage ACV or repair or replacement of the vehicle, whichever is less
Personal Effects $500
Rental Reimbursement $100 per day / 30 days
Electronic Equipment $1,000
Original Equipment Manufacturer Parts Replacement
Auto Loan / Lease Gap Coverage
One Comprehensive Coverage Deductible Per Occurrence
Notice of and Knowledge of Occurrence
Blanket Waiver of Subrogation as required by written contract
Mental Anguish Bodily Injury Redefined

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NAMED INSURED
Association for Advancement of Mexican

BINDER DATE	BINDER NO.
09/08/17	349268

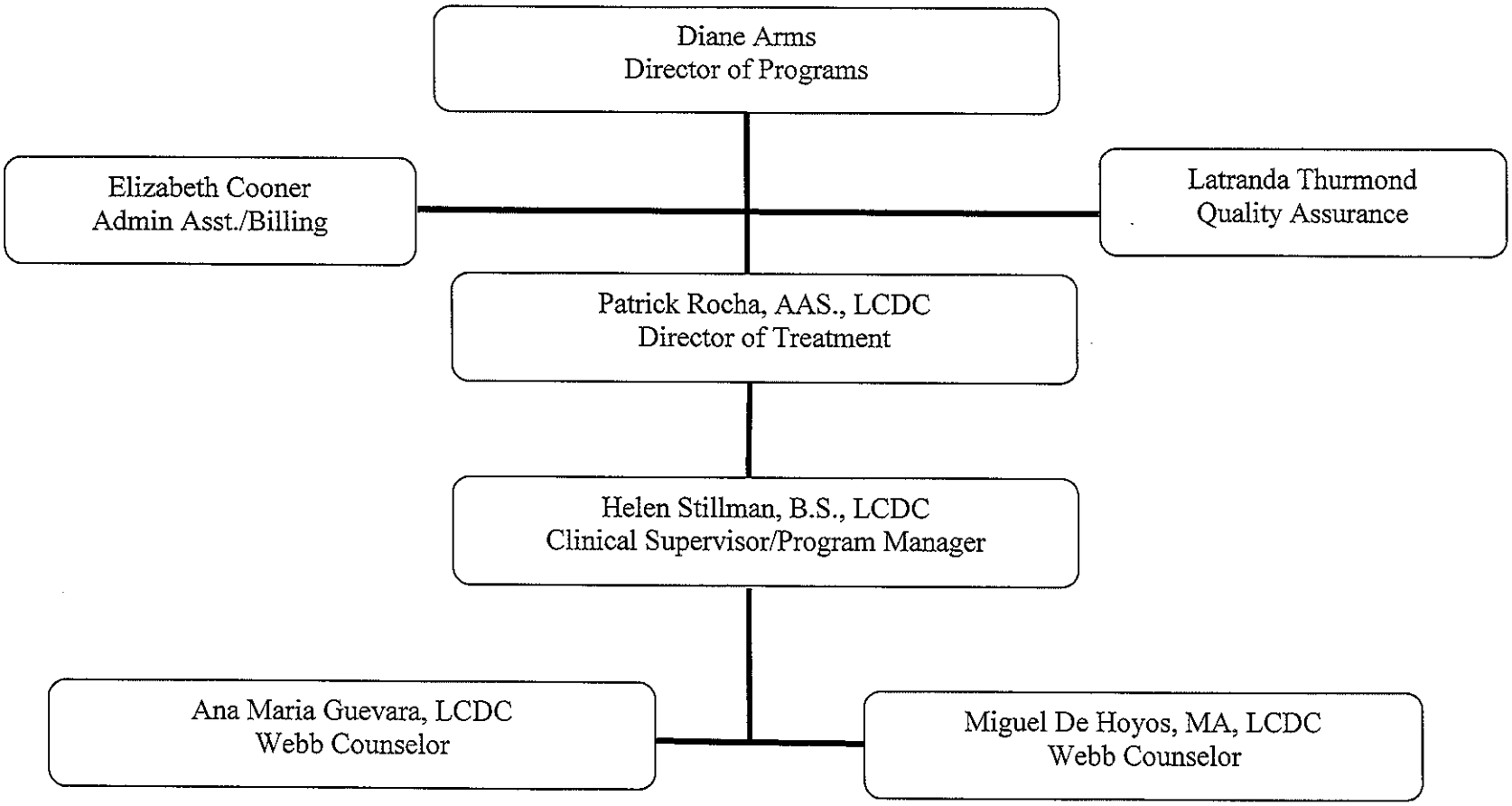
COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

This confirmation of insurance sets forth the general terms, conditions and subjectivites, if any, of placement effected by Crystal & Company on your behalf and at your direction. This confirmation of insurance will be cancelled, superseded and replaced upon delivery of the insurer's binder of coverage. The insurer's binder will be in effect and control this placement until the receipt of the insurer's formal policy/bond documentation.

In addition to the fees and/or commissions received by Crystal & Company for the placement of insurance, in certain circumstances other parties, including other intermediaries, may earn and retain usual and customary commissions for their role in providing insurance products or services under their separate contracts with insurers and/or reinsurers. Further, in certain segments of our business, some of our compensation may be derived from supplemental or bonus commissions paid by insurers or intermediaries based on criteria designed by the insurer or intermediary, to value all the policies that we place with it in a particular period.

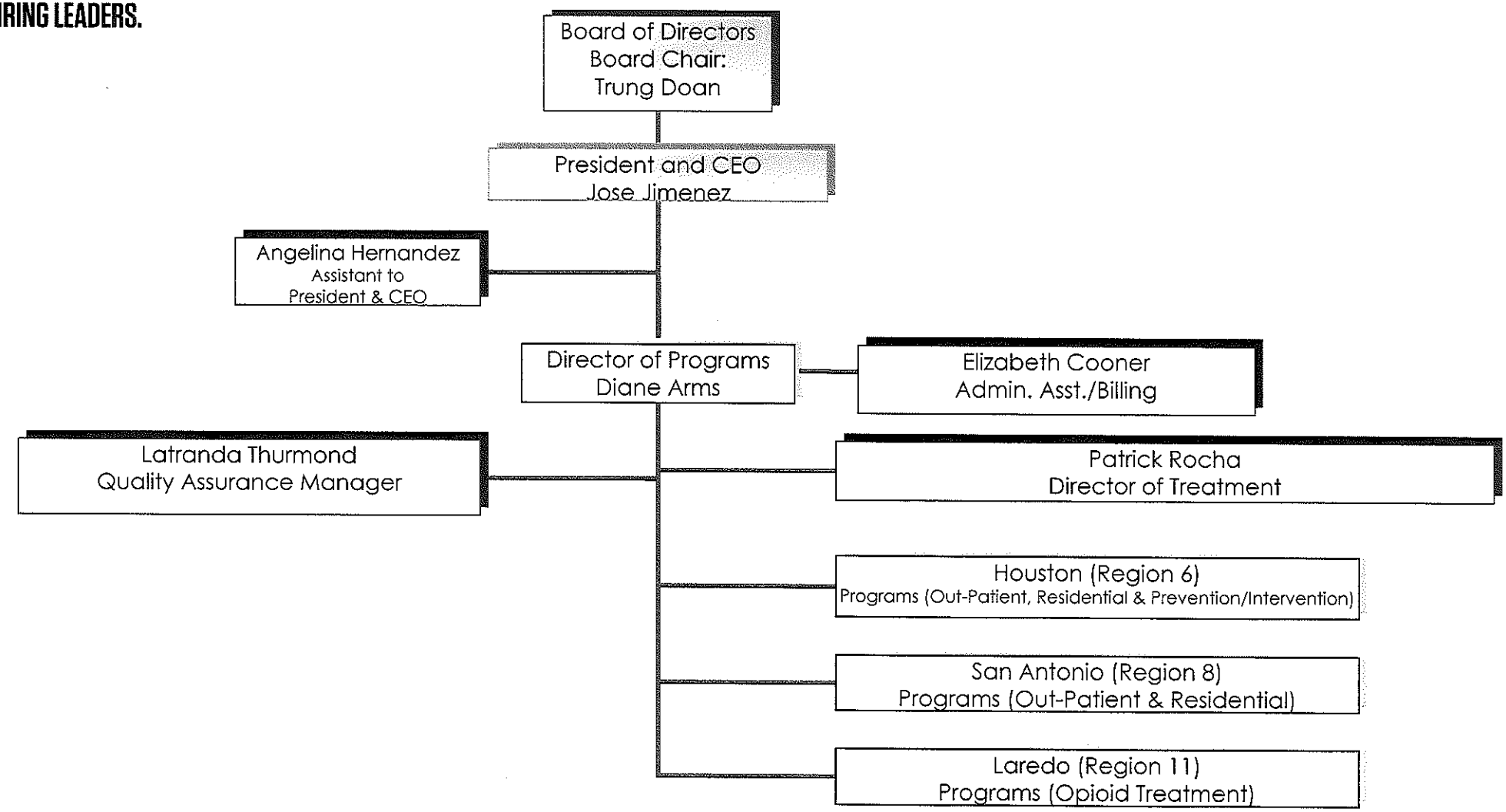
Premium: $158,219	Philadelphia Indemnity Insurance Compan
Confirmed By:	Authorized Representative:
At Crystal & Company Refer To:	Admitted: X Non-Admitted:

Concilio Hispano Libre Region 11



EMPOWERING LEARNERS.
INSPIRING LEADERS.

AAMA – Counseling & Prevention Organizational Chart



Program Managers	*Region*	*Program*
Adriana Dibello	6	Prevention/Intervention
Vacant	6	Out Patient & Residential
Paul C. Sanchez	8	Out Patient & Residential
Helen Stillman/Jose Manrique	11	Methadone

DIANE ARMS

14800 Memorial Drive, #1902
Houston, TX 77079

Phone: (915) 526-9063
darms3@yahoo.com

DIRECTOR, HEALTH SERVICES

Dynamic, dedicated, and results-oriented healthcare professional with significant experience implementing effective policies and procedures that optimize business operations and drive sustained organizational performance. Strong track record of developing strategic initiatives and programs that reduce costs while simultaneously supporting long-term objectives. Natural leadership and management skills; builds well-trained, high-performing teams to streamline business operations, improve profitability, and maximize overall efficiency. Excels in team-oriented, collaborative environments.

CORE STRENGTHS:

- Operations Management
- Budget Management
- Strategic Planning
- Program Development
- Healthcare Management
- Community Service Involvement
- Multi-Agency Collaborations
- Personnel Management
- Proposal / Grant Writing
- Long-Range Business Planning

Proficient in Microsoft Office Applications

EDUCATION

Master of Arts in Clinical Psychology
University of Texas at El Paso (UTEP)

Graduate Courses in Pediatric Psychology
Texas A&M University (TAMU)

Bachelor of Arts in Psychology; Minor in Sociology
University of Texas at El Paso (UTEP)

PROFESSIONAL EXPERIENCE

Association for the Advancement of Mexican Americans — **11/2015 – Present**
Director of Programs — **Houston, Texas**

Provide leadership, strategic direction and day-to-day management of the Association, and responsible for the management and operations of related activities and services in three locations across Texas. Develop business relationships and collaborative agreements with small businesses, schools, health departments and other groups to implement community education and outreach programs to promote the benefits of the association.

- Identify and evaluate new program opportunities and the continuous development of its core programs and services, and collaborate closely with Board of Directors, community partners, and other institutions; participate in long-term planning process to implement outreach services development opportunities.
- Analyze cost, develop programs to assure compliance with budgetary constraints and provide justifications for budget variances.
- External face for the organization, cultivating and maintaining communications and collaborations with other organizations and funding sources, across Harris, Webb and Bexar counties.
- Overall responsibility for establishing a clear set of performance objectives and executing an action plan to achieve those objectives at both a division and program level.
- Participated in professional growth and development by attending specialty related conferences, seeking higher education advancement and participation in professional organizations.

Amanecer Psychological Services — **02/2014 – 01/2016**
Independent Consultant — **El Paso, Texas**

Primarily responsible for analyzing business processes to determine methods of increasing operational efficiency and performance by streamlining clinic flow, reducing treatment team minutes, and improving medical records processes. Audited charts and developed reports based on findings to consult on strategic actions and planning, remotely.

PROFESSIONAL EXPERIENCE (continued...)

Harris County Healthcare Alliance **07/2014 – 08/2015**
Community Clinic Funder's Collaborative (CCFC) Program Manager **Houston, Texas**
Managed day-to-day operations of the CCFC, including planning, organizing, and monitoring clinical/quality outcomes of 19 Community Health Center members. Created and provided biannual reports to the philanthropic community. Facilitated Community Health Center leadership meetings to proactively identify, address, and resolve systemic issues. Developed and implemented strategic initiatives to support long-term organizational objectives and direction.

Emergence Health Network **09/2011 – 02/2014**
Operations Administrator **El Paso, Texas**
Coordinated daily operations for a non-profit children's behavioral health clinic, including budgeting, personnel management, human resources, program management, fundraising, and relationship management. Hired, managed, evaluated, and trained interdisciplinary team of psychiatric doctors, nurses, administrative staff, Licensed Professional Counselors, and Qualified Mental Health.

ADDITIONAL EXPERIENCE

Texas A&M University **08/2010 – 07/2011**
Research Assistant/Clinical Intern **College Station, Texas**
Provided support to researchers and physicians in multiple capacities, including seeking advice from psychiatrists regarding mutual clients who were on medication for anxiety or mood disorders.

University of Texas at El Paso **08/2007 – 12/2009**
Research Assistant **El Paso, Texas**
Provided support to researchers and physicians in multiple capacities, including seeking advice from psychiatrists regarding mutual clients who were on medication for anxiety or mood disorders.

Center for Integrative Cancer Medicine **05/2008 – 12/2008**
Clinical Intern **El Paso, Texas**
Provided support to researchers and physicians in multiple capacities, including seeking advice from psychiatrists regarding mutual clients who were on medication for anxiety or mood disorders.

AWARDS / HONORS

"Egg-cellent Idea Award," Emergence Health Network (2013)
Race and Ethnic Studies Institute Graduate Student Fellowship (2011)
Department of Multicultural Services Grant, TAMU (2011)
Diversity Fellowship, Department of Psychology, TAMU (2010 – 2011)
Graduate Student Banner Bearer Winter Commencement, UTEP (2009)
Summer Stipend Award, UTEP (2009)
Hispanic Health Disparities Research Grant, UTEP (2009)
Business and Professional Women Paso Del Norte Scholarship (2009)
Lucille Stevens Fund Award (2002 – 2004)

COMMUNITY SERVICE INVOLVEMENT

Board Director - Local Infant Formula for Emergencies (L.I.F.E. Houston) April 2017 - Present

Volunteer - Grace Hospice Of Houston Oct 2014 – Present

Volunteer - Desert Springs Alzheimer's Senior Citizen Center Aug 2009 – May 2010

References Available Upon Request

PATRICK L. ROCHA, A.A.S., LCDC, CAC

(832) 290-9366
patrickrocha225@gmail.com

Summary of Qualifications

- Excellent client/patient counseling skills and outgoing personality
- Highly disciplined, independent, confident, well organized self-starter
- Team oriented, adaptable, coachable, dependable, with a strong work ethic
- Bilingual

Skilled Clinician and Case Manager with a proven ability to motivate, inspire, and coach a person to success.

Work History

AAMA
Asst. Director of Treatment
Apr. 2015 - Present

Beyond Your Best Counseling
Adolescent Program Counselor
Aug. 2015 – May 2016

Right Step
Program Manager
Sept. 2013 to March 2015
Practicum Internship June 2013 to Sept.2013

Fed Ex Smart Post
Staff Trainer/Area Captain
May 2012 to Feb. 2013

Zacchaeus House, (501c3)
Executive Director
Jan. 2006 to Dec. 2011

Rentco
CEO/Owner
Feb. 1999 to June 2006

Rent 2 Own
General Manager
Jan. 1997 to Jan. 1999

Rent a Center
Market Training Manager
Jan. 1990 to Jan. 1997

Education

Lonestar College – Montgomery
2013 - 2018
A.A.S. Degree - Substance Abuse Counseling
A.A.S. Degree – Human services
Cum Laude, Phi Theta Kappa
3.6 Cumulative

College of Biblical Studies, Houston, Texas
2 years college
Aug 2006 - Feb 2008
Major: Faith Based Counseling & Community Development
Minor: Grant Writing
GPA: 3.8

Urshan Graduate School of Theology, Houston, Texas
1 year college,
May 2007 - Jun 2007
Major: Life Coach/Emergency Crisis Chaplain
Minor: Anger Management Counselor
GPA: 4.0

Violence Intervention and Prevention Center, Houston, Texas
1 year college
May 2006 - Jun 2006
Major: Anger Management Counselor/ Mediation and Resolution
Minor: At Risk Youth Counseling
GPA: 4.0

South Houston High School, Houston, Texas
High School Diploma

Training

Faith Based Community Development
College of Biblical Studies
Aug 07, 2006 - Feb 24, 2008

All facets of community development and fund raising
Research and propose grants
Development and implementation of community programs

Emergency Crisis Chaplain/ Life Coach
Urshan Graduate School of Theology
May 01, 2007 - Jun 01, 2007

Emergency crisis intervention and counseling
Conflict resolution and mediation

At Risk Youth Counseling
Violence Prevention and Intervention Center
May 01, 2006 - Jun 06, 2006

At risk youth life issues and environmental influences
Anger management and conflict resolution

Occupational License or Certification

Licensed Chemical Dependency Counselor
State of Texas

Basic Chemical Dependency Counselor Certification
Lonestar College, Woodlands, Texas

Human Services Certification
Lonestar College, Woodlands, Texas

Certified Anger Management Counselor Certification
Violence Intervention & Prevention Center, Houston, Texas

Faith Based Community Development Certification
Grant Writing Certification
College of Biblical Studies, Houston, Texas

Emergency Crisis Chaplain / Life Coach
Urshan Graduate School of Theology, Florissant, Missouri

Occupational Experience

Customer Service (30 yrs.)
General and Operations Manager (25 yrs.)
Financial Manager, Branch or Department (24 yrs.)
Human Resources Manager (24 yrs.)
Staff Training and Development (24 yrs.)
Labor Relations (24 yrs.)
Community Volunteer Work (15 yrs.)

Computer Skills

- Typing Speed 30 Words per minute
- Data Entry Terminal (PDT, Mainframe Terminal, etc)
- Internet Browser (Internet Explorer, Firefox, etc)
- Peripheral Devices (Scanners, Printers, etc)
- Personal Computers
- Spreadsheet Software (Calc, Excel, etc)
- Word Processing Software (Word, WordPerfect, etc)

Awards/Honors

Honorary Fire Chief
Presented by the City of Houston Mayor and City of Houston Fire Chief

2014 WABDL Class 1 World Champion Bench Presser

2014 WABDL Masters 47-53 World Champion Bench Presser

2015 WABDL Masters 47-53 World Champion Bench Presser

2016 WABDL Class 1 World Champion Bench Presser

Helen Stillman

320 Oklahoma Laredo, Texas 78041 (home) 956-568-1304 (cell) 956-763-1622

OBJECTIVES

To introduce myself and share my experience, qualifications, and trainings.

Professional Profile

Oct 2011- Present — A Healthy Image: Counseling & Consulting Services — Laredo, Tx

RDAP (Residential Drug Abuse Treatment Program) Counselor

- **Provide individual counseling to Federal inmates**
- **Conduct psychosocial assessments**
- **Prepare treatment plans**
- **Complete monthly progress reports**
- **Submit discharge summary**

Nov. 2006- Present — AAMA, Inc Concilio Hispano Libre — Laredo, Tx

Clinical Supervisor / CTI Coordinator

- **QCC (Qualified Credentialed Counselor) review of interns work**
- **CMBHS intakes, screenings, profiles, assessments, treatment plans**
- **Conducts individual and group sessions**
- **Offer Presentations in local community agencies**
- **UA collections**
- **Conduct employee evaluations**
- **Staff cases with counselors**
- **Prepare statistical monthly and billing reports**

May 2003 – Mar 2006 — STACADA — Laredo, Tx

Counselor Inter/Case Manager

- **OSR Intakes**
- **Case manager for support groups of HIV clients**
- **Conducted individualized counseling sessions with HIV clients**
- **Conducted drug treatment counseling sessions for drug abuse clients**
- **Preformed HIV testing**

July 2002 – May 2003 — Self-Employed — Laredo, Tx

Independent Sales Distributor & Property Manager

- **Advocare**
- **Promoted, sold, and distributed health care products**
- **Maintained privately-owned real estate in Mission, Texas**

April 2001 – June 2002 U.S. Dept. Justice Glynco, Ga.

Training for U.S. Immigration Inspector

- **Studied Nationality, Immigration, & Constitutional Law, Firearms Qualifications, Vehicle Operations, etc.**

Aug 2001—Apr 2002 United ISD Laredo, Tx

Permanent Substitute Teacher

- **Responsible for all an 8th grade teacher's duties**
- **Involved in ARD (Assessment, Review, Diagnostic) meetings with school principal, ARD representative, & student's parents**
- **Taught curriculum for mentally challenged 8th grade students**
- **Taught 8th grade Science**

June 2000 - Aug 2001 Self- Employed Mission, Tx

Property Manager

- **Maintenance for privately–owed real estate**

Oct 1998- May 2000 United ISD Laredo, Texas

7th and 8th grade Social Student/Reading Teacher

- **Taught 7th grade Accelerated Reading- computer based program**
- **Taught 8th grade Social Studies**
- **Responsible for disciplinary methods with academic team**
- **Taught Social Studies at Los Obispos MS to alternative (night) school students**

March 1997- Oct 1998 Community Supervision and Correction Dept Laredo, Tx.

Adult Probation Officer

- **Responsible for misdemeanor caseload and Domestic Violence Program**
- **Conducted counseling sessions for Domestic Violence participates**
- **Enforced court ordered conditions including court-ordered financial obligations**
- **Proceed new defendants**
- **Conducted pre-trail investigations at Webb County Law Enforcement Center**
- **Conducted home visits, employment visits, community agency visits**

Jan 1983 – Feb 1996 Laredo/Webb Co. Central Welfare Agency Laredo, Tx.

Eligibility Caseworker for Temporary Emergency Food Assistance Program

- **Responsible for interviewing applicants for program eligibility**
- **Assisted elderly participants with program guidelines and processed applications**
- **Formulated and implemented accountability procedures for daily transitions**
- **Completed administrative reports, such as inventories and distribution records**
- **Intergraded agency's payroll system using Lotus Program**

EDUCATION

MAY 1996 Texas A&M International University Laredo, Texas

Bachelor of Science in Criminal Justice with a Minor in Sociology

CERTIFICATIONS AND TRAININGS

- **Community Supervision Officer Certification**
- **Certified Anger Resolution therapist**
- **CDC Safety Counts Workshop**
- **Prevention and Management of Aggressive Behavior**
- **Motivational Interviewing**
- **Gifted and Talented**
- **Advanced Placement Strategies**
- **HIV, Hepatitis, B & C, and STD**
- **Methadone, An Overview**
- **Reporting requirements for Client Abuse and Neglect**
- **Client Abuse, Neglect, & Exploitation**
- **Client's Rights**
- **DSHS Rules**

SPECIAL SKILLS

- **Bilingual: Fluent in English and Spanish**
- **Computer Literate in Coral WordPerfect, Microsoft Windows, Excel, and PowerPoint**
- **Typing Skills**
- **Proficient in Lotus 1-2-3**
- **Computer Literate in Internet and Intranet Services**

References available upon request

1008 Dickey Ln. Apt #E5
Laredo, Texas 78043

Cellular (956) 324-6879
E-mail mdehoyos3078@gmail.com

Miguel A. de Hoyos

Objective

To better enhance my work experience in a mentally challenging, professional, and comfortable work environment. To work toward obtaining the proper certifications required to master any task, while focusing o future promotional opportunities.

Employment

Feb 2017 – Oct 2017 **Color My World** Laredo, Texas
Assistant Manager

- Client relations
- Payroll, Scheduling
- Continuous education
- Product ordering
- Opening and closing duties

Oct. 2014 – Sept. 2015 **Erasing Barriers** Laredo, Texas
Intern/Case manager

- Substance dependency counseling
- Mental health counseling
- Substance dependency counseling
- Case management
- Intake, Treatment plans, Case summary
- Record keeping and Notes

Nov. 2011 – Oct. 2014 **PILLAR** Laredo, Texas
Intern Counselor/Case manager

- Mental health counseling
- Substance dependency counseling
- Intake, Treatment plans, Case summary
- Record keeping and Notes
- Client advocate

Oct. 2010 – Oct. 2011 **Cricket Communications** Laredo, Texas

Assistant Manager

- Payroll, scheduling
- Supervising employee performance
- Product ordering
- interpret daily, weekly and monthly performance reports

Education

Fall 2012 – Fall 2014 Texas A&M Int. University Laredo, Texas

Master of Art in Counseling Psychology

- Counseling Psychology

Fall 2004 - Fall 2012 Texas A&M Int. University Laredo, Texas

Bachelor of Arts in Psychology

- Psychology Major, Sociology Minor

References

Marie Lopez	Veterans Outreach Program	(210) 577 – 6710
Sergio Alarcon	Laredo Medical Center	(956) 608 – 0009
Marco Elias	City of Laredo Health Department	(956) 795 - 4900

ANA MARIA GUEVARA

3101 Monterrey, St., Laredo, Texas 78043 (956)645-1110 cell,
Email: aguevara6@stx.rr.com

OBJECTIVE: *TO OBTAIN A CHALLENGING CAREER WHERE THERE IS POTENTIAL TO GROW PROFFESSIONALLY AND SHARE MY KNOWLEDGE AND EXPERIENCE FOR THE SUCCESS OF THE AGENCY.*

LICENSURES/CERTIFICATIONS

- 2007 LICENSED CHEMICAL DEPENDENCY COUNSELOR (LCDC). LICENSE NO.10371
- 2002 ANGER MANAGEMENT THERAPIST FROM NEWTON HIGHTOWER.
- 2000 CERTIFIED FOR THE TEXAS DRUG OFFENDER EDUCATION PROGRAM AS ADMINISTRATOR/INSTRUCTOR
- 1999 BASIC BELIEF THERAPON THERAPIST CERTIFICATE
- 1995 HIV COUNSELOR
- 1995 ASSIGNED AS A COUNSELOR INTERN IN CHEMICAL DEPENDENCY

EDUCATION

a

LAREDO COMMUNITY COLLEGE
West End Washington St. Laredo, TX 78040

Years attended: 1987-1996

-Child Development	9 credit hours
-Human Services Specialist	9 credit hours
-Mental Health	9 credit hours

- GED ACCREDITED

EMPLOYMENT

OUTREACH WORKER/PROMOTORA
(BCFS) HEALTH AND HUMAN SERVICES

Sept.2015-Present

-I do outreach and provide services to the community. We are in contact and are partners with the 211 number for assistance.
-We provide help in assisting clients in applying for government assistance.
-We offer case management to women who are pregnant and have children under the age of 2 yrs.
-The mobile medical unit travels to the colonias and provides medical assistance to women who need medical attention.

LCDC COUNSELOR — Feb. 2008-Aug. 2015
WEBB COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPT.
(Adult Probation)

- Handled a caseload of 60 clients and provided individual and group counseling.
-Conducted Intakes, Screenings and Assessments
-Conducted record keeping, and used the 12 core functions of a counselor.
-Taught the DOEP, Anger Management, and Thinking Positive For A Change Program.

CASE MANAGER — Nov.2006-Dec. 2007
(BCFS) HEALTH AND HUMAN SERVICES

-Managed a caseload of 45 clients and provided outpatient case management services to address medical, financial, legal hardship, parenting and employment areas for the families we served.

COUNSELOR INTERN — Apr. 2003-Aug. 2003
SOUTH TEXAS COUNCIL ON ALCOHOL AND DRUG ABUSE (STCADA)

-Responsible for carrying a caseload of 15 women with Substance Abuse and Chemical Dependency problems.
-Conducted case management, daily referrals, assessments, admissions, and placements for detox or inpatient services.
-Counseled one on one and conducted group meetings.
-Input data on BHips system on a daily basis.
-Responsible in transporting clients throughout the time they were provided services with agency.

QUALITY ASSURANCE/ BHIPS OFFICER — Sept. 2001-Apr. 2003
SOUTH TEXAS COUNCIL ON ALCOHOL AND DRUG ABUSE (STCADA)

-Measured quality care and detected quality problems.
-Ensured that the program met the standards set, such as those in the rules.
-Involved in all of the procedures that affected the continuation of care from first contact to follow-up.
-Registered staff members and new employees to the BHips system.
-Conducted daily reports, admissions, assessments, and discharge billing.
-Worked with four counties and assisted other staff when needed with their daily activities.

DUAL DIAGNOSIS SPECIALIST — Mar. 2000-Aug. 2001
SOUTH TEXAS COUNCIL ON ALCOHOL AND DRUG ABUSE (STCADA)

-Provided services for co-existing conditions on mental health and substance abuse clients.
-Conducted assessments, admissions, placements, and referrals.
-Responsible for 15 cases.
-Conducted individual sessions on substance abuse and linked them to MHMR for appointment and attended their staffing appointments.

PROGRAM MANAGER/COUNSELOR INTERN Aug. 1998-Aug. 2001
SOUTH TEXAS COUNCIL ON ALCOHOL AND DRUG ABUSE (STCADA)

-Specialized in women and children program.
-Daily operation was to oversee the whole program.
-Conducted assessments, admissions, detox, placement referrals, and outreach.
-Responsible for 8 clients with individual and group sessions.
-Supervised 9 staff members.
-Supervised by the LCDC and QCC

COUNSELOR INTERN Dec. 1997-June 1998
SOUTH TEXAS COUNCIL ON ALCOHOL AND DRUG ABUSE (STCADA)

-Responsible for 25 clients Level IV outpatient services.
-Daily operations to conduct assessments, admissions, placements for detox, and inpatient services.
-Conducted individual sessions, group sessions, drug education, life skills and develop treatment plans and discharge plans.

THERAPIST TECH/ COUNSELOR INTERN June 1997-Dec. 1997
SERVING CHILDREN AND ADULTS IN NEED (SCAN)

-Worked with Raices Program Residential Facility for Youth 10-16 yrs. Olds.
- Assisted LCDC counselor during daily activities.
-Handled a caseload of 10 youth clients.
-Provided guidance and counseling.
-Conducted group sessions, and created recreational activities for the youth.

CASE WORKER I April 1991-June 1997
LAREDO STATE CENTER (MHMR) PARENTS AGAINST SUBSTANCE ABUSE (PASA)

-Responsible for 20 clients (children).
-Worked with chemical dependent and/or high-risk drug users.
-Conducted group sessions, parenting classes, on Face/Heart Curriculum.
-Carried a caseload of 20-30 clients.

SOCIAL WORKER ASSISTANT Dec. 1986- Dec. 1989
COMMUNITY ACTION AGENCY VISTA VOLUNTEER PROGRAM-SOCIAL SERVICES DEPT.

-Provided assistance to low income families.
-Assisted in completing applications for employment, food stamps, and social security.
-Conducted rural transportation surveys for El Aguila.

OTHER EMPLOYMENT/EVENINGS

DOEP ADMINISTRATOR/INSTRUCTOR — 2013- Present
RECOVERY BEHAVIORAL PROGRAM COUNSELING SERVICES, LLC
620 Corpus Christi St., Suite A
Laredo, TX 78040

-Teach the Drug Offender Education Program for clients who are court-ordered to attend the program.

SKILLS

- Bilingual- can speak, read, and write in Spanish fluently.
- Punctual, and responsible.
- I work well with others, am a team player, and have good communication skills.
- I am a fast learner and a positive employee.

COMMUNITY VOLUNTEER WORK

CHRIST THE KING CHURCH
1105 Tilden Ave., Laredo, TX 78040

-I assist the church with fundraisers, such as BINGO, and garage sales.

Latranda W Thurmond MBA, NCAC II, LCDC

2963 Lakeview Dr

Missouri City, TX 77459

Phone: (832) 309-3336 Email: oes9821@gmail.com

Objective

Seeking employment with a progressive organization that will allow me to utilize my training, leadership skills, and experience with compliance, policy & procedure implementation and overall organizational restructuring.

Summary of Qualifications

- Proactive, resourceful leader and team member
- Excellent communicator with a positive attitude and interpersonal skills
- Competent, reliable employee with assignment flexibility
- Non-profit and For-profit program compliance auditing
- Managing operating budgets for Non-profit and For- Profit organizations
- Proficient with Several Electronic Medical Record Systems
- Development of Battering Intervention Prevention Programs (BIPP)
- Development of Quality Management Plans
- Understanding of State and Federal Codes, Regulations
- Proficient knowledge of developing Polices & Procedures for State and Federal Compliance
- Proficient knowledge in developing Quality Management Plan (Corrective action plans)
- Proficient knowledge in program development and restructuring based on industry best case practices
- Proficient in training on subject matters such as ethics, prevention, and documentation
- Budget Management
- Knowledgeable in cultural competencies in treatment structure, and organization leadership

Education

Springfield College Tampa, FL
Master of Business Administration with concentration in organizational leadership
December 2016

Springfield College Houston, TX
Bachelor of Science in Human Services
August 2015

Houston Community College Houston, TX
Substance Abuse Counselor Certification Program
August 1997

Certifications

- Licensed Chemical Dependency Counselor State of Texas #9472
- National Certified Addiction Counselor II #016307
- Family Violence Counselor (BIPP Facilitator)
- National Certified Investigator/ Inspector
- Anti-Theft instructor
- Anger Management

Professional Experience

AAMA

September 2017- Present: Quality Assurance Manager – Provides quality assurance and compliance oversight for the prevention and counseling division of AAMA under direction of Director of Programs. Provides consultation and direction to ensure services are meeting targets/goals and clients are receiving the highest quality of care possible, developing program structure to adhere to State and Federal regulations. Ensures compliance with regulatory, licensing, and accreditation organizations such as CARF. Conducts mock surveys to determine survey readiness as needed. Coordinates annual Medication assisted treatment clinic survey .Ensures operational policies and procedures are monitored and updated to comply with regulatory changes Travels to all AAMA locations.

1016 Consulting Group

February 2017- September 2017 : Private consultant assisting established and new treatment programs in clinical and operations management. Developing Policies & Procedures to adhere with State and Federal regulations, assisting in development of treatment structure for residential and outpatient substance use Disorders programs. Developing quality management plans for varies funding sources and overall program compliance, developing auditing tools, and staff trainings on substance use disorder trends, clinical ethics, and overall treatment structure. Working with organizational boards and management teams to provide insight into treatment outcomes, compliance, and funding management.

Texas Department of State Health Services

January 2007 – January 2017: Certified Inspector/Investigator- Conducting regulatory routine and pre-licensure inspections to include comprehensive compliance audits for residential and outpatient substance Use Disorder facilities and Behavioral Health facilities within the State of Texas, also conducting investigations statewide of reported or suspected violations of Standards of Care Regulations pertaining to abuse, neglect, and exploitation, collaborating with varies Federal agencies such as DEA, Medicaid /Medicare, State Law Enforcement

United States Veterans Initiatives Inc.
October 2003- May 2007: Operation Director- Supervise daily program operations for transitional living facility for homeless veterans, prepare weekly program reports on program goals and objectives. Implement policy and procedures along with budget management and recruitment of collaborative partners; oversee compliance with federal regulations and funding sources. Supervise program directors and AmeriCorps workers.

United States Veterans Initiatives Inc.
October 2000-September2003- Senior Case Manager; Coordinated community base outreach efforts to provide coordinated system of care for homeless veterans through case management, life skills, and substance abuse counseling in transitional housing environment while supervising AmeriCorps case aids.

Aid to Victims of Domestic Violence
November 2004 – December 2007: Contract Battering Intervention and Prevention Facilitator- facilitate domestic violence court mandated gender groups, also completed assessments, orientation, and individual counseling session for BIP Program.

Allied Access Health
February 2004 – December 2006: Contract Substance abuse counselor with specialized women and children program providing individual and group counseling to include crisis intervention services.

Toxicology Associates Inc.
July 2002-Feburary 2005- Substance Abuse Counselor; Provide substance abuse counseling to methadone maintenance patients, develop harm reductions plans in medical monitor doctor's office. Assisting with patient dose and state regulations regarding harm reduction and patient retention.

Community Affiliations and Public Service

- Royal Princess Eastern Star F.A.M

ELIZABETH COONER

5106 Sycamore Ave
Pasadena, Texas 77503

Phone: (713) 562-7829
lizcooner@hotmail.com

EDUCATION: South Houston High School - Diploma

EMPLOYMENT EXPERIENCE:

Association for the Advancement of Mexican Americans, Inc. (AAMA, Inc.)
6001 Gulf Freeway, B-1 Houston, Texas 77023 (713) 929-2314

10/01 - Present
3/98-4/00

Administrative Assistant - Provide Administrative support to the Director of Programs. Responsibilities include data collections and coordination for the Health and Human Service Program billing, invoices and submission of reports. Conduct background checks, verification of staff credentials and monitoring of any possible restriction on licenses and certifications. Report client census daily into the CMBHS system with the Department State Health Services (DSHS). Experience in working on Southern District Courts with monthly invoices and billing. Completes all required data entry and paperwork within timeframe. Schedule business travels for employees. Prepare timesheets, check request and building permits.

10/96 -3/98

Office Manager - Responsibilities included typing and faxing business correspondence. Prepared timesheets and check request. Maintain filing system, answer telephone and took phone messages. Set up intake packets.

3/93 - 10/96

Case Manager Assistant/Office Manager - Assistant to three Case Managers. Linkage of HIV/AIDS clients to community resources and HIV Service Providers in the Houston SMSA. Facilitation of referrals to service providers and follow-up of service provisions. Input client information into database computer. Order and mail Red Cross vouchers to clients. Transport clients who are not able to access public transportation to doctor's appointment. Prepared timesheets and check request. Maintained personnel files. Scheduled business travel and appointments. Assisted Program Director in personnel supervision and assisted extensively in grant writing and fund-raising.

3/92 - 3/93

Outreach Coordinator - Coordinator of the Outreach Program that encountered clients in their natural environment to inform them of resources, available services and assists in obtaining services. Target persons not accessing services. Assisted Program Director in Personnel supervision and assisted extensively in grant writing and fund-raising.

1/90 - 3/92

Secretary - Answer phone, fax items, and type correspondence such as memorandums and monthly reports. Scheduled business travel and appointments. Prepared timesheets and assisted Program Director extensively in grant writing and fund-raising. Nominated for employee of the year 1991.

6/85 - 1/90	Eckerd Drug Pharmacy 4100 Fairmont Pkwy, Pasadena, Texas 77503
	Drug Clerk - Assisted the Pharmacist by calling the doctors office for patient refills, also typed prescription labels. Ordered and stocked prescriptions and over the counter drugs. Acquired the skills to work on a Honeywell computer. Work with customers and handle the register.

SKILLS:

Microsoft Programs; Word, Excel, Power Point, and MS Outlook
Typing 60 - 70 w.p.m, Fax, Xerox,
Speak some Spanish
Good organization skills, fast learner, good problem solver and self starter
Work well with other and without supervision.

TRAINING:

Microsoft Office 2010
Multiple HIV/AIDS Training and Seminars,
Medicaid Training
CMBHS Training
Medical Coding and Billing "Boot Camp"
CMHBHS Webinar Training

ACCOMPLISHMENT

Community Involvement: Assisted in organizing the first "Walk with Grace"/Save Our Children Walkathon with Houston City Councilwoman Gracie Saenz, Bill Balleza Golf Tournament, Tamale Festival, and many other fundraiser.

Welcome Packet

EMPOWERING LEARNERS.
INSPIRING LEADERS.

CLIENT BILL OF RIGHTS

All clients of AAMA have the following rights:

a) The facility shall respect, protect, implement and enforce each client right required to be contained in the facility's Client Bill of Rights. The Client Bill of Rights for all facilities shall include:

(1) You have the right to accept or refuse treatment after receiving this explanation.
(2) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
(3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
(4) You have the right to be free from abuse, neglect, and exploitation.
(5) You have the right to be treated with dignity and respect.
(6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
(7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
(8) You have the right to be told before admission:
(A) The condition to be treated;
(B) The proposed treatment;
(C) The risks, benefits, and side effects of all proposed treatment and medication;
(D) The probable health and mental health consequences of refusing treatment;
(E) Other treatments that are available and which ones, if any, might be appropriate for you; and
(F) The expected length of stay.
(9) You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
(10) You have the right to meet with staff to review and update the plan on a regular basis.
(11) You have the right to refuse to take part in research without affecting your regular care.
(12) You have the right not to receive unnecessary or excessive medication.
(13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
(14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
(15) You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
(16) You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
(17) You have the right to complain directly to the Health and Human Service Commission at any reasonable time.
(18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Health and Human Service Commission
(19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

_____ _____
Client's Signature Date:

_____ _____
Parent, Guardian or Legal Consenter Signature: Date:

_____ _____
AAMA Staff Date:

Revised 09/17

AAMA

EMPOWERING LEARNERS.
INSPIRING LEADERS.

CLIENT BILL OF RIGHTS

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(1) You have the right to accept or refuse treatment after receiving this explanation.
(2) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
(3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
(4) You have the right to be free from abuse, neglect, and exploitation.
(5) You have the right to be treated with dignity and respect.
(6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
(7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
(8) You have the right to be told before admission:
(A) The condition to be treated;
(B) The proposed treatment;
(C) The risks, benefits, and side effects of all proposed treatment and medication;
(D) The probable health and mental health consequences of refusing treatment;
(E) Other treatments that are available and which ones, if any, might be appropriate for you; and
(F) The expected length of stay.
(9) You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
(10) You have the right to meet with staff to review and update the plan on a regular basis.
(11) You have the right to refuse to take part in research without affecting your regular care.
(12) You have the right not to receive unnecessary or excessive medication.
(13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
(14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
(15) You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
(16) You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.

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(17) You have the right to complain directly to the Health and Human Service Commission at any reasonable time.
(18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Health and Human Service Commission
(19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

(b) For residential sites, the Client Bill of Rights shall all include:
(1) You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
(2) You have the right to communicate with people outside the facility. This includes the right to have visitors, make phone calls, and to send and receive sealed mail. This right may be restricted on an individual basis by your physician or the person in charge of the program if it is necessary for your treatment or for security, but even than you may contact an attorney of the Health and Human Service Commission at any reasonable time.
(3) If you consented to treatment, you have the right to leave the facility within four hours of requesting release unless a physician determines that you pose a threat of harm to yourself or others
(c) If a client's right to free communication is restricted under the provision of paragraph (b)(2) of this section of this section, the physician or program director shall document the clinical reasons for the restriction and the duration of the restriction in the client record. The physician or program director shall also inform the client, and, if appropriate, the client's consenter of the clinical reasons for the restriction and the duration of the restriction.

_____ _____
Client's Signature Date:

_____ _____
Parent, Guardian or Legal Consenter Signature: Date:

_____ _____
AAMA Staff Date:

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Client Grievance Procedure

You can:

(1) File a grievance about any violation of client rights or Health and Human Service Commission (HHSC) rules;
(2) Submit a grievance in writing and get help writing it if you are unable to read or write and;
(3) Request writing materials, postage, and access to a telephone for the purpose of filing a grievance

You can submit a complaint directly to the Commission at any time. The address and phone numbers are:

Health and Human Service Commission
Department of Investigations
8407 Wall St
Austin, Texas 78754
800-832-9623

If we receive a compliant from a client, visitor, or family member, when possible, it is resolved.
You can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment or services.

You are given the opportunity to have input into the resolution of conflicts or complaints. You are allowed to meet with management staff of AAMA Programs. Either talk with your Program Manager or call the Administrative Office to speak with:

Latranda Thurmond -Quality Assurance Manager
(713) 926-9491 X 3103

You can appeal a decision made by AAMA Programs by directly bringing the grievance to HHSC.
In responding to a submitted client grievance, AAMA staff will adhere to the following procedures:

a. Evaluate the grievance thoroughly and objectively, obtaining additional information as needed.
b. Provide a written response to the client within three (3) calendar days of receiving the grievance.
c. Take action to resolve all grievances promptly and fairly.
d. Document all grievances, including the final disposition, and keep the documentation in a central file.

AAMA staff will not:

a. Discourage, intimidate, harass, or seek retribution against clients who try to exercise their rights or file a grievance; or
b. Restrict, discourage, or interfere with client communication with an attorney or with HHSC for the purpose of filing a grievance.

_____ _____
Client Signature: Date:

_____ _____
Parent, Guardian or Legal Consenter Signature: Date:

_____ _____
AAMA Staff: Date:

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NOTICE OF PRIVACY PRACTICES

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

AAMA PROGRAMS is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment
We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

Payment
We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Workers' Compensation
We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies
We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health
As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings.
We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.
We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

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Deceased Persons.
We may disclose your health information to coroners or medical examiners.

Research.
We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.
It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.
We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership.
In the event that AAMA is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that AAMA is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that AAMA amend your protected health information. Please be advised, however, that AAMA is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by ADAPT.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

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Changes to this Notice of Privacy Practices

AAMAPROGRAMS reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, AAMA is required by law to comply with this Notice.

AAMAPROGRAMS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact the Program Director. If the Program Director is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how AAMAPROGRAMS has handled your health information should be directed to the Program Director. If the Program Director is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of **09/01/2008**

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide AAMAPROGRAMS with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

_____
Patient Name (print)

_____ _____
Patient/Guardian Signature Date

_____ _____
Authorized Facility Signature Date

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CONSENT FOR FOLLOW UP FORM

I _____understand that after (60) days of being discharged from treatment a follow up contact will be initiated. I give my consent to AAMA staff to contact me and/or the persons listed below. Contact is made for the purpose of determining the Long-term effects of the residential treatment services.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Clients Signature: _____ Date: _____

Guardian/ Legal Consenter: _____ Date: _____

Counselor Signature: _____ Date: _____

FOLLOW-UP NOTES	
UNSUCCESSFUL ATTEMPTS DOCUMENTATION	**STAFF SIGNATURE**
FIRST ATTEMPT	
Date & Time of Follow-up:	
Person Answering Phone:	
Note:	
Telephone Number Called:	
SECOND ATTEMPT	
Date & Time of Follow-up:	
Person Answering Phone	
Note:	
Telephone Number Called:	
THIRD ATTEMPT	
Date & Time of Follow-up:	
Person Answering Phone:	
Note:	
Telephone Number Called	

Comments: _____

_____

_____

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Media Release

I, _____ specifically authorize the following:

The use and recordation on still photographic, motion picture film, videotape, or other medium, my child's or ward's name, voice, likeness, and performance for advertising, trade, and training purposes by AAMA Inc.; and any display, exhibition, sale, rental, cable cast and/or broadcast of the recordation method, whether said exhibition, publication, cable cast, and/or broadcast is under philanthropic, commercial, educational, institutional, and/or private use or sponsorship and irrespective of whether a fee or admission, rental, payment, or other charge is required. In making these authorizations, I hereby waive all rights that I may have for any claims to payments or royalties in connection therewith, and acknowledge that the recognition my child or ward and I receive by virtue of the first such use that may be made thereof shall be full and adequate consideration for this consent and that I am voluntarily self-disclosing without force or coercion.

I also agree that all such videotapes, voice recordings, portraits, pictures, photographs, reproductions thereof, and plates and negatives connected therewith are and shall remain the property of AAMA Inc., unless otherwise noted; and this authorization and release shall be for the benefit of AAMA Inc. and its agents, employees, volunteers, assigns, and distribution parties and is binding on my heirs, executors, and assigns. I hereby release and hold harmless, AAMA Inc., from any reasonable expectation of privacy, confidentiality or personal identification associated with any use and recordation on still photographic, motion picture film, videotape, or other medium.

***By signing below I acknowledge I am voluntarily self-disclosing without force or coercion.**

Client Signature:_____ Date:_____

Guardian/ Legal Consenter: _____ Date: _____

Staff Signature: _____ Date: _____

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CLIENT CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ authorize the staff of AAMA at their discretion and in the event of acute illness, accident, or emergency to seek emergency medical care for me through EMS and/or the nearest medical facility. I understand that neither AAMA nor its staff will be held responsible for payment of my medical bill that may result from any services that are rendered in my behalf.

Physician Name: _____

Address: _____

Phone: _____

To the best of my knowledge the only drugs I am allergic to are: _____

_____

*In the event of any emergency, I wish for the following people to be notified:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: _____

THIS CONSENT WILL EXPIRE ON THE DATE THAT I AM DISCHARGED FROM THE AAMA TREATMENT PROGRAM.

_____ _____
Client Signature Date

_____ _____
Parent, Guardian or Legal Signature Date

_____ _____
Witness Signature Date

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CUENTA DE CLIENTE DE LOS DERECHOS

Todos los clientes de AAMA tienen los siguientes derechos:

a) las instalaciones deberán respetar, proteger, aplicar y cumplir a cada cliente derecho debe figurar en la carta de derechos cliente de la instalación. El cliente declaración de derechos para todas las instalaciones deberán incluir:

(1) usted tiene el derecho de aceptar o rechazar el tratamiento después de recibir esta explicación.
(2) si está de acuerdo al tratamiento o medicamento, usted tiene el derecho a cambiar de opinión en cualquier momento (a menos que específicamente restringido por la ley).
(3) usted tiene el derecho a un ambiente humano que proporciona una protección razonable y privacidad adecuada para sus necesidades personales.
(4) usted tiene el derecho a estar libres de abuso, negligencia y explotación.
(5) usted tiene el derecho a ser tratados con dignidad y respeto.
(6) usted tiene el derecho a un tratamiento apropiado en el entorno menos restrictivo disponible que satisfaga sus necesidades.
(7) usted tiene el derecho que se les diga sobre las reglas y regulaciones del programa antes de que lo internen, incluyendo, sin limitación, las reglas y políticas relacionadas con las restricciones y el aislamiento. Su representante legalmente autorizado, si cualquier, también tiene derecho a ser y se notificará de las normas y políticas relacionadas con las restricciones y aislamiento.
(8) usted tiene el derecho a ser informado antes de la admisión:
(A) la condición a ser tratada;
(B) el tratamiento propuesto;
(C) los riesgos, beneficios y efectos secundarios del tratamiento propuesto todo y medicación;
(D) la probable salud y consecuencias para la salud mental de rehusar tratamiento;
(E) otros tratamientos que están disponibles y que, eventualmente, podrían ser adecuado para usted; y
(F) la duración prevista de la estancia.
(9) usted tiene el derecho a un plan de tratamiento diseñado para satisfacer sus necesidades, y usted tiene el derecho a participar en el desarrollo de ese plan.
(10) usted tiene el derecho a reunirse con el personal para revisar y actualizar el plan periódicamente.
(11) usted tiene el derecho a negarse a participar en la investigación sin afectar su cuidado regular.
(12) tiene el derecho a no recibir un medicamento innecesario o excesivo.
(13) usted tiene el derecho a tener información de que mantienen en privado y que les digan los tiempos cuando la información puede ser lanzada sin su permiso.
(14) usted tiene el derecho a decirse antes de todo calcula cargas y limitaciones sobre la duración de los servicios que el centro es consciente.
(15) usted tiene derecho a recibir una explicación de sus derechos o su tratamiento si usted tiene preguntas mientras esté en tratamiento.
(16) usted tiene el derecho a reclamar y recibir una respuesta justa de la instalación dentro de un período razonable de tiempo.
(17) usted tiene el derecho a reclamar directamente a la Comisión de salud y humanos servicio en cualquier momento razonable.
(18) usted tiene el derecho a obtener una copia de estos derechos antes de que lo internen, incluyendo el dirección y número de teléfono de la Comisión de servicios humanos y salud
(19) usted tiene el derecho a tener sus derechos explicados en términos simples, de forma que entiendan, dentro de 24 horas de admisión.

_____ _____

Fecha de firma del cliente: Fecha:

_____ _____

Padre, tutor o Legal Consenter firma: Fecha:

_____ _____

AAMA personal Fecha:

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Procedimiento de quejas del cliente

Puedes:

(1) Archivo de una queja sobre cualquier violación de los derechos del cliente o las normas de salud y Comisión de servicios humanos (HHSC);
(2) Presentar una queja por escrito y obtener ayuda para escribir si usted es incapaz de leer o escribir y;
(3) Solicitar materiales para escribir, franqueo y acceso a un teléfono con el fin de presentar una queja

Usted puede presentar una queja directamente a la Comisión en cualquier momento. Los dirección y números de teléfono son:

Comisión de salud y servicios humanos
Departamento de investigaciones
8407 wall Street
Austin, Texas 78754
800-832-9623

Si recibimos un cumple de un cliente, visitante o miembro de la familia, cuando sea posible, se resuelve.
Puede libremente expresar quejas y recomendar cambios sin estar sujeto a coerción, discriminación, represalias o interrupción excesiva de atención, tratamiento o servicios.

Le dan la oportunidad de tener injerencia en la resolución de conflictos o reclamaciones. Se le permite reunirse con personal de la administración de programas de la AAMA. Hable con su Gerente de programa o llame a la oficina administrativa para hablar con:

Latranda Thurmond-Gerente de aseguramiento de calidad
(713) 926-9491 X 3103

Puede apelar una decisión tomada por la AAMA programas incorporando directamente la queja a la HHSC.
En respuesta a una queja del cliente presentada, personal de la AAMA se adhiere a los siguientes procedimientos:

a. Evaluar la queja a fondo y objetivamente, obteniendo información adicional según sea necesario.
b. Proporcionar una respuesta por escrito al cliente dentro de 3 tres días de la recepción de la queja.
c. Tomar medidas para resolver los agravios prontamente y bastante.
d. Documentar quejas todos, incluyendo la disposición final y conservar la documentación en un archivo central.

Personal de la AAMA no será:

a. Desalentar, intimidar, hostigar o buscar represalias contra quienes intentan ejercer sus derechos o presentar una queja; o
b. Restringir, desalentar o interferir en la comunicación con el cliente con un abogado o con HHSC con el fin de presentar una queja.

_____ _____
Firma del cliente: fecha:

_____ _____
Padre, tutor o Legal Consenter firma: fecha:

_____ _____
Personal de la AAMA: fecha:

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AVISO DE PRÁCTICAS DE PRIVACIDAD

ESTE AVISO DESCRIBE CÓMO SU INFORMACIÓN MÉDICA PUEDE UTILIZARSE Y DIVULGARSE Y CÓMO PUEDE OBTENER ACCESO A ESTA INFORMACIÓN. POR FAVOR LÉALA CUIDADOSAMENTE.

Programas de AAMA se requiere, por ley, para mantener la privacidad y confidencialidad de su información protegida de salud y para ofrecer a nuestros pacientes con aviso de nuestros deberes legales y prácticas de privacidad con respecto a su información protegida de salud.

Divulgación de su información de salud

Tratamiento
Podemos divulgar su información de salud a otros profesionales de la salud dentro de nuestra práctica con el propósito de tratamiento, pago u operaciones de cuidado de la salud.

Pago
Podemos divulgar su información médica con su proveedor de seguros con el fin de las operaciones de pago o atención médica.

Compensación de trabajadores
Podemos divulgar su información médica según sea necesario para cumplir con las leyes de compensación de trabajadores del estado.

Situaciones de emergencia
Podemos divulgar su información médica para notificar o ayudar a notificar a un familiar u otra persona responsable de su cuidado sobre su condición médica o en caso de emergencia o de su muerte.

Salud pública
Como es requerido por la ley, podemos divulgar su información médica a autoridades de salud pública para fines relacionados con: prevenir o controlar enfermedades, lesiones o incapacidades, informar abuso o negligencia, reportes de violencia doméstica, a los alimentos y Problemas con productos y reacciones a medicamentos y exposición reporte de enfermedad o infección con la administración de la droga.

Procedimientos judiciales y administrativos.
Podemos divulgar su información de salud en el curso de cualquier procedimiento administrativo o judicial.

Aplicación de la ley.
Podemos divulgar su información médica a un oficial de la ley para identificar o localizar a un sospechoso, fugitivo, material testigo desaparecido, cumpliendo con una orden judicial o citación y otros fines de aplicación de la ley.

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Personas fallecidas.
Podemos divulgar su información médica a médicos forenses o médicos forenses.

Investigación.
Podemos divulgar su información médica a los investigadores llevar a cabo investigaciones que ha sido aprobado por una Junta de revisión institucional.

Seguridad pública.
Puede ser necesario revelar su información de salud a las personas apropiadas para evitar o disminuir una amenaza grave e inminente para la salud o seguridad de una persona en particular o para el público en general.

Organismos especializados de gobierno.
Podemos divulgar su información médica para propósitos de beneficios militares, nacionales seguridad, preso y gobierno.

Cambio de propiedad.
En caso de que AAMA se vende o se fusiona con otra organización, su información de salud/registro pasará a ser propiedad del nuevo dueño.

Sus derechos de información de salud

- Usted tiene el derecho a solicitar restricciones sobre ciertos usos y divulgaciones de su información médica. Tenga en cuenta, sin embargo, que la AAMA no es necesario que de acuerdo a la restricción que usted pidió.

- Usted tiene el derecho a tener su información de salud recibidos o comunicada a través de un método alternativo o enviados a una ubicación alternativa que no sea el método usual de comunicación o entrega, por su requerimiento.

- Usted tiene el derecho a inspeccionar y copiar su información de salud.

- Tienes derecho a solicitar que AAMA enmendemos su información de salud protegida. Tenga en cuenta, sin embargo, que no es necesario AAMA a enmendar su información médica protegida. Si ha sido denegada su petición para enmendar su información médica, se proporcionará con una explicación de los motivos de denegación e información acerca de cómo puede no está de acuerdo con la negación.

- Tienes derecho a recibir una contabilidad de divulgaciones de su información de salud protegida por ADAPT.

- Tienes derecho a una copia de este aviso de prácticas de privacidad en cualquier momento bajo petición.

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Cambios a este aviso de prácticas de privacidad
AAMAPROGRAMS se reserva el derecho de modificar este aviso de prácticas de privacidad en cualquier momento en el futuro y hará que las nuevas disposiciones efectivas para toda la información que mantiene. Hasta que se realice tal modificación, AAMA es necesaria por ley para cumplir con este aviso.

AAMAPROGRAMS es requerido por ley a mantener la privacidad de su información de salud y proporcionarle aviso de sus obligaciones legales y prácticas de privacidad con respecto a su información de salud. Si usted tiene preguntas sobre cualquier parte de este aviso o si desea más información sobre sus derechos de privacidad, póngase en contacto con el Director del programa. Si el Director del programa no está disponible, usted puede hacer una cita para una conferencia personal en persona o por teléfono dentro de 2 días hábiles.

Quejas
Quejas sobre sus derechos de privacidad o cómo AAMAPROGRAMS ha manejado su información de salud deben orientarse a la directora del programa. Si el Director del programa no está disponible, usted puede hacer una cita para una conferencia personal en persona o por teléfono dentro de 2 días hábiles.

Si usted no está satisfecho con la manera en que esta oficina maneja su queja, puede presentar una queja formal ante:

DHHS, oficina de derechos civiles
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Este aviso es efectivo a partir del **01/09/2008**

He leído el aviso de privacidad y entender mis derechos contenidos en el aviso.

A través de mi firma, dar AAMAPROGRAMS con mi autorización y consentimiento para usar y revelada mi información de salud protegida a los efectos de las operaciones de tratamiento, pago y cuidado de la salud como se describe en el aviso de privacidad.

_____
Nombre del paciente (impresión)

_____ _____
Firma del paciente/Tutor Fecha

_____ _____
Firma de autorizado Fecha

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CONSENTIMIENTO PARA SEGUIMIENTO DE FORMA

Entender que después de (60) días de ser dado de alta del tratamiento se iniciará un contacto de seguimiento. Doy mi consentimiento al personal de la AAMA en contacto con me y las personas que se enumeran a continuación. Contacto se hace con el fin de determinar los efectos a largo plazo de los servicios de tratamiento residencial.

Nombre: # de teléfono: _____

Nombre: # de teléfono: _____

Firma de clientes: fecha: _____

Tutor Legal / Consenter: fecha: _____

Firma del Consejero: fecha: _____

NOTAS DE SEGUIMIENTO	
DOCUMENTACIÓN DE INTENTOS FALLIDOS	**PERSONAL FIRMA**
PRIMER INTENTO DE	
Fecha y hora de seguimiento:	
Persona contestar teléfono:	
Nota:	
Número de teléfono llamado:	
SEGUNDO INTENTO	
Fecha y hora de seguimiento:	
Persona contestar teléfono	
Nota:	
Número de teléfono llamado:	
TERCER INTENTO	
Fecha y hora de seguimiento:	
Persona contestar teléfono:	
Nota:	
Número de teléfono llamada	

Comentario: _____

_____

_____

_____

_____

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Comunicado de prensa

Yo, _____ autoriza expresamente a lo siguiente:

El uso y registro en todavía fotográfico, película, video, u otro medio, mi hijo o pupilo nombre, voz, semejanza y rendimiento para publicidad, comercio y formación de AAMA Inc.; y cualquier exhibición, exposición, venta, alquiler, reparto de cable y difusión del método de registro, si dice exposición, publicación, cable fundido, o transmitido bajo uso filantrópico, comercial, educativo, institucional o privado o patrocinio e independientemente de si se requiere un honorario o admisión, alquiler, pago u otro cargo. En la fabricación de estas autorizaciones, por la presente renuncia todos los derechos que tengo puedo de cualquier reclamo a los pagos o regalías en conexión con la misma y reconocer que el reconocimiento de mi hijo o pupilo y recibir en virtud de la primera tal uso que pueda hacerse de la misma será f ULL y adecuada consideración este consentimiento y que estoy voluntariamente auto reveladora sin fuerza o la coerción.

También estoy de acuerdo que todos esos videos, grabaciones de voz, retratos, cuadros, fotografías, reproducciones y placas y negativos conectados con ellos son y seguirán siendo propiedad de AAMA Inc., a menos que se indique lo contrario; y esta autorización y liberación serán en beneficio de la AAMA Inc. y sus agentes, empleados, voluntarios, asigna y distribución de partes y es vinculante para mis herederos, ejecutores y asignan. Desligo y exención, AAMA Inc., de cualquier expectativa razonable de privacidad, confidencialidad o identificación personal asociada a cualquier uso y registro en todavía fotografía, película, video o cualquier otro medio.

*** Al firmar a continuación reconozco que soy voluntariamente auto reveladora sin fuerza o la coerción.**

Firma del cliente: _____ Fecha: _____

Tutor Legal / Consenter: _____ Fecha: _____

Firma del personal: _____ Fecha: _____

Revised 09/17

EMPOWERING LEARNERS.
INSPIRING LEADERS.

CONSENTIMIENTO DEL CLIENTE PARA EL TRATAMIENTO MÉDICO DE EMERGENCIA

Me , autorizar el personal de AAMA a su discreción y en caso de enfermedad aguda, accidente o emergencia a buscar atención médica de emergencia para mí a través de EMS o centro médico más cercano. Entiendo que AAMA ni su personal responderá por el pago de mi factura médica que puede resultar de cualquiera de los servicios que se prestan en mi nombre.

Nombre del médico: _____

Dirección: _____

Teléfono: _____

A lo mejor de mi conocimiento los medicamentos solamente a que soy alérgico

son: _____

_____

* En caso de cualquier emergencia, deseo para que las siguientes personas a notificar:

Nombre: relación: _____

Dirección: ciudad, estado, código postal: _____

Teléfono: _____

ESTA AUTORIZACIÓN CADUCARÁ EN LA FECHA QUE ESTOY DADO DE ALTA DESDE EL PROGRAMA DE TRATAMIENTO DE LA AAMA.

_____ _____

Firma del cliente Fecha

_____ _____

Padre, tutor o Legal firma Fecha

_____ _____

Firma del testigo Fecha

Revised 9/17

EMPOWERING LEARNERS.
INSPIRING LEADERS.

Consentimiento para tratamiento

Al firmar este formulario, usted afirma que ha recibido la siguiente información en términos simples, no técnicas.

(1) la condición específica que se tratará;
(2) el curso recomendado del tratamiento;
(3) los beneficios esperados del tratamiento;
(4) la probable salud y consecuencias para la salud mental de no consentidas;
(5) los efectos secundarios y riesgos asociados con el tratamiento;
(6) cualquier generalmente aceptado alternativas y si una alternativa podría ser adecuada;
(7) las calificaciones del personal que brindará el tratamiento;
(8) el nombre de la consejera primaria;
(9) el procedimiento de quejas del cliente;
(10) la carta de derechos de cliente como se especifica en §448.701 de este título;
(11) las reglas del programa, incluidas las normas sobre visitas, llamadas telefónicas, mensajes y regalos, según corresponda;
(12) las violaciones que pueden conducir a una acción disciplinaria o descarga;
(13) las consecuencias o búsquedas utilizados para hacer cumplir las reglas del programa;
(14) cargos diarios estimados, incluyendo una explicación de los servicios que pueden facturarse por separado a un tercero o al cliente, basado en una evaluación de los recursos financieros del cliente y beneficios del seguro;
(15) AAMA servicios del programa y proceso de tratamiento; y
(16) oportunidades para la familia a participar en el tratamiento.

- entiendo que estoy siendo tratado por: _____

- Personal de AAMA te recomienda participar en CD tratamiento durante un mínimo de ___ meses.

- Será su consejero primario: ___ de ___ de credenciales____

Al firmar este formulario estoy consintiendo a sustancia utilizar el tratamiento del trastorno. Entiendo la condición específica a tratar y el nivel de atención a ser recibidos; los servicios de programas y el proceso de tratamiento; los beneficios esperados de la alternativas de tratamiento; la probable salud y consecuencias para la salud mental de no consentir; efectos secundarios y riesgos asociaron con tratamiento y generalmente aceptado. He estado provando con la carga diaria estimada, incluyendo una explicación de los servicios que puede facturarse por separado; las cualificaciones del personal que brindará el tratamiento; el nombre de la Consejera de primaria; expectativas de participación cliente.

Firma del cliente: _____ Fecha: _____

Tutor / Legal Consenter: _____ Fecha: _____

Personal
firma:_____ Fecha:_____

Revised 09/17

Intake

Client

CMBHS
Clinical Management for Behavioral Health Services

Admission Information

Admission Date	mm/dd/yyyy
Admission Time	hh:mm ○AM ○PM
Contract Type	
Assessment	
Admission Axis I Primary Diagnosis	
Admission and Diagnosis Justification	
Admission Performed By	
Admission Document Status	

Discharge Information

Discharge Date	mm/dd/yyyy
Discharge Time	hh:mm ○ AM ○ PM
Discharge Reason	
Discharge Performed By	
Discharge Document Status	
Comments	

Client

CMBHS
Clinical Management for Behavioral Health Services

Screening SCR014

Intake

Presenting Problem

Public Health Risks

To your knowledge have you had any unsafe exposure to anyone that might have HIV infections in the last six months? ○Yes ○No

To your knowledge have you been exposed to anyone that may had have Tuberculosis in the three months? ○Yes ○No

To your knowledge have you had any unsafe exposure to anyone that might have Hepatitis in the last month? ○Yes ○No

To your knowledge have you had any unsafe exposure to anyone that might have sexually transmitted diseases in the last three months? ○Yes ○No

Screening Method

Interview

Setting

Referred By

Screening Date mm/dd/yyyy

Mental Health Questions

1 Have you ever: ○Yes ○No

a) Been depressed for weeks at a time?

b) Lost interest or pleasure in most activities?

c) Had trouble concentrating and making decisions?

d) Felt like "giving up" because you feel things are not going to get better?

2 Have you ever had a period of time: ○Yes ○No

a) When you were so full of energy and your ideas came very rapidly?

b) When you talked nearly non-stop?

c) When you moved quickly from one activity to another?

d) When you needed little sleep?

e) Believed you could do almost anything?

3 Have you ever heard voices no one else could hear or seen objects or things which others could not see? ○Yes ○No

4 Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? ○Yes ○No

5 Have you been experiencing any unusual things that other people might not understand or that might be hard to explain to other people? ○Yes ○No

6 Have you :

a) Thought of harming yourself or killing yourself in the last month? ○Yes ○No

b) Ever thought of harming yourself or killing yourself? ○Yes ○No

c) Ever attempted to harm or kill yourself? ○Yes ○No

d) Have you ever had intense violent feelings about hurting another person? ○Yes ○No

e) If yes to any above, when?

Mental Health Urgency

○Emergent ○Urgent ○Routine

Substance Abuse Questions

1. Have you used Alcohol or Drugs in the last 30 days? ○Yes ○No

2. If Yes, What Substance? [ ]

3. In the last 30 days have you been released from a secured environment such as residential substance use disorder treatment program, jail, or prison? ○Yes ○No

3a. If yes, in the year before you entered the controlled environment did you use opioids? ○Yes ○No

4. Are you currently or have you ever been prescribed Vivitrol (naltrexone) methadone, or buprenorphine for your use of opioids? ○Yes ○No

4a. If yes, have you recently stopped prescription use of Vivitrol (naltrexone), methadone, or buprenorphine (Suboxone, Subutex)? ○Yes ○No

5. Have you used opioids intravenously? ○Yes ○No

6. Have you experienced a non-fatal overdose? ○Yes ○No

6a. If yes, have you ever been administered naloxone or Narcan? ○Yes ○No

7. Do you and/or your friends/family have access to naloxone or Narcan to reverse an overdose? ○Yes ○No

8. Do you use a drug with a needle? ○Yes ○No

9. Are you a veteran with an honorable discharge? ○Yes ○No

10. Do you have children in foster care? ○Yes ○No

Have you given birth in the past 18 months? ○Yes ○No

If yes, have you used opioids in the past 3 years? ○Yes ○No

Are you Pregnant? ○Yes ○No ○**Unknown**

During the past 12 months

11 Have you gotten sick or had withdrawal if you quit drinking or missed taking a drug? ○Yes ○No

12 Have you used larger amounts of alcohol or drugs or used them for a longer time than you had intended? ○Yes ○No

13 Have you tried to cut down on alcohol or drugs and were unable to do it? ○Yes ○No

14 Have you spent a lot of time getting alcohol or drugs, using them, or recovering from their use? ○Yes ○No

15 Have you gotten so high or sick from alcohol or drugs that it:

a) Kept you from doing work, going to school, or caring for children? ○Yes ○No

b) Caused an accident or became a danger to you or others? ○Yes ○No

c) Caused physical health or medical problems? ○Yes ○No

16 Have you spent less time at work, school, or with friends so that you could drink or use drugs? ○Yes ○No

---

17 Has your use of alcohol or drugs caused

a) Emotional or psychological problems? ○Yes ○No

b) Problems with family, friends, work, or police? ○Yes ○No

18 Have you increased the amount of alcohol or drugs you were taking so that you could get the same effect as before? ○Yes ○No

19 Have you continued drinking or taking a drug to avoid withdrawal or to keep from getting sick? ○Yes ○No

Risk of Harm

20 Do you often feel like "giving up" because you feel things are not going to get better? ○Yes ○No

21 In the past month have you thought of harming yourself or killing yourself?

22 Have you ever attempted to harm or kill yourself? ○Yes ○No

Recommendations

Preliminary Diagnosis

Priority Population

Public Health Risk

Recommendation

Justification

General Information

Performed by

Document Status

Document Status Date

Comments

Help Desk: 1-866-806-7806

Client:

CMBHS
Clinical Management of Behavioral Health Services

Substance Use Assessment AST022

Assessment Information

Assessment Number
Assessment Date *
Assessment Type *
Contact Type *
Assessment Site *
Referred By *

Comments

Client Issue

Presenting Problem *

In the Past 30 days *

	What Substances you have been using?	Route of Administration	Frequency of Use	Age of first use?
Primary				
Secondary				
Tertiary				

What substances do you seek? *

How many days have you used? *

How many days have you not used? *

Comments

Literacy, Language or Auditory challenges? * ◯ Yes ◯ No

Comments

Other Current Service Providers

Provider Type	Provider Name	Phone	Ext

Comments

Staff Info

Interviewer

Primary Counselor

Comments

General Education Information

What is the highest grade in school you completed? *

If you didn't finish school, why did you leave?

In what grade OR at what age did you start using alcohol or drugs? * Grade Age

Did you start using alcohol or drugs after problems in school began? * ◯ Yes ◯ No

Did you ever need extra help in school? * ◯ Yes ◯ No If Yes, select ◯ English as a Second Language ◯ Special Education ◯ Speech Therapy ◯ Mobility Aid ◯ Behavioral Health Services ◯ Alternative School

What area of school caused you the most problems? * ◯ Math ◯ Language ◯ Arts ◯ Physical Education

What is the longest time the client has held a fulltime job? * ◯ 30 days ◯ 180 days ◯ 1 year ◯ 2-4 years ◯ 5+ years

Have you ever received income from SSI? * ◯ Yes ◯ No ◯ Unknown

Have you gotten so high or sick from alcohol or drugs that it kept you from fulfilling work or school obligations? * ◯ Yes ◯ No

Have you spent less time at work or school so that you could drink or use drugs? * ◯ Yes ◯ No

In the last 12 months have you been bullied? * ◯ Yes ◯ No

Are you currently in school? * ◯ Yes ◯ No ◯ N/A

Would you like assistance with your educational status? * ◯ Yes ◯ No

Would you like assistance with obtaining a GED? * ◯ Yes ◯ No

Comments

Employment

Are you currently employed * ◯ Yes ◯ No

What is your employment status? *

Reason for not in Labor force? *

Would you like assistance with your employment status? * ◯ Yes ◯ No

What is your primary source of income? *

When you work, type of work do you do?

Have you ever engaged in illegal activities for profit? ◯ Yes ◯ No

If Yes Please explain

Have you ever served in the military?	* ◯ Yes	◯ No	◯ N/A	
Are you currently active duty in the United States military?	* ◯ Yes	◯ No	◯ N/A	
Did you serve in the National Guard, Reserves, Coast Guard or any of the Active Duty Services?	◯ Yes	◯ No		
If you served in the military what was the discharge status on your Defense Department Form 214?	◯ Medical	◯ Honorable	◯ Other than Honorable	◯ Unknown
Would you like assistance with your Veterans Affairs Services?	◯ Yes	◯ No		

Comments

Family Social Tab Family History

Were you raised by someone other than your biological/birth parents? * ◯ Yes ◯ No

How many living situations (different primary caregiver) did you have while you were growing up? *

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? * ◯ Yes ◯ No

Did a parent or other adult in the household often:

Swear at you, insult you, put you down or humiliate you? OR
Act in a way that made you afraid that you might by physically hurt? * ◯ Yes ◯ No

Push, grab, slap, or throw something at you? OR
Ever hit you so hard that you had marks or were injured? * ◯ Yes ◯ No

Did an adult or person at least 5 years older than you ever:
Touch or fondle you or have you touch their body in a sexual way? OR
Attempt or actually have oral, anal or vaginal intercourse with you? * ◯ Yes ◯ No

Did you often feel that:

No one in your family loved you or thought you were important or special? OR
Your family didn't look out for each other, feel close to each other, or support each other? * ◯ Yes ◯ No

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? * ◯ Yes ◯ No

Were your parents ever separated or divorced? * ◯ Yes ◯ No

Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her? OR
Sometimes, often kicked, bitten, hit with a fist, or hit with something hard? OR
Ever repeatedly hit at least a few minutes or threatened with a gun or knife? * ◯ Yes ◯ No

Comments

Maternal Alcohol Use

To your knowledge, did your mother ever drink alcohol that caused problems for her or others around her? * ◯ Yes ◯ No ◯ Unknown

Did your mother drink alcohol when you were young? * ◯ Yes ◯ No ◯ Unknown

Did your mother drink alcohol while she was pregnant with you? * ◯ Yes ◯ No ◯ Unknown

Has anyone ever said anything to you about your mother's drinking during her pregnancy with you? * ◯ Yes ◯ No ◯ Unknown

Comments

Living Situation

As an adult, have you ever lived on your own? * ◯ Yes ◯ No ◯ NA

How long have you lived on your own at any one time? * ◯ NA ◯ 3 months ◯ 6 months ◯ 1 Year ◯ 2 Years ◯ 3 Years ◯ 5 Years ◯ Over 5 Years

Have you ever

Been homeless? ◯ Yes ◯ No

Been without any family, friends, or caretakers? ◯ Yes ◯ No

Had state protective services involved with your family?

As a child? ◯ Yes ◯ No

Since being an adult? ◯ Yes ◯ No

Had a history of Intimate Partner Violence? ◯ Yes ◯ No

Been bullied at home? ◯ Yes ◯ No

Comments

Current Trauma

Do you currently feel safe where you live? * ◯ Yes ◯ No

Do you currently feel safe with the people in your life? * ◯ Yes ◯ No

Comments

Current Social Status

What is your living situation? * ◯ Dependent ◯ Independent ◯ Homeless

If Dependent ◯ Dependent Family Home ◯ Support Housing ◯ Assisted Living ◯ Nursing Home ◯ Hospital ◯ Correctional facility ◯ Other

In the last 30 days have you been released from a secured environment such as residential substance use disorder treatment program, jail, or prison?

◯ Yes ◯ No

If yes, in the year before you entered the controlled environment did you use opioids?

◯ Yes ◯ No

Marital status

◯ Divorced ◯ Never Married ◯ Now married
◯ Separated ◯ Widowed

How many children do you have under the age of 18?

No	Child Name	Age	Gender	Legal Custody
1				
2				
3				
4				

List your Children

Are you currently working on Reunification?

◯ Yes ◯ No

Would you like assistance with Reunification?

◯ Yes ◯ No

Have you gotten so high or sick from alcohol or drugs that it kept you from fulfilling your family obligations?

* ◯ Yes ◯ No

Have you spent less time with your support system so that you could drink or use drugs?

* ◯ Yes ◯ No

Have you spent a lot of time getting alcohol or drugs, using them or recovering from their use?

* ◯ Yes ◯ No

Has your use of alcohol or drugs caused problems with your support system?

* ◯ Yes ◯ No

* In the past 30 days, how many times have you attended self-help groups? (e.g. AA, NA etc.)

◯ No attendance in the past month ◯ 1-3 times in the past month ◯ 4-7 times in the past month
◯ 8-15 times in the past month ◯ 16-30 times in the past month ◯ Some attendance in the past month, but frequency unknown
◯ No attendance in the past month ◯ 1-3 times in the past month ◯ 4-7 times in the past month

* In the past 30 days, how many times have you attended community support group?

◯ 8-15 times in the past month ◯ 16-30 times in the past month ◯ Some attendance in the past month, but frequency unknown

Do you do anything for fun?

◯ Yes ◯ No If Yes Please explain

Does anything stop you from doing above?

◯ Physical Limitations ◯ Transportation ◯ Education/Employment
◯ Family ◯ Finances ◯ Substance Use

Do you have any spiritual practices? ◯ Yes ◯ No If Yes Please explain

How many people do you trust? ◯ 0-2 ◯ 3-5 ◯ 5+

How many people do you rely upon? ◯ 0-2 ◯ 3-5 ◯ 5+

Do any of your close friends or family use alcohol or other drugs? ◯ Yes ◯ No

Do you and/or your friends/family have access to naloxone or Narcan to reverse an overdose? ◯ Yes ◯ No

In the Past 12 months have you:

- ☐ Changed your friends
- ☐ Changed the type of clothing (gang colors, and symbols, gang type clothing)
- ☐ Experienced school problems (truancy, lost interest, suspended, detention)
- ☐ Distanced yourself from your support system
- ☐ Been involved in criminal justice system

Do you need any help with the following?

- ☐ Family Support
- ☐ Social Welfare Programs
- ☐ Food Assistance
- ☐ Housing Environment, Paying for Housing
- ☐ Sober Living Environment
- ☐ Transportation Assistance
- ☐ Community Support
- ☐ Sober Activity
- ☐ Children Services and Needs
- ☐ Financial Assistance Programs
- ☐ Recovery Coach
- ☐ Child Welfare System
- ☐ Support Group

Comments

Historical Information

When you were growing up, did any of your household members go to prison? * ◯ Yes ◯ No

If Yes, whom: ◯ Mother ◯ Father ◯ Stepparent ◯ Sibling ◯ Grand parent ◯ In Home Relative ◯ Non-Relative In Home ◯ Foster Parent

Were you ever in trouble with the law? * ◯ Yes ◯ No

Were you ever arrested? * ◯ Yes ◯ No

Past Legal Status? * ◯ Past Probation ◯ Past Parole ◯ Past Incarceration

Comments

Current Information

* What is your current legal status? ◯ NA ◯ Jail or Prison ◯ Probation ◯ Parole ◯ Diversion Program ◯ Awaiting Trial ◯ Awaiting Sentencing ◯ NA

In the past 30 days, how many times have you been arrested? *

Would you like assistance with your legal status? ◯ Yes ◯ No

Who is your point of contact for Legal issues?

Comments

Physical Health Tab

In the past 12 months

Do you have a history of medical conditions or medical problems in the past 12 months?	◯ Yes	◯ No
Have you used larger amounts of alcohol or drugs or used them for a longer time than you planned?	* ◯ Yes	◯ No
Have you tried to cut down on alcohol and drugs and were unable to do it?	* ◯ Yes	◯ No
Have you gotten so high or sick from alcohol or drugs that it caused an accident or became a danger to you or others?	* ◯ Yes	◯ No
Have you gotten so high or sick from alcohol or drugs that it caused physical health or medical problems?	* ◯ Yes	◯ No
Have you increased the amount of alcohol or drugs you were taking so that you could get the same effects as before?	* ◯ Yes	◯ No
Have you gotten sick or had withdrawals when you quit drinking or missed taking a drug?	* ◯ Yes	◯ No
Have you continued to drink or take drugs to avoid withdrawals or to keep from getting sick?	* ◯ Yes	◯ No
Has your physical health been so bad that it resulted in hospitalization?	◯ Yes	◯ No

Comments

Current Information

(Note: These are all required fields)

Do you currently have a chronic medical condition? ◯ Yes ◯ No If Yes Please explain

Are you currently taking any prescribed medications for medical reasons? ◯ Yes ◯ No If Yes what are they?

Are you enrolled in Medication Assisted Treatment? ◯ Yes ◯ No

Are you prescribed any of the following?

☐ Naloxone ☐ Methadone ☐ Buprenorphine
☐ Suboxone ☐ Subutex ☐ Vivitrol

If any were marked, have you recently stopped prescription use of Vivitrol (naltrexone), methadone, or buprenorphine (Suboxone, Subutex)? ◯ Yes ◯ No

Have you experienced a non-fatal overdose? ◯ Yes ◯ No

If yes, have you ever been administered naloxone or Narcan? ◯ Yes ◯ No

In the past 30 days, how many days have you been hospitalized? *

Have you given birth in the past 18 months? ◯ Yes ◯ No

If yes, have you used opioids in the past 3 years? ◯ Yes ◯ No

Have you given birth in the last 18 months? ◯ Yes ◯ No

If yes, have you used opioids in the past 3 years? ◯ Yes ◯ No

Are you currently pregnant? ◯ Yes ◯ No

Do you think you could be pregnant? ◯ Yes ◯ No ◯ Unknown

Are you using tobacco? ◯ Yes ◯ No ◯ N/A

Would you like assistance to cut back or quit? ◯ Yes ◯ No

Do you have any allergies? ◯ Yes ◯ No If Yes what are they?

Would you like assistance with (optional)

- ☐ Your Physical health
- ☐ Obtaining Medical Insurance
- ☐ Your Dental Health
- ☐ Your Vision care
- ☐ Obtaining Medical Prescription
- ☐ HIV Medical Care
- ☐ STD/STI Services
- ☐ HCV Services
- ☐ Prenatal Care
- ☐ Reproductive/Sexual Health

Comments

Mental Health Tab

Historical Information

Did you receive childhood mental health services? ◯ Yes ◯ No ◯ Unknown

Other than a problem with substance use, have you been told you have mental health difficulties or disorders? * ◯ Yes ◯ No If Yes what were you told?

Was a household member depressed or mentally ill? * ◯ Yes ◯ No

Did a household member attempt suicide? * ◯ Yes ◯ No

Have you experienced changes in sleep, eating or your weight? * ◯ Yes ◯ No

Have you ever:

Heard voices no one else could hear or seen objects or things which others could not see? ◯ Yes ◯ No

Felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? ◯ Yes ◯ No

Had a period of time

When you were so full of energy and your ideas came very rapidly? ◯ Yes ◯ No

When you talked nearly non-stop? ◯ Yes ◯ No

When you needed little sleep? ◯ Yes ◯ No

Experienced feeling of sadness that were unbearable? ◯ Yes ◯ No

Lost pleasure in all or almost all activities? ◯ Yes ◯ No

Felt worthless or have excessive or inappropriate guilt? ◯ Yes ◯ No

Been unable to make decisions, concentrate or think? ◯ Yes ◯ No

Getting along with others without arguing or fighting? ◯ Yes ◯ No

Had difficulty managing anger? ◯ Yes ◯ No

Experienced excessive anxiety and worry? ◯ Yes ◯ No

Believed you could do almost anything? ◯ Yes ◯ No

Engaged in self-injurious behavior? ◯ Yes ◯ No

Tried to hurt or kill a person? ◯ Yes ◯ No

Tried to hurt or kill an animal? ◯ Yes ◯ No

Intentionally damaged property that was not yours? ◯ Yes ◯ No

* How many times have you been treated for psychological problems in a hospital/residential treatment setting? ◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 6+

Has your use of alcohol or drugs caused emotional or psychological problems? * ◯ Yes ◯ No

Do you frequently have difficulties with any of the following:

Concentrating and paying attention?	* ◯ Yes	◯ No
Understanding what adults are telling you?	* ◯ Yes	◯ No
Remembering things?	* ◯ Yes	◯ No
Following rules and instructions?	* ◯ Yes	◯ No
Getting along with others without arguing or fighting?	* ◯ Yes	◯ No
Being on time?	* ◯ Yes	◯ No
Keeping enough money to last you throughout the month?	* ◯ Yes	◯ No
Doing things that later you wish you hadn't done?	* ◯ Yes	◯ No
Getting really upset at little things or what people have told are little?	* ◯ Yes	◯ No
Forgetting or missing appointments?	* ◯ Yes	◯ No
Being surprised when you are in trouble?	* ◯ Yes	◯ No
Have you ever tried to commit suicide?	* ◯ Yes	◯ No
Have you wished you were dead or wished you could go to sleep and not wake up?	* ◯ Yes	◯ No

Comments

Substance Use tab

High Risk behavior

(Note: All are required fields)

Have you ever

Injected drugs?	◯ Yes	◯ No
Shared injecting equipment?	◯ Yes	◯ No
Shared equipment for snorting drugs?	◯ Yes	◯ No
Had unprotected sex without condoms or latex barriers?	◯ Yes	◯ No
Had unprotected sex with someone who injects drugs?	◯ Yes	◯ No
Been pregnant?	◯ Yes	◯ No

Do you have tattoos or piercings?	◯ Yes	◯ No
Have you had a persistent couch (longer than three months) and not visited a doctor?	◯ Yes	◯ No
Have you been tested (screened for TB) within the past year?	◯ Yes	◯ No

Comments

Substance Use

Age at first use of any substance?

◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ 11 ◯ 12 ◯ 13 ◯ 14 ◯ 15 ◯ 16
◯ 17 ◯ 18 ◯ 19+

Have you ever sought Substance Use Treatment before today?

◯ Yes ◯ No

If yes what treatment have you received?

Please supply the number of treatment episodes the client received for each treatment service

Number of Episodes	Treatment Services Received

Sum of number of prior treatment episodes ☐

In the past when you stopped using, have you had any of the following: (Mark all that the client has experienced)

☐ Shakes/Tremors ☐ Cravings ☐ Profuse sweating ☐ Anxiety

☐ Blackouts ☐ Vomiting ☐ Seizures ☐ Hallucinations (Visual, Tactile, Auditory)

☐ Memory Lapses ☐ Nausea ☐ Delirium Tremors(DT) ☐ Headaches

Comments

* Order of Treatment Services

Diagnosis Tab

Strengths and Limitations

* Client's Strengths

* Client's Limitations

Calculated Severity Score

Note: Principle Diagnosis in this Episode of Care is line 1 in the Order of Treatment Services.

Order	Code	Descriptor	Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
14			
15			
16			
17			
18			

Recommendation

Client selected support needs

- [ ] Education
- [ ] Obtaining Medical Insurance
- [ ] Trauma
- [ ] Sober Activity
- [ ] GED
- [ ] Social Living Environment
- [ ] Your Dental Health
- [ ] Obtaining Medical Prescription
- [ ] Reunification Services
- [ ] Recovery Coach
- [ ] Your Vision Care
- [ ] Living Situation
- [ ] Employment
- [ ] HIV Medical Care
- [ ] Family Support
- [ ] Support Group
- [ ] Mental Health
- [ ] Social Welfare Programs
- [ ] Veterans Affairs
- [ ] STD/STI Services
- [ ] Housing Environment, Paying for Housing
- [ ] Food Assistance
- [ ] Legal
- [ ] HCV Services
- [ ] Tobacco
- [ ] Prenatal Care
- [ ] Financial Assistance Programs
- [ ] Children's Services and Needs
- [ ] Your Physical Health
- [ ] Reproductive/ Sexual Health
- [ ] Child Welfare System
- [ ] Community Support
- [ ] Transportation Assistance

*Comments

Client

CMBHS
Clinical Management for Behavioral Health Services

Treatment Plan TRP001

Plan Date mm/dd/yyyy

Type

Team Member Name/Credentials	Roles

Document Status

Projected Length of Stay

Client Signed ☐ Signature Date mm/dd/yyyy hh:mm ○ AM ○ PM

Comments

Help Desk: 1-866-806-7806

CMBHS
Clinical Management for Behavioral Health Services

Problem Detail

Problem Number

Problem Statement

Status

*A Problem with a status of "Refer", "Defer", or "Withdrawn" does not require a Goal, Objective, or Strategy

Problem Date mm/dd/yyyy

Status Change Date mm/dd/yyyy

Problem Description

Defer to Date mm/dd/yyyy

Justification Comment

Goal

Help Desk: 1-866-806-7806

Objectives

Nbr	Description	Objective Date	Status	Status Change Date	Expected Achievement Date	Required For Discharge

Strategies

Nbr	Description	Strategy Date	Status	Status Change Date	Units Of Service	Duration In Hours	Frequency

Client

CMBHS
Clinical Management for Behavioral Health Services

Treatment Plan Review TRP020

Review Date mm/dd/yyyy

Recommendation

Justification For Recommendation

Effective Date mm/dd/yyyy

Performed By

Document Status

Client Signed ☐ Signature Date mm/dd/yyyy

Comments

Problem

Problem Date mm/dd/yyyy

Progress Toward Goal

Objectives

Nbr	Description	Objective Progress	Comments

Client

CMBHS
Clinical Management for Behavioral Health Services

Discharge Plan TRP021

Document Status

Discharge Date mm/dd/yyyy

Client Signed ☐ Signature Date mm/dd/yyyy

Comments

Help Desk: 1-866-806-7806

Client

CMBHS
Clinical Management for Behavioral Health Services

Discharge Summary DSM063

Provider and Client Details

Provider and Primary Counselor Details	
Provider Name	
Provider Location	
Provider Address	
Provider Phone	
Primary Counselor First Name	
Primary Counselor Middle Name	
Primary Counselor Last Name	
Primary Counselor Phone	
Primary Counselor Email	

Client Details	
Client Name	
Client Birth Date	
Discharge Summary Date	

Summary

Document Status	