

# **Proposer Information**



**Proposer Information**

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Name of Company: The Association for the Advancement of Mexican-Americans  
Address: 6001 Gulf Freeway, Building E  
City and State Houston, TX 77023  
Phone: 713-926-9491  
Email Address: lcooner@aama.org

Signature of Person Authorized to Sign:

  
\_\_\_\_\_  
Signature

Joe Jimenez  
\_\_\_\_\_  
Print Name

President and CEO  
\_\_\_\_\_  
Title

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

Non-Profit 501-C  
\_\_\_\_\_

07/02/2021  
\_\_\_\_\_  
(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.

**Proposed  
pricing sheet  
(Form “Appendix I”)**

**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 13, 2021 @ or before 10am	WEBB COUNTY CSCD	Treatment Alternatives to Incarceration Program
Subject of Proposal	Concilio Hispano Libre - Webb County TAIP Services	
Proposer's Legal Name The Association for the Advancement of Mexican-Americans	Headquarters' Address 6001 Gulf Freeway, Building E, Houston, TX 77023	Taxpayer ID 74-1696961
Address (for each TAIP Service / Treatment location) (Use separate pages if needed)	<i>Submit both the billing address and the physical addresses for each location where services will be delivered.</i>	
Telephone Numbers, Fax and E-mail Address	956-728-0440      phone	956-728-7589      fax  e-mail hstillman@aama.org
<b>Service Type</b>	<b>Rate: Individual / Group</b>	<b>Exceptions</b>
Detoxification		
Day Treatment		
Intensive Residential		
Supportive Residential		
Outpatient	Individual Session - \$52 Case Management - \$8 Groups - \$16 per group	
Other _____		
Printed Name of Authorized Agent or official authorized to submit proposal or execute contracts.	Joe Jimenez      Name	President and CEO      Title
<b>SIGNATURE</b>		

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

**RFP # 2021-006**  
**"Treatment Alternative to Incarceration Program (TAIP)"**  
**3 Year Contract**

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

## **(5) References**

## AAMA Prevention and Counseling References FY 20-21

	Contract#	Contract Manager Information
<p>University of Texas Health Science Center at Houston UT Hearts (SAMHSA Funding) 706</p>	<p><b>Sub-award grantee# 0013019B</b> <b>Term: (09/30/2017 – 09/29/2022)</b> Total award \$50,000.00 per year</p>	<p>Angela M. Heads, Ph.D. Assistant Professor Project Director, HEARTS@UTHealth Program Louis A. Failace, MD, Department of Psychiatry and Behavioral Sciences Center for Neurobehavioral Research on Addiction 1941 East Road Suite 1238 Houston, Texas 77054 713-486-2830 <a href="mailto:Angela.M.Heads@uth.tmc.edu">Angela.M.Heads@uth.tmc.edu</a></p> <p>Adrienne Gilmore-Thomas, Ph.D. HEARTS@UTHealth Program Coordinator Louis A. Failace, MD, Department of Psychiatry and Behavioral Sciences Center for Neurobehavioral Research on Addiction 1941 East Road, Suite 1250B Houston, Texas 77054 Telephone: 713-486-2736</p>
<p>City of Houston HOPWA (HUD funding) 779</p>	<p><b>Grant# 4600015464-2019-0278</b> <b>Term: 05/01/2020 – 04/30/2021</b> Total award \$260,565.81</p>	<p>Niquita Moret Relationship Manager Public Services City of Houston   Housing and Community Development Department   Public Services Office: 832.394.6336   Fax: 832.395.9649 Address: 2100 Travis St., 9th Floor, Houston, TX 77002 Web: <a href="http://houstontx.gov/">houstontx.gov/</a> Email: <a href="mailto:Niquita.Moret@houstontx.gov">Niquita.Moret@houstontx.gov</a></p>

<p>Concilio Hispano Libre MAT</p>	<p>Agreement Number 878900001 Term 9/1/2020 - 8/31/2025 Total Award \$1,596,881 per year</p>	<p>Sedona L. Koenders, MS, Applied Medical Anthropologist (<i>she/her</i>) TXMOUND Lead Navigator Texas Medication for Opioid Use Disorder (TXMOUND) UT Health San Antonio www.TXMOUND.org txmound@uthscsa.edu   210.450.5370 The above email address is monitored by everyone at UT involved with this project and all inquiries should be sent to it</p>
<p>RWNMCM 708</p>	<p>Grant# 20AMMA00SS Term# 01/01/2020 – 12/31/2021 Total award \$75,000.00</p>	<p>Patrick L. Martin Program Development Director The Resource Group 500 Lovett Blvd., Suite 100 Houston, TX 77006 O: 713-526-1016 F: 713-526-2369 Email: <a href="mailto:plmartin@hivtrg.org">plmartin@hivtrg.org</a></p>
<p>SAMSHA CSAT 915</p>	<p>Grant# 1 H79 T1082482-01 Term 10/01/2019 – 09/31/2024 Total Award \$500,000.00 per year</p>	<p>Edwin M. Craft, DrPH, MEd, LCPC SAMHSA/CSAT 5600 Fishers Lane, 13E81-D Rockville, Maryland 20857 Voice: (240) 276-1571 E-Mail: <a href="mailto:ed.craft@samhsa.hhs.gov">ed.craft@samhsa.hhs.gov</a></p>
<p>SAMSHA CSAP 772</p>	<p>Grant# 1 H79 SP081536-01 Term 10/01/2019 – 09/31/2024 Total Award \$300,000.00 per year</p>	<p>Tia Walker Public Health Advisor Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention Division of State Programs 5600 Fishers Lane Room 16E25A Rockville, Maryland 20857 O. (240)276-7835 F. (301) 480-8480 email: <a href="mailto:tia.walker@samhsa.hhs.gov">tia.walker@samhsa.hhs.gov</a></p>



<b>Webb County CSCD- Treatment Plan</b>				<b>Budget 2021-2023</b>	
				Units	Rate
Phase I	Supportive	Individual		8	\$52.00
	60 Days	Group		36	\$16.00
		Administrative Case Management		24	\$8.00
				Units	
Phase II	Supportive	Individual		4	\$52.00
	60 Days	Group		24	\$16.00
		Administrative Case Management		16	\$8.00
				Units	
Phase III	Supportive	Individual		2	\$52.00
	60 Days	Group		12	\$16.00
		Administrative Case Management		8	\$8.00

# **Conflict of Interest form (Form CIQ)**

# 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.

The Association for the Advancement of Mexican-Americans

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.

N/A

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.

None

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

07/12/2021  
Date

# **Certification regarding Debarment (Form H2048)**

**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

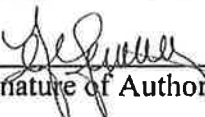
5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations 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 from 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.
The Association for the Advancement of Mexican-Americans	74-1696961	_____

  
\_\_\_\_\_  
Signature of Authorized Representative

07/12/2021

\_\_\_\_\_  
Date

Joe Jimenez, President and CEO

\_\_\_\_\_  
Printed/Typed Name and Title of  
Authorized Representative

**Certification regarding  
Federal lobbying  
(Form 2049)**

**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 been 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

<b>Name of Contractor/Potential Contractor</b> The Association for the Advancement of Mexican-Americans	<b>Vendor ID No. or Social Security No.</b> 74-1696961	<b>Program No.</b>
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<b>Name of Authorized Representative</b> Joe Jimenez	<b>Title</b> President and CEO
---	-----------------------------------

  
\_\_\_\_\_  
Signature - Authorized Representative

07/12/2021  
\_\_\_\_\_  
Date

# **Code of Ethics Affidavit**

**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 Joe Jimenez, 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>*

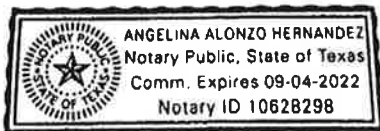
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with 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](mailto:joel@webbcountytx.gov).*

Executed and dated this 12th day of July, 2021.

  
\_\_\_\_\_  
Signature of Affiant

Joe Jimenez, President and CEO; AAMA  
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 12th day July, 2021



  
NOTARY PUBLIC, STATE OF TEXAS

# **Proof of No Delinquent Tax Owed to Webb County**

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name The Association for the Advancement of Mexican-Americans (AAMA) owes no delinquent property taxes to Webb County.

The Association for the Advancement of Mexican-Americans owes no property taxes as a business in Webb County.  
(Business Name)

The Association for the Advancement of Mexican-Americans owes no property taxes as a resident of Webb County.  
(Business Owner)

Joe Jimenez, President and CEO

Person who can attest to the above information

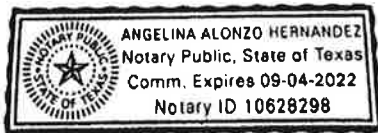
**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas  
County of Webb

Before me, a Notary Public, on this day personally appeared Joe Jimenez, know to me (or proved to me on the oath of acknowledgment 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 12th day of July 2021.

Notary Public, State of Texas



*Angelina Alonzo Hernandez*

Angelina Alonzo Hernandez  
(Print name of Notary Public here)

My commission expires the 04 day of September 2022

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8. Intake Packet
9. Client Handbook

# **Vendor Request for Funding**

## Appendix III Vendor Request for Funding

The Association for the Advancement of Mexican-Americans (AAMA)

VENDOR NAME (Name as Incorporated)

6001 Gulf Freeway, Building E, Houston, TX 77023  
STREET ADDRESS CITY STATE ZIP

AAMA procha@aama.org

List any D.B.A. or A.K.A.'S

E-MAIL ADDRESS

Patrick Rocha, Director of Programs 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:

Out Patient Services

INDICATE ALL THAT ARE APPLICABLE: Total Number of Beds: 130 Male: N/A Female: N/A

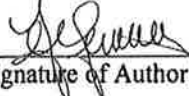
SPECIFIC NAME, PHYSICAL LOCATION, PHONE NUMBER AND NUMBER OF BEDS BY GENDER FOR EACH FACILITY OPERATED BY VENDOR:

Facility Name: Location: Male Beds: Female Beds:

Concilio Hispano Libre 1205 E. Hillside 130 Total Slots  
Laredo, TX 78041

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

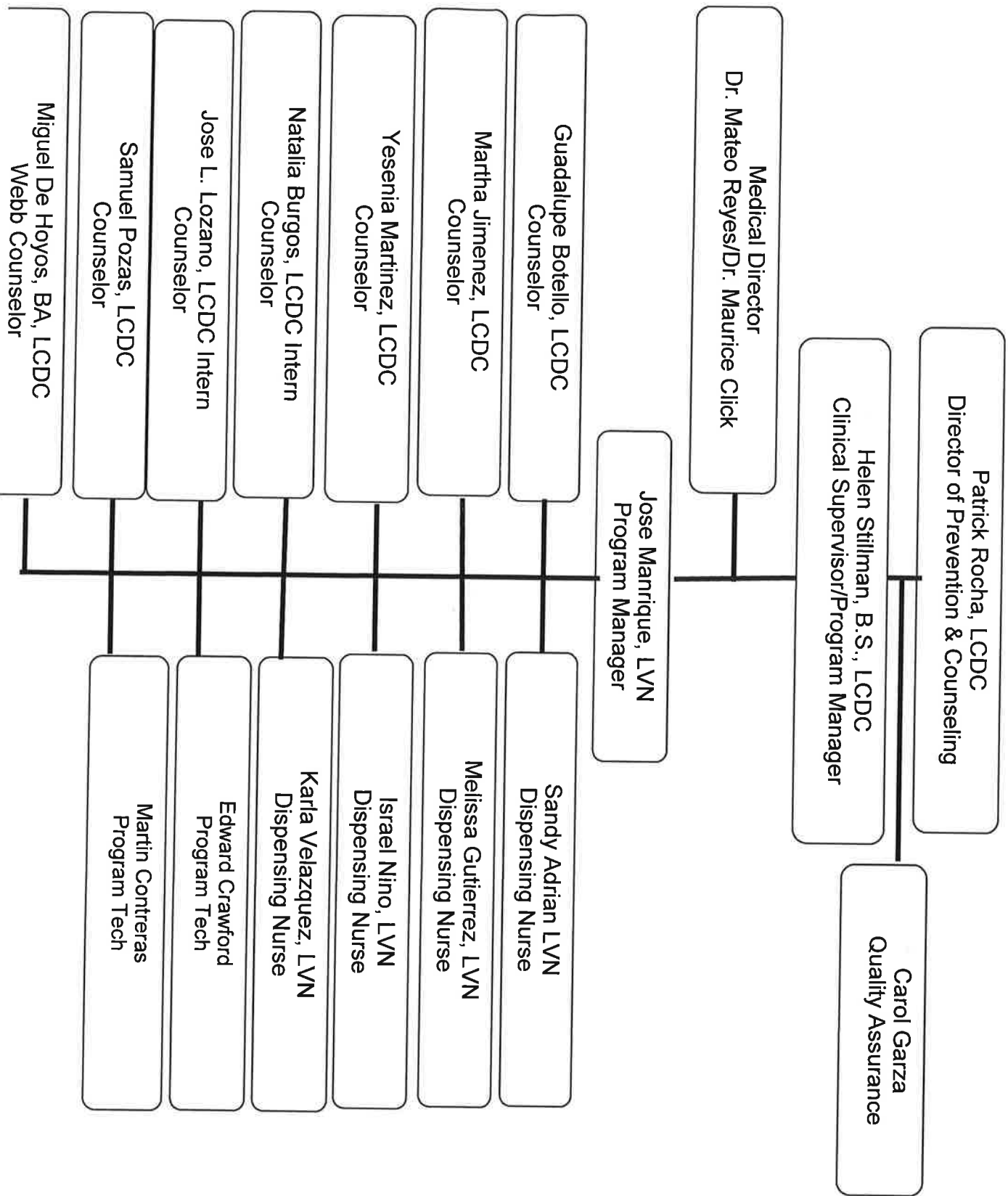
President and CEO  
Title

07/12/2021  
Date



# **Organizational Chart**

# Concilio Hispano Libre Methadone & Webb Region 11



**Liability Insurance  
and Worker's  
Compensation  
Certificate**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Crystal & Company Crystal IBC LLC 2000 West Loop South #2150 Houston TX 77027	<b>CONTACT NAME:</b> Machelie McKenzie <b>PHONE (A/C, No, Ext):</b> 713-624-6338 <b>E-MAIL ADDRESS:</b> Machelie.McKenzie@alliant.com <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Association for Advancement of Mexican Americans, Inc. 6001 Gulf Freeway, Building E Houston TX 77023	<b>INSURER A:</b> Texas Mutual Insurance Company <b>INSURER B:</b> Philadelphia Indemnity Insuran <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 22945 18058
	<b>ASSOAD</b>

**COVERAGES**

CERTIFICATE NUMBER: 1210773136

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2174099	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2174099	8/31/2020	8/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB736155	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 See Note Below \$
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001201793	8/31/2020	8/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Umbrella Policy: Sexual Abuse SubLimit- \$1,000,000  
 Professional Liability SubLimit- \$10,000,000

**CERTIFICATE HOLDER****CANCELLATION**

Association for Advancement of Mexican Americans  
 6001 Gulf Freeway, Building E  
 Houston TX 7702

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# **Vendor Operational Plan**

Association for the Advancement of Mexican Americans (AAMA)

RFP 2017-37

**Agency Summary**

Since its inception in 1970, AAMA has been dedicated to improving the wellbeing of youth and the family system by providing culturally and linguistically appropriate services to the economically and environmentally disadvantaged Latino community. AAMA's first grant was \$40,000 to address drug abuse, school dropouts, teen pregnancy and juvenile crime in the East End of Houston, Texas and since then has grown to a \$15 million organization with services being provided in Houston, Laredo, and San Antonio. Although our major health programs consist of prevention and treatment for substance abuse and prevention and intervention for infectious diseases, AAMA's unique structure is set up to address the needs of the community beyond health.

Our mission is to inspire and empower at risk Latinos to pursue their potential and achieve success. Our client centered quality services align with NCLR in that we are improving the opportunities for a better quality of life for Latinos by assisting them in becoming and staying sober, minimizing the risks of infectious diseases, reaching educational attainment and helping them find meaningful work.

AAMA's Prevention and Counseling Department help youth and adults break the cycle of Addiction, prevent the spread of infectious diseases and learn to make positive choices for their lives. The goal of these programs is to ensure individuals receive equitable, culturally and linguistically appropriate services. This program consists of several different facets. Our counseling services are provided to those afflicted with a substance use disorder, youth and adults alike, by Licensed Chemical Dependency Counselors. Clients are educated on the addiction process, skills to overcome the debilitating disease, problem solving, effective communication, coping with triggers and dealing with cravings. Our services consist of two different settings adult outpatient and in both English and Spanish. Our adolescent programs target ages 13 to 17, and require a minimum 90-day commitment in our program. The Prevention and Intervention component consists of not only educating Latinos that are at high risk of contracting HIV/Aids on safe sex practices but providing case management services to those already affected with the disease. Community Health Workers go in to the streets of the underserved and low-income neighborhoods to provide condoms along with educational leaflets. Individuals are offered the opportunity to be screened for HIV and a number of infectious diseases.

To reduce barriers across the continuum of care for our treatment and intervention programs, each client is provided with an intake to determine what obstacles are preventing our clients from receiving timely, respectful and equitable services. Since AAMA has strategically partnered with several other organizations, including Federally Qualified Health Centers, Food Banks, City Health Departments and a variety of treatment centers, we can ensure not only our clients get in to care quickly, are retained in care but are also addressing those social determinants effecting their health. AAMA continues to be committed to helping the community of Laredo through the Webb County Community Supervision Corrections Department by offering outpatient services to their clients. As well as clients in our Laredo MAT (Medication Assisted Treatment) program.

# EXHIBIT A

**The Association for the Advancement of Mexican Americans  
Required Information  
RFP 2017-37**

## **VENDOR OPERATIONAL PLAN**

Once the assessment and intake are 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, 12 Step Meetings, Anger, Forgiveness, Goal Setting, Smoking Cessation, HIV/STI's 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.

AAMA's TAIP Outpatient program will see clients from 6 months to a year and a 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 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.

- a) One hundred percent (100%) of offenders served will have weekly chronological recording their case files documenting the offender's level of participation.
- b) One hundred percent (100%) of offenders exiting treatment shall have discharge plan prepared and forwarded to the department within three days of the discharge.

Certificates of completion will be provided to clients who have been successfully discharged. All confidential documentation is held behind locked 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.**

### **Program Evaluation Methods**

Each client will be provided with a post survey to determine the degree to which several output and outcome objectives are met and methods are followed. The survey includes but is not limited to 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 admission log 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 the TDCJ, Department of State Health Services and the Health and Human Services Commission.

## Treatment Program Evaluation

A. Circle the number to indicate your level of agreement/disagreement with each of the aspects of the treatment program.

- |   | Strongly agree |   |   | Strongly disagree |   |
|---|----------------|---|---|-------------------|---|
|   | 1              | 2 | 3 | 4                 | 5 |
| 1. The program met my needs.                |                |   |   |                   |   |
| 2. What did you like most?                  |                |   |   |                   |   |
| 3. What specific things did you like least? |                |   |   |                   |   |
| 4. What should be left out or changed?      |                |   |   |                   |   |

B. Treatment Program Objectives (Circle the number to indicate your level of agreement/disagreement with the degree to which course objectives were met.)

- |  | Strongly agree |   |   | Strongly disagree |   |
|--|----------------|---|---|-------------------|---|
|  | 1              | 2 | 3 | 4                 | 5 |
| 1. Skills to prevent relapse                           |                |   |   |                   |   |
| 2. Learned more about Substance Abuse                  |                |   |   |                   |   |
| 3. Gained enough tools to Use to stay clean and sober. |                |   |   |                   |   |
| 4. Knowledge of Relapse Prevention                     |                |   |   |                   |   |

C. Evaluation of counselor:

	Strongly agree			Strongly disagree		
1. Groups were organized	1	2	3	4	5	
2. Understood what the counselor was saying	1	2	3	4	5	
3. Counselor answered questions and allowed me to talk	1	2	3	4	5	
4. Teaching style was effective	1	2	3	4	5	
5. Content met stated objectives	1	2	3	4	5	

D. As a result of attending treatment, I see the value to me in the following ways (check all that apply):

- I gained one or more specific ideas that I can use.
- It may help me from relapsing.
- I do not see the impact of this treatment program.
- Other

E. By attending treatment, I believe (check all that apply):

- I was able to learn relapse prevention.
- I acquired new and/or tools to prevent relapse.
- I have better knowledge about my decisions/actions.
- I am reconsidering my views toward the topic(s) presented.
- The topics presented were appropriate, but I am not sure what I think.
- Other

Overall I would rate this treatment program as:

Excellent

Good

Average

Poor

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Printed name

---

Signature

---

Date

---

Counselor

---

Date

# **Budget Justification**

**Appendix IV**  
**Summary Budget for Purchase of Services**  
**FISCAL YEAR 2021-2022**

Vendor: AAMA, Association for the Advancement of Mexican Americans

City: Laredo, Texas

Contract Period: Fiscal Year 2021-2022

<b>COST CATEGORY</b>	<b>COST</b>
Personnel – Salaries	\$ \$64,252.00
Personnel – Fringe Benefits	\$ \$15,821.00
Personnel – Training	\$ \$30,90.00
Personnel – Travel	\$ 2,037.00
Equipment	\$ N/A
Transportation	\$ N/A
Consumable Supplies	\$ 9,600.00
Other	\$ 16,100.00
Facility	\$ 14,080.00
<b>TOTAL</b>	<b>\$ 125,000.00</b>

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

200

Cost Per Unit:

\$625.00

Show Computation:

200 clients x @ approximately \$625.00 per client = \$125,000.00

**BUDGET JUSTIFICATION**

# 1. Personnel Salaries

Vendor: AAMA, Association for the Advancement of Mexican Americans
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**Personnel--Salaries**

Position or Title	Staff Name or AVacant	Annual Salary	% Time for Job	Total
Director	Patrick Rocha	\$81,143.00	2%	\$1,622.86
Office Manager	Liz Cooner	\$47,902.40	2.21%	\$1,057.64
Asst. Director/ Interim QA	Carol Garza	\$ 68,000.00	3%	\$2,039.09
Program Manager	Helen Stillman	\$ 55,168.88	20.289%	\$11,193.21
Counselor (LCDC)	Miguel DeHoyos	\$ 48,339.20	100%	\$ 48,339.20
<b>TOTAL</b>				<b>\$64,252.00</b>

Note: Use as many additional pages as needed

BUDGET JUSTIFICATION

2. Personnel Fringe Benefits

Vendor: AAMA, Association for the Advancement of Mexican Americans

Fringe Benefits Based on Salaries Paid:	Total
FICA	\$ 5,066.00
SUTA	\$1,457.00
WORKMAN'S COMP.	\$311.00
MEDICAL BENEFITS	\$8,987.00
OTHER: (Describe)	
TOTAL FRINGE BENEFITS	\$15,821.00











BUDGET JUSTIFICATION

7. Consumable Supplies

Vendor: AAMA, Association for the Advancement of Mexican Americans

Purpose (List All Consumable Supplies with Brief Description)	Total
Office Supplies - Copy paper, Toner, File Folders, Tape, Pens	\$
Highlighter, Toner	\$3,000.00
Drug Screens 15 clients @ month x 5.00 = \$75.00 @ month	\$900.00
Brochures / Literature	\$1,200.00
Computer and Software - 2 staff	\$2,000.00
Chairs for Group Room	\$1,000.00
Office Furniture	\$1,500.00
TOTAL CONSUMABLE SUPPLIES	<b>\$9,600.00</b>

BUDGET JUSTIFICATION

8. Other

Vendor: AAMA, Association for the Advancement of Mexican Americans

Purpose (List All Other Costs with Brief Description)	Total
Pest Control \$90.00 @ month	\$ 1,080.00
Janitorial Supplies \$100.00 @ month	\$1,200.00
Fed Ex - Billing \$10.00 @ month	\$120.00
Indirect Cost - 10%	\$12,500.00
TOTAL OTHER COSTS	\$ 16,100.00

BUDGET JUSTIFICATION

**9. FACILITY COSTS**

Vendor: AAMA, Association for the Advancement of Mexican Americans
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Purpose (List All Facility Costs with Brief Description)	Total
Rent                      \$653.58 @ month	\$ 7,843.00
Utilities- Water , Electricity, Phone	\$2,467.00
Insurance	\$1,545.00
Maintenance	\$2,225.00
<b>TOTAL FACILITY COSTS</b>	<b>\$ 14,080.00</b>

# Resumes



**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

**Work History**

**AAMA**

*Director of Prevention and Counseling Division*

Sep 2017-Present

*Asst. Director of Programs*

Mar 2017-Sep 2017

*Program Counselor*

Apr. 2015 – Mar 2017

**Beyond Your Best Counseling**

*Adolescent Program Manager*

Aug. 2015 – Mar 2017

**Right Step**

*Program Manager*

Sept. 2013 to March 2015

Practicum Internship June 2013 to Sept.2013

**Fed Ex Smart Post**

*Regional Trainer*

May 2012 to Feb. 2013

**Zacchaeus House, (501c3)**

*Executive Director*

Jan. 2006 to Dec. 2011

**Rentco**

*Chief Executive Officer/Owner*

Feb. 1999 to June 2006

**Rent 2 Own**

*Chief Operations Officer*

Jan. 1997 to Feb 1999

**Rent a Center**

*Market Training Manager*

Jan. 1990 to Jan. 1997

## Education

### **Liberty University, Lynchburg, Virginia 2019-2022**

Major: B.A. Addiction and Recovery Psychology

### **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  
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

**S. Carol Garza, MPA, LCDC, AADC**  
**4010 Laurel Grove Dr.**  
**Seabrook, Texas 77586**  
**Home (281) 326-2313 (713) 289-4716 Cell**  
**s.carolgarza@comcast.net**

## **PROFESSIONAL EXPERIENCE**

- 11/2019- Current      The Association for the Advancement of Mexican Americans  
Houston, Texas
- Quality Assurance Manager-Provides program quality assurance and compliance oversight of chemical dependency and related social serve programs under the direction of Program Director. Provides consultation and direction to ensure targets/goals are met
- 11/2018-11/2019      Sacred Oak Medical Center  
Pearland, Texas
- Program Manager-** Duties include the start up of a PHP/IOP Substance Use Disorder Program. Design the program, obtain state license, work with owners on construction, build-out, and ADA compliance issues. Interview and hire staff. Develop P&P's, purchase materials, assist HR with program job descriptions, aid with modifying EHR system to suit program needs. Work with marketing on promotion of program, designed program brochure. Conduct assessments ensuring level of care criteria is met. Ensure compliance with all state regulations and all other standards. Initiated and obtained Non-Contractual Provider Agreement with Harris County Supervision & Corrections Department. Provide ongoing QA
- 02/18- 11/2018      Westbridge Recovery Center  
Porter, Texas
- Executive Program Director-** Responsible for all clinical operations as well as all administrative functions including UR for a Residential, PHP, and IOP treatment program. Review insurance verifications. Interview and process all new hires, supervise all employees, submit and approve timesheets. Coordinate maintenance and house repairs with house manager. Complete assessments on new admits adhering to DSM 5 criteria, review and provide feedback on all clinical documentation. Prepare the facility and all operations for JCOAH accreditation which was obtained.
- 10/17-01/2018      All About Recovery  
Houston, Texas
- Contract Program Manager:** Responsibilities included development, implementation, and compliance for new narcotic treatment program. Additionally, facilitated process and CD educational groups to a primarily criminal justice adult population in IOP program.
- 05/2016- 01/2017      Community Healthcare Foundation, Inc.  
Houston, Texas

**Executive Director-** Had overall strategic and operational responsibility for CHF programs, expansion, grant writing, and execution of mission. Ensure programmatic excellence, program evaluation and effective systems to track progress. Energize and engage volunteers, board members, event committees, partnering organizations and funders. Refine all aspects of communication from web presence to external relations to create a stronger brand.

10/2013 – 03/2016 Council on Recovery (formerly Council on Alcohol and Drugs Houston)  
Houston, Texas

**DSRIP Program Manager-** Implemented, coordinated, developed and oversaw the Delivery System Reform Incentive Payment (DSRIP) program utilizing 29 fully credentialed counselors. Target population included individuals with co-occurring mental health disorders that were referred through the MHMRA system. Responsible for maintaining total compliance with contract and regulatory standards of the program, revising and meeting metrics, and responsible for the implementation of effective, quality program services. Attended weekly MHMRA Team Meetings periodically to ensure Council staff maintained consistent and effective communication between team members and to ensure appropriate participation in the team approach. Held monthly in-service/staff meetings; provided training for staff as necessary.

09/2009- Current Fathom Realty, LLC  
Houston, Texas

**Independent Contractor (Realtor)-** Assist clients in locating, purchasing, or selling real estate. Duties include acting as fiscal agent, negotiating on client's behalf, preparing contractual documents, communicating with lenders, title companies, inspectors, and appraisers. Stay on top of trends, provide comparative analysis. Stay current on all applicable laws, rules, and regulations.

2012- 10/2013 Toxicology Associates, Inc.  
Houston, Texas

**Program Counselor-** Provide assessments, individual sessions, treatment planning, and referrals to patients in an Opioid Treatment Program. Monitor medication assuring adherence to programs rules and regulations. Maintain compliance with DSHS, HIPAA, DEA requirements for state funded clients.

2009- 2011 Gulf Coast Center MHMR  
Galveston, Texas  
Texas City, Texas

**AIR Program Coordinator/Director-** Responsible for developing new adolescent substance abuse treatment program. Initiate and develop relations with referral sources, including courts, probation departments, judges, and other person and entities. Supervise and train staff. Ensure fidelity to curriculum and all DSHS regulations and contractual obligations. Manage budget and all day to day activities of program. Review billing for DSHS, Medicaid, and private insurers.

**HEI Treatment Liaison-** Job responsibilities include developing relationships with all community providers and agencies to enhance access to services for clients. Conduct assessments and refer clients to appropriate level of care and connect them to HIV case manager. Provide limited case management services and provided individual sessions to motivate clients to enter treatment. Prepare quarterly reports, review and maintain documentation and provide quality assurance services.

2003- 2008

The Council on Alcohol and Drugs Houston  
Houston, Texas

**Manager, SBIRT Program-** Responsible for development, coordination and management of SAMHSA federally funded SBIRT program that provided screening, assessment, brief intervention / brief treatment, and referral services for substance abuse clients in collaboration with the Harris County Hospital District, Baylor College of Medicine, UT Health Science Service Center, and UT-ATTC. Interviewed, hired and supervised staff in off- site suite of offices. Procured contracts with treatment providers, authorized treatment services, level of care, and length of stay, continuing stay and care coordination. Managed the funds for those services. Audited treatment programs per state regulations to assure clinical compliance and fiscal responsibility per contract. Developed and administered budget for the entire program. Reported to Chief Operating Officer. Served as Co-chair of Care Coordination Committee and served as member on several committees. Served as liaison to professional community. Gave presentations as requested to public and boards and provided quarterly workshops/in-services to HCHD staff. For a period also managed the OSAR and ATR programs along with SBIRT. Implemented DOT SAP Program.

1997 - 2003

Bay Area Council on Drugs and Alcohol  
Houston, Texas

**Director of Core Services-** Responsibilities included coordination, oversight and direction of OSAR (Outreach, Screening, Assessment, and Referral) services, ensuring adherence to contract stipulations and that all clients met Level of Care and Length of Stay Criteria. Managed the Galveston County Supervision and Corrections Dept. contract and Community Education Programs. Improved existing education programs and started new Offender Services programs. Instructed classes periodically including DWI Intervention Program, MIP Program, No Puffing Program, and the Drug Offenders Education Program. Implemented the Drug Free Business Bay Area Program. Participated in all marketing efforts. Gave workshops and presentations to staff and community.

**Program Director-** Promoted from Clinical Supervisor. Administered all aspects of adolescent outpatient treatment program with four locations. Market the program via meetings, presentations, and written literature/correspondence. Represented the agency by attending and participating in coalitions, partnerships, and community meetings. Interviewed, hired, evaluated, and provided direction and supervision to counseling and support staff. Explored funding opportunities; conducted research, wrote grants and/or proposals, and obtained/renewed contracts. Responsible for program design, curriculum, and outcomes. Wrote program policy and procedure manual. Assist with special projects as assigned by Executive Director. *Wrote proposals that secured substantial funding for agency.*

**Clinical Supervisor-** Responsible for supervision of all clinical staff. Trained every employee in job responsibilities, intake and assessment procedures, and correct documentation. Assisted director in interviewing, hiring, and evaluating every employee. Wrote policy and procedure manual, assisted in writing treatment manual, and assisted in initial program design. Assisted in locating sites, obtaining licensure, and developing every form used. Conducted program audits and responsible for compliance and responding to audits. Appointed to the agency's Clinical Quality Assurance Team by Executive Director. As a member assisted with standardizing agency forms, developing handbook, and conducted staff training.

1995-1996

Toxicology Associates, Inc.  
Houston, Texas

**Administrative Asst. /Counselor-** Assisted administrator in all facets of operating six MAT clinics. Duties included assisting in fiscal area, preparing annual reports for various state and federal agencies, implementing policy changes, and assisting with human resources. Counseling duties include screening, intakes/assessments, referrals, and individual counseling to caseload of 25 patients. Initiated federal case management service for Medicaid recipients which brought in additional income and contracted with new urinalysis lab which resulted in cost savings.

1992-1995

Advance Treatment Center, Inc.  
Houston, Texas

**Interim Executive Director-** Promoted from Clinical Director. Responsible for total agency operations. Duties included responding to audits, program evaluations, interacting with officials from TDH, DEA, FDA, TCADA and board members.

**Clinical Director-** Promoted from Program Director. Duties included all clinical aspects of treatment programs, which consisted of the Treatments Alternatives to Incarceration Program (TAIP), Transitional Treatment Center (TTC), WINN, DATAR (methadone maintenance), and HIV/TB programs. Insured compliance to all federal, state, and oversight entity requirements. Provided supervision of counselors and interns. Provided coordination, reporting and documentation of cont. education and in-service training. Along with medical director provided supervision of nursing staff, inventory, dispensing logs, and all record keeping facets. Supervised urinalysis lab personnel; assuring production, products and components of lab. Assisted with coordinating volunteers for Houston Crackdown hotline. Served as liaison to community resources when requested and as a representative on committees.

## EDUCATION

MPA: University of Texas Rio Grande Valley  
BS Interdisciplinary Studies: LeTourneau University

## CERTIFICATIONS

Licensed Chemical Dependency Counselor # 1992  
Advanced Alcohol and Drug Counselor # 9188-0391  
Acudetox Specialist #AD00059  
Licensed Real Estate Sales Agent # 591803

**Helen Stillman**  
115 Georgia Laredo, Texas 78041 (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 intern's work
- Develops and implements program goals, outcomes and activities in collaboration with others to meet the specifications of grants and aligned with AAMA's mission.
- Completes monthly reports and monitors/evaluates staff progress against stated goals and outcomes.
- Ensures staff delivers quality services in compliance with stated goals and objectives, AAMA policies and procedures and in keeping with AAMA's mission.
- Ensures compliance with HHSC statement of work, license rules, and other regulatory standards as required.
- Ensures staff are up to date with required trainings.
- Ensures a safe and pleasant work environment for staff.
- Keeps specialty certifications and required training of self-up to date and ensures staff maintain current credentials as required.
- Supervises staff according to AAMA's behavioral expectations and standards of conduct.
- Offer Presentations in local community agencies.
- Conduct employee evaluations
- Perform other duties as assigned.

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
- Performed HIV testing



## **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**
- **HHSC 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**

# Miguel A. de Hoyos, MA, LCDC

## 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 future promotional opportunities.

## Employment

July. 2018 – present **Association for the Advancement of Mexican Americans** Laredo, Texas  
Lead Counselor

- Substance dependency counseling
- Group counseling
- Training
- Case management
- Screening, Assessment, Treatment Plan
- Documentation
- Certified SAMA instructor

Oct. 2016 – Sept. 2017 **Serving Children and Adults in Need** Laredo, Texas  
Program Counselor

- Substance dependency counseling
- Group counseling
- Family education
- Addiction education
- Case management
- Intake, Treatment plans, Case management
- Documentation

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

- Substance dependency counseling
- Mental health counseling
- Case management
- Intake, Treatment plans, Case management
- Documentation.

Nov. 2011 – Oct. 2014                      **PILLAR**                      Laredo, Texas

Intern Counselor/Case manager

- Mental health counseling
- Substance dependency counseling
- Intake, Treatment plans, Case management
- Documentation
- Client advocate

**Education**

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

**Master of Art in Counseling Psychology**

- Counseling Psychology

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

**Bachelor of Arts in Psychology**

- Psychology Major, Sociology Minor

**References**

Helen Stillman                      AAMA                      (956) 704 – 9920

Marie Lopez                      Veterans Outreach Program                      (210) 577 – 6710

Sergio Alarcon                      Laredo Medical Center                      (956) 608 – 0009

# **Tax Exempt Status**

**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.

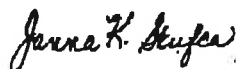
In February 1972 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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, Director, TE/GE  
Customer Account Services

# **Intake Packet**



## 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 Department of State Health Services.
  - (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



## 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.





**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.



**Changes to this Notice of Privacy Practices**

AAMA PROGRAMS 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.

AAMA PROGRAMS are 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 AAMA PROGRAMS 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:

**HHSC, 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 AAMA PROGRAMS 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



## Media Release

I, \_\_\_\_\_ specifically authorize the following:

The use and recordation on still photographic, motion picture film, videotape, or other medium, my 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 I might 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 signing without force or coercion.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**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



## CONSENT FOR FOLLOW UP FORM

I \_\_\_\_\_ understand that after (60-90) 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 impact of the treatment services.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

This information will be collected by letter, telephone, or in person and will be limited to the following: Name, Phone Number, Relationship, and Current Status of former client.

This recovery information is being collected for the purpose of preparing a discharge follow up report for the Health and Human Services Commission as well as for contracting/funding agencies.

*This authorization is subject to revocation except to the extent that disclosure has already been made in reliance upon it. Undersigned client may revoke this authorization at any time.*

Specify the date and/or condition(s) upon which this consent will expire:

Date/Conditions: \_\_\_\_\_

(One year from discharge date)

My signature below indicates that I have voluntarily authorized release of the information specified in this document. I have been informed in simple, non-technical terms the content and intent of this document. I also understand that my refusal to sign this document will in no way influence my status or treatment while at the AAMA-Concilio Hispano Libre Program.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT TO TREATMENT**

By signing this form, you are stating that you have received the following information in simple, non-technical terms.

- (1) The specific condition to be treated;
- (2) The recommended course of treatment;
- (3) The expected benefits of treatment;
- (4) The probable health and mental health consequences of not consenting;
- (5) The side effects and risks associated with the treatment;
- (6) Any generally accepted alternatives and whether an alternative might be appropriate;
- (7) The qualifications of the staff that will provide the treatment;
- (8) The name of the primary counselor;
- (9) The client grievance procedure;
- (10) The Client Bill of Rights as specified in §448.701 of this title;
- (11) The program rules, including rules about visits, telephone calls, mail, and gifts, as applicable;
- (12) Violations that can lead to disciplinary action or discharge;
- (13) Any consequences or searches used to enforce program rules;
- (14) the estimated daily charges, including an explanation of any services that may be billed separately to a third party or to the client, based on an evaluation of the client’s financial resources and insurance benefits;
- (15) AAMA’s Program Services and treatment process; and
- (16) Opportunities for family to be involved in treatment.

- I understand that I am being treated for: \_\_\_\_\_
- AAMA’s staff recommends you participate in CD Treatment for a minimum of \_\_\_ Months.
- Your Primary Counselor will be: \_\_\_\_\_ Credentials \_\_\_\_\_

**By signing this form, I am consenting to substance use disorder treatment. I understand the specific condition to be treated and level of care to be received; the programs services and treatment process; the expected benefits of the treatment; the probable health and mental health consequences of not consenting; side effects and risks associated with treatment and generally accepted alternatives. I have been provided with the estimated daily charge, including an explanation of any services that might be billed separately; the qualifications of the staff who will provide the treatment; the name of the Primary Counselor; expectations for client participation.**

\_\_\_\_\_  
Client’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date

# **Client Handbook**



**Client Handbook**  
**CHL Outpatient Laredo**



## Welcome to AAMA

We are aware that Outpatient Treatment is an adjustment until you make new friends, become familiar with the program rules and guidelines, and develop recovery structure. During your adjustment period you may experience many feelings. For example, you may feel angry because you are here, and you do not want to be here. You may be scared and distance because the staff and your peers are strangers to you. These feelings are normal, and we want you to know that we understand, and we are here to help.

During your Outpatient experience you will gain knowledge of your substance use disorder, and how it has affected your daily life and relationships. The primary purpose of Outpatient treatment is to assist you in developing a new lifestyle free from illicit substances and develop positive coping and life skills to maintain long term sobriety.

AAMA maintains a schedule of structured groups. Staff members are available during business hours to provide guidance, support and counseling that is needed to develop long term sobriety.

This handbook has been prepared to acquaint you with the program, services, and facility. If you have any question, please ask. We are here to help you.

Director of Prevention and Counseling

Patrick Rocha, LCDC, CAC

# OUTPATIENT TREATMENT PROGRAM

## Statement of Expectations

The Outpatient program you are entering is designed for persons experiencing difficulties which interfere with their functioning at home, work and/or in the community. You will participate in a therapy program that utilizes a variety of services and approaches in your treatment.

All the activities in the program have been designed to assist you in developing a healthy lifestyle through a structured and supportive environment. Just as any clinical environment requires responsibility and cooperation, AAMA has certain expectations of you during your treatment.

- You are to remain substance free while in treatment.
- You are expected to communicate and cooperate with all staff members.
- You are expected to participate in the program by attending all therapy groups and treatment activities.
- You are expected to behave in a socially acceptable manner and to use good judgment in relations to peers. You are expected to take responsibility for your behavior and to show respect for others.
- The program rules and policies are fair and consistent. Advancement through the program is based on your individual achievement. Your treatment is designed to give you an opportunity to progress at your own pace. Your progress will be evaluated by staff to help you identify problems areas, specific treatment issues, strengths, and areas of progress.

## How long will you need treatment at AAMA?

Your length of treatment is determined by several factors:

- The strengths you bring with you;
- The problems you bring with you;
- Your level of motivation for recovery;
- Your ability to make life changes;
- Your health problems;
- Your psychological problems;
- The amount of support you have from your family and friends;
- Your ability to comply with program requirements;
- Your completion of assignments and meeting treatment plan goals and objectives.
- Notification of the Referring Agency will be conducted to inform them of your completion or discharge.

During your first week of treatment, you will meet with your primary counselor to be assessed. Based on the information received during the assessment your counselor will work with you in developing a treatment plan with goals for you. In your treatment plan will be tasks you are to complete and dates that they are due. Your counselor will review your progress with you periodically to determine if new problems must be added to your treatment plan and to give you feedback on your progress.

The average client's time in Outpatient treatment at AAMA is six months. Your length of stay will be determined by your individual progress.

## Expectations – Client Guidelines

The AAMA Treatment Team understands the need for a structured setting where you can find support and security while beginning your recovery process. The following expectations and guidelines have been developed to meet the needs of the entire treatment community. They reflect as much as possible, the expectations of a healthy family, job, or community. Every effort is made to implement these rules fairly and consistently.

### Substance Use Disorder

Substances will be defined as any chemical agent or drug that is not prescribed by your medical case manager while in treatment. All clients are expected to remain drug free throughout treatment off and on the grounds. The AAMA Staff will make every effort to maintain a drug-free environment. Any visitors who are suspected of being intoxicated or under the influence of drugs will be requested to leave the facility. Any visitor bringing alcohol or other drugs onto the premises will be escorted off the grounds. You are expected to have a urine drug screen upon admission. Urine drug screens will be requested periodically at other times.

### Outpatient Group Rules

1. Group times for each location are as follows:
  - Posted at the end of the handbook.
2. Attend all groups and individual sessions.
3. **Cell Phones must be turned off during group and individual sessions.** You will be able to use your phone during the scheduled break times, including restroom breaks.
4. Sign in legibly for proper credit.
5. While in Groups, share about **your experience, strength, and hope.** Use **“I” statements.**
6. Always treat peers and facilitators with dignity and respect.
7. **Confidentiality: What you hear in the Group must remain in the Group!**
8. **Attendance:** If you are going to miss a group, you must inform your primary counselor prior to group.
9. **Absences:** Staff must communicate absences from Group to the appropriate referral sources.
10. **Food/Beverages:** Only bottled water is allowed in group sessions.
11. **Remember: Recovery is about change!**
12. **AAMA is a nonsmoking facility. Smoking is permitted 25 feet from the entrance way of AAMA property.**

### Life-threatening Medical Emergencies

If you sustain a life-threatening medical emergency, the staff at AAMA will call 911 and have you transported to the emergency room. If the medical condition is not life threatening, then you will receive first-aid item(s) necessary to treat condition and referred for appropriate medical care.

## **Assault and/or Destructive Behavior**

(Subject to unsuccessful discharge from AAMA, your probation or parole officer will be notified.)

- To ensure a safe environment for all clients. No destructive behavior or assault towards staff or peers. If this behavior occurs staff will immediately notify the police. Your referral source will be notified of your status.
- Any destruction of program property, or that of a peer, is unacceptable. If this behavior occurs staff will immediately notify the police. Your referral source will be notified of your status.
- Threats of violence may that provoke physical violence; therefore, threats or physical violence will not be tolerated. If this behavior occurs the treatment team and your probation or parole officer will staff the incident to determine discharge status.
- Any physically harmful, self-destructive action towards oneself (scratches, cuts, burns, etc.) is unacceptable. If this behavior occurs the incident will be staffed by the treatment team to determine appropriateness for level of care. If you are not appropriate for this level of treatment your counselor will notify your probation, parole officer or family to determine discharge status.
- Any continued self-destructive behavior after staff warnings and interventions will probably result in discharge. If you cannot alter the destructive behavior, you will be transferred to a more intensive level of care. AAMA staff is not equipped to deal with clients who cannot or will not alter self-destructive behavior.

## **Conduct Between Clients**

- Foul, abusive, and inappropriate language is not tolerated.
- Overly loud, boisterous behavior such as shouting, wrestling or any other form of horseplay on the grounds or in the facility will not be permitted.
- Cruel teasing and racial, sexual, or ethnic slurs are not permitted.
- Use good judgment in relations to peers. We believe that dating, romantic and/or sexual contact is destructive to the group environment and your recovery.
- Any violations in the conduct expectations will be discussed with you in an individual session with your counselor or a group session, and if violence, sexual behavior, or drugs usage occurred you will immediately be reassessed to determine your appropriateness to remain at AAMA.

## **Dress Code**

Females are expected to refrain from wearing provocative or seductive clothing. Males are expected to wear pants appropriately to avoid exposing underwear. Males and females are prohibited from wearing bandannas, sunglasses, hats, clothing items that display drugs, sexual inappropriateness, violence, gender slurs and racial slurs during treatment activities. Staff reserves the right to prohibit any clothing considered inappropriate.

## **Smoking**

Smoking inside the facility of AAMA is prohibited. Smoking is permitted 25 feet from AAMA entrance way in the designated smoking area. We encourage all clients to quit smoking. If you have difficulty quitting smoking, your counselor will assist you with appropriate referrals to smoking cessation classes.

### **Random Drug Screens**

Random drug screens must be taken at staff request. If notified of a need for a urine analysis screen, client has one hour to produce urine sample. Client will remain under staff supervision until he/she completes request. Failure to give the requested specimen within an hour is considered a positive and is subject to disciplinary action per your referral authority. First diluted sample will be considered invalid, and client will be staffed by treatment team and placed on behavior contract, second diluted sample will be considered a positive and client will be negatively discharged from program, the referring agency will be notified within 24 hours of test results.

### **Disaster Plans or Weather Emergencies**

Always wait for staff instructions, fires, leaks, any medical emergencies, or injured peers should be reported to staff immediately.

### **Program Violations**

The following behaviors could and probably will result in immediate discharge from the AAMA Outpatient program:

- Smoking in the facility.
- Possession of controlled substances and medication that is not prescribed to client.
- Buying or selling of any illicit or prescription medication.
- Physical assault or terrorist threats, or threats of bodily harm.
- Using drugs or drinking at the facility.

### **Progress Reports**

Clients with CPS involvement Probation, or Parole are required to provide their counselors with their Referral Source's contact information. Progress Reports will be sent to Referring Agency. Any Drug Screenings will be reported to your Referring Agency. Positive results will be reported to your Referring Agency within 24 hours of receiving.

### **Treatment Progress:**

1. You must participate in all treatment processes to successfully progress through treatment
2. You must have an individual session with your primary counselor per your treatment plan to successfully progress through treatment.
3. You may progress through treatment in the minimum amount of time stated if you adhere to the treatment schedule, meet with primary counselor per your treatment plan, and successfully complete all treatment plan goals.
4. You must present for groups on time. You must sign the group sign-in sheet when attending groups.
5. Client must develop outside support network of sober support, and attend outside support group

**NOTICE OF PRIVACY AND CONFIDENTIALITY 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.**

**General Information:**

The confidentiality of alcohol and drug abuse client records maintained by AAMA is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 U.S.C, §132D et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Generally, AAMA may not say to a person outside the program that a client attends the program, nor disclose any information identifying you as a person with a substance use disorder, nor disclose any other protected information except as permitted by federal law.

AAMA must obtain your written consent before it can disclose information about you for payment purposes. For example, AAMA must obtain your written consent before it can disclose information to your health insurer to be paid for services. Generally, you must also sign a written consent before AAMA can share information for treatment purposes or for health care operations. However, federal law permits AAMA to disclose information *without* your written permission:

1. Pursuant to and agreement with a qualified service organizations/business associates;
2. For research, audit, or program evaluation
3. To report a crime committed on AAMA premises or against AAMA client or staff;
4. To medical personnel in a medical emergency;
5. In connection with treatment, payment (insurance company) or health care operations;
6. To appropriate authorities to report suspected child or elder abuse and/or neglect;
7. As allowed by a court order

Before AAMA can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing it to make the disclosure.

**Your Bill of Rights**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. AAMA is not required to agree to any restrictions you request, but it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. AAMA will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by AAMA except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

Under HIPAA, you also have the right, with some exceptions, to amend health care information in AAMA' records, and to request and receive an accounting of disclosures of your health-related information made by AAMA during the six years prior to your request. You also have the right to receive a paper copy of this notice.

A. In accordance with Title 6 of the Civil Rights Act of 1967, Section 504 of the Rehabilitation Act of 1973, Title 9, Section 10800, and Americans with Disabilities Act of 1990, each person receiving services from an alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following.

**Client Bill of 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.

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(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.

**B.** Each participant shall review, sign and be provided at admission, a copy of the participant rights specified in A1 through A24 above. The program shall place the original signed bill of rights document in the participant's file.

**C.** The provider shall post a copy of the participant rights in a location visible to all participants and the general public.

**D.** The follow-up after discharge cannot occur without a written consent from the participant.

**E.** Any program conducting research using participants as subjects shall comply with all federal regulations for protection of human subjects (Title 45, Code of Federal Regulations 46.) However, you have the right to refuse to take part in research without affecting your regular care.



## **AAMA Duties**

AAMA 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. AAMA is required by law to abide by the terms of this notice. AAMA reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revised notices will be posted in all AAMA offices and website, as well as given to all active patients.

## **Complaints and Reporting Violations**

You may complain to the Health and Human Service Commission, Substance Abuse Compliance Group P.O. Box 149347, Mail Code 1979, Austin, Texas 78714 and to the AAMA Chief Executive Officer if you believe that your privacy rights have been violated under HIPAA. AAMA will take no retaliatory action against you if you file a complaint about our privacy practices.

## **Contact**

If you have questions about this notice or any complaints, please contact our Quality Assurance Manager S. Carol Garza. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United State Attorney in the district where the violation occurs. **Effective Date:** This notice is effective as of 06/2021.

## **AAMA 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:

**Substance Abuse Compliance Group  
Texas Health and Human Service Commission  
PO Box 149347  
Austin, Texas 78714-9347  
512.834.6650 Option 83000**

If we receive a complaint 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:

**S. Carol Garza, Quality Assurance Manager**

**(713) 926-9491**

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:

1. Evaluate the grievance thoroughly and objectively, obtaining additional information as needed.
2. Provide a written response to the client within three (3) calendar days of receiving the grievance.
3. Take action to resolve all grievances promptly and fairly.
4. 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.

**ADULT OUTPATIENT PROGRAM**

**Group Times 6:00 – 7:30 PM and 7:30 – 9:00 PM**

**PHASE I, II, III**

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>
6- 7:30 PM Process Group	6-7:30 PM Addiction Education/ Life Skills	6- 7:30 PM Relapse Prevention
<b>10 Minute Break</b>	<b>10 Minute Break</b>	<b>10 Minute Break</b>
7:40- 9:00 PM Relapse Prevention	7:40-9:00 PM Addiction Education/ Life Skills	7:40- 9:00 PM Process Group

Phase One clients are required to attend one Relapse Prevention group, one Process group, and one Addiction Education/Life Skill group weekly.

Phase Two clients are required to attend one Relapse Prevention group and one Process group weekly.

Phase Three clients are required to attend one Relapse Prevention group weekly.

Treatment days will be Monday, Tuesday, and Wednesday

Phase one: 1 weekly individual session and 4.5 group hours weekly (3 group sessions at 1.5 hrs.)

Phase two: 1 bi-weekly individual session and 3 group hours weekly (2 group sessions.)

Phase three: 1 monthly individual session and 1.5 group hours weekly (1 group session.)

**I have read and fully understand the Client Handbook for the AAMA Outpatient Treatment Program. I have been given the opportunity to ask questions and am satisfied that my understanding is clear. I agree to abide by the program and facility rules as listed in the handbook.**

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Client's printed name

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Client's signature

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Staff signature

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Date

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Date