Agenda

County of Inyo
Board of Supervisors

Board of Supervisors Room
County Administrative Center
224 North Edwards
Independence, California

All members of the public are encouraged to participate in the discussion of any items on the Agenda. Anyone wishing to speak, please obtain a card from the Board Clerk and indicate each item you would like to discuss. Return the completed card to the Board Clerk before the Board considers the item (s) upon which you wish to speak. You will be allowed to speak about each item before the Board takes action on it.

Any member of the public may also make comments during the scheduled "Public Comment" period on this agenda concerning any subject related to the Board of Supervisors or County Government. No card needs to be submitted in order to speak during the "Public Comment" period.

Public Notices: *(1)* In Compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (760) 878-0373. (28 CFR 35.102-35.104 ADA Title II). Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting. Should you because of a disability require appropriate alternative formatting of this agenda, please notify the Clerk of the Board 72 hours prior to the meeting to enable the County to make the agenda available in a reasonable alternative format. (Government Code Section 54954.2). *(2)* If a writing, that is a public record relating to an agenda item for an open session of a regular meeting of the Board of Supervisors, is distributed less than 72 hours prior to the meeting, the writing shall be available for public inspection at the Office of the Clerk of the Board of Supervisors, 224 N. Edwards, Independence, California and is available per Government Code § 54957.5(b)(1).

Note: Historically the Board does break for lunch, the timing of a lunch break is made at the discretion of the Chairperson and at the Board's convenience.

February 25, 2014

8:30 a.m. 1. ***PUBLIC COMMENT***

CLOSED SESSION

2. ***CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION [Pursuant to Government Code §54956.9(d)(1)]*** – *Verizon California Inc. v. California State Board of Equalization, et al.,* Sacramento County Superior Court Case No. 34-2014-001572145.

3. ***CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION [Pursuant to Government Code §54956.9(c)]*** – meet with legal counsel for discussion and advice regarding potential litigation (two cases).

4. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code §54957.6]*** - Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: Deputy Sheriffs Association (DSA) - Negotiators: Labor Relations Administrator Sue Dishion; Information Services Director Brandon Shults and Planning Director Josh Hart.

5. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code § 54957.6].*** Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: Elected Officials Assistant Association (EOAA) - Negotiators: Information Services Director Brandon Shults and Labor Relations Administrator Sue Dishion.

6. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code § 54957.6].*** - Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: Inyo County Correctional Officers Association (ICCOA) - Negotiators: Information Services Director Brandon Shults and Labor Relations Administrator Sue Dishion.

7. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code § 54957.6].*** - Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: Inyo County Probation Peace Officers Association (ICPPOA) - Negotiators: Information Services Director Brandon Shults, Chief Probation Officer Jeff Thomson, and Labor Relations Administrator Sue Dishion.

8. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code §54957.6].*** - Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: (ICEA) - Negotiators: Labor Relations Administrator Sue Dishion, and Information Services Director Brandon Shults.

9. ***CONFERENCE WITH LABOR NEGOTIATOR [Pursuant to Government Code § 54957.6]*** - Instructions to Negotiators re: wages, salaries and benefits - Employee Organization: Law Enforcement Administrators' Association (LEAA) - Negotiators: Information Services Director Brandon Shults and Labor Relations Administrator Sue Dishion.

10. ***REPORT ON CLOSED SESSION AS REQUIRED BY LAW.***

OPEN SESSION

10:00 a.m. PLEDGE OF ALLEGIANCE

11. ***PUBLIC COMMENT***

12. ***COUNTY DEPARTMENT REPORTS*** *(Reports limited to two minutes)*

CONSENT AGENDA (Approval recommended by the County Administrator)

COUNTY ADMINISTRATOR

13. Request approval of Amendment #10 to the Exclusive Negotiation Agreement for Construction and Leasing of Inyo County Consolidated Office Building between the County of Inyo and Joseph Enterprises, extending the Phase 2 expiration date to June 30, 2014; and authorize the County Administrator to sign, contingent upon the appropriate signatures being obtained.

HEALTH AND HUMAN SERVICES

14. ***Behavioral Health Services*** – Request approval to submit two applications on behalf of the Behavioral Health Division's Substance Use Disorders (SUD) Project to become re-certified as a Drug Medi-Cal (DMC) Clinic in the primary clinic in Bishop and the satellite clinic in Lone Pine, adding intensive outpatient services to the Bishop clinic; and authorize the Director of Health and Human Services to sign the applications and the Medi-Cal Disclosure Statements.

PLANNING

15. Request approval of a letter of "Public Convenience or Necessity" for an Alcoholic Beverage License Application for the Double L Bar in Lone Pine, California; and authorize the Chairperson to sign.

SHERIFF

16. Request approval of a resolution titled "A Resolution of the Board of Supervisors of the County of Inyo, State of California, Authorizing the Submittal of the State of California, Department of Parks and Recreation, Off-Highway Vehicle Grant Application."

DEPARTMENTAL (To be considered at the Board's convenience)

17. ***COUNTY ADMINISTRATOR – Integrated Waste Management – Personnel*** - Request Board review and approve the temporary transfer of up to two (2) Equipment Operators from the Solid Waste Department to the Road Department.

18. ***COUNTY ADMINISTRATOR – Integrated Waste Management*** – Request Board approve Solid Waste gate and Disposal Fee increases as outlined.

19. ***COUNTY ADMINISTRATOR – Integrated Waste Management*** – Request Board review and adopt a resolution to approve modifications to the solid waste trash hauling permit areas.

20. ***COUNTY ADMINISTRATOR – Integrated Waste Management*** – Request Board approve a resolution adopting the solid waste collection and hauling rates to increase the second cart rate, and add a rate for a 64-gallon cart.

21. ***CLERK-RECORDER*** – Request Board authorize the implementation of the Inyo County Employee Election Worker Program and encourage county departments to participate in the Program.

22. ***HEALTH AND HUMAN SERVICES – Health Services*** – Request Board ratify the Maternal Child and Adolescent Health (MCAH) Allocation funding between the County of Inyo and California Department of Public Health in the amount of $125,519 for the period of July 1, 2013 through June 30, 2014 and authorize the Chairperson to sign the Agreement Funding Application Policy Compliance and Certification.

23. ***PLANNING*** – Request Board A) receive a presentation about coordination with Forest Service staff regarding the Inyo National Forest Plan Update/Revision and provide input; and B) review the correspondence regarding Roles and Contributions, Desired Conditions, Purpose and Needs, and Objectives for the Inyo National Forest Plan Update/Revision, and authorize the Chairperson to sign.

24. ***PLANNING*** – Request approval of Amendment No. 1 to the Contract between the County of Inyo and Willdan Engineering to extend the termination date of the Contract to December 31, 2014 and increase the Contract amount by $16,500 to a total not to exceed $66,500, contingent upon the Board's adoption of future budgets; and authorize the Chairperson to sign, contingent upon the appropriate signatures being obtained.

25. ***COUNTY ADMINISTRATOR*** – Request Board A) amend the Auditor-controller Geothermal Budget Unit 010406 by increasing revenue in Geothermal Royalties *(Revenue Code #4381)* by $25,000, and increasing expenditures in Operating Transfers Out *(Object Code #5801)* by $25,000 and amend the Natural Resources Budget Unit 010204 by increasing revenue in Operating Transfers In *(Revenue Code #4998)* by $25,000 and increasing expenditures in Professional Services *(Object Code #5265)* by $25,000; *(4/5's vote required);* and B) approve amendment No. 9 to the Contract between the County of Inyo and Gruen Gruen + Associates increasing the Contract amount by $25,000 to a total amount not to exceed $385,000; and authorize the County Administrator to sign, contingent upon the appropriate signatures being obtained.

26. ***COUNTY ADMINISTRATOR – Emergency Services*** - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Death Valley Roadeater Emergency, that resulted in flooding in the eastern portion of Inyo County during the month of August 2012, per Resolution #2012-32.

27. ***COUNTY ADMINISTRATOR – Emergency Services*** - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Gully Washer Emergency, that resulted in flooding in the central, south and southeastern portion of Inyo County during the month of July, 2013.

28. ***COUNTY ADMINISTRATOR – Emergency Services*** - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Canyon Crusher Emergency, that resulted in flooding in the portions of Inyo County during the month of August, 2013.

29. ***COUNTY ADMINISTRATOR – Emergency Services*** – Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, known as the "Land of EVEN Less Water Emergency" that was proclaimed as a result of extreme drought conditions that exist in the County.

30. ***CLERK OF THE BOARD*** – Request approval of the minutes of the Board of Supervisors Meetings of A) February 4, 2014; B) February 11, 2014; and C) the Special Meeting of February 13, 2014.

TIMED ITEMS (Items will not be considered before scheduled time)

1:15 p.m. 31. ***COUNTY ADMINISTRATOR – Film Commission*** – Film Commissioner Report.

1:30 p.m. 32. ***NOTIFICATION*** – The Board will convene as the Inyo County Board of Equalization to conduct Assessment Appeal hearings. *(Separate agenda published).*

1:45 p.m. 33. ***PLANNING*** – Request Board review draft correspondence to the U.S. Fish and Wildlife Service regarding Draft Economic analysis of Critical habitat Designation for Three Sierra Nevada California Amphibians and authorize the Chairperson to sign.

CORRESPONDENCE - ACTION

BOARD MEMBERS AND STAFF REPORTS

COMMENT (Portion of the Agenda when the Board takes comment from the public and County staff)

34. ***PUBLIC COMMENT***

CORRESPONDENCE - INFORMATIONAL

35. ***SHERIFF*** – Sheriff and Jail Overtime Report for the month of January, 2014.

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
13

☒ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

Scheduled Time for ☐ Closed Session ☐ Informational

FROM: County Administrator

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Approval of Amendment #10 to the Exclusive Negotiation Agreement (ENA) for Construction and Leasing of Inyo County Consolidated Office Building between the County of Inyo and Joseph Enterprises extending the Phase 2 Expiration Date to June 30, 2014

DEPARTMENTAL RECOMMENDATION:

Request your Board authorize the County Administrator to execute Amendment #10 to the Exclusive Negotiation Agreement for Construction and Leasing of Inyo County Consolidated Office Building between the County of Inyo and Joseph Enterprises extending the Phase 2 Expiration Date to June 30, 2014 contingent upon appropriate signatures being obtained.

SUMMARY DISCUSSION:

On September 6, 2011, the Board of Supervisors authorized the Chair to sign an Exclusive Negotiation Agreement for Construction and Leasing of Inyo County Consolidated Office Building between the County of Inyo and Joseph Enterprises. The Agreement requires Inyo County to negotiate only with Joseph Enterprises for the development of its consolidated office space project as long as the Agreement remains in effect.

On November 5, 2013, your Board approved Amendment #9 to the Exclusive Negotiation Agreement for Construction and Leasing of Inyo County Consolidated Office Building between the County of Inyo and Joseph Enterprises, extending the Phase I Expiration date to November 30, 2013. Subsequently, on November 12th, your Board approved non-binding Concept Plans for the Inyo County Consolidated Office Building Project; approved an updated non-binding Term Sheet for a Build-To-Suit Lease Option Agreement between Inyo County and Inyo County Development LLC; and, authorized staff to proceed to work with Inyo County Development LLC to develop a Build-To-Suit Lease Option Agreement for the Consolidated Office Building Project to be considered by your Board at a future date. These actions signaled completion of the requirements of Phase 1 of the Exclusive Negotiation Agreement and the beginning of Phase 2; specifically, the development of the Build-To-Suit Lease Option Agreement for the Consolidated Office Building Project between the County and Inyo County Development LLC.

Since that time, staff has been working with Inyo County Development LLC to develop the lease agreement. The Exclusive Negotiation Agreement allocated 60-days to complete Phase 2, with an option to extend the Phase 2 Expiration Date by another 45-days if the County Administrator determined that the negotiations were proceeding in a reasonable manner. Negotiations have been proceeding in a reasonable manner and the Phase 2 Expiration Date was extended from 60 to 105-days. However, the lease agreement is an extremely complicated document that will take many more months, and the assistance of outside consultants and counsel to perfect. For this reason, it is necessary to seek an amendment to the Exclusive Negotiation Agreement to extend the Phase 2 Expiration Date beyond the 105-day period currently identified in the document. Staff and Inyo County Development LLC are working to complete the lease agreement prior to the end of the fiscal year and, therefore, staff recommends extending the Phase 2 Expiration Date to June 30, 2014.

ALTERNATIVES:

Your Board could choose to take no action and/or not execute the amendment to the Exclusive Negotiation Agreement with Joseph Enterprises, however, this will terminate the ENA and essentially eliminate the current framework for proceeding with the consolidated building project development process.

OTHER AGENCY INVOLVEMENT:

Primary assistance in this process has been, and will be provided by the Inyo County Office of the County Counsel, and the Inyo County Public Works Department.

FINANCING:

Outside of additional staff time and associated consulting expense, there is no cost or binding obligation to the County associated with amending the Exclusive Negotiation Agreement with Joseph Enterprises. There is likely to be a need to bring a contract before your Board for outside legal services to complete the negotiations process.

As indicated above, there will be additional public discussion and actions required of your Board in advance of making any decision that is financially binding upon the County.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Margaret Kemp-Williams Approved: ✓ Date 02/19/14
AUDITOR/CONTROLLER: NA	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR: NA	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)
(The Original plus 20 copies of this document are required)

Date: 02-20-2014

AMENDMENT NUMBER 10 TO

THE EXCLUSIVE NEGOTIATION AGREEMENT BETWEEN

THE COUNTY OF INYO AND JOSEPH ENTERPRISES

FOR CONSTRUCTION AND LEASING OF

INYO COUNTY CONSOLIDATED OFFICE BUILDING

WHEREAS, the County of Inyo (hereinafter referred to as "County") and Joseph Enterprises (hereinafter referred to as "Developer"), have entered into an Exclusive Negotiation Agreement for the construction and leasing of an Inyo County Consolidated Office Building in Bishop dated September 6, 2011 (Extended to November 30, 2013 by Amendment #9)

WHEREAS, the County and Developer do desire and consent to amend such Agreement as set forth below.

WHEREAS, such Agreement provides that the Agreement may be amended with an extension period, by the mutual consent of the parties thereto, if such, amendment or change is in written form, and executed with the same formalities as such Agreement, and attached to the original Agreement to maintain continuity.

County and Developer hereby amend such Agreement as follows:

Section 3.1.2 (TERM OF AGREEMENT) of the Agreement is amended to read in its entirety as follows:

> Phase 2 will continue until June 30, 2014 which is the Phase I Expiration Date. If at the Phase 2 Expiration Date or the expiration of any extension thereof, Developer has not signed and submitted an Option, Lease and Land Transaction Documents approved by the Board (in the Board's sole determination), then this Agreement shall automatically terminate, and the County and Developer agree that they shall have no further rights or obligations under this Agreement.

AMENDMENT NUMBER 10 TO

THE EXCLUSIVE NEGOTIATION AGREEMENT BETWEEN

THE COUNTY OF INYO AND JOSEPH ENTERPRISES

FOR CONSTRUCTION AND LEASING OF

INYO COUNTY CONSOLIDATED OFFICE BUILDING

IN WITNESS THEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND SEALS THIS ___DAY OF _____, _____.

COUNTY OF INYO

By:_____

Dated:_____

DEVELOPER

By:_____
Signature

_____
Type or Print

Dated:_____

APPROVED AS TO FORM AND LEGALITY:

_____
County Counsel

APPROVED AS TO ACCOUNTING FORM:

_____
County Auditor

APPROVED AS TO PERSONNEL REQUIREMENTS:

_____
Director of Personnel Services

APPROVED AS TO RISK ASSESSMENT:

_____
County Risk Manager

For Clerk's Use Only:
AGENDA NUMBER

14

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

■ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: HEALTH & HUMAN SERVICES, Behavioral Health

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Request Approval to be Re-certified as a Drug Medi-Cal Clinic with expanded services

DEPARTMENTAL RECOMMENDATION: Request your Board's approval for the Health and Human Services Department to submit two applications on behalf of the Behavioral Health Division's Substance Use Disorders (SUD) program to become re-certified as a Drug Medi-Cal (DMC) Clinic in the primary clinic in Bishop and the satellite clinic in Lone Pine, adding intensive outpatient services to the Bishop clinic; and authorize Jean Turner, Health and Human Services Director, to sign the applications and the Medi-Cal Disclosure Statements.

CAO RECOMMENDATION:

SUMMARY DISCUSSION:
As a result of healthcare reform and California's Medi-Cal Expansion changes that appeared likely in 2011, your Board approved the Health and Human Services request to become a certified Drug Medi-Cal (DMC) clinic. The federal reforms have increased the number of Inyo County residents who are eligible for Medi-Cal covered health services. In addition, the provisions of Public Safety Realignment (AB 109) are beginning to increase the number of offenders who are managed locally-many of whom require SUD treatment. As a certified DMC Clinic we are able to bill for DMC services, providing some additional funding for our SUD treatment programs.

New State regulations are now requiring us to apply for re-certification. The revised DMC application includes the Department of Health Care Service's (DHCS) newly adopted expanded DMC services. The additional services are included in the essential health benefits package, as adopted by the State and Federal governments. The expanded service being applied for is intensive day treatment, which includes, minimally, nine hours a week of face-to-face client service addressing drug and alcohol education, family and social relationships, physical and emotional wellness, relapse prevention, and Moral Reconation Therapy (MRT). MRT, an evidenced-based cognitive behavioral therapy program is designed to help clients think and make judgments about right and wrong. The intensive services will be used as an option for current service re-design for offenders in the criminal justice system as well as others who are referred with a need for intensive services. Intensive services are planned to be part of the offerings for either diverting offenders from local incarceration or for early release from Jail for targeted offenders meeting designated criteria.

By signing the Drug Medi-Cal Application, the HHS Director is certifying that the Inyo County HHS Behavioral Health Substance Use Disorders (SUD) program is not barred from certification under Section 14043.36 of the Welfare and Institutions Code, which prohibits an entity or individual from enrolling as Medi-Cal provider if the entity or individual has been convicted of a misdemeanor or felony involving fraud or abuse in any government program, the delivery of healthcare, or in civil proceedings in the past 10 years. By signing the Medi-Cal Disclosure Statement, the HHS Director is declaring her authority (as designated by the Board of Supervisors) to legally bind Inyo County pursuant to Title 22, CCR Section 51000.30(a)(2)(B), which requires that applicants submit an application package that contains complete and accurate information.

ALTERNATIVES: The Board could choose to not to authorize HHS to submit applications for Drug Medi-Cal re-certification which could restrict our funding and prohibit us from offering intensive substance use disorder services to residents in Inyo County.

OTHER AGENCY INVOLVEMENT: Inyo County Superior Court and Inyo County criminal justice partners

FINANCING: This funding would be brought in as Federal Revenue into the SUD Budget (045315). No County General Funds would be required to bill Drug Medi-Cal. Behavioral Health realignment funds will be used to match Medi-Cal funds.

APPROVALS	
COUNTY COUNSEL:	**AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS** *(Must be reviewed and approved by County Counsel prior to submission to the Board Clerk.)* Approved: 2/19/14 Date:
AUDITOR/CONTROLLER:	**ACCOUNTING/FINANCE AND RELATED ITEMS** *(Must be reviewed and approved by the Auditor/Controller prior to submission to the Board Clerk.)* Approved: yes 2/19/2014 Date:
PERSONNEL DIRECTOR:	**PERSONNEL AND RELATED ITEMS** *(Must be reviewed and approved by the Director of Personnel Services prior to submission to the Board Clerk.)* Sue Dishion/wdc ✓ Approved: 2/19/14 Date:

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Jean Turner Date: 2-19-14

INYO COUNTY
BEHAVIORAL HEALTH

A DIVISION OF HEALTH AND HUMAN SERVICES

OUTPATIENT TREATMENT PROGRAM

APPLICATION FOR DRUG MEDI-CAL RECERTIFICATION AND ADDITION OF SERVICE

PRIMARY CLINIC

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

DRUG MEDI-CAL APPLICATION

(Substance Abuse Clinics)

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

PROVIDER ENROLLMENT DIVISION, MS 4704

PO Box 997412

Sacramento, CA 95899-7412

(800) 541-5555 or (916) 323-1945

DRUG MEDI-CAL APPLICATION INSTRUCTIONS

This application package contains the materials necessary to apply for Drug Medi-Cal (DMC) program participation as a substance abuse clinic as well as to submit information regarding changes in clinic information with the Department of Health Care Services (DHCS). The applicant may apply for multiple services on one application, as long as the services are provided at the same address.

It is vital that you carefully read each component within this application.

Substance abuse clinics are certified for Medi-Cal program participation by DHCS. To apply for certification, complete pages 6-12 of the attached application and submit the completed application to:

Department of Health Care Services
Provider Enrollment Division, MS 4704
PO Box 997412
Sacramento, CA 95899-7412

The Medi-Cal certification requirements for substance abuse clinics are contained in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics, effective July 1, 2004; the Standards for Drug Treatment Programs; and Title 22, California Code of Regulations Sections 51341.1, 51490.1, and 51516.1, which are linked online at www.dhcs.ca.gov/services/adp/pages/drug_medical.aspx. Reading each of these documents before completing an application is important.

In addition to completing the attached DMC application and supplying the DHCS with the required supportive documentation, applicants must also complete and submit the Medi-Cal Disclosure Statement (MCDS) (Form DHCS 6207, rev. 11/11), available at www.dhcs.ca.gov/services/adp/documents/03enrollment_DHCS6207.pdf. Please see the MCDS for detailed instructions on all persons required to be listed in Section IV of this form, including but not limited to, any individual with a 5% or greater, direct or indirect, ownership or controlling interest, any partnership interest, all officers, directors and managing employees. Attach a separate Section IV, Part B and C for each person listed in Section IV, Part A. Submit a current and legible copy of each individual's driver's license or state-issued identification listed in Section IV, Part A. Upon completion, the MCDS must be notarized by a California Notary Public. The original MCDS form shall be submitted with the application. **Photocopies will not be accepted.**

Listed below are specific instructions for completing the DMC application for different types of DMC certification actions. All applicable portions of the DMC application must be fully and accurately completed with current information. Supportive documents must accompany the application. The applicant may apply for multiple services on one application, as long as the services are provided at the same address. Retain a copy for your records.

Please be aware that DMC reimbursement is unavailable for applicant-requested DMC services provided at a new site until certification of the new site has been completed by DHCS. Reimbursement for DMC services rendered at an uncertified site shall be recovered by DHCS.

The following lists the sections of the DMC application that must be completed for each of the types of DMC certification actions:

Original

A substance abuse clinic or satellite site applying for initial DMC certification must complete all Sections of the seven page application and supply all required documentation. If a section is not applicable, please enter the notation N/A in the space provided. In addition, a completed Medi-Cal Disclosure Statement (DHCS form 6207, rev 11/11), as referenced above, must accompany the application.

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

Additional Services

A substance abuse clinic or satellite site applying for additional services must complete sections I, II, V, VI, VII, VIII (for each additional service), IX (if applicable), X (if applicable), XI and XIV of this application, and any other sections necessary to report a change in information.

Adding Satellite Site

A substance abuse clinic adding a satellite site clinic (which is defined as providing substance abuse treatment services 20 hours or less per week) must complete sections I, II, V, VI, VII, VIII, IX (if applicable), XI, XII, XIII, and XIV.

Relocation or Expansion

A substance abuse clinic or satellite site that is moving or expanding (adding additional suites, room, floor numbers, and/or buildings) must complete sections I, II, V, VI, VII, IX (if applicable), X (if applicable), XI, XII, XIII (outpatient facilities only), XIV, and any other sections necessary to report a change in information.

Note: The Drug Medi-Cal Certification Standards for Substance Abuse Clinics, effective July 1, 2004 require at least 60 days' notice prior to relocation of a parent or satellite site. Failure to provide 60 days advance notification or complete documentation may result in suspension from participation in the Medi-Cal program. **Services provided at the new location shall not be DMC reimbursable until certification of the new site has been completed by DHCS. Payment for services rendered at an uncertified site will be recovered by DHCS.**

Change of Ownership

Any change of ownership is considered an original application. A substance abuse clinic applying for a change of ownership must complete all sections of the seven-page application and supply all required documentation. In addition, a Medi-Cal Disclosure Statement (form DHCS 6207, rev 11/11) must accompany the application. If the change of ownership involves satellite locations, a separate application is required for each site, including all documentation requirements.

Upon completion of the application, attach a cover letter describing your request. Include any additional information that would be helpful to the Department in processing your application. Be sure that the application is signed on the final page, including submission of all required documentation.

It is important to note that substance abuse clinics cannot be reimbursed under the DMC program until the new clinic, service, location, or ownership has been certified. The certification process includes an on-site review to validate the information submitted with the application.

The following instructions are designed to clarify certain sections on the application. Instructions are listed by section number for easy reference. No instructions are given for sections DHCS considered self-explanatory. These instructions apply to clinics and satellite sites.

Section I. Indicate the name and address of the legal entity in control of the clinic. If the applicant is a corporation, indicate the name as it appears on the Articles of Incorporation. If the applicant is a partnership, identify the name as it appears on the partnership agreement. If the applicant is a county, indicate the name as it appears on the county charter. If the applicant is a sole proprietor, the name of the sole proprietor must be listed, including the social security number in the F.E.I.N. section of the application. Sole proprietors must also complete the Applicant Supplement for Sole Proprietors, which may be located at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5111.pdf.

Include the four-digit Drug Medi-Cal Provider number if the application is for additional services, to add a satellite site, or for relocation/expansion.

Insert the 6-digit number under which the program reports participant information, i.e., California Outcomes Measurement System (CalOMS) number, if any. CalOMS information may be located at http://www.adp.ca.gov/CalOMS/caloms-treatment.shtml.

Include the 10-digit National Provider Identifier (NPI) used to identify health care providers on Health Insurance Portability and Accountability Act (HIPAA) covered transactions. If the provider does not have a NPI, contact the federal entity that assigns the NPI at (800) 465-3203 or https://nppes.cms.hhs.gov. **Your application will not be accepted without this number.**

Provide the mailing address for the substance abuse clinic (e.g., mail includes items such as the compliance report, Certification and Transmittal, DHCS notifications regarding the DMC program, etc.).

Section II. Include the name of the clinical director (the individual responsible for the day-to-day operation of the clinic) and the executive director (the individual responsible for representing the legal entity in the operation of the clinic).

Section III. Identify the type of legal entity in control of the clinic and attach the specified documentation. For a corporation, attach a copy of the Articles of Incorporation (as filed with and endorsed or stamped by the Secretary of State). For a partnership, attach a current copy of the partnership agreement.

Section V. If the entire DMC program is relocating, please check that box and provide the prior address of the DMC program and the proposed effective date of the DMC program relocation. If the DMC certified program operates at the same address as a program providing another type of substance abuse service, (e.g., driving under the influence or certified alcohol and/or other drug program), and the entire program is relocating, check that box. If only a portion of the DMC services provided at the DMC clinic are relocating, check that box.

Section VI. Enter **all** services to be provided by the DMC clinic, including existing services and additional services or program types being requested by this application. ***Note -- Perinatal and non-perinatal residential services require a residential alcoholism or drug abuse recovery or treatment facility license issued by DHCS. A Narcotic Treatment Program (NTP) license issued by DHCS is required to provide NTP services. Facility licensing and NTP information and applications are available online at*** *www.dhcs.ca.gov/provgovpart/pages/SUD-ProvPartners.aspx*.

Section VIII. The applicant is required to submit with the application an alcohol and drug protocol for each DMC service being requested. Please see California Code of Regulations, Title 22, section 51341.1 and the "Drug Medi-Cal Certification Standards for Substance Abuse Clinics" for the definitions of the DMC services being requested. The protocol must be a detailed plan of how the applicant shall comply with the requirements of California Code of Regulations, Title 22, the Drug Medi-Cal Certification Standards, and the State of California Standards for Drug Treatment Standards in order to guide program operation and provide the requested DMC services to the clients.

Section X. A residential alcoholism or drug abuse recovery or treatment facility must have a license issued by DHCS to provide DMC adult residential substance abuse services. The facility is limited to a maximum treatment capacity of 16 beds or less. Beds occupied by children who stay in the facility with their mothers are not counted in the 16-bed maximum capacity. DHCS may be contacted at http://www.dhcs.ca.gov/provgovpart/Pages/FacilityLicensing.aspx for all residential licensing requirements and procedures.

If the residential site is licensed as a community care facility by the Department of Social Services (DSS), attach a written waiver from the DSS District Office to allow the use of the facility or grounds for nonlicensed service activities. DSS may be contacted at http://www.cdss.ca.gov/cdssweb/PG69.htm for all licensing requirements and procedures.

Note – The Department of Public Health (DPH) licenses primary care clinics and hospitals. Refer to Health and Safety Code section 1201 regarding the licensure requirements for these entities. DPH may be contacted at http://www.cdph.cagov/programs/LnC/Pages/LnC.aspx for all licensing and certification requirements and procedures.

Section XII. Attach a copy of an approved fire clearance for the address specified in Section I that has been conducted within the previous 12 months and that clearly identifies the clinic by name and street address. The fire clearance must be completed on Form STD 850 if applying for residential services. A STD 850 is available online at http://www.documents.dgs.ca.gov/osp/pdf/std850.pdf. A fire clearance is not required if the clinic is located entirely on public school grounds. A letter, on school or district letterhead, from the principal authorizing that services may be conducted by the provider on school grounds and certifying that all locations where services are provided meet fire safety rules and regulations is sufficient.

Section XIII. Local zoning approval is required for all clinics except:

(1) Clinics located on public school grounds, and
(2) Clinics operated in a building that is owned or leased by a public entity.

For a clinic located on public school grounds, attach a letter, on school or district letterhead, from the principal allowing the applicant to provide services on public school grounds. Please include the name of the school For a clinic operated in a building that is owned or leased by a public entity, local zoning approval is not required. A letter on the letterhead from the public entity is required. A Zoning Approval Form is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5115.PDF.

Section XIV. Please follow the guidelines listed for your entity type:

(1) If the applicant is a firm, association, or corporation, the application shall be signed by the officer or individual legally responsible for the representing entity; you must attach a copy of the resolution or Board minutes authorizing the individual to sign. The full legal name of the person signing, including the driver license number, date of birth, and gender shall be listed.
(2) If the applicant is a partnership, the application shall be signed by each partner. The full legal name of each partner must be listed, including the driver license number, date of birth, and gender.
(3) If the applicant is a government entity, the application shall be signed by the authorized official.
(4) If the applicant is a sole proprietor, the sole proprietor must sign the application, and include the social security number in the F.E.I.N. section of the application; sole proprietors must also submit their driver license number, date of birth, gender, and complete the Applicant Supplement for Sole Proprietors, which may be located at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5111.pdf.

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Drug Medi-Cal Application
(Substance Abuse Clinics)

This form must be completed for each site desiring to participate in the Drug Medi-Cal program. See the General and Specific Instructions for instructions on completing this application.

I. Identifying Information for Substance Abuse Clinic

Legal Entity Name (for entity in control of clinic or satellite site): County of Inyo

Program/Clinic Name: Inyo Co. HHS Behavioral Health Divisi

School Name:

Street Address **(where services will be provided)** Suite#/Room #/Floor#: 162 J. Grove Street

City, State, Zip Code: Bishop, California 93514

Mailing Address: 162 Grove Street, Suite J

City, State, Zip Code: Bishop, California 93514

Website Address: NA

If clinic site is leased or rented, provide the following:
Full name of owner: Connie and Michael Layne Trust
Address of owner: 192 E. Radcliff Dr., Claremont, CA 91711
(Include a copy of the lease/rental agreement or verification from the space owner, if the space is donated at no cost)

4-digit Drug Medi-Cal Provider Number, if assigned: 1404

Do you have a 6-digit number (CalOMS) under which you report client information? No ☐ Yes ☑, write number below: 140000

Program Telephone Number: (760) 873-6533

Type of location (clinic, doctor's office, residential facility, etc.): Clinic

10-digit National Provider Identifier (NPI): 1518225192

Federal Employer Identification Number (FEIN): 95-6005445

County of program operation: Inyo

II. Administration

Clinic Director: Gail Zwier, Ph.D. NPI# (if any): 1548365869
Telephone Number: (760) 873-6533 Email: gwier@inyocounty.us

Executive Director: Jean Turner, MA NPI# (if any): None
Telephone Number: (760) 873-6533 Email: jturner@inyocounty.us

III. Type of Legal Agency or Entity in Control of Clinic

Check one and complete or attach additional information for the type of legal entity:

- ☐ Sole proprietorship (Attach copy of fictitious business name permit/statement)
- ☐ Partnership (Attach copy of partnership agreement)
- ☐ Not for profit corporation (Attach copy of Articles of Incorporation)
- ☐ Other corporation (Attach copy of Articles of Incorporation)
- ☑ Government entity
- ☐ Other

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IV. Funding Sources

Identify the sources of funds and income for operations (i.e. client fees, third party payers [insurance companies, employee health plans] county funds, state funds [include department and fund source, if known] other public funds, etc.)

The Behavioral Health Division's Substance Use Disorders Program funding include client fees (DDP), State of California, County of Inyo and Federal funds

V. Type of Application

Check all that apply

☐ Original Application Adding ☐ Satellite Site (20 hours of less of service per week)

☑ Additional Services and/or Program Types Intensive Outpatient Treatment

☐ Relocation, From: Proposed Effective Date: _____

Is this a relocation of the entire program ☐ or only the Drug Medi-Cal component? ☐

☐ Change of ownership, From:

☐ Other, please specify:

VI. Service Modality(ies)

Identify the service modality(ies) and treatment component (non-perinatal or perinatal) requested for the site. If the site is currently certified, include service modality(ies) and treatment component(s) that the provider applicant wishes to continue as well as those to be added. **Applicants for residential services must first obtain a residential license issued by DHCS prior to application submission for DMC residential services.**

Type of Services	Current and/or requested treatment components	
Narcotic Treatment Program (NTP) License #:	Non-perinatal ☐	Perinatal ☐
Intensive Outpatient Treatment (IOP)	Non-perinatal ☑	Perinatal ☐
Outpatient Drug Free (ODF)	Non-perinatal ☑	Perinatal ☑
Residential License #:	Non-perinatal ☐	Perinatal ☐
Naltrexone	Non-perinatal ☐	

VII. Hours of Service Provision

☑ More than 20 hours per week (substance abuse clinic)

☐ 20 hours a week or less (satellite site)

VIII. Drug Protocol

☑ Attached is a drug protocol for each service modality being requested (narcotic treatment program, residential, intensive outpatient, naltrexone, outpatient drug free) – ***See instructions page for protocol requirements.***

IX. Federally Qualified Health Center

☐ The facility is a federally qualified health center (FQHC) or in the process of applying for FQHC status with Health Resources Services Administration.

☐ The facility is a federally certified rural health clinic (RHC) or in the process of applying for rural health clinic designation with The Centers for Medicare & Medicaid Services.

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X.

For Residential Substance Abuse Applicants Only

Is the facility separately licensed by the DHCS?

Yes ☐ License #: _____ No ☐ Number of treatment beds: _____

If 'No,' you must first obtain a residential license prior to application submission for DMC residential services.

NOTE: Residential programs cannot have more than 16 treatment beds.

Are all food, shelter, and alcohol or drug recovery or treatment services provided at the licensed facility?

Yes ☐ No ☐

If no, what services are provided on site, what services are provided offsite, who provides the services and at what address are the services provided?

Service(s) Provided: Onsite:	Service(s) Provided: Offsite:	Provider of Services: (Legal Entity)	Address of Facility:

Attach additional sheets if necessary.

XI. Staff

MEDICAL DIRECTOR

All programs must designate a medical director.

NAME: Jeanette Elaine Schneider, Ph.D., MD Medical License #: G61509 NPI# 1811073943

☐ Attached is a copy of the Medical Director's current license from the Medical Board of California or the Osteopathic Medical Board of California.

PROGRAM STAFF

Personnel files must match information on application. List the staff that will provide direct treatment services at this location. Include staff under contract. Attach a separate piece of paper if necessary.

Total number of staff employed **at this facility**: 4

Total number of staff **at this facility** who perform alcohol and drug counseling duties: 4

Total number of staff employed at this facility who are currently licensed, certified or registered counselors: 4

Please use pages 10 and 11 of this application to provide information for program staff other than the Medical Director and Clinical Director. Attach additional sheets if necessary, which can be downloaded at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5050.pdf

*** APPROVED CERTIFYING ORGANIZATIONS**

1. Board for Certification of Addiction Specialists (CAARR)
2. California Certification Board of Alcohol and Drug Counselors (CAADAC)
3. California Association of Alcohol/Drug Educators (CAADE)
4. Breining Institute
5. California Association of Drinking Driver Treatment Programs (CADDTP)
6. American Academy of Health Care Providers in the Addictive Disorder (AAHCPAD)

**** LICENSED PROFESSIONALS AND INTERN QUALIFICATION REQUIREMENTS**

Licensed professional means a physician licensed by the Medical Board of California or by the Osteopathic Medical Board of California; a psychologist licensed by the Board of Psychology; or a clinical social worker or MFT licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Behavioral Sciences or with the Board of Psychology.

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XI (continued). Staff

*** Pursuant to the CCR, Title 9, Section 13010, at least thirty percent (30%) of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to Section 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.

INSTRUCTIONS: Use this form to identify all staff of the facility. Designate volunteers by placing a "V" after their names. Use additional sheets as needed.

Employee Information:	Date Hired	Alcohol & Drug Treatment Exp. - in Years	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed? Yes/No/NA	Certified? Yes/No/NA	Registered? Yes/No/NA	* Certified/Registered By: (Provide certification/registration # and organization (from pg 8) OR ** Licensed As: A. Psychologist B. MFT C. Physician D. LCSW E. Registered Intern Per Page 8 of this Application	Effective and expiration dates of: Licensure, Certification, or Registration.
				First Aid: Date of last Training	CPR: Date of last Training					
Merry Brown, CADC-II, CADC Title: Human Services Supervisor Scheduled hours per week: 40	10/1/2005	9	05/01/2013	04/12/2013	04/12/2013	No	Yes	N/A	A4007108 Certification/registration # CAACAD Lic/Cert/Reg organization	01/19/2008 Effective date 01/30/2015 Expiration date
Janelle Kent, CADC-II Title: Addictions Counselor II Scheduled hours per week: 40	03/16/2003	11	05/17/2013	04/12/2013	04/12/2013	No	Yes	N/A	A4090708 Certification/registration # CAACAD Lic/Cert/Reg organization	07/19/2008 Effective date 07/30/2014 Expiration date
Glenda Moore, RAS Title: Addictions Counselor III Scheduled hours per week: 40	09/01/2010	6	05/06/2013	04/22/2011	04/22/2013	No	Yes	N/A	M0911200926 Certification/registration # Breining Institute Lic/Cert/Reg organization	07/03/2010 Effective date 07/02/2014 Expiration date
Kim Ball, RAS Title: Addictions Counselor II, DDP Scheduled hours per week: 19	02/01/2006	10	05/08/2012	04/12/2013	04/12/2003	No	No	N/A	BO4090211113 Certification/registration # Breining Institute Lic/Cert/Reg organization	09/02/2004 Effective date 09/02/2014 Expiration date
Title: Schedule hours per week:									Certification/registration # Lic/Cert/Reg organization	Effective date Expiration date

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XI (continued). Staff

*** Pursuant to the CCR, Title 9, Section 13010, at least thirty percent (30%) of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to Section 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.

INSTRUCTIONS: Use this form to identify all staff of the facility. Designate volunteers by placing a "V" after their names. Use additional sheets as needed.

Employee Information:	Date Hired	Alcohol & Drug Treatment Exp. - in Years	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed? Yes/No/NA	Certified? Yes/No/NA	Registered? Yes/No/NA	* Certified/Registered By: (Provide certification/registration # and organization (from pg 8) OR ** Licensed As: A. Psychologist B. MFT C. Physician D. LCSW E. Registered Intern Per Page 8 of this Application	Effective and expiration dates of: Licensure, Certification, or Registration.
				First Aid: Date of last Training	CPR: Date of last Training					
_____ Title: _____ Scheduled hours per week:_____									Certification/registration # _____ Lic/Cert/Reg organization	Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									Certification/registration # _____ Lic/Cert/Reg organization	Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									Certification/registration # _____ Lic/Cert/Reg organization	Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									Certification/registration # _____ Lic/Cert/Reg organization	Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									Certification/registration # _____ Lic/Cert/Reg organization	Effective date _____ Expiration date

XII. **Fire Clearance**	☑ Attached is a valid fire clearance from the local authority assuring that all fire safety requirements have been met and issued no more than 12 months prior to the date of this application: Outpatient Fire Clearances are available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5104.pdf ***The fire clearance for residential services must be on Form STD 850*** and is available online at http://www.documents.dgs.ca.gov/osp/pdf/std850.pdf . ☐ The site is located entirely on public school grounds. Attached is a letter, on school or district letterhead from the school principal certifying that all locations where substance abuse services are provided meet fire safety rules and regulations.
XIII. **Local Zoning Approval**	Check one of the following that applies to the site: ☐ Attached is documentation of local zoning approval for the site and services requested ***(Applicants for residential services are not required to submit local zoning approval with the application; however, the applicant must check with local authorities for zoning approval requirements)***. A Zoning Approval Form is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5115.PDF . ☐ The site is located entirely on public school grounds. Attached is a letter from the principal, on school or district letterhead authorizing the provision of services. ☑ The site is located entirely within a building that is owned or leased by a city, county, or state and is exempt from zoning approval requirements. Attached is a letter, on the public entity letterhead, from the local agency. ☐ The site is not required to obtain local zoning approval. Attached is a letter from the local agency responsible for issuing zoning approval stating that zoning approval is not required.
XIV. **For Individual Signing the Application**	**PLEASE SEE INSTRUCTIONS FOR SIGNATURE AND DOCUMENTATION REQUIREMENTS**

I certify that the legal entity/provider applying to participate in the Drug Medi-Cal program is not barred from certificatior under Section 14043.36 of the Welfare and Institutions Code and that the information contained iin this application and supporting documentation is true and correct.

The applicant understands they must comply with all requirements established in Title 22, California Code of Regulation Division 3, Chapter 3, Article 4, Section 51341.1; the Drug Medical Certification Standards for Drug Treatment Programs the Standards for Drug Treatment Programs; and have all records, documents, policies, and procedures immediately available upon request during an onsite inspection. It is the responsibility of the applicant to ensure that its systems, programs, policies, processes, and related activities comply with all aforementioned requirements.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct (please attach additional sheets, if necessary).

Signature of Authorized Individual	Full Legal Name of Authorized Individual	Title	Date of Birth	Gender	Driver's License State/Number	Date
	Jean Fredrica Turner	Director	06/21/1951	Female	CA: N9326594	

INYO COUNTY
BEHAVIORAL HEALTH
A DIVISION OF HEALTH AND HUMAN SERVICES

OUTPATIENT TREATMENT PROGRAM

APPLICATION FOR DRUG MEDI-CAL RECERTIFICATION

ATTACHMENTS

INDEX TO ATTACHMENTS

I. Program Description- Primary Substance Abuse Clinic (ODF and IOT)
II. Outpatient Drug Free Protocol and Intensive Outpatient Treatment Protocol - Primary Substance Abuse Clinic
III. Fire Clearance- Primary Substance Abuse Clinic
IV. Zoning Approval and Clinic Lease Agreement- Primary Substance Abuse Clinic
Medical Director's License
Organization Chart
V. Board of Supervisor's Authorization
VI. Medi-Cal Disclosure Statement – DHS 6207 - Primary Substance Abuse Clinic
VII. Administrator/Director Information
VIII. Fiscal Year 2013-14 Line Item Budget, Substance Use Disorders
IX. Job Descriptions for Facility Staff
a. Merry Brown, Addictions program Services Supervisor
b. Glenda Moore, Addictions Counselor III
c. Janelle Kent, Addictions Counselor II
X. Consent to Treat Form
XI. Treatment Discharge Form
XII. Volunteer Agreement

Attachment I

Program Descriptions

Out Patient Drug Free and Intensive Outpatient Treatment

Primary Substance Abuse Clinic

INYO COUNTY HEALTH AND HUMAN SERVICES SUBSTANCE USE DISORDERS (SUD) PROGRAMS

PROGRAM DESCRIPTION

The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs provide prevention, treatment and recovery services to our communities. The prevention program focuses on providing prevention education and activities targeting at risk youth and the general teen population to prevent initial use of alcohol and other drugs, reduce the culture of underage drinking and decrease the hazardous behavior associated with the use of alcohol and other drugs.

The SUD treatment program offers several specialized groups to provide services to meet clinical and Probation needs. All programs receive referrals through the Inyo County Probation Department, other County or community agencies and by client self-referral. The client is assessed by the SUD staff member utilizing the Addiction Severity Index, psychosocial interview, base line drug testing and financial consultation. Mental health assessment for dual diagnosis issues is available by a licensed mental health professional as needed. Assessment services for literacy, vocational and cultural needs are available. This information is reviewed by the treatment team for the appropriate group, treatment plan and community referral supports. Continuous monitoring and re-assessment of client needs occurs on a weekly basis as outlined in the Quality Management plan. Each specialized addictions group outlines goals, fee, termination, and compliance criteria in the client contracts. All groups include education and process components and are differentiated by curriculum and medical necessity.

Substance Abuse Crime Prevention Act (S.A.C.P.A./PC1210), our intensive out-patient program, is a three-tiered program. Each tier contains education, addiction process groups, after-care, community AA/NA meeting requirements, random drug testing, and family therapy and is differentiated by addiction severity, psychosocial supports and client motivation. Tier I is an entry level education program that meets x2 per week/ 2 hours for 4 months, with additional aftercare group for 1 hour week for 3 months. Tier II is a more intensive program providing the opportunity for increased insight that meets x3 per week/ 2 hours for 6 months with additional aftercare for 1-hour week for 6 months. Tier III

provides assessment for 3-12 month residential treatment placement in facilities through out-of-county contract providers. We offer post-residential treatment, which includes an assessment for relapse prevention and aftercare.

Goals: The goal of the SACPA program is to assist persons participating in the program to recognize the existence of and alcohol, tobacco or other drug addictions and to provide a treatment environment to facilitate individual recovery.

The immediate goal of our outpatient program is to achieve abstinence for the individual and successfully address the negative emotional effects caused within the family. Our overall goal for the individual is the development of appropriate recovery shills and supports necessary to lead an alcohol and/or drug free, productive life.

Objectives: Individuals in need of addictions treatment often are experiencing stressors in the related life domains of work, family, school, spirituality, leisure, income, etc. The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs make every effort to treat individuals holistically. Clients are encouraged to balance their privacy needs with their needs to address the other life domains in their efforts to attain and sustain a clean and sober lifestyle. Towards that balance, services are provided in coordination and cooperation with services funded by Mental Health, Cal WORKS, Child Protective Services, Probation, and/or other services and agencies as needed.

Inyo County's outpatient program approach to recovery is based on the fundamental ideas that alcohol and other drug addiction is a progressive disease; individuals suffering from the disease of alcohol and/or drug addiction have a right to recovery; family, friends and the community are a source of help for the alcoholic/addict; and that alcohol and drug addictions are symptoms of an active disease.

Diversion/PC1000 is an Inyo County Court ordered deferred entry program that meets on a weekly basis for 90 minutes to complete 26 hours of program meetings. The program provides individual and group client education and referral sources to learn the effects of psychoactive substances have on their lives.

Goal: The Inyo County Diversion program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Relapse Prevention/Intervention is Inyo County Probation referred group for violations not primarily due to addictions that meets for 12 sessions of structured education to address the early stages of substance use. Other persons can attend as clinically appropriate.

Goal: The Inyo County Relapse Prevention/Intervention program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Peri-Natal Program is for women who are pregnant or parenting and substance using, with child(ren) ages birth through 17 (45CFR 96.124/HSC 10.5,11757.59(a). Priority admission is given to women who are pregnant and/or parenting, injection drug users and/or using substances (45 CFR 96.131). All intakes are reviewed by the SUD Program manager and take into account accommodation for ADA, priority of admission, referral to other programs and interim services per (45 CFR 96.121/96.131). The program meets a minimum of weekly for 2 hours offering educational and process groups addressing issues of relationships, sexual/physical abuse, parenting and life skills (45 CFR 96.124/HSC 11757.59(b)(2)(H). The program addresses sobriety, the effects of substance abuse on pregnancy, breast-feeding, parenting and child development. The program identifies and coordinates with community resources on vocational/educational needs, health and medical care including; prenatal care, primary pediatric care, follow through on immunizations for their children and education on TB/HIV. Individual case management on *Domains* of employment, school, social supports, cultural needs, emotional needs, financial, legal as well as food and shelter are addressed on admission and throughout treatment (CFR 96.124/HSC

11757.59(b)(2)(A). Transportation and consideration of childcare needs are provided (CFR 96.124/HSC 11757.59 (b)(2)(I), (F).

Goals and Objectives: The goal of the Perinatal Program is to provide a 25-week curriculum of education on substance use, child development, parenting, HIV, Tuberculosis (TB), effects of substance use on the fetus, prenatal care resources, child care resources and transportation. Provide a consistent and supportive environment for behavior change and to maintain abstinence. Successfully address the negative emotional effects on the family and promote a sober lifestyle. Admission priority is given to women who are pregnant and/or parenting injection drug users and substance users.

Our overall goal for the individual is to develop appropriate recovery skills, improve parenting skills and to become a productive member of society.

School Referred Adolescent Programs, Probation Referred Adolescent Program, and general Adolescent Program for individuals under the age of 18 who are found to be using alcohol or drugs. The goal of the program is abstinence and is modeled after the state regulated Driving Under the Influence Programs. The program coordinates the resources of the treatment community, county schools, and juvenile court as appropriate. The intake process includes the Parents and offers family therapy. The program meets x1 per week for 12 weeks alternating alcohol/drug education and group counseling. The adolescent groups are divided into12-14 age and 15-17 age groups.

Goals: A goal of the Program is to cooperate with the local Probation Departments to assist adolescents in recognizing the existence of an alcohol or illegal drug problem and to provide a treatment environment to facilitate individual recovery. Another goal is to create a deterrent for drug or alcohol use by holding adolescents responsible for their choices thus leading to the reduction of incidents of substance use by minors.

Objectives: To impact the participant in such a way that he/she will not drink or use illegal substances. To aid the participant to accept abstinence as a viable way of life. To aid the participant to maintain sobriety while in the program. To aid the participant to establish a necessary support network for maintaining sobriety after leaving the program. To aid the participant to remain on probation as he/she makes decisions regarding abstinence.

Aftercare Group is offered weekly for those who have completed an Inyo County group/program or have been discharged from residential treatment monitored by Inyo County. This group addresses on-going sobriety barriers and support.

Goals: The Inyo County AFTERCARE and ALUMNI program is an opportunity for clients to **continue** to examine their substance use and sobriety after completion of a Substance Abuse Program.

Objectives: Target relapse prevention/ relapse indicators. Have a safe environment to discuss the recovery process and issues. Obtain ongoing support, structure and referral assistance.

Dual Diagnosis Issues are assessed and have an individualized treatment plan that can include: Intensive Case Management (ICM) with up to daily contacts on Domains and drug testing with an SUD Counselor. The Dual Diagnosis client is required to be enrolled in a group. This can either be a contracted group within SUD or admitted Mental Health client attending the Mental Health" Dual Diagnosis" group.

Goal : The Inyo County Dual Diagnosis program is an opportunity for clients to examine their substance use and mental health issues in order to meet objectives.

Objectives: Learn what effects psychoactive substances have on their life and mental health symptoms. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

INYO COUNTY HEALTH AND HUMAN SERVICES SUBSTANCE USE DISORDERS (SUD) PROGRAMS

PROGRAM DESCRIPTION

The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs provide prevention, treatment and recovery services to our communities. The prevention program focuses on providing prevention education and activities targeting at risk youth and the general teen population to prevent initial use of alcohol and other drugs, reduce the culture of underage drinking and decrease the hazardous behavior associated with the use of alcohol and other drugs.

The SUD treatment program offers several specialized groups to provide services to meet clinical and Probation needs. All programs receive referrals through the Inyo County Probation Department, other County or community agencies and by client self-referral. The client is assessed by the SUD staff member utilizing the Addiction Severity Index, psychosocial interview, base line drug testing and financial consultation. Mental health assessment for dual diagnosis issues is available by a licensed mental health professional as needed. Assessment services for literacy, vocational and cultural needs are available. This information is reviewed by the treatment team for the appropriate group, treatment plan and community referral supports. Continuous monitoring and re-assessment of client needs occurs on a weekly basis as outlined in the Quality Management plan. Each specialized addictions group outlines goals, fee, termination, and compliance criteria in the client contracts. All groups include education and process components and are differentiated by curriculum and medical necessity.

Substance Abuse Crime Prevention Act (S.A.C.P.A./PC1210), our current intensive out-patient program, is a three-tiered program. Each tier contains education, addiction process groups, after-care, community AA/NA meeting requirements, random drug testing, and family therapy and is differentiated by addiction severity, psychosocial supports and client motivation. Tier I is an entry level education program that meets x2 per week/ 2 hours for 4 months, with additional aftercare group for 1 hour week for 3 months. Tier II is a more intensive program providing the opportunity for increased insight that meets x3 per week/ 2 hours for 6 months with additional aftercare for 1-hour week for 6

months. Tier III provides assessment for 3-12 month residential treatment placement in facilities through out-of-county contract providers. We offer post-residential treatment, which includes an assessment for relapse prevention and aftercare.

Goals: The goal of the SACPA program is to assist persons participating in the program to recognize the existence of and alcohol, tobacco or other drug addictions and to provide a treatment environment to facilitate individual recovery.

The immediate goal of our outpatient program is to achieve abstinence for the individual and successfully address the negative emotional effects caused within the family. Our overall goal for the individual is the development of appropriate recovery shills and supports necessary to lead an alcohol and/or drug free, productive life.

Objectives: Individuals in need of addictions treatment often are experiencing stressors in the related life domains of work, family, school, spirituality, leisure, income, etc. The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs make every effort to treat individuals holistically. Clients are encouraged to balance their privacy needs with their needs to address the other life domains in their efforts to attain and sustain a clean and sober lifestyle. Towards that balance, services are provided in coordination and cooperation with services funded by Mental Health, Cal WORKS, Child Protective Services, Probation, and/or other services and agencies as needed.

Inyo County's outpatient program approach to recovery is based on the fundamental ideas that alcohol and other drug addiction is a progressive disease; individuals suffering from the disease of alcohol and/or drug addiction have a right to recovery; family, friends and the community are a source of help for the alcoholic/addict; and that alcohol and drug addictions are symptoms of an active disease.

Diversion/PC1000 is an Inyo County Court ordered deferred entry program that meets on a weekly basis for 90 minutes to complete 26 hours of program meetings. The program provides individual and group client education and referral sources to learn the effects of psychoactive substances have on their lives.

Goal: The Inyo County Diversion program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Relapse Prevention/Intervention is Inyo County Probation referred group for violations not primarily due to addictions that meets for 12 sessions of structured education to address the early stages of substance use. Other persons can attend as clinically appropriate.

Goal: The Inyo County Relapse Prevention/Intervention program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Peri-Natal Program is for women who are pregnant or parenting and substance using, with child(ren) ages birth through 17 (45CFR 96.124/HSC 10.5,11757.59(a). Priority admission is given to women who are pregnant and/or parenting, injection drug users and/or using substances (45 CFR 96.131). All intakes are reviewed by the SUD Program manager and take into account accommodation for ADA, priority of admission, referral to other programs and interim services per (45 CFR 96.121/96.131). The program meets a minimum of weekly for 2 hours offering educational and process groups addressing issues of relationships, sexual/physical abuse, parenting and life skills (45 CFR 96.124/HSC 11757.59(b)(2)(H). The program addresses sobriety, the effects of substance abuse on pregnancy, breast-feeding, parenting and child development. The program identifies and coordinates with community resources on vocational/educational needs, health and medical care including; prenatal care, primary pediatric care, follow through on immunizations for their children and education on TB/HIV. Individual case management on *Domains* of employment, school, social supports, cultural needs, emotional needs, financial, legal as well as food and shelter are addressed on admission and throughout treatment (CFR 96.124/HSC

11757.59(b)(2)(A). Transportation and consideration of childcare needs are provided (CFR 96.124/HSC 11757.59 (b)(2)(I), (F).

Goals and Objectives: The goal of the Perinatal Program is to provide a 25-week curriculum of education on substance use, child development, parenting, HIV, Tuberculosis (TB), effects of substance use on the fetus, prenatal care resources, child care resources and transportation. Provide a consistent and supportive environment for behavior change and to maintain abstinence. Successfully address the negative emotional effects on the family and promote a sober lifestyle. Admission priority is given to women who are pregnant and/or parenting injection drug users and substance users.

Our overall goal for the individual is to develop appropriate recovery skills, improve parenting skills and to become a productive member of society.

School Referred Adolescent Programs, Probation Referred Adolescent Program, and general Adolescent Program for individuals under the age of 18 who are found to be using alcohol or drugs. The goal of the program is abstinence and is modeled after the state regulated Driving Under the Influence Programs. The program coordinates the resources of the treatment community, county schools, and juvenile court as appropriate. The intake process includes the Parents and offers family therapy. The program meets x1 per week for 12 weeks alternating alcohol/drug education and group counseling. The adolescent groups are divided into12-14 age and 15-17 age groups.

Goals: A goal of the Program is to cooperate with the local Probation Departments to assist adolescents in recognizing the existence of an alcohol or illegal drug problem and to provide a treatment environment to facilitate individual recovery. Another goal is to create a deterrent for drug or alcohol use by holding adolescents responsible for their choices thus leading to the reduction of incidents of substance use by minors.

Objectives: To impact the participant in such a way that he/she will not drink or use illegal substances. To aid the participant to accept abstinence as a viable way of life. To aid the participant to maintain sobriety while in the program. To aid the participant to establish a necessary support network for maintaining sobriety after leaving the program. To aid the participant to remain on probation as he/she makes decisions regarding abstinence.

Aftercare Group is offered weekly for those who have completed an Inyo County group/program or have been discharged from residential treatment monitored by Inyo County. This group addresses on-going sobriety barriers and support.

Goals: The Inyo County AFTERCARE and ALUMNI program is an opportunity for clients to **continue** to examine their substance use and sobriety after completion of a Substance Abuse Program.

Objectives: Target relapse prevention/ relapse indicators. Have a safe environment to discuss the recovery process and issues. Obtain ongoing support, structure and referral assistance.

Dual Diagnosis Issues are assessed and have an individualized treatment plan that can include: Intensive Case Management (ICM) with up to daily contacts on Domains and drug testing with an SUD Counselor. The Dual Diagnosis client is required to be enrolled in a group. This can either be a contracted group within SUD or admitted Mental Health client attending the Mental Health" Dual Diagnosis" group.

Goal : The Inyo County Dual Diagnosis program is an opportunity for clients to examine their substance use and mental health issues in order to meet objectives.

Objectives: Learn what effects psychoactive substances have on their life and mental health symptoms. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

The Inyo County Substance Use Disorders Program is in the process of applying for certification for an **Intensive Outpatient Program** for our primary substance abuse clinic. This would be a nine hour a week intensive program containing alcohol and drug education, physical and emotional wellness activities and education, addiction process groups, Moral Reconation Therapy, after-care, random drug testing, relapse prevention and family therapy with additional aftercare.

Goals: The goal of the program will be to assist persons participating in the program to recognize the existence of an alcohol, tobacco or other drug addiction and to provide a treatment environment to facilitate individual recovery.

The immediate goal of our intensive outpatient program will be to achieve abstinence for the individual and successfully address the negative emotional effects caused within the family. Our overall goal for the individual is the development of appropriate recovery shills and supports necessary to lead an alcohol and/or drug free, productive life.

Objectives: Individuals in need of addictions treatment often are experiencing stressors in the related life domains of work, family, school, spirituality, leisure, income, etc. The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs make every effort to treat individuals holistically. Clients are encouraged to balance their privacy needs with their needs to address the other life domains in their efforts to attain and sustain a clean and sober lifestyle. Towards that balance, services are provided in coordination and cooperation with services funded by Mental Health, Cal WORKS, Child Protective Services, Probation, and/or other services and agencies as needed.

Inyo County's intensive outpatient program approach to recovery will be based on the fundamental ideas that alcohol and other drug addiction is a progressive disease; individuals suffering from the disease of alcohol and/or drug addiction have a right to recovery; family, friends and the community are a source of help for the alcoholic/addict; and that alcohol and drug addictions are symptoms of an active disease.

Attachment II

Outpatient Drug Free Protocol

Intensive Outpatient Treatment Protocol

Primary Substance Abuse Clinic

OUTPATIENT DRUG FREE PROTOCOL

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Article I. General Management

Governing Body

Inyo County Behavioral Health is a division of the Health and Human Services Department of the County of Inyo (hereinafter "County"). As such, it operates under the authority of the county Board of Supervisors. The board has full legal authority for operating all county programs, including the Substance Use Disorders programs. The board has five members and meets approximately forty-seven times per year. Minutes of the meetings of the Board of Supervisors are kept at the administration office located at 224 North Edwards Street, Independence, California and are available for public review at that address or on the county's website, www.inyocounty.us. The Board of Supervisors roster is also maintained at the administrative offices and online. An organizational chart that outlines the Health and Human Services Department and Behavioral Health Division's placement within the county structure is provided in Attachment V.

Chief Executive Officer

Chief Executive Officer

For private organizations providing drug abuse services, the governing body shall appoint a chief officer(s). The major duties, authority, and qualifications of the officer(s) shall be defined in the organization's bylaws or rules.

Here is a suggested list of duties for chief officer(s) - to be included in the bylaws or rules. A chief officer should:

a) plan activities;

b) report program's operations;

c) report program's finances, including developing the annual operation budget; and

d) develop program's rules, including personnel policies.

Since the County of Inyo is considered a public entity, rather than a private organization, the standard requiring appointment of a Chief Executive Officer does not apply to the Inyo County Health and Human Services Department of its Behavioral Health Division.

Director and Assistant Director of Health and Human Services

The Director of Health and Human Services (hereinafter "HHS Director") is appointed by and reports to the Board of Supervisors. The major duties, authority, and qualifications of the HHS Director are described in the bylaws of the county. The HHS Director has overall responsibility for Department of Health and Human Services operations and management of staff. The HHS Director reports to the Board of Supervisors regarding department activities and finances.

The Assistant Director of Health and Human Services holds the title of County Alcohol and Drug Program Administrator. In this role, the Assistant HHS Director ensures that substance use disorder treatment services are administered in accordance with state and federal laws and regulations within the context of the Inyo County governance structure.

Personnel Policies

All personnel policies are reviewed and approved by the Board of Supervisors. Policies are distributed and implemented as appropriate for all employees of Inyo County.

When a new or revised personnel policy is approved, it is placed in the personnel policy and procedure binder maintained at each program site. New employees are provided with a personnel policy handbook as a part of their initial orientation. Personnel policies are reviewed annually and revised as necessary.

Personnel Policy Manual

Inyo County's Personnel Policy manual describes recruitment and hiring procedures, staff evaluation and promotion processes and cause for disciplinary action or termination. Grievance policies and procedures are included. The personnel policy also list equal employment opportunity, nondiscrimination, and affirmative action policies. The county makes every attempt to ensure that personnel policies comply with all applicable federal, state and local laws. Inyo County is an EEO, Affirmative Action employer.

Employee benefits include vacation, sick, flex, and holiday leave as well as medical and dental coverage. Each position has its own salary schedule. The schedule includes a range of merit adjustments.

The county's personnel policy requires employee evaluations from point of hire at six months, twelve months, and annually thereafter. Supplemental evaluations are used when employee performance "needs improvement" or is "unacceptable." Severance pay is not provided.

The Inyo County Behavioral Health division maintains a Policy and Procedures Manual that includes the employee Code of Conduct. All new Behavioral Health employees sign the Code of Conduct within thirty days of hire.

The Inyo County Injury and Illness Prevention Plan contains office safety guidelines, and injury and incident reporting procedures. A copy of the plan is maintained at each work site.

Personnel Files

Personnel files are maintained for all Inyo County employees. These contain the following information:

a) An application for employment;
b) A hiring action form, and a hire letter or agreement for management positions that includes our at-will policy;
c) Salary information as to exempt or non-exempt, salaried, hourly, rates in hourly terms and semi-monthly pay rates. Each time a salary or status change is enacted it is documented and each file contains an entire history on each employee;
d) Employee evaluations are filed chronologically in the employee file;
e) The Personnel file also includes the pre-employment health screening and TB test results. Persons found to have symptoms of infectious disease are removed from client contact;
f) Other personnel actions are kept in the personnel file including as stated commendations, discipline, and status change. However, incidents and injuries are not kept in the employee file. They are kept in a separate workers comp/medical status file.

Inyo County personnel records are maintained at 224 North Edwards Street, Independence, California. Personnel records are confidential and only the Risk Manager and Personnel Department staff has access to these files.

Job Descriptions

Job descriptions are developed by the county personnel department and are approved by the Board of Supervisors. They include title, status, benefits, salary, duties and the required level of education, experience, and other skills and abilities for each position. The supervisor of each position is identified and there are specific essential duties identified for each job description.

Employee Code of Conduct

In the departmental employee orientation process, all Behavioral Health Division employees receive a copy of the Behavioral Health Code of Conduct. Employees are required to sign a statement attesting to their receipt and understanding of the Code of Conduct. In addition to standard provisions regarding conflict of interest, the Code of Conduct details appropriate relationships between employees and clients, and explicitly prohibits any social, financial, or sexual relationships between staff and clients. The Code of Conduct and Inyo County Alcohol and Drug Abuse policies both prohibit the inappropriate use of drugs and/or alcohol.

Employee rules of conduct are strongly impressed upon staff and special training is provided as well as complete instruction at orientation. Due to the nature of the caseload and the services provided, it is imperative employees adhere to strict role model behavior and maintain appropriate boundaries that are essential to ethical and quality care.

Fiscal Management

Annual Budget

The Inyo County Health and Human Services Department prepares an annual budget outlining revenue and expenses for the coming fiscal year in the Behavioral Health Division. Expenses are detailed for each cost center. Annual budgets are reviewed and approved by the Board of Supervisors. The county's fiscal year begins on July 1 of each year and ends on June 30 of the following year.

The Inyo County Behavioral Health division uses the Uniform Method for Determining Ability to Pay (UMDAP) as the fee schedule for collecting fees.

Fiscal Analysts assigned to the Behavioral Health Division prepare quarterly financial reports that show the budgeted and the actuals for revenue and expenditures. Summary versions of these reports are reviewed regularly by department management and may be presented to the Board of Supervisors as needed or upon request.

Fiscal Policies and Procedures

Inyo County Fiscal Policies addresses the handling of petty cash, cash receipts, donations, and authority levels for budgeted and non-budgeted expenditures. Policies regarding billings and accounts receivable are also included. Costs are allocated among programs in a manner consistent with the requirements of OMB Circular A-87.

Bonding of Program Personnel

All Inyo County staff that handle cash, client funds, checks, etc. are bonded.

Audits

Inyo County contracts with independent auditors to perform a complete audit on all aspects of the agency. Audits are conducted annually.

Volunteer Services

Inyo County Behavioral Health Division occasionally uses volunteer interns in its Substance Use Disorders (SUD) counseling programs in accordance with the County Volunteer Policy. The County Volunteer Policy addresses screening, training and orientation, duties and assignments, supervision, evaluation, and protection of client confidentiality. Please see the attached Volunteer Policy and Volunteer Agreement.

Prospective volunteers complete the County Volunteer Agreement and Enrollment packet. This packet requests background information from the prospective volunteer that is used to screen candidates. Volunteers who receive sensitive assignments, including assignments with in the Behavioral Health division are required to authorize a criminal background check prior to receiving their assignment. Applications are reviewed and approved by the Volunteer Coordinator designated by the Health and Human Services Department Director.

Article II. Program Management

Mission Statement

The Inyo County Health and Human Services staff is committed to providing education for prevention of drug and alcohol abuse and assistance for persons in need by providing a range of integrated, culturally competent integrated services, which are focused on improving the client's ability to live independently and productively in the community. The Substance Use Disorders Program (SUD) provide necessary treatment and support services on individuals struggling with alcohol, tobacco and other drug addictions towards the goal of self-sustaining sobriety supported by health community networks and individuals.

Admission or Readmission

Criteria

Inyo County Behavioral Health provides substance use disorders (SUD) outpatient treatment services at 162 Grove Street, Bishop, California (hereinafter, "Program") to Inyo County residents who meet admission criteria outlined in this section. These clients are experiencing functional impairment related to drug and alcohol use, abuse, or dependence as defined in DSM-IV. The Program is designed to respond to a wide variety of SUD problems and the social, behavioral, and psychological issues associated with them.

Screening and admission to the Program is not specifically based on the particular drug a client may be using or the type of problems that a client might be experiencing. However, program staffing and design are not intended to address the needs of clients with severe and persistent mental disorders or to successfully incorporate clients with predatory criminal backgrounds into the general caseload. In addition, clients must have sufficient cognitive ability to understand and participate in counseling services.

Medical necessity will be established in the intake and assessment process outlined below. The appropriate DSM-IV diagnostic code will be identified in the intake and assessment process as well.

Program services are available to all persons independent of gender, sexual identity, race/ethnicity, income, religion or other characteristic of a non-clinical nature.

Intake

An initial request for services is received by phone or in person at the Program. If it is determined that a client meets the admission criteria outlined above, he/she will be scheduled for an initial intake assessment appointment. Those that do not meet the criteria for admission will be referred to an appropriate provider in the community. Clients who present with serious emotional disturbance or severe and persistent mental illness are referred to Inyo County Mental Health Services, part of the Behavioral Health Division, for appropriate treatment. Client disposition will be noted either in the case record (if admission criteria are met) or else a referral out will be noted in the Program's Brief Contacts file.

The client's primary counselor conducts the initial assessment. The Addiction Severity Index (ASI) as well as other screening tools such as the Socrates Personal Drinking Questionnaire and the Stressful Life Experiences Screening are also administered for this purpose. The assessment includes a review of the client's history and current status in life domains including health, vocational/educational, alcohol or drug use and treatment, criminal history, legal status, family, socio-economic, and mental health. In addition, a family assessment session can be conducted with members of the client's family to better ascertain the extent to which they are ready, willing and able to participate in the treatment process.

Recognizing that a client may not be willing to disclose sensitive personal information prior to the development of rapport with their counselor and engagement in treatment, assessment is an ongoing process. Initial assessment information is updated as the client is willing to share more information about themselves over the course of treatment.

Once the intake process is completed, the client is advised of his/her rights and asked to sign a consent to treatment form. Only upon completion of the intake and initial assessment process, and the signing of the consent form, shall the client be admitted to treatment.

Medical Assessment

In addition to the drug and alcohol use history obtained through the assessment process, during the intake process a member of the Program counseling staff, using a standard form utilized by Inyo County, will obtain a complete medical history from the client. In the interests of minimizing the spread of infectious disease, the medical history will be obtained as early as possible in the intake process. In no case will the medical history be obtained later than thirty days after admission.

The Medical Director will review all completed medical history forms. If, in his or her opinion, physical and/or laboratory examination is warranted, the client will be referred to a local health provider. Otherwise the requirement for a physical examination will be waived.

Services

Staffing

The counseling staff is available to provide services during normal business hours and for evening groups. Counseling staff are substance abuse professionals as defined in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics. In addition, counseling staff will comply with all requirements of California Code of Regulations, Title 9, Division 4, Chapter 8 relative to certification.

The counseling staff is responsible for providing medically necessary direct services to clients admitted to the Program. These services include individual and group counseling, crisis intervention, and collateral services. In addition, counseling staff are responsible for maintaining the client clinical record. This includes the documentation of the client's participation in treatment services, the review and documentation of the client's response to treatment and the preparation of treatment and discharge plans and discharge summaries.

The Program is staffed by the medical director and the counselors. The Behavioral Health Division Director is on site eight hours per day, forty hours per week.

Hours of Operation

The Primary Clinic office hours are from 8:00 a.m. to 12:00 p.m., and from 1:00 p.m. to 5:00 p.m. Tuesday through Friday. On Monday, the office is closed from 1:00 p.m. to 2:00 p.m. for staffing. After-hours groups occur several evenings per week. Emergency services are available to clients through the Inyo County Behavioral Health twenty-four hour Crisis Hotline, or through 911 emergency response. This information is provided to all clients and posted at the clinic site.

Counseling and Other Therapeutic Services

Treatment plans are based upon client needs as determined by the initial assessment and are developed together with the client and his/her family if possible. On the basis of a thorough individual and family assessment, a treatment plan is developed to address the individual needs of the client. The scope, frequency and duration of treatment services are directly correlated to the severity of impairment in functioning. At the outset, the amount and type of treatment a client receives is established on the basis of the initial assessment and treatment plan. At a minimum, all clients will receive a minimum of two hours per week of group and/or collateral treatment services consistent with the Title 22 ODF benefit structure. As clinically appropriate, exceptions

to minimum attendance requirements will be congruent with client progress, approved by the program physician, and noted in the client's case file.

Type of Service

The basic program model is as follows. The planned program duration is ninety days. Clients may continue in the program as judged medically necessary subsequent to treatment plan review.

1. Intake, Visit 1
   a) Introduction to program, describe the treatment process;
   b) Discussion of presenting problem;
   c) Obtain medical history;
   d) Obtain consent for treatment.

2. Assessment, Visit 1
   a) Administer ASI and other screening instruments.

3. Assessment, Visit 2
   a) Discuss ASI findings;
   b) Obtain assessment data not included in ASI;
   c) Identify strengths as well as weaknesses, supports and barriers to recovery.

4. Treatment Planning, Visit 1
   a) Discuss assessment findings as the starting point for life change;
   b) Develop specific short and long term goals and action steps with client.

5. Treatment Planning, Visit 2
   a) As needed to continue the work begun in the first visit;
   b) As necessary, treatment-planning sessions may be provided when a change in treatment plan is warranted, either at ninety days or if there are clinically significant changes in the client's life.

6. Collateral Session
   a) To determine family history and involvement with substance abuse and to help engage family members as partners in the client's treatment plan;
   b) Addition collateral sessions provided monthly as needed.

7. Group Counseling Services
   a) These constitute the program's primary treatment activities based on Hazelden's "Living in Balance" curriculum. Group counseling services are intended to assist clients in identifying attitudes and behaviors specifically connected to their drug and alcohol problems. In addition group counseling helps clients to address short term personal, family, educational/vocational and other problems related to substance abuse. Curriculum-based examples of this motivational and problem-solving approach include but are not limited to the following topics:
      i) Alcohol and Drug Education (three sessions): Focusing on definitions and terms, managing triggers and cravings, dealing with stress and negative emotions and relapse prevention;
      ii) Family and Social Relationships (three sessions): Addresses family, parenting and child development. Trauma and PTSD in addiction. Developing problem solving skills and setting vocational and educational goals;
      iii) Physical and Emotional Wellness (three sessions): Provides education regarding nutrition and exercise as well as the importance of emotional balance in the recovery process;
      iv) Planning for Sobriety (three sessions): The development of a full recovery plan, examining personal relapse warning signs and relapse prevention and the support system needed for continued progress in the recovery process.

8. Crisis Intervention – Provided as needed if client has relapsed or is imminent danger of relapse.

9. Discharge Planning (one to two sessions) – The purpose is create a post-treatment community support plan with the client.

In addition, on the basis of information provided in the initial and any subsequent assessments, clients may, as needed, receive or be referred out for services relating to educational services; vocational counseling and training; job referral and placement; legal services; medical and/or dental services; social/recreational services; and

additional individual and/or group counseling services for clients, spouses, parents and other significant people.

The Program will utilize community resources to the maximum extent possible as referral resources for clients. Any referrals made will be documented in the client case file.

Referral Services

Clients who do not meet admission criteria or in other ways not a good fit relative to program services are referred to other community agencies offering services more appropriate to their needs. All referrals are documented.

Referrals are typically made via phone conversation with an identified contact person in the appropriate community agency. A follow up call is made within ten working days to ascertain the referral outcome. Agencies to which referrals are made include Inyo County Mental Health Services, and other community based providers.

Medical Services

The Program's medical director is Jeanette Schneider, M.D. Dr. Schneider is the County Psychiatrist and works with all age groups, including persons with substance use disorders and co-occurring substance use and mental health issues. Dr. Schneider does not have admitting privileges at a local hospital. Consumers are assured access to needed hospital services through the emergency department at the local hospital. The role of the Program's medical director is to establish, review and maintain medical policies and standards, to assure the quality of medical services provided to Program clients. This is accomplished through regular meetings with the Clinical Director and counseling staff. The Medical Director exercises medical responsibility for client treatment through these staff conferences and their review and signature of the client's medical history and treatment plan.

David Scheidlinger, M.D., a Psychiatrist from Mono County, provides backup coverage during extended vacation and other times when the medical director is not available.

Dr. Gail Zwier is the Program's clinical director. Dr. Zwier is a licensed psychologist and Director of the Behavioral Health Division. She has experience in working with all age persons who have mental illness, substance use disorders or co-occurring mental illness and substance use. The program staff works under her administration. The Program counseling staff meets the education and experience requirements for substance abuse professionals.

When deemed appropriate, the program shall provide, or refer a client for, medical detoxification.

Continuing Services

Inyo County offers continuing services through our Aftercare and Alumni Substance Abuse Program. This program if offered by Inyo County SUD Services for clients to continue to examine their substance use and sobriety after completion of a Substance Abuse Program. Persons may be referred into the program through Inyo County Probation or on recommendation of program staff after initial assessment and completion of a substance abuse program.

Case Management

Establishment, Control and Location of Records

A case file (chart) is established for each client when the treatment episode is opened. Inyo County Behavioral Health moved to an electronic clinical health record and billing system in 2010. Prior to September 2010, all client records were maintained in a paper-based chart. After September 2010, a significant portion of each client's chart is maintained in the Electronic Health Record (EHR), though portions of the chart may still be paper-based. All paper charts are kept in a locking file cabinet in a locked room at the Program site. Only the counselors, Quality Assurance staff, support staff and the Clinical Director have keys to access these records. Information contained in the EHR is maintained in an encrypted off-site server managed by the EHR product vendor and access to the electronic charts is limited to counselors, the Medical Director, support and quality assurance staff. Tiered screen access is controlled for different user groups to ensure that the minimum necessary amount of client information is available. Client information is maintained and released in accordance with the requirements of HIPAA and 42 CFR, Part 2.

Contents of Records

All records contain the following demographic information: unique client identifier, date of birth, gender, race/ethnic background, address, telephone number, next of kin, emergency contact (if client is not living at home), consent for treatment, referral source and reason for referral, and date and type of admission. This data, along with the CalOMS dataset and all other date obtained in the intake and assessment process outlined above, is maintained in the client case file.

Treatment Plan

A treatment plan is developed within thirty days of admission to the program and is based on information obtained during the assessment and intake process. When appropriate, the treatment plan is reviewed by the Clinical Director. At a minimum, the treatment plan is reviewed and updated by staff every ninety days thereafter. Independent of the ninety-day requirement, the treatment plan may be updated whenever clinically significant changes occur in the client's life or as the client may disclose new information to the counselor. The Medical Director signs all treatment plans within fifteen days of their development.

The treatment plan includes, but is not limited to, the following; a statement of the problems, statement of goals, action steps, target dates for accomplishment of the action steps, and when possible, resolution of the goals.

Urine Surveillance

The Program uses urine screening for treatment purposes only and not as part of a legal surveillance. Results are shared with probation and other treatment providers only with a signed release of information.

Urine test results are recorded in the client's case file. Positive results are discussed with the client and may be cause for a review of the treatment plan.

Case File Contents

Each client contact is documented in a signed and dated progress note. In addition entries in the case file may be made subsequent to phone contact with the client or their parents, conferences with school or probation staff, or other interaction or communication with the client or another person, which provides information that is clinically relevant to the client's treatment.

Behavioral Health requires that client case records are maintained in a legible manner, written either in ink or typed. All entries must be signed and dated. All information relating to a client and their services at the program is kept in a single case file. While maintaining appropriate confidentiality safeguards as noted above, records are kept in such a manner to be easily accessible to staff providing services.

Maintenance of Records

When a client is discharged from the Program, the discharge summary and any other final entries in the client case file are completed within thirty days. After review by the Clinical Director, the closed chart is placed in locked storage. Behavioral Health maintains client records for not less than seven years after discharge.

All information contained in the client case file is considered confidential and, as noted earlier, is disclosed only to authorized persons in accordance with federal, state, and local laws.

In the event that the Program ceases operations at the certified location, all records will be stored at another Behavioral Health site for a period of not less than four years. In the event Behavioral Health was to cease operation entirely, all SUD treatment records will be turned over to the Inyo County Alcohol and Drug Program Administrator for confidential storage.

Quality Assurance

Behavioral Health has an active quality assurance program. Specific elements germane to Drug Medi-Cal services are as follows.

Continuity of Care

Each client is assigned a primary counselor who is responsible for overseeing all components of the client's treatment. The primary counselor is responsible for ensuring that the following activities occur:

a) The treatment plan is developed within thirty days after admission;
b) Required services are provided as clinically necessary and in accordance with Title 22 regulations, and that these services are accurately documented;
c) Attendance and/or non-compliance issues are documented and discussed with the client;
d) Progress or barriers in achieving treatment plan goals and objectives are assessed and documented on a continuous basis;
e) The treatment plan is updated and reviewed at least every ninety days;
f) All relevant documents (releases, correspondence, referrals, consent to treatment, etc.) are contained in the chart;
g) A discharge plan and discharge summary are developed.

Case and Treatment Plan Reviews

Case reviews occur at intake, when treatment plan revision is appropriate, and at discharge to ensure that:

a) The treatment plan is relevant to the stated problems(s);
b) The services delivered are relevant to the treatment plan;
c) Recordkeeping is adequate.

The treatment plan is reviewed to assess progress to date, to reassess needs and services, and to identify additional problem areas and formulate new goals, when appropriate.

Program Evaluation

The Behavioral Health division has a written quality assurance plan that outlines self-evaluation procedures. Qualitative and quantitative data analysis is used to assess consumer outcomes and inform management decisions.

Staff perform follow-up interviews with consumers at three months and at six months following program completion to track short-term success rates.

Two types of satisfaction surveys are administered. One is a program evaluation that consumers are asked to complete at the end of treatment. The other is an annual Health and Human Services Department consumer satisfaction survey. The results of the departmental survey are reported by division and overall for the department. Both surveys provide feedback to administrators, supervisors, counselors, and other staff and are used to inform decisions about performance improvement.

Consumer complaints and grievances are investigated by the SUD Program supervisor and are referred to the Behavioral Health Director as deemed necessary. The number, nature, and outcome of complaints and grievances are reported to the Behavioral Health Quality Improvement Committee quarterly.

Staff Development

Behavioral Health has a staff development plan that includes monthly internal training opportunities in relevant topic areas, access to Essential Learning on-line training and other training opportunities offered through the Health and Human Services Department. Documentation of attendance at training events is maintained in the Behavioral Health office training files.

Utilization Review

Behavioral Health maintains written procedures for utilization review.

Facility Management

The Program has in place at the site policies and procedures for ensuring that the facility complies with all applicable local, state and federal laws and to ensure that the facility is maintained in a clean, safe, sanitary, and drug-free condition.

Client Rights

As part of every admission process, the client is informed of the program's policy of non-discrimination, their rights as a client, grievance procedures, the appeal process for discharge, program rules and regulations, fee policy for DMC clients, and the right of access to their case file. The client is given a written copy of the aforementioned documents and the client rights statement is posted on program premises.

Confidentiality

Behavioral Health complies with the confidentiality requirements of the Health Insurance and Portability Act (HIPAA), 42 CFR, Part 2, and Article 7 of Subchapter 2, Part 1 of Division 5 of the Welfare and Institutions Code. The staff is trained on confidentiality and required to sign a confidentiality statement prior to commencing employment.

Consent to Treatment

Every client must sign consent to treatment prior to admission to the program. The consent to treatment discusses the mutual roles and responsibilities of the client and the program.

Consent to Follow-up

The Program does not conduct post-discharge follow-up.

Research

Behavioral Health does not plan to participate in human subjects research in its AOD treatment programs. In the event any such research might occur, Behavioral Health will comply with all applicable state and federal requirements for human subjects protection.

Discharge

Discharge Criteria

Behavioral Health has discharge procedures defining the criteria for successful completion of the program, unsuccessful discharge, involuntary discharge, and transfers and referrals. These are consistent with the corresponding Discharge Status definitions listed in the ADP CalOMS Treatment Data Collection Guide.

Discharge Summary

The concluding entry in each client case record is the Treatment Discharge summary form. The discharge summary is an overall description of the treatment episode, the reason for discharge, the client's plan for ongoing post-treatment support, and any referrals made by program staff. In addition, the discharge plan contains a summary of client status at the time of discharge in the following areas: alcohol and/or drug use, vocational or educational achievements, and any known criminal activity. A copy of the Treatment Discharge form is attached.

INTENSIVE OUTPATIENT TREATMENT PROTOCOL

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Article I. General Management

Governing Body

Inyo County Behavioral Health is a division of the Health and Human Services Department of the County of Inyo (hereinafter "County"). As such, it operates under the authority of the county Board of Supervisors. The board has full legal authority for operating all county programs, including the Substance Use Disorders programs. The board has five members and meets approximately forty-seven times per year. Minutes of the meetings of the Board of Supervisors are kept at the administration office located at 224 North Edwards Street, Independence, California and are available for public review at that address or on the county's website, www.inyocounty.us. The Board of Supervisors roster is also maintained at the administrative offices and online. An organizational chart that outlines the Health and Human Services Department and Behavioral Health Division's placement within the county structure is provided in Attachment V.

Chief Executive Officer

Chief Executive Officer

For private organizations providing drug abuse services, the governing body shall appoint a chief officer(s). The major duties, authority, and qualifications of the officer(s) shall be defined in the organization's bylaws or rules.

Here is a suggested list of duties for chief officer(s) - to be included in the bylaws or rules. A chief officer should:

a) plan activities;

b) report program's operations;

c) report program's finances, including developing the annual operation budget; and

d) develop program's rules, including personnel policies.

Since the County of Inyo is considered a public entity, rather than a private organization, the standard requiring appointment of a Chief Executive Officer does not apply to the Inyo County Health and Human Services Department of its Behavioral Health Division.

Director and Assistant Director of Health and Human Services

The Director of Health and Human Services (hereinafter "HHS Director") is appointed by and reports to the Board of Supervisors. The major duties, authority, and qualifications of the HHS Director are described in the bylaws of the county. The HHS Director has overall responsibility for Department of Health and Human Services operations and management of staff. The HHS Director reports to the Board of Supervisors regarding department activities and finances.

The Assistant Director of Health and Human Services holds the title of County Alcohol and Drug Program Administrator. In this role, the Assistant HHS Director ensures that substance use disorder treatment services are administered in accordance with state and federal laws and regulations within the context of the Inyo County governance structure.

Personnel Policies

All personnel policies are reviewed and approved by the Board of Supervisors. Policies are distributed and implemented as appropriate for all employees of Inyo County.

When a new or revised personnel policy is approved, it is placed in the personnel policy and procedure binder maintained at each program site. New employees are provided with a personnel policy handbook as a part of their initial orientation. Personnel policies are reviewed annually and revised as necessary.

Personnel Policy Manual

Inyo County's Personnel Policy manual describes recruitment and hiring procedures, staff evaluation and promotion processes and cause for disciplinary action or termination. Grievance policies and procedures are included. The personnel policy also list equal employment opportunity, nondiscrimination, and affirmative action policies. The county makes every attempt to ensure that personnel policies comply with all applicable federal, state and local laws. Inyo County is an EEO, Affirmative Action employer.

Employee benefits include vacation, sick, flex, and holiday leave as well as medical and dental coverage. Each position has its own salary schedule. The schedule includes a range of merit adjustments.

The county's personnel policy requires employee evaluations from point of hire at six months, twelve months, and annually thereafter. Supplemental evaluations are used when employee performance "needs improvement" or is "unacceptable." Severance pay is not provided.

The Inyo County Behavioral Health division maintains a Policy and Procedures Manual that includes the employee Code of Conduct. All new Behavioral Health employees sign the Code of Conduct within thirty days of hire.

The Inyo County Injury and Illness Prevention Plan contains office safety guidelines, and injury and incident reporting procedures. A copy of the plan is maintained at each work site.

Personnel Files

Personnel files are maintained for all Inyo County employees. These contain the following information:

a) An application for employment;
b) A hiring action form, and a hire letter or agreement for management positions that includes our at-will policy;
c) Salary information as to exempt or non-exempt, salaried, hourly, rates in hourly terms and semi-monthly pay rates. Each time a salary or status change is enacted it is documented and each file contains an entire history on each employee;
d) Employee evaluations are filed chronologically in the employee file;
e) The Personnel file also includes the pre-employment health screening and TB test results. Persons found to have symptoms of infectious disease are removed from client contact;
f) Other personnel actions are kept in the personnel file including as stated commendations, discipline, and status change. However, incidents and injuries are not kept in the employee file. They are kept in a separate workers comp/medical status file.

Inyo County personnel records are maintained at 224 North Edwards Street, Independence, California. Personnel records are confidential and only the Risk Manager and Personnel Department staff has access to these files.

Job Descriptions

Job descriptions are developed by the county personnel department and are approved by the Board of Supervisors. They include title, status, benefits, salary, duties and the required level of education, experience, and other skills and abilities for each position. The supervisor of each position is identified and there are specific essential duties identified for each job description.

Employee Code of Conduct

In the departmental employee orientation process, all Behavioral Health Division employees receive a copy of the Behavioral Health Code of Conduct. Employees are required to sign a statement attesting to their receipt and understanding of the Code of Conduct. In addition to standard provisions regarding conflict of interest, the Code of Conduct details appropriate relationships between employees and clients, and explicitly prohibits any social, financial, or sexual relationships between staff and clients. The Code of Conduct and Inyo County Alcohol and Drug Abuse policies both prohibit the inappropriate use of drugs and/or alcohol.

Employee rules of conduct are strongly impressed upon staff and special training is provided as well as complete instruction at orientation. Due to the nature of the caseload and the services provided, it is imperative employees adhere to strict role model behavior and maintain appropriate boundaries that are essential to ethical and quality care.

Fiscal Management

Annual Budget

The Inyo County Health and Human Services Department prepares an annual budget outlining revenue and expenses for the coming fiscal year in the Behavioral Health Division. Expenses are detailed for each cost center. Annual budgets are reviewed and approved by the Board of Supervisors. The county's fiscal year begins on July 1 of each year and ends on June 30 of the following year.

The Inyo County Behavioral Health division uses the Uniform Method for Determining Ability to Pay (UMDAP) as the fee schedule for collecting fees.

Fiscal Analysts assigned to the Behavioral Health Division prepare quarterly financial reports that show the budgeted and the actuals for revenue and expenditures. Summary versions of these reports are reviewed regularly by department management and may be presented to the Board of Supervisors as needed or upon request.

Fiscal Policies and Procedures

Inyo County Fiscal Policies addresses the handling of petty cash, cash receipts, donations, and authority levels for budgeted and non-budgeted expenditures. Policies regarding billings and accounts receivable are also included. Costs are allocated among programs in a manner consistent with the requirements of OMB Circular A-87.

Bonding of Program Personnel

All Inyo County staff that handle cash, client funds, checks, etc. are bonded.

Audits

Inyo County contracts with independent auditors to perform a complete audit on all aspects of the agency. Audits are conducted annually.

Volunteer Services

Inyo County Behavioral Health Division occasionally uses volunteer interns in its Substance Use Disorders (SUD) counseling programs in accordance with the County Volunteer Policy. The County Volunteer Policy addresses screening, training and orientation, duties and assignments, supervision, evaluation, and protection of client confidentiality. Please see the attached Volunteer Policy and Volunteer Agreement.

Prospective volunteers complete the County Volunteer Agreement and Enrollment packet. This packet requests background information from the prospective volunteer that is used to screen candidates. Volunteers who receive sensitive assignments, including assignments with in the Behavioral Health division are required to authorize a criminal background check prior to receiving their assignment. Applications are reviewed and approved by the Volunteer Coordinator designated by the Health and Human Services Department Director.

Article II. Program Management

Mission Statement

The Inyo County Health and Human Services staff is committed to providing education for prevention of drug and alcohol abuse and assistance for persons in need by providing a range of integrated, culturally competent integrated services, which are focused on improving the client's ability to live independently and productively in the community. The Substance Use Disorders Program (SUD) provide necessary treatment and support services on individuals struggling with alcohol, tobacco and other drug addictions towards the goal of self-sustaining sobriety supported by health community networks and individuals.

Admission or Readmission

Criteria

Inyo County Behavioral Health provides substance use disorders (SUD) outpatient treatment services at 162 Grove Street, Bishop, California (hereinafter, "Program") to Inyo County residents who meet admission criteria outlined in this section. These clients are experiencing functional impairment related to drug and alcohol use, abuse, or dependence as defined in DSM-IV. The Program is designed to respond to a wide variety of SUD problems and the social, behavioral, and psychological issues associated with them.

Screening and admission to the Program is not specifically based on the particular drug a client may be using or the type of problems that a client might be experiencing. However, program staffing and design are not intended to address the needs of clients with severe and persistent mental disorders or to successfully incorporate clients with predatory criminal backgrounds into the general caseload. In addition, clients must have sufficient cognitive ability to understand and participate in counseling services.

Medical necessity will be established in the intake and assessment process outlined below. The appropriate DSM-IV diagnostic code will be identified in the intake and assessment process as well.

Program services are available to all persons independent of gender, sexual identity, race/ethnicity, income, religion or other characteristic of a non-clinical nature.

Intake

An initial request for services is received by phone or in person at the Program. If it is determined that a client meets the admission criteria outlined above, he/she will be scheduled for an initial intake assessment appointment. Those that do not meet the criteria for admission will be referred to an appropriate provider in the community. Clients who present with serious emotional disturbance or severe and persistent mental illness are referred to Inyo County Mental Health Services, part of the Behavioral Health Division, for appropriate treatment. Client disposition will be noted either in the case record (if admission criteria are met) or else a referral out will be noted in the Program's Brief Contacts file.

The client's primary counselor conducts the initial assessment. The Addiction Severity Index (ASI) as well as other screening tools such as the Socrates Personal Drinking Questionnaire and the Stressful Life Experiences Screening are also administered for this purpose. The assessment includes a review of the client's history and current status in life domains including health, vocational/educational, alcohol or drug use and treatment, criminal history, legal status, family, socio-economic, and mental health. In addition, a family assessment session can be conducted with members of the client's family to better ascertain the extent to which they are ready, willing and able to participate in the treatment process.

Recognizing that a client may not be willing to disclose sensitive personal information prior to the development of rapport with their counselor and engagement in treatment, assessment is an ongoing process. Initial assessment information is updated as the client is willing to share more information about themselves over the course of treatment.

Once the intake process is completed, the client is advised of his/her rights and asked to sign a consent to treatment form. Only upon completion of the intake and initial assessment process, and the signing of the consent form, shall the client be admitted to treatment.

Medical Assessment

In addition to the drug and alcohol use history obtained through the assessment process, during the intake process a member of the Program counseling staff, using a standard form utilized by Inyo County, will obtain a complete medical history from the client. In the interests of minimizing the spread of infectious disease, the medical history will be obtained as early as possible in the intake process. In no case will the medical history be obtained later than thirty days after admission.

The Medical Director will review all completed medical history forms. If, in his or her opinion, physical and/or laboratory examination is warranted, the client will be referred to a local health provider. Otherwise the requirement for a physical examination will be waived.

Services

Staffing

The counseling staff is available to provide services during normal business hours and for evening groups. Counseling staff are substance abuse professionals as defined in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics. In addition, counseling staff will comply with all requirements of California Code of Regulations, Title 9, Division 4, Chapter 8 relative to certification.

The counseling staff is responsible for providing medically necessary direct services to clients admitted to the Program. These services include individual and group counseling, crisis intervention, and collateral services. In addition, counseling staff are responsible for maintaining the client clinical record. This includes the documentation of the client's participation in treatment services, the review and documentation of the client's response to treatment and the preparation of treatment and discharge plans and discharge summaries.

The Program is staffed by the medical director and the counselors. The Behavioral Health Division Director is on site eight hours per day, forty hours per week.

Hours of Operation

The Primary Clinic office hours are from 8:00 a.m. to 12:00 p.m., and from 1:00 p.m. to 5:00 p.m. Tuesday through Friday. On Monday, the office is closed from 1:00 p.m. to 2:00 p.m. for staffing. After-hours groups occur several evenings per week. Emergency services are available to clients through the Inyo County Behavioral Health twenty-four hour Crisis Hotline, or through 911 emergency response. This information is provided to all clients and posted at the clinic site.

Counseling and Other Therapeutic Services

Treatment plans are based upon client needs as determined by the initial assessment and are developed together with the client and his/her family if possible. On the basis of a thorough individual and family assessment, a treatment plan is developed to address the individual needs of the client. The scope, frequency and duration of treatment services are directly correlated to the severity of impairment in functioning. At the outset, the amount and type of treatment a client receives is established on the basis of the initial assessment and treatment plan. At a minimum, all clients will receive a minimum of two hours per week of group and/or collateral treatment services consistent with the Title 22 ODF benefit structure. As clinically appropriate, exceptions

to minimum attendance requirements will be congruent with client progress, approved by the program physician, and noted in the client's case file.

Type of Service

The basic program model is as follows. The planned program duration is ninety days. Clients may continue in the program as judged medically necessary subsequent to treatment plan review.

1. Intake, Visit 1
   a) Introduction to program, describe the treatment process;
   b) Discussion of presenting problem;
   c) Obtain medical history;
   d) Obtain consent for treatment.

2. Assessment, Visit 1
   a) Administer ASI and other screening instruments.

3. Assessment, Visit 2
   a) Discuss ASI findings;
   b) Obtain assessment data not included in ASI;
   c) Identify strengths as well as weaknesses, supports and barriers to recovery.

4. Treatment Planning, Visit 1
   a) Discuss assessment findings as the starting point for life change;
   b) Develop specific short and long term goals and action steps with client.

5. Treatment Planning, Visit 2
   a) As needed to continue the work begun in the first visit;
   b) As necessary, treatment-planning sessions may be provided when a change in treatment plan is warranted, either at ninety days or if there are clinically significant changes in the client's life.

6. Collateral Session
   a) To determine family history and involvement with substance abuse and to help engage family members as partners in the client's treatment plan;
   b) Addition collateral sessions provided monthly as needed.

7. Group Counseling Services
   a) These constitute the program's primary treatment activities based on Hazelden's "Living in Balance" curriculum. Group counseling services are intended to assist clients in identifying attitudes and behaviors specifically connected to their drug and alcohol problems. In addition group counseling helps clients to address short term personal, family, educational/vocational and other problems related to substance abuse. Curriculum-based examples of this motivational and problem-solving approach include but are not limited to the following topics:
      i) Alcohol and Drug Education (two hours per week): Focusing on definitions and terms, managing triggers and cravings, dealing with stress and negative emotions and relapse prevention;
      ii) Family and Social Relationships (two hours per week): Addresses family, parenting and child development. Trauma and PTSD in addiction. Developing problem solving skills and setting vocational and educational goals;
      iii) Physical and Emotional Wellness (two hours per week): Provides education regarding nutrition and exercise as well as the importance of emotional balance in the recovery process;
      iv) Planning for Sobriety (one hour per week): The development of a full recovery plan, examining personal relapse warning signs and relapse prevention and the support system needed for continued progress in the recovery process.

   In addition, we will utilize Moral Reconation Therapy (two hours per week): An evidenced- based, cognitive behavioral therapy program that address beliefs and reasoning. It is designed to alter how our consumers think and make judgments about right and wrong.

8. Crisis Intervention – Provided as needed if client has relapsed or is imminent danger of relapse.

9. Discharge Planning (one to two sessions) – The purpose is create a post-treatment community support plan with the client.

In addition, on the basis of information provided in the initial and any subsequent assessments, clients may, as needed, receive or be referred out for services relating to educational services; vocational counseling and training; job referral and placement; legal services; medical and/or dental services; social/recreational services; and additional individual and/or group counseling services for clients, spouses, parents and other significant people.

The Program will utilize community resources to the maximum extent possible as referral resources for clients. Any referrals made will be documented in the client case file.

Referral Services

Clients who do not meet admission criteria or in other ways not a good fit relative to program services are referred to other community agencies offering services more appropriate to their needs. All referrals are documented.

Referrals are typically made via phone conversation with an identified contact person in the appropriate community agency. A follow up call is made within ten working days to ascertain the referral outcome. Agencies to which referrals are made include Inyo County Mental Health Services, and other community based providers.

Medical Services

The Program's medical director is Jeanette Schneider, M.D. Dr. Schneider is the County Psychiatrist and works with all age groups, including persons with substance use disorders and co-occurring substance use and mental health issues. Dr. Schneider does not have admitting privileges at a local hospital. Consumers are assured access to needed hospital services through the emergency department at the local hospital. The role of the Program's medical director is to establish, review and maintain medical policies and standards, to assure the quality of medical services provided to Program clients. This is accomplished through regular meetings with the Clinical Director and counseling staff. The Medical Director exercises medical responsibility for client treatment through these staff conferences and their review and signature of the client's medical history and treatment plan.

David Scheidlinger, M.D., a Psychiatrist from Mono County, provides backup coverage during extended vacation and other times when the medical director is not available.

Dr. Gail Zwier is the Program's clinical director. Dr. Zwier is a licensed psychologist and Director of the Behavioral Health Division. She has experience in working with all

age persons who have mental illness, substance use disorders or co-occurring mental illness and substance use. The program staff works under her administration. The Program counseling staff meets the education and experience requirements for substance abuse professionals.

When deemed appropriate, the program shall provide, or refer a client for, medical detoxification.

Continuing Services

Inyo County offers continuing services through our Aftercare and Alumni Substance Abuse Program. This program if offered by Inyo County SUD Services for clients to continue to examine their substance use and sobriety after completion of a Substance Abuse Program. Persons may be referred into the program through Inyo County Probation or on recommendation of program staff after initial assessment and completion of a substance abuse program.

Case Management

Establishment, Control and Location of Records

A case file (chart) is established for each client when the treatment episode is opened. Inyo County Behavioral Health moved to an electronic clinical health record and billing system in 2010. Prior to September 2010, all client records were maintained in a paper-based chart. After September 2010, a significant portion of each client's chart is maintained in the Electronic Health Record (EHR), though portions of the chart may still be paper-based. All paper charts are kept in a locking file cabinet in a locked room at the Program site. Only the counselors, Quality Assurance staff, support staff and the Clinical Director have keys to access these records. Information contained in the EHR is maintained in an encrypted off-site server managed by the EHR product vendor and access to the electronic charts is limited to counselors, the Medical Director, support and quality assurance staff. Tiered screen access is controlled for different user groups to ensure that the minimum necessary amount of client information is available. Client information is maintained and released in accordance with the requirements of HIPAA and 42 CFR, Part 2.

Contents of Records

All records contain the following demographic information: unique client identifier, date of birth, gender, race/ethnic background, address, telephone number, next of kin, emergency contact (if client is not living at home), consent for treatment, referral source and reason for referral, and date and type of admission. This data, along with the CalOMS dataset and all other date obtained in the intake and assessment process outlined above, is maintained in the client case file.

Treatment Plan

A treatment plan is developed within thirty days of admission to the program and is based on information obtained during the assessment and intake process. When appropriate, the treatment plan is reviewed by the Clinical Director. At a minimum, the treatment plan is reviewed and updated by staff every ninety days thereafter. Independent of the ninety-day requirement, the treatment plan may be updated whenever clinically significant changes occur in the client's life or as the client may disclose new information to the counselor. The Medical Director signs all treatment plans within fifteen days of their development.

The treatment plan includes, but is not limited to, the following; a statement of the problems, statement of goals, action steps, target dates for accomplishment of the action steps, and when possible, resolution of the goals.

Urine Surveillance

The Program uses urine screening for treatment purposes only and not as part of a legal surveillance. Results are shared with probation and other treatment providers only with a signed release of information.

Urine test results are recorded in the client's case file. Positive results are discussed with the client and may be cause for a review of the treatment plan.

Case File Contents

Each client contact is documented in a signed and dated progress note. In addition entries in the case file may be made subsequent to phone contact with the client or their parents, conferences with school or probation staff, or other interaction or communication with the client or another person, which provides information that is clinically relevant to the client's treatment.

Behavioral Health requires that client case records are maintained in a legible manner, written either in ink or typed. All entries must be signed and dated. All information relating to a client and their services at the program is kept in a single case file. While maintaining appropriate confidentiality safeguards as noted above, records are kept in such a manner to be easily accessible to staff providing services.

Maintenance of Records

When a client is discharged from the Program, the discharge summary and any other final entries in the client case file are completed within thirty days. After review by the Clinical Director, the closed chart is placed in locked storage. Behavioral Health maintains client records for not less than seven years after discharge.

All information contained in the client case file is considered confidential and, as noted earlier, is disclosed only to authorized persons in accordance with federal, state, and local laws.

In the event that the Program ceases operations at the certified location, all records will be stored at another Behavioral Health site for a period of not less than four years. In the event Behavioral Health was to cease operation entirely, all SUD treatment records will be turned over to the Inyo County Alcohol and Drug Program Administrator for confidential storage.

Quality Assurance

Behavioral Health has an active quality assurance program. Specific elements germane to Drug Medi-Cal services are as follows.

Continuity of Care

Each client is assigned a primary counselor who is responsible for overseeing all components of the client's treatment. The primary counselor is responsible for ensuring that the following activities occur:

a) The treatment plan is developed within thirty days after admission;
b) Required services are provided as clinically necessary and in accordance with Title 22 regulations, and that these services are accurately documented;
c) Attendance and/or non-compliance issues are documented and discussed with the client;
d) Progress or barriers in achieving treatment plan goals and objectives are assessed and documented on a continuous basis;
e) The treatment plan is updated and reviewed at least every ninety days;
f) All relevant documents (releases, correspondence, referrals, consent to treatment, etc.) are contained in the chart;
g) A discharge plan and discharge summary are developed.

Case and Treatment Plan Reviews

Case reviews occur at intake, when treatment plan revision is appropriate, and at discharge to ensure that:

a) The treatment plan is relevant to the stated problems(s);
b) The services delivered are relevant to the treatment plan;
c) Recordkeeping is adequate.

The treatment plan is reviewed to assess progress to date, to reassess needs and services, and to identify additional problem areas and formulate new goals, when appropriate.

Program Evaluation

The Behavioral Health division has a written quality assurance plan that outlines self-evaluation procedures. Qualitative and quantitative data analysis is used to assess consumer outcomes and inform management decisions.

Staff perform follow-up interviews with consumers at three months and at six months following program completion to track short-term success rates.

Two types of satisfaction surveys are administered. One is a program evaluation that consumers are asked to complete at the end of treatment. The other is an annual Health and Human Services Department consumer satisfaction survey. The results of the departmental survey are reported by division and overall for the department. Both surveys provide feedback to administrators, supervisors, counselors, and other staff and are used to inform decisions about performance improvement.

Consumer complaints and grievances are investigated by the SUD Program supervisor and are referred to the Behavioral Health Director as deemed necessary. The number, nature, and outcome of complaints and grievances are reported to the Behavioral Health Quality Improvement Committee quarterly.

Staff Development

Behavioral Health has a staff development plan that includes monthly internal training opportunities in relevant topic areas, access to Essential Learning on-line training and other training opportunities offered through the Health and Human Services Department. Documentation of attendance at training events is maintained in the Behavioral Health office training files.

Utilization Review

Behavioral Health maintains written procedures for utilization review.

Facility Management

The Program has in place at the site policies and procedures for ensuring that the facility complies with all applicable local, state and federal laws and to ensure that the facility is maintained in a clean, safe, sanitary, and drug-free condition.

Client Rights

As part of every admission process, the client is informed of the program's policy of non-discrimination, their rights as a client, grievance procedures, the appeal process for discharge, program rules and regulations, fee policy for DMC clients, and the right of access to their case file. The client is given a written copy of the aforementioned documents and the client rights statement is posted on program premises.

Confidentiality

Behavioral Health complies with the confidentiality requirements of the Health Insurance and Portability Act (HIPAA), 42 CFR, Part 2, and Article 7 of Subchapter 2, Part 1 of Division 5 of the Welfare and Institutions Code. The staff is trained on confidentiality and required to sign a confidentiality statement prior to commencing employment.

Consent to Treatment

Every client must sign consent to treatment prior to admission to the program. The consent to treatment discusses the mutual roles and responsibilities of the client and the program.

Consent to Follow-up

In order to assess outcome measures for the program, each client is asked to sign consent to receive follow up contacts in person or by telephone at three, six, and twelve months upon completion of their treatment.

Research

Behavioral Health does not plan to participate in human subjects research in its AOD treatment programs. In the event any such research might occur, Behavioral Health will comply with all applicable state and federal requirements for human subjects protection.

Discharge

Discharge Criteria

Behavioral Health has discharge procedures defining the criteria for successful completion of the program, unsuccessful discharge, involuntary discharge, and transfers and referrals. These are consistent with the corresponding Discharge Status definitions listed in the ADP CalOMS Treatment Data Collection Guide.

Discharge Summary

The concluding entry in each client case record is the Treatment Discharge summary form. The discharge summary is an overall description of the treatment episode, the reason for discharge, the client's plan for ongoing post-treatment support, and any referrals made by program staff. In addition, the discharge plan contains a summary of client status at the time of discharge in the following areas: alcohol and/or drug use, vocational or educational achievements, and any known criminal activity. A copy of the Treatment Discharge form is attached.

Attachment III

Fire Safety Clearance

Primary Substance Abuse Clinic

STATE OF CALIFORNIA- HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, GOVERNOR

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 322-2911

TO: **LOCAL FIRE AUTHORITY**

FROM: **LICENSING AND CERTIFICATION DIVISION**
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

SUBJECT: **FIRE CLEARANCE**

The Department of Alcohol and Drug Programs (ADP) licenses and certifies residential alcohol and/or other drug treatment programs and certifies outpatient programs. In an effort to promote program safety, these programs are required by state regulations and certification standards to obtain a fire clearance from local fire authorities.

The Department requires the Std. 850 form for residential programs. However, for outpatient programs, any clearance issued on official stationary or fire department forms is acceptable. Attached is a sample form, which may also be used. Please feel free to copy the form onto your letterhead when requests are received by your office for fire clearance, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs and to ADP in our efforts to keep our programs fire-safe. If you have any questions, please contact the Licensing and Certification Division at (916) 322-2911.

Attachment

FIRE CLEARANCE

Fire Authority Name

Address

Telephone Number

(Name of program)

was inspected this date for compliance with local requirements, and is hereby granted a fire clearance to operate an outpatient alcohol and/or other drug treatment program at:

(Address of program -- please include suite numbers if applicable)

Inspector's name (typed or printed), telephone number

(Signature and rank of inspector granting clearance)

(Inspection date)

Official seal here

Attachment IV

Zoning Clearance and Lease Agreement

Primary Substance Abuse Clinic

DEPARTMENT OF PUBLIC WORKS

P.O. DRAWER Q
INDEPENDENCE, CA 93526
PHONE: (760) 878-0201
FAX: (760) 878-2001

COUNTY
OF
INYO

Clint Quilter, Public Works Director
Jim Tatum, Deputy Public Works Director

February 6, 2014

State of California
Health and Human Services Agency
Department of Health Care Services
Provider Enrollment Division, MS 4704
PO Box 997412
Sacramento, CA. 95899-7412

To Whom It May Concern:

As requested in the instructions for the Application for Drug Medi-Cal Program Participation for Substance Abuse Clinics, please accept this letter as confirmation that the Inyo County Substance Use Disorder clinic, located at 162 Grove Street in Bishop, California, is operated in a building leased by the County of Inyo. As a public agency, the County of Inyo is not required to obtain local zoning approval to operate the clinic at this location.

Sincerely,

Jim Tatum, Deputy Director
Inyo County Public Works Department

Jean Turner, Director
Inyo County Health and Human Services Department

Linda Benson, Administrator
Inyo County Substance Use Disorders Program

PUBLIC WORKS DEPARTMENT
P.O. DRAWER Q
INDEPENDENCE, CALIFORNIA 93526
(760) 878-0201
(760) 878-2001 FAX

County of INYO

Doug Wilson, Interim Public Works Director
Jim Tatum, Deputy Public Works Director

January 8, 2013

Connie and Michael Layne Trust
192 E. Radcliffe Drive
Claremont, CA 91711

RE: Lease Agreement
162 Grove Street
Bishop, CA 93514

Dear Mr. and Mrs. Layne,

Inyo County Public Works desires to exercise the option to extend its lease of the office property located at 162 Grove Street, Bishop, CA for the period of July 1, 2013 thru June 30, 2014.

The fixed monthly rent is $5,985.00 per month, and if you agree to the extension, please sign both copies of the enclosed letter, keeping one for your records and return one copy to our office in the enclosed envelope.

Agree to Terms & Extension:

Signature: ✓ [signature]

Dated: ✓ 1/13/13

If you have any questions, I can be reached directly at 760-878-0205 or by e-mail at jtatum@inyocounty.us.

Sincerely,

Jim Tatum
Deputy Public Works Director

JT/dmh

Cc: Sharon Koontz, Building & Maintenance

In the Rooms of the Board of Supervisors

County of Inyo, State of California

I, HEREBY CERTIFY, that at a meeting of the Board of Supervisor of the County of Inyo, State of California, held in their rooms at the County Administrative Center in Independence on the 19th day of *June,* 2012 an order was duly made and entered as follows:

P.W./Layne Trust Office Space Lease

Moved by Supervisor Cash and seconded by Supervisor Pucci to approve the Lease between the County of Inyo and Connie and Michael Layne Trust for real property described as 162 Grove Street, Bishop, CA, for the period of July 1, 2012 through June 30, 2013, including two one-year options to extend, at the rate of $5,700 with a 5% increase per year for each of the one-year option exercised by the County, contingent upon the Board's adoption of future budgets; and authorize the Chairperson to sign. Motion carried unanimously.

Layne Trust
Fiscal
File

WITNESS my hand and the seal of said Board this 19th

Day of June 2012

KEVIN D. CARUNCHIO
Clerk of the Board of Supervisors

By: Patricia Gunsolley
Patricia Gunsolley, Assistant

Routing

CC
Purchasing
Personnel
Auditor
CAO
Other P.W.

DATE: June 29, 2012

For Clerk's Use Only:
AGENDA NUMBER

10

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

■ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Public Works

FOR THE BOARD MEETING OF: June 19, 2012

SUBJECT: Lease Agreement between the County of Inyo and Connie and Michael Layne Trust for the property located at 162 Grove Street, Bishop.

DEPARTMENTAL RECOMMENDATION:
Request Board approve the Lease Agreement between the County of Inyo and Connie and Michael Layne Trust for the real property described as 162 Grove Street, Bishop, California, for an initial period of one-year, with two one-year options, in an initial amount of $5,700 per month for the period July 1, 2012 through June 30, 2013, increasing by 5% for each one-year option exercised by the County, contingent upon the Board's adoption of the 2012-2013 Budget and adoption of future budgets and authorize the Chairperson to sign.

CAO RECOMMENDATION:

SUMMARY DISCUSSION:
This lease provides office space for Inyo County Health and Human Services Programs located in Bishop. Social Services, Behavioral Health and Health divisions all have programs provided in this building. The Lease Agreement provides for an initial term of one year, commencing July 1, 2012 and ending June 30, 2013, with two one-year options. The monthly lease for the initial term is $5,700 per month or $68,400 per year. Should the County exercise the option for the second year, the monthly lease will increase by 5% to $5,985 per month or $71,820 per year. Should the County exercise the option for the third year, the monthly lease will increase by 5% to $6284.25 per month or $75,411 per year. If your Board approves the lease and the County exercises both one-year options, the total amount payable under the lease agreement will be $215,631.

ALTERNATIVES:
The alternative would be to find another location. No other office space that would serve the current needs has been identified at this time.

OTHER AGENCY INVOLVEMENT:
The programs located in this location have regular and numerous interactions with a variety of community-based programs.

FINANCING:
State, Federal and Realignment funds. Funding for payment of this lease is spread throughout all budgets whose programs are located in this facility, such as Social Services, and Behavioral Health Budgets. The proper amounts will be budgeted in the appropriate budgets under rent. No County General Fund.

APPROVALS	
COUNTY COUNSEL:	**AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS** *(Must be reviewed and approved by County Counsel prior to submission to the Board Clerk.)* DMC Approved: [signature] Date: 6/7/12
AUDITOR/CONTROLLER:	**ACCOUNTING/FINANCE AND RELATED ITEMS** *(Must be reviewed and approved by the Auditor/Controller prior to submission to the Board Clerk.)* [signature] Approved: [signature] Date:
PERSONNEL DIRECTOR:	**PERSONNEL AND RELATED ITEMS** *(Must be reviewed and approved by the Director of Personnel Services prior to submission to the Board Clerk.)* Approved: n/a Date:

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) [signature] Date: 6-12-12

LEASE AGREEMENT
BY AND BETWEEN THE COUNTY OF INYO AND

Connie and Michael Layne Trust

THIS LEASE AGREEMENT, made and entered into this ____day of _____, _____, by and between Connie and Michael Layne Trust, hereinafter referred to as "Lessor," and the County of Inyo, a political subdivision of the State of California, hereinafter referred to as "County," whereby the parties hereto agree as follows:

WITNESSETH:

SECTION ONE. ADMINISTRATION.

This Lease Agreement, hereinafter referred to as "Lease," shall be administered on behalf of the County by Jeff Ahlstrom, whose title is: Interim Deputy Public Works Director hereinafter referred to as "County's Lease Administrator," and on behalf of Lessor by Michael Layne Trustees.

SECTION TWO. DESCRIPTION.

Lessor hereby leases to County that real property described as The office building located at 162 Grove Street, Bishop, California.

Said real property, hereinafter referred to as "leased premises," is leased on the terms and conditions hereafter set forth.

SECTION THREE. PARKING.

County shall have reasonable non-exclusive use of the parking areas located North and East side of building in common with other tenants and occupants of the leased premises, together with the right of reasonable ingress and egress to the leased premises parking area.

SECTION FOUR. INITIAL TERM AND OPTIONS.

The initial term of this Lease is for One Year, commencing on July 1, 2012 and terminating on June 30, 2013. In addition, County shall have two options to extend the Lease for additional one-year periods as follows:

a. From July 1, 2013 through June 30, 2014
b. From July 1, 2014 through June 30, 2015

County shall exercise such options by giving written notice to Lessor at least thirty (30) days before the expiration of the Lease Term, or an extension thereof.

The notice shall specify the period of the options being exercised. Except as provided for in Section Seven (Rent), the option to extend shall be upon the same terms and conditions as stated in this Lease.

The County shall not be liable for any rent until such time as County occupies the leased premises.

SECTION FIVE. EARLY TERMINATION.

The ability of County to enter into this Lease is based upon available funding from various sources such as, without limitation, grants or other appropriations from other governmental entities. This Lease may be terminated by County at its sole discretion by first giving to Lessor no less than sixty (60) day written notice in the event that, for reasons not reasonably within County's control, such funding from one or more of such sources fails, is reduced, or is otherwise modified in such a manner as to render all or part of the funding unavailable for payment of rent pursuant to this Lease.

SECTION SIX. HOLDING OVER.

Any holding over at the expiration of said term, or extensions thereof, with the consent of Lessor, either expressed or implied, shall be construed to be a tenancy from month to month at the same rental as paid for the last month of the lease period, and shall be otherwise upon the same terms and conditions as are herein provided. Such holding over shall include any time required by County to remove its equipment and fixtures.

SECTION SEVEN. RENT.

The rent reserved to Lessor herein shall be the sum of FIVE THOUSAND SEVEN HUNDRED Dollars ($ 5,700.00) per month and shall be paid in arrears, which means by the first of the month next following the month on which such rental was earned.

In the event the County exercises its option to extend for any or all of the one-year periods, the rent for such option period may increase as agreed upon by Lessor and County, but not to exceed an increase in excess of five percent (5 %) of the rent for the previous Lease period.

SECTION EIGHT. PRORATED RENT.

The County shall not be liable for rent until such time as County occupies the leased premises. The rent shall be prorated daily for the number of days that the building is occupied by County in its initial occupancy, if less than a full month, and in holding over pursuant to Section Six (Holding Over).

SECTION NINE. USE.

It is the intention of the County to occupy and use the leased premises for governmental uses . County may use leased premises for other governmental uses, but such uses are subject to approval of the Lessor, which approval shall not unreasonably be withheld.

SECTION TEN. HOURS.

County shall have access to the leased premises at any time on a twenty-four hour per day, seven-day per week basis.

SECTION ELEVEN. ALTERATIONS AND IMPROVEMENTS.

County may make alterations and/or additions to the leased premises. However, any additions, improvements or alterations permanently made or affixed to the leased premises shall be made only with Lessor's written approval. All equipment and non-permanent fixtures installed by County shall remain the property of the County and may be removed by County upon termination of this Lease or any extension thereof. Any damage occasioned by such installation and/or removal shall be repaired by County. All other fixtures, additions, alterations and improvements made by the County to the Leased premises shall become property of Lessor upon termination of this Lease or any extension thereof.

SECTION TWELVE. UTILITIES.

Lessor shall provide and pay for the following utilities: None. County shall provide and pay for the following utilities: water, sewer and electricity.

SECTION THIRTEEN. JANITORIAL SERVICE AND TRASH REMOVAL.

The Lessee (County) shall furnish at it's sole expense janitorial and trash removal services which may be required on the leased premises, not less than once weekly. Such services shall be provided at the level necessary to maintain the leased premises in a clean and orderly condition.

SECTION FOURTEEN. MAINTENANCE.

Lessor shall, at Lessor's own expense, keep and maintain the entire leased premises, both interior and exterior (including, but not limited to, landscaping, sidewalks, parking lots, and all mechanical, cooling, heating, plumbing, and ventilating equipment, if any), in good order, condition, and repair. Lessor shall make repairs required under this clause within a reasonable time after receipt of written notice of the need of such repairs.

SECTION FIFTEEN. SIGNS.

County may erect signs necessary to identify County's occupancy of the leased premises during the term hereunder. The County shall forward to Lessor the proposed design for said signs prior to placing said signs on the leased premises. County shall not place the proposed signs on the leased premises until Lessor has given Lessor's consent to the proposed signs. Lessor shall not unreasonably withhold said consent. Signs shall be removed by County at the termination of this Lease.

SECTION SIXTEEN. FORCE MAJEURE.

If either party hereto shall be delayed or prevented from the performance of any act required hereunder by act of God, restrictive governmental laws or regulations, strikes, civil disorders, or other causes not involving the fault, and beyond the control, of the party obligated (financial inability excepted), performance of such act shall be waived for the period of the delay; and the period for the performance of any such act shall be extended for the equivalent amount of time as the period of such delay. However, nothing in this clause shall excuse the County from the payment of any rental or other charge required of County, except as may be expressly provided elsewhere in this Lease.

SECTION SEVENTEEN. WASTE.

County shall give prompt notice to Lessor of any damages to the leased premises and shall not commit, or suffer to be committed, any waste or injury, or allow any public or private nuisance on the leased premises.

SECTION EIGHTEEN. DAMAGE OR DESTRUCTION.

In the event that the leased premises shall be substantially damaged by any cause during the term of this Lease or extension thereof, other than through the fault or neglect of County, to such an extent that the leased premises cannot be repaired in ninety (90) days, this Lease may be terminated by either party at its option by giving written notice of intention to the other party within thirty (30) days following said destruction; if this Lease is not so terminated, County shall not be liable for any rent until repairs have been made or reconstruction completed by Lessor, so that the leased premises are again ready for occupancy. If the leased premises are substantially damaged or destroyed through the sole fault or negligence of County, its officers, or employees, this Lease may not be terminated by County, and it shall be the obligation of County, at its sole expense, to reconstruct or repair said leased premises.

SECTION NINETEEN. HOLD HARMLESS.

County shall not be liable to Lessor for any damage to the leased premises or for any loss, damage, or injury to any persons or property therein or thereon caused by the leased premises being out of repair, or by defects in the leased premises, including any access roads, ramps, or stairways thereof, or occurring in any means of entrance to or exit therefrom, or in the Lessor's or other occupant's equipment contained therein; or criminal acts of third parties or fire, water, gas, oil, electricity, or other causes of whatsoever nature; or occasioned by bursting, leakage, or overflow of any plumbing or any other pipes, tanks, drains, or washstands, or other similar causes in, above, upon, or about the leased premises; nor shall County be liable for any loss, damage, or injury arising from the acts or omissions of Lessor, its officers, agents, or employees, or co-tenants, or any owners or occupants of adjacent or contiguous property. Any and all claims for any damages referred to in this clause are hereby waived by Lessor, who agrees, to the extent authorized by law, to defend, indemnify, and hold harmless the County from and against any and all losses, liabilities, claims, damages, and actions of any kind or nature, including court costs and attorney fees, arising from acts or omissions identified immediately above for which the County shall not be liable. County shall, to the extent authorized by law, defend, indemnify, and hold harmless Lessor from and against the same, which is occasioned by, growing out of, arising, or resulting from any willful or negligent act or omission on the part of County, its officers, employees, or agents.

SECTION TWENTY. RIGHT OF ENTRY.

Lessor reserves the right to enter at all reasonable times upon any part of the leased premises, to inspect and examine the same, or to see that the covenants of this Lease are being kept and performed.

SECTION TWENTY-ONE. QUIET POSSESSION.

The Lessor, for itself, its heirs, devisees, successors, or assigns, covenants and agrees that County, upon payment of the rental reserved and compliance with all the terms and conditions of this Lease, may lawfully, peacefully, and quietly have, hold, use, occupy, and enjoy the leased premises and each part thereof during the term of this Lease, or any extensions thereof, without hindrance or interruption by Lessor, its heirs, devisees, successors, or assigns. Lessor has and reserves the right at any reasonable time to enter upon the leased premises, to inspect said leased premises, or to perform any of the obligations imposed by this Lease, but in so entering shall conduct itself so as to minimally interfere with County's use and enjoyment of the leased premises.

SECTION TWENTY-TWO. NOTICE.

Any notice, communication, amendment, addition, or deletion to this Lease, including change of address of either party during the term of this Lease, which Lessor or County shall be required, or may desire, to make, shall be in writing and may be personally served upon, or sent by prepaid first class mail to, the respective parties as follows:

COUNTY

Public Works	Department
P.O. Drawer Q	Street
Independence, CA 93526	City and State

LESSOR

Connie and Michael Layne Trust	Name
192 E. Radcliffe Dr.	Street
Claremont, CA 91711	City and State

SECTION TWENTY-THREE. ASSIGNMENT AND SUBLEASE.

County agrees not to assign this Lease or sublet the leased premises in part, or encumber its leasehold estate, or any interest therein, or permit the same to be occupied by another, either voluntarily or by operation of law, without first

obtaining written consent of Lessor or its duly authorized agent, which consent shall not be unreasonably withheld. Any such assignment or sublease shall not release County from liability hereunder, and any assignee or sublessee shall expressly assume all County's obligations hereunder. It is also agreed that the giving of a written consent required herein on any one or more occasions shall not thereafter operate as a waiver of the requirement for written consent on any one or more subsequent occasions.

SECTION TWENTY-FOUR. SUBORDINATION.

County agrees that this Lease shall be subject and subordinate to any mortgage, trust deed, or like encumbrance heretofore or hereafter placed upon the leased premises by Lessor or owner, or their successors in interest, to secure the payment of monies loaned, interest thereon, and other obligations. County agrees to execute and deliver, upon demand of Lessor, any and all instruments desired by Lessor subordinating in the manner requested by Lessor this Lease to such mortgage, trust deed, or like encumbrance.

Notwithstanding such subordination, County's right to quiet possession of the leased premises shall not be disturbed if County is not in default and so long as County shall pay the rent and observe and perform all of the provisions in this Lease, unless this Lease is otherwise terminated pursuant to its terms.

SECTION TWENTY-FIVE. MECHANIC'S LIEN.

County agrees to keep the leased premises free from all mechanic's liens or other liens of like nature arising because of work done or materials furnished upon the leased premises at the instance of, or on behalf of, County, provided however, that County can contest such lien provided it post an adequate bond therefore.

SECTION TWENTY-SIX. COMPLIANCE WITH LAW.

County shall, at its sole cost, comply with all the requirements of all Municipal, State, and Federal authorities now in force, or which may hereafter be in force, pertaining to the use of leased premises, and shall faithfully observe and obey all Municipal ordinances, and State and Federal statutes, now in force, or which hereafter may be in force.

SECTION TWENTY-SEVEN. WAIVER.

It is agreed that any waiver by Lessor of any breach of any one or more of the covenants, conditions, or terms of this Lease shall not be construed to be a waiver of any subsequent breach of the same or different provision of the Lease; nor shall any failure on the part of the Lessor to require exact, full, complete, and explicit compliance with any of the covenants or conditions of this Lease be construed as in any manner changing the terms hereof, nor shall the terms of this Lease be changed or altered in any way whatsoever other than by written amendment, signed by both parties.

SECTION TWENTY-EIGHT. DEFAULT.

In the event that Lessor or County shall default in any term or condition of this Lease, and shall fail to cure such default within thirty (30) days following service upon the defaulting party of a written notice of such default specifying the default or defaults complained of, or if the default cannot reasonably be cured within thirty (30) days, the defaulting party fails to commence curing the default within 30 days and thereafter to diligently and in good faith continue to cure the default, the complaining party may forthwith terminate this Lease by serving the defaulting party written notice of such termination.

SECTION TWENTY-NINE. INUREMENT.

The Lease shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns.

SECTION THIRTY. ATTORNEY'S FEES AND COSTS.

In any legal proceeding initiated by a party to the Lease against the other party arising from or relating to the Lease or the use of the Leased Premises hereunder, the non-prevailing party shall pay all costs, including reasonable attorney's fees, incurred by the prevailing party in connection with the legal proceedings.

SECTION THIRTY-ONE. SEVERABILITY.

If any provision of this Lease or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such provisions to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby, and each provision of this Lease shall be valid and be enforced to the fullest extent permitted by law.

SECTION THIRTY-TWO. TIME IS OF ESSENCE.

Time is expressly declared to be of the essence in this Lease and in all of the convenants and conditions herein.

SECTION THIRTY-THREE. ADDITIONAL TERMS AND CONDITIONS.

Additional terms and conditions of the Lease, if any, are set forth in the exhibits listed below, each of which is attached hereto and incorporated herein by this reference: N/A

SECTION THIRTY-FOUR. AMENDMENT.

The Lease may be amended only by a written document signed by all parties hereto.

SECTION THIRTY-FIVE. ENTIRE AGREEMENT.

The Lease contains the entire agreement between the parties hereto and supersedes all previous agreements between the parties with respect to the subject matter of the Lease.

SECTION THIRTY-SIX. CONSTRUCTION OF AGREEMENT.

Both Lessor and County have had the opportunity to and have participated in the drafting and final preparation of this Lease agreement. For that reason, the Lease itself, or any ambiguity contained therein, shall not be construed against either the Lessor or the County as the drafters of this document.

//// ////

7

LEASE AGREEMENT
BY AND BETWEEN THE COUNTY OF INYO AND

Connie and Michael Layne Trust

Initial Term of Lease:

July 1, 2012 - June 30, 2013

IN WITNESS THEREOF, the parties hereto have set their hands and seals this 19th day of June, 2012.

LESSEE

County of Inyo

By Marty Fortney
Chairperson, Board of Supervisors

Date: June 19, 2012

LESSOR

Michael Layne
(Please Type or Print Name)

By: [signature]
(Signature)

Date: 5/23/12

Approved as to form and content:

N/A
County's Lease Administrator

Taxpayer's Identification No.:
528 38 4301

Approved as to form and legality:

County Counsel

Approved as to accounting form and content:

County Auditor

Approved as to insurance and risk management:

N/A
County Risk Manager

Attachment V

Medical Director's License

STATE OF CALIFORNIA
DCA
DEPARTMENT OF CONSUMER AFFAIRS

The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

PHYSICIAN AND SURGEON

CERTIFICATE NO. **G61509** EXPIRATION **07/31/2015**

JEANETTE ELAINE SCHNEIDER
PO BOX 812
BISHOP CA 93515-0812

ORIGINAL ISSUANCE DATE
10/05/1987

RECEIPT NO.
16000048

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS4320571 XS4320571	02-29-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	01-30-2013

SCHNEIDER, JEANETTE ELAINE MD
162 J GROVE STREET
BISHOP, CA 93514

U.S. Department of Justice
Drug Enforcement Administration

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS4320571 XS4320571	02-29-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	01-30-2013

SCHNEIDER, JEANETTE ELAINE MD
162 J GROVE STREET
BISHOP, CA 93514

U.S. Department of Justice
Drug Enforcement Administration

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Form DEA-223 (05/04)

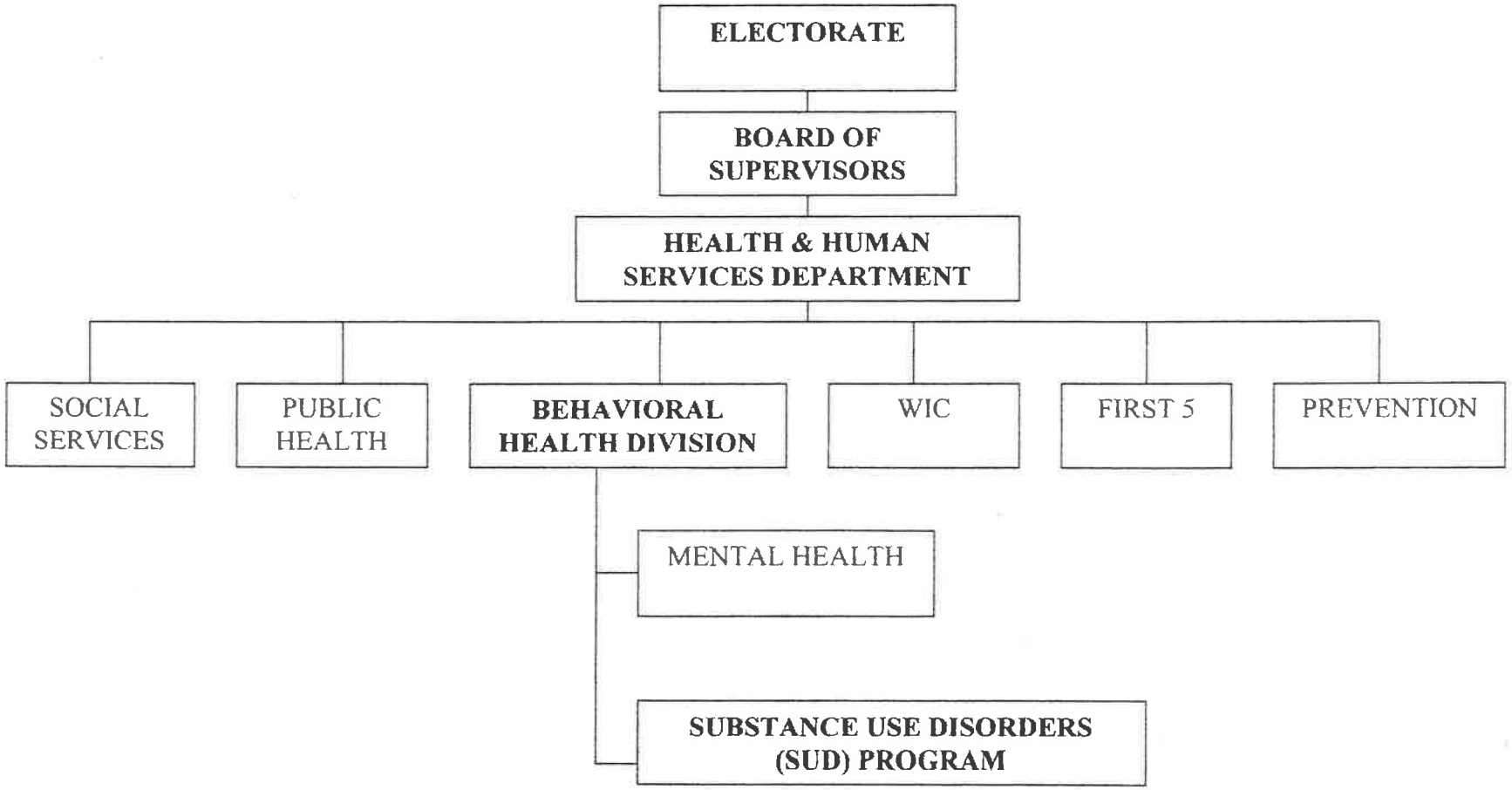
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Attachment VI

Organizational Chart

INYO COUNTY ADMINISTRATIVE STRUCTURE

As it relates to the Substance Use Disorders program



6/17/2011

Attachment VII

Board of Supervisors Authorization

Insert Board Authorization Here

Attachment VIII

Medi-Cal Disclosure Statement – DHS 6207

Primary Substance Abuse Clinic

MEDI-CAL DISCLOSURE STATEMENT

Every applicant or provider must complete and submit a current Medi-Cal Disclosure Statement (DHCS 6207) as part of a complete application package for enrollment, continued enrollment, or certification as a Medi-Cal provider.

Important:

- **FOR NEW APPLICANTS:** Failure to disclose complete and accurate information may result in a denial of enrollment and imposition of a three-year reapplication bar.
- **FOR CURRENTLY ENROLLED APPLICANTS:** Failure to disclose complete and accurate information may result in denial, deactivation of all business addresses and the imposition of a three-year reapplication bar.
- Submitting a complete and accurate Medi-Cal Disclosure Statement is required.
- Read ***all*** instructions when completing the Medi-Cal Disclosure Statement.
- Type or print clearly in ink.
- DO NOT USE staples on this form or on any attachments.
- If applicant/provider must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Return this completed statement with the complete application package to the address listed on the application form.

Overall Authority: Code of Federal Regulations, Title 42; Section 455; California Code of Regulations, Title 22, Sections 51000–51451; Welfare and Institutions Code, Sections 14043–14043.75

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GENERAL INSTRUCTIONS FOR COMPLETING THE MEDI-CAL DISCLOSURE STATEMENT

- DO NOT USE staples on this form or on any attachments.
- Do not use a pencil, correction tape, white out, highlighter pen, etc. on this form.
- If you must correct an entry, the applicant or provider must initial and date the correction in ink.
- Do not leave any questions, boxes, lines, etc., blank.
- To review the Title 22 provider enrollment regulations, please visit the Medi-Cal Website (www.medi-cal.ca.gov) and click the "Provider Enrollment" link. It is the responsibility of the applicant/provider to comply with all regulations pertaining to Medi-Cal.

Section I: Applicant/Provider Information

1. All applicants and providers must complete this Section unless they are eligible to use the "Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers" (DHCS 6216).
2. Rendering providers joining a group who are not eligible to use the "Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers" may leave parts E–H blank if part D is checked.

Section II: Unincorporated Sole-Proprietor or Individual Rendering Provider Adding to a Group

Disclosure of social security number is optional. *(See Privacy Statement at bottom of page 15)*

Section III: Ownership Interest and/or Managing Control Information (Entities)

1. To determine percentage of ownership, mortgage, deed of trust, note or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation.
2. Indirect ownership interest means an ownership interest in any entity that has an ownership interest in the applicant or provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or provider. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity.
3. Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.
4. All entities with managing control of applicant/provider must be listed in this Section.
5. Corporations with ownership or control interest in the applicant or provider must provide all corporate business addresses and the corporation Taxpayer Identification Number issued by the IRS. For verification, a legible copy of the IRS Form 941, Form 8109-C, Letter 147-C, or Form SS-4 (Confirmation Notification) must be included.

Section IV: Ownership Interest and/or Managing Control Information (Individuals)

1. Refer to Section III instructions.
2. Person with an ownership or control interest means a person that:
   a. Has an ownership interest of 5 percent or more in an applicant or provider;
   b. Has an indirect ownership interest equal to 5 percent;
   c. Has a combination of direct and indirect ownership interest equal to 5 percent or more in an applicant or provider;
   d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or provider if that interest equals at least 5 percent of the value of the property or assets of the applicant or provider;
   e. Is an officer or director of an applicant or provider that is organized as a corporation;
   f. Is a partner in an applicant or provider that is organized as a partnership.
3. All management employees must be included in this section.
4. Disclosure of social security number is optional. *(See Privacy Statement at bottom of page 15)*

Section V: Subcontractor

1. "Indirect ownership interest" means an ownership interest in any entity that has an ownership interest in the applicant or provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or provider. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the applicant or provider, A's interest equates to an 8 percent indirect ownership interest in the applicant or provider and shall be reported pursuant to Section 51000.35. Conversely, if B owns 80 percent of the stock of a corporation, which owns 5 percent of the stock of the applicant or provider, B's interest equates to a 4 percent indirect ownership interest in the applicant or provider and need not be reported.

2. "Managing employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an applicant or provider.
3. "Ownership interest" means the possession of equity in the capital, the stock, or the profits of the applicant or provider.
4. "Person with an ownership or control interest" means a person or corporation that:
   a. Has an ownership interest totaling 5 percent or more in an applicant or provider.
   b. Has an indirect ownership interest equal to 5 percent or more in an applicant or provider.
   c. Has a combination of direct and indirect ownership interests equal to 5 percent or more in an applicant or provider.
   d. Owns an interest of 5 percent or more in any mortgage deed of trust, note, or other obligation secured by the applicant or provider if that interest equals at least 5 percent of the value of the property or assets of the applicant or provider.
   e. Is an officer or director of an applicant or provider that is organized as a corporation.
   f. Is a partner in an applicant or provider that is organized as a partnership.
5. To determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the applicant or provider's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and shall be reported pursuant to Section 51000.35(a). Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.
6. "Significant business transaction" means any business transaction or series of transactions that involve health care services, goods, supplies, or merchandise related to the provision of services to Medi-Cal beneficiaries that, for the 12-month period immediately preceding the application, exceed the lesser of $25,000 or 5 percent of an applicant's or provider's total operating expenses.
7. "Subcontractor" means an individual, agency, or organization:
   a. To which an applicant or provider has contracted or delegated some of its management functions or responsibilities of providing healthcare services, equipment, or supplies to its patients.
   b. With whom an applicant or provider has entered into a contract, agreement, purchase order, lease, or leases of real property, to obtain space, supplies, equipment, or services provided under the Medi-Cal Program.
   c. ***On this form, report only those transactions as defined in line 6 above.***

Section VI: Incontinence Supplies

1. Applicant or provider must check "Yes" or "No."
2. If "Yes," complete A–C.

Section VII: Pharmacy Applicants or Providers

All pharmacy applicants or providers must complete this Section.

Section VIII: Declaration and Signature Page

1. All applicants or providers must complete this Section.
2. Legal name of applicant/provider must match name listed on associated application package.
3. The signature must be an individual who is the sole proprietor, partner, corporate officer, or an official representative of a governmental entity or nonprofit organization who has the authority to legally bind the applicant or provider. **See Title 22, CCR Section 51000.30(a)(2)(B) to determine who has the authority to sign this application.**
4. An original signature is required. Stamped, faxed, and/or photocopied signatures are ***not*** acceptable.
5. Disclosure Statement must be notarized by a Notary Public except for those applicants and providers licensed pursuant to Business and Professions Code, Division 2, beginning with Section 500. For example: Physicians, Pharmacy providers, Chiropractors, Osteopaths, Certified Nurse Midwives, and Nurse Practitioners do not need to notarize this form. Durable Medical Equipment (DME) providers, Prosthetists, Orthotists, Medical Transportation providers, etc., must notarize this form.

FOR MORE INFORMATION, PLEASE VISIT THE MEDI-CAL WEBSITE (WWW.MEDI-CAL.CA.GOV) AND CLICK THE "PROVIDER ENROLLMENT" LINK.

MEDI-CAL DISCLOSURE STATEMENT

Do not leave any questions, boxes, lines, etc., blank. Check or enter N/A if not applicable to you.

I. APPLICANT/PROVIDER INFORMATION

A. Legal name of applicant/provider as reported to the IRS

County of Inyo

B. Legal name of applicant/provider as it appears on professional license *(if applicable)* ☐ N/A

Inyo County Health and Human Services Department, Behavioral Health Division

C. Existing provider numbers (NPI or Denti-Cal provider number as applicable) used at the address indicated in Item G below. ☐ N/A

1386749091

D. If applying as a rendering provider to a provider group, check here ☐ and proceed to Part I. (marked with *asterisk below)

E. Fictitious business name *(if applicable)* ■ N/A

F. "Doing Business As" name *(if applicable)* ■ N/A

G. Address where services are rendered or provided (number, street) | (City) | (State) | (Nine-digit ZIP code)

162 J Grove Street | Bishop | CA | 93514-2640

1. Does applicant/provider lease this location? ☑ Yes ☐ No

2. If yes, provide the following information regarding Lessor:

a. Lessor name

Connie and Michael Layne Trust

b. Lessor address (number, street) | (City) | (State) | (Nine-digit ZIP code)

195 E. Radcliff Drive | Claremont | CA | 91711-2832

c. Lessor telephone number	d. Term of lease	e. Amount of lease
(909) 624-6115	1 year with two options to extend	SUD clinic share is $380.00/month

3. If no, does applicant/provider own this location? ☐ Yes ☐ No

4. If applicant/provider does not lease or own this location, explain below:

H. Type of Entity *(must check one)*:

☐ General Partnership *(Enclose Partnership Agreement)*
☐ Sole Proprietor (Unincorporated)
☐ Limited Partnership *(Enclose Partnership Agreement)*
☐ Limited Liability Company: State of formation: _____
☐ Limited Liability Partnership *(Enclose Partnership Agreement)*
■ Governmental
☐ Corporation: Corporate number: _____ State incorporated: _____
☐ Nonprofit: *Check one:* ☐ Corporation ☐ Unincorporated Association *Check one:* ☐ Charitable ☐ Religious ☐ Other *(specify)*: _____

*I. List below fines/debts due and owing by applicant/provider to any federal, state, or local government that relate to Medicare, Medicaid and ***all*** other federal and state health care programs that have not been paid and what arrangements have been made to fulfill the obligation(s). ***Submit copies of all documents*** pertaining to the arrangements including terms and conditions. See California Code of Regulations (CCR), Title 22, Section 51000.50(a)(6). ■ N/A

FINE/DEBT	AGENCY	DATE ISSUED	DATE TO BE PAID IN FULL
$		/ /	/ /
$		/ /	/ /

I. APPLICANT/PROVIDER INFORMATION *(Continued)*

J. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which applicant/provider also has an ownership or control interest. If none, check N/A. If additional space is needed, attach additional page (label "Additional Section I, Part J"). ☒ N/A

1. Full legal name of health care provider

2. Address (number, street) (City) (State) (Nine-digit ZIP code)

K. Respond to the following questions:

1. ***Within ten years of the date of this statement,*** have you, the applicant/provider, been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No

   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years of the date of this statement,*** have you, the applicant/provider, been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No

   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years of the date of this statement,*** have you, the applicant/provider, entered into a settlement in lieu of conviction for fraud or abuse involving a government program? ☐ Yes ☑ No

   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Do you, the applicant/provider, currently participate or have you ever participated as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No

   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

5. Have you, the applicant/provider, ***ever*** been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

   If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal		/ /	/ /
☐ Medicaid		/ /	/ /
☐ Medicare		/ /	/ /
☐ Medi-Cal		/ /	/ /
☐ Medicaid		/ /	/ /
☐ Medicare		/ /	/ /

6. Has the individual license, certificate, or other approval to provide health care of the applicant/provider ***ever*** been suspended or revoked? ☐ Yes ☑ No

   If yes, include copies of licensing authority decision(s) for each decision and written confirmation from them that your professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

Do not leave any questions, boxes, lines, etc., blank.

I. APPLICANT/PROVIDER INFORMATION *(Continued)*

7. Have you, the applicant/provider, ***ever*** lost or surrendered your license, certificate, or other approval to provide health care ***while a disciplinary hearing was pending***? ☐ Yes ☑ No

   If yes, attach a copy of the written confirmation from the licensing authority that your professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the license, certificate, or other approval to provide health care of the applicant/provider ***ever*** been disciplined by any licensing authority? ☐ Yes ☑ No

   If yes, include copies of licensing authority decision(s) including any terms and conditions for each decision and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

- If you, the applicant/provider, are an unincorporated sole-proprietor or an individual rendering provider adding to a group, proceed to Section II.

OR

- If you, the applicant/provider, are a partnership, corporation, governmental entity, or nonprofit organization, proceed to Section III.

II. UNINCORPORATED SOLE-PROPRIETOR OR INDIVIDUAL RENDERING PROVIDER ADDING TO A GROUP

A. Full legal name (Last) (Jr., Sr., etc.) (First) (Middle)

B. Residence address (number, street) (City) (State) (Nine-digit ZIP code)

C. Social security number

D. Date of birth

/ /

E. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*

- If you, the applicant/provider, are an unincorporated sole-proprietor, proceed to Section V.

OR

- If you, the applicant/provider, are a rendering provider adding to a group, proceed to Section VIII.

III. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ENTITIES)

A. In the table below, list all corporations, unincorporated associations, partnerships, or similar entities having 5% or more (direct or indirect) ownership or control interest, or ***any*** partnership interest, in the applicant/provider identified in Section I. **Attach a separate Section III, Part B and C for each entity listed below.** Number of pages attached: _____

☐ Check here if this section does not apply and proceed to Section IV.

	ENTITY LEGAL BUSINESS NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

III. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ENTITIES) *(Continued)*

B. Entity with (Direct or Indirect) Ownership Interest and/or Managing Control—Identification Information.

1. Legal business name

2. Doing Business As (DBA) name *(if applicable)* ☐ N/A

3. Primary Business Address (number, street) * (City) (State) (Nine-digit ZIP code)

* If this entity is a corporation, attach a list of **ALL** business location addresses and P. O. Box addresses of the corporation.

4. If this entity is a corporation, list the Taxpayer Identification Number issued by the IRS and attach a legible copy of the IRS form.

5. Check all that apply:

☐ 5% or more ownership interest ☐ Managing control ☐ Partner ☐ Other (specify): _____

6. Effective date of ***ownership*** (mm/dd/yyyy)	7. Effective date of ***control*** (mm/dd/yyyy)
/ /	/ /

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has this entity been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☐ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has this entity been found liable for fraud or abuse involving any government program in any civil proceeding? ☐ Yes ☐ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has this entity entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☐ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does this entity currently participate, or has this entity ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? If yes, provide the following information: ☐ Yes ☐ No

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

5. Has this entity ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☐ No

   If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal		/ /	/ /
☐ Medicaid		/ /	/ /
☐ Medicare		/ /	/ /
☐ Medi-Cal		/ /	/ /
☐ Medicaid		/ /	/ /
☐ Medicare		/ /	/ /

6. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which this entity also has an ownership or control interest. **If none, check here.** ☐

   If additional space is needed, attach additional page (label "Additional Section III, Part C, Item 6"). Number of pages attached: ____

   a. Full legal name of health care provider (include any fictitious business names)

   b. Address (number, street) (City) (State) (Nine-digit ZIP code)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

A. In the table below, list any individual that has 5% or greater (direct or indirect) ownership or control interest or *any* partnership interest, in the applicant/provider identified in Section I. In addition, ***all*** officers, directors, and managing employees of the applicant/provider must be reported in this section. **Attach a separate Section IV, Part B and C, for each individual listed below.** Number of pages attached: 12

	INDIVIDUAL NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
1.	Jean Fredrica Turner	40%
2.	Linda Lee Benson	30%
3.	Gail Zwier, Ph.D.	20%
4.	Merry Brown	10%
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
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16.		
17.		
18.		
19.		
20.		

IV OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Turner	Jean	Fredrica

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
1458 Bear Creek Dr.	Bishop	CA	93514-1948

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	6/21/1951	CA N9326594

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No
   If yes, check the appropriate box and list name of individual:
   ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____
   Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ☑ Managing employee
   ☑ Director/officer, title: Director,Health and Human Services ☐ Other (specify): _____

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:
   a. Legal business name of entity as listed in Section III, Part A:
      N/A
   b. What is this individual's role with the entity reported in Section III? Check all that apply.
      ☐ 5% or greater owner ☐ Partner ☐ Managing employee
      ☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No
   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

Name of individual listed in Section IV, Part B, Item 1: Jean Fredrica Turner

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care *ever* been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care *ever* been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ■

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Benson	Linda	Lee

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
P.O. Box 1612	Bishop	CA	93514-1612

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	1/22/1953	CA A0517197

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No
   If yes, check the appropriate box and list name of individual:
   ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____
   Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ■ Managing employee
   ■ Director/officer, title: Ass't Director,Health and Human Servic ■ Other (specify): Inyo Co. Alcohol and Drug Administrator

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:
   a. Legal business name of entity as listed in Section III, Part A:
   N/A
   b. What is this individual's role with the entity reported in Section III? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ☐ Managing employee
   ☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No
   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Linda Lee Benson

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care *ever* been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care *ever* been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ■

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Zwier-Villanueva	Gail	Leslie

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
P.O. Box 1733	Bishop	CA	93515-1733

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	1/23/1958	CA U1100929

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No
   If yes, check the appropriate box and list name of individual:
   ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____
   Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ☒ Managing employee
   ☒ Director/officer, title: Director, HHS Behavioral Health Division ☒ Other (specify): Mental Health Director

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:
   a. Legal business name of entity as listed in Section III, Part A:
      N/A
   b. What is this individual's role with the entity reported in Section III? Check all that apply.
      ☐ 5% or greater owner ☐ Partner ☐ Managing employee
      ☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☑ Yes ☐ No
   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)
California	Gail Zwier, Ph.D.	1548365869

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

Name of individual listed in Section IV, Part B, Item 1: Gail Leslie Zwier-Villanueva

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care *ever* been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care *ever* been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ☐

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Brown	Merry	Sue

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
291 Meadow Ln.	Bishop	CA	93514-2918

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	10/ 2 /1951	CA A0196728

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No
   If yes, check the appropriate box and list name of individual:
   ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____
   Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ■ Managing employee
   ☐ Director/officer, title: _____ ☐ Other (specify): _____

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:
   a. Legal business name of entity as listed in Section III, Part A:
      N/A
   b. What is this individual's role with the entity reported in Section III? Check all that apply.
      ☐ 5% or greater owner ☐ Partner ☐ Managing employee
      ☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☑ Yes ☐ No
   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)
California	Merry Brown	1104007731

Do not leave any questions, boxes, lines, etc., blank.

IV OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Merry Sue Brown

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care *ever* been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care *ever* been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ☐

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

V. SUBCONTRACTOR

A. Does the applicant/provider contract or delegate any management functions or responsibilities for providing the following to Medi-Cal beneficiaries:

Health Care Services ☐ Yes ☑ No Supplies ☐ Yes ☑ No
Equipment ☐ Yes ☑ No

If yes to any of the above, please complete the following information and attach a copy of any written agreement(s) that you have with the subcontractor that relate to its functions/responsibilities.

1. Subcontractor's full legal name | 2. Subcontractor's phone number ( )
3. Subcontractor's address (number, street) (City) (State) (Nine-digit ZIP code)
4. Subcontractor's federal employer identification number | 5. Subcontractor's corporation number (if applicable)
6. Does applicant/provider have direct or indirect ownership of 5 percent or more in this subcontractor? ☐ Yes ☐ No

If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part A").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

B. Has the applicant/provider entered into any of the following to obtain space, supplies, equipment, or services used to provide services to Medi-Cal beneficiaries:

Contract ☐ Yes ☑ No Purchase Order ☐ Yes ☐ No
Agreement ☐ Yes ☑ No Lease(s) of Real Property ☐ Yes ☐ No

If yes to any of the above, please complete the following information and attach a copy of any such written agreement(s) that you have with the subcontractor:

1. Subcontractor's full legal name | 2. Subcontractor's phone number ( )
3. Subcontractor's address (number, street) (City) (State) (Nine-digit ZIP code)
4. Subcontractor's federal employer identification number | 5. Subcontractor's corporation number (if applicable)
6. Does applicant/provider have direct or indirect ownership of 5 percent or more in this subcontractor? ☐ Yes ☑ No

If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part B").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

C. List the following information for any person or entity with 5 percent or more ownership and/or control interest in any subcontractor listed in Part A or B. If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part C").

☑ Check here if no subcontractors listed in Part A or B.

☑ Check here if additional sheet(s) is attached. Number of additional pages: _____

Name of Subcontractor in Part A or B

1. Full legal name of person or entity with ownership or control interest | Phone number (760)
Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee
☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

Do not leave any questions, boxes, lines, etc., blank.

2. Full legal name of person or entity with ownership or control interest | Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

3. Full legal name of person or entity with ownership or control interest | Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

4. Full legal name of person or entity with ownership or control interest | Phone number ( )

N/A

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

D. Has the applicant/provider had any business transactions involving health care services, goods, supplies or merchandise related to the provision of services to a Medi-Cal beneficiary that total more than $75,000 at any time during the 5-year period immediately preceding the date of this statement with any of the types of subcontractors identified in Part A or B above or with any wholly owned supplier? ☐ Yes ☑ No

If yes to the above, complete the following information:

1. Subcontractor's or supplier's full legal name | 2. Subcontractor's or supplier's phone number ( )

3. Subcontractor's or supplier's address (number, street) (City) (State) (Nine-digit ZIP code)

4. Describe the transaction(s):

If there is more than one subcontractor or supplier, provide a separate sheet with all required information (label "Additional Section V, Part D").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Do not leave any questions, boxes, lines, etc., blank.

E. List the following information for any person or entity with 5 percent or more direct or indirect ownership interest and/or control interest in any subcontractor listed in Part D whose business transaction(s) occurred during the 12-month period immediately preceding the date of this statement. If there is more than one subcontractor, provide a separate sheet with all required information. (label "Additional Section V, Part E").

■ Check here if no subcontractors listed in Part D.

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Name of Subcontractor in Part D

1. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

2. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

3. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

4. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section VI.

Does the applicant/provider intend to sell or currently sell incontinence medical supplies? ☐ Yes ☑ No

If no, Pharmacy applicant/providers proceed to Section VII. All other applicant/providers proceed to Section VIII.

If yes, provide the following information:

A. List the names and addresses of all current sources of capital, as defined in CCR, Title 22, Section 51000.5.

If there is more than one source of capital, provide a separate sheet with all required information (label "Additional Section VI, Part A").

☐ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity with ownership or control interest

Address (number, street) (City) (State) (Nine-digit ZIP code)

B. List all manufacturers, suppliers, and other providers with whom the applicant/provider has any type of business relationship relative to the goods and services provided to Medi-Cal beneficiaries.

If there is more than one, provide a separate sheet with all required information (label "Additional Section VI, Part B").

☐ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity with ownership or control interest

Address (number, street) (City) (State) (Nine-digit ZIP code)

C. List all persons or entities to which the applicant/provider has extended a line of credit, as defined in CCR, Title 22, Section 51000.10, of $5,000 or more.

If there is more than one, provide a separate sheet with all required information (label "Additional Section VI, Part C").

☐ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity

Address (number, street) (City) (State) (Nine-digit ZIP code)

- Pharmacy applicant/providers proceed to Section VII.

OR

- All other applicant/providers proceed to Section VIII.

Do not leave any questions, boxes, lines, etc., blank.

VII. [illegible]

A. Has the individual license, certificate, or other approval to provide health care, of the ***Pharmacist-in-Charge***, ever been suspended or revoked? ☐ Yes ☐ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

B. Has the individual license, certificate, or other approval to provide health care, of the ***Pharmacist-in-Charge***, ever been lost, or surrendered while a disciplinary hearing on his or her license was pending? ☐ Yes ☐ No

If yes, attach a copy of the written confirmation from the licensing authority that professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

C. Has any licensing authority ever disciplined the Board of Pharmacy License of the ***Pharmacist-in-Charge***? ☐ Yes ☐ No

If yes, include copies of licensing authority decision(s) including any terms and conditions and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

- Proceed to Section VIII.

VIII. DECLARATION AND SIGNATURE PAGE

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and any attachments is true, accurate, and complete to the best of my knowledge and belief.

I declare that I have the authority to legally bind the applicant or provider pursuant to Title 22, CCR Section 51000.30(a)(2)(B).

1. Printed legal name of applicant/provider

2. Printed name of person signing this declaration (if an entity or business name is listed in Item 1 above)

3. Original signature (in ink)

4. Title of person signing this declaration

5. Executed at: _____ (City), _____ (State) on _____ (Date)

6. Notary Public:

Applicants and providers licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act, or the Chiropractic Initiative Act ***ARE NOT REQUIRED*** to have this form notarized. If notarization is required, the Certificate of Acknowledgement signed by the Notary Public must be in the form specified in Section 1189 of the Civil Code.

PRIVACY STATEMENT
(Civil Code Section 1798 et seq.)

All information requested on the application, the disclosure statement, and the provider agreement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department pursuant to 26 USC 6041. This information is required by the Department of Health Care Services, Provider Enrollment Division, by the authority of Welfare and Institutions Code, Section 14043.2(a) and Title 22, California Code of Regulations, Section 51536. The consequences of not supplying the mandatory information requested are denial of enrollment as a Medi-Cal provider or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, and licensing programs in other states. For more information or access to records containing your personal information maintained by this agency, contact the Provider Enrollment Division at (916) 323-1945 or Denti-Cal at (800) 423-0507.

Do not leave any questions, boxes, lines, etc., blank.

Resumé of

Jean Turner (formerly, Dickinson), M.A.
1458 Bear Creek Drive, Bishop, CA 93514
(760) 873-4740

Professional Experience:

Sept., 2003-current — Director, *Inyo County Health & Human Services Department*
163 May Street, Bishop, CA

Appointed six months prior to former Director's retirement to allow for transition, currently provide administrative oversight of all Social Services, Behavioral Health (Mental Health as Substance Use Disorder programs) and Public Health programs and budgets; participate regularly in affiliated state associations (CHEAC, CWDA); re-structured the Department's fiscal division to increase staff's knowledge base around revenue maximization and enhanced service delivery; chaired CWDA Human Resources Committee; serve as a County First 5 Commissioner; participate in a county executive team around disaster response; consulted with new CAO on development of County Executive Leadership Council; regularly appear before Board of Supervisors both with requests and for provision of educational information to new Board members

Other titles held: Inyo County Health Executive
Inyo County Welfare Director
Inyo Mono Area Agency on Aging Director

Also serve as a Governing Board member of the County Medical Services Program (CMSP), since January 2012

1992-Sept, 2003 — Assistant Director, *Inyo County Health & Human Services Department*
1351 Rocking W Drive, Bishop, CA

Provided the management lead in implementing Board of Supervisors' mandated re-structuring of County Health Department as part of super agency; developed collaborative service delivery systems; initiated and supervised the super agency lead management team; assessed and coordinated management training; led the blending of Mental Health and Alcohol and Drug into a Behavioral Health division; in a team with the CAO and a Board of Supervisor member, oversaw the development and implementation of Proposition 10 (First 5); was appointed as a First 5 Commissioner; provided leadership to several agency policy and service delivery teams; participated on a labor negotiations team; acted as a Skelly Officer in several employee disciplinary appeal hearings; participated and successfully facilitated on-going community groups in response to citizen complaints; developed and led public presentations; represented the Department regularly at meetings of Board of Supervisors, community groups, and state association meetings; and routinely acted in the Director's absence

Other titles held: Inyo County Alcohol and Drug Administrator

1990-1992 — Assistant Director, *Inyo County Human Services Department*
162 Grove Street, Bishop, CA

Provided the management lead in implementing a Board of Supervisors' mandated re-structuring of County departments of Mental Health, Alcohol and Drug, and Social Services, was appointed the County Alcohol and Drug Administrator, acted in Director's absence on all issues, provided management training and coaching on employee supervision and discipline

Attachment IX

Administrator/Director Information

Primary Substance Abuse Clinic

1989-1990 Deputy Director, *Inyo County Department of Social Services*
162 Grove Street, Bishop, CA
Administered all Social Service programs, hired and evaluated employees, facilitated problem-solving with partner agencies and County administration

1987-1989 Supervisor, Child & Adult Services, *Inyo County Department of Social Services*, 162 Grove Street, Bishop, CA
Implemented the first supervisory position overseeing both Children and Adult Social Services, resolved Departmental compliance problems with State and Federal regulations and statutes, hired and evaluated employees

1986-1987 Social Worker III, Child Protective Services, *Inyo County Department of Social Services*
Provided Emergency Response including on-call, voluntary and Court Family Maintenance, Family Reunification, and Permanency Planning services, including the full range of investigations, case planning, writing Court petitions and reports, implementation of case plans with children and families, Court appearances, Court testimony, and effective development of professional relationships with service partners in Mental Health, Alcohol and Drug, Probation, schools, etc.

1984-1986 Senior Social Worker, Dependency Investigations of Child Protective Services, *Orange County Department of Social Services*, Santa Ana, CA
Evaluated the legal sufficiency of child abuse and neglect allegations as well as service needs of children and families through investigatory interviews, wrote Court reports and case plans, and testified effectively in contested dependency hearings

1982-1984 Project Director, Schools & Community Alcohol & Drug Prevention Project, *Teen Help Center*, Fountain Valley, CA
Administered a family therapy-based student intervention project with thirteen schools

1979-1982 Consultant, Schools & Community Alcohol & Drug Prevention Project, *Teen Help Center*, Fountain Valley, CA
Assessed student and family problems, provided parent counseling and education, and taught classroom intervention techniques

1977-1979 School Counselor, *Camp Creek Elementary School*, Lilburn, Georgia
Organized and implemented educational programs, counseled K-5 students, administered a peer counseling program, trained teachers on child development and behavior management, taught parenting classes; presented at 1978 State of Georgia School Counselors Conference

1976-1977 School Counselor, *Hillsborough Middle School*, Hillsborough, NC
Provided standardized testing administration and counseling to students, and behavior management consultation to teachers

1973-1976 Teacher, *I.E. Johnson Elementary School*, Laurinburg, NC
Taught fifth grade in a racially diverse public school located in a high poverty population neighborhood

Education:

MA in Counseling	1976	Appalachian State University Boone, North Carolina
BS in Education	1973	Pembroke State University Pembroke, North Carolina

Gail Leslie Zwier, Ph.D.
California Psychologist: PSY #13861
162 J. Grove St.
Bishop, California 93515
(760) 872-2590

EDUCATION

1989-Doctorate in Clinical Psychology
Fuller Graduate School of Psychology
(A.P.A. Accredited)
Pasadena, California
1988-Master of Arts Degree in Theology
Fuller Theological Seminary
Pasadena, California
1980-Bachelor of Arts Degree, Psychology Major
Calvin College
Grand Rapids, Michigan

EXPERIENCE

Director of Inyo County Behavioral Health Division – Inyo County Health and Human Services, Bishop, California. July 1997 - Present. Responsibilities: Administrative and clinical oversight of all Mental Health and clinical oversight of the Substance Use Disorder programs within County Health and Human Services Department. Provision of program development, leadership, management and staff supervision of all Behavioral Health programs including head of service Medi-Cal Managed Care Plan, Adult Mental Health Services, Child and Family Services, Progress House Adult Residential Treatment Services, Substance Use Disorder Services, and Mental Health Services Act components within various settings throughout a geographically large rural county. Program development and management includes fiscal and program planning within the county budgets as well as program monitoring; maximization of revenue sources; program compliance monitoring; quality improvement planning; training; and quality assurance for all Behavioral Health programs and staff. Provide oversight of 24-hour crisis mental health response and provision of licensed back-up and consultation with staff as needed. As part of a larger Health and Human Services team, assure implementation of a vision of integrated, culturally sensitive, recovery-based collaborative services. Partner with consumers and family members as well as multiple community and agency organizations to ensure quality services and efficient use of scarce resources.

Adjunct Instructor – Cerro Coso Community College, Mammoth campus (1993-1994) and Bishop California (2000-present). Responsibilities: Instructor in psychology (Mammoth). Participation in the development of a series of Human Services courses in collaboration with Community College Administration to train students in human services field. Provided instruction,

developed and provided oversight for practicum experiences and connected students with job opportunities within the community. As a result of this program, several students, including consumers of behavioral health services, have become employed in Health and Human Services and other community human services programs.

Psychotherapist/Perinatal Coordinator – Inyo County Mental Health, Alcohol and Other Drug Services, Bishop, California. November, 1993 – July, 1997. Responsibilities: 1) Administrative and Supervisory: Coordinator of Perinatal Program (1993 – 1997), counseling and recovery services for women with addictions and their children. Worked closely with Child Protective Services, Probation, Schools, and Social Services Employment Programs. Increasing responsibility for clinical/program oversight and supervision for Mental Health/Alcohol and Other Drug Services of staff including staff working under a Healthy Start Grant, within the outpatient clinic, home and school settings and within the Juvenile Center. 2) Clinically: Therapist for children, adolescents, families, and adults for Mental Health and Alcohol and Other Drug Services, member of the multi-disciplinary team, co-facilitator of groups with juvenile probation, co-facilitator of groups for persons with co-occurring disorders, licensed back-up and participation in 24 hour on-call services.

Clinical Director – O.A.S.I.S. Counseling Center, Inc., Atlanta and Hinesville, GA. 1989 – 1993. Responsibilities: 1) Administratively: Assignment and oversight of care, supervision of clinicians, managed care (Employee Assistance Program) assessment and referral, pre-employment testing for Delta Airlines and Salvation Army. 2) Clinically: In-patient and out-patient assessment and treatment in a group practice. Child and family focus: referrals through Medicaid, Court Services, Department of Family and Children's Services (forensic and placement evaluations), schools, military dependents, as well as the general public. Play therapy, parent training, school interventions, consultation and training for school counselors. Treatment to adults primarily evidencing anxiety, trauma, and depressive symptoms (group and individual treatment). Assessment and treatment for all ages in an inpatient setting, including mental health and substance abuse issues. Assessment and treatment of impaired physicians including assessment of cognitive, memory and emotional functioning, possible impairment due to substance use. Community speaking (primarily on child abuse issues for community groups and schools).

Attachment X

Fiscal Year 2013-14 Line Item Budget,

Substance Use Disorders

Primary Substance Abuse Clinic

County of Inyo
Department of Health and Human Services Behavioral Health Division
Substance Use Disorders Line Item Budget
Fiscal year 2013-14

PERSONNEL:	$	308,477
OPERATING:	$	129,734
CAPITAL:	$	-
OTHER:	$	-
INDIRECT:	$	16,794
	$	455,005

		PERSONNEL	OPERATING	CAPITAL	OTHER	INDIRECT	
SALARIED EMPLOYEES	5001	$ 200,904					$ 200,904
OVERTIME	5003	$ 500					$ 500
PART TIME EMPLOYEES	5012						$ -
RET./SOC. SEC.	5021	$ 15,700					$ 15,700
PERS	5022	$ 45,848					$ 45,848
RETIRE HEALTH	5025	$ 9,432					$ 9,432
MEDICAL INS.	5031	$ 26,992					$ 26,992
DISABILITY	5032	$ 2,023					$ 2,023
SLBO	5042	$ 2,523					$ 2,523
OTHER BENES	5043	$ 1,807					$ 1,807
INTERNAL CHARGES	5121		$ 11,000				$ 11,000
TECH REFRESH	5123		$ 3,194				$ 3,194
INTERNAL SHREDDING	5128		$ 500				$ 500
INTERNAL COPIER	5129		$ 2,000				$ 2,000
WKR COMP	5152	$ 2,748					$ 2,748
UNEMP INS	5154		$ 2,000				$ 2,000
PUBLIC LIAB.	5155		$ 1,704				$ 1,704
OFFICE & OTHER EQUIP	5232		$ 4,000				$ 4,000
EMP. PHYSICALS	5260						$ -
ADVERTISING	5263		$ 2,000				$ 2,000
PROF. SVCS.	5265		$ 35,320				$ 35,320
RENTS	5291		$ 13,016				$ 13,016
GEN'L OP	5311		$ 20,000				$ 20,000
A-87	5315					$ 16,794	$ 16,794
TRAVEL	5331		$ 10,000				$ 10,000
MOTOR POOL	5333		$ 20,000				$ 20,000
UTILITIES	5351		$ 5,000				$ 5,000
		$ 308,477	$ 129,734	$ -	$ -	$ 16,794	$ 455,005

Attachment XI

Job Descriptions for Facility Staff

Primary Substance Abuse Clinic

INYO COUNTY
PERSONNEL SERVICES
P. O. BOX 249
INDEPENDENCE, CA 93526

(760) 878-0377
FAX (760) 872-2712

AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ANNOUNCES AN **OPEN RECRUITMENT** FOR:

ADDICTIONS COUNSELOR I, II, OR III

Application Deadline: OPEN UNTIL FILLED

DEPARTMENT:	Health and Human Services, Behavioral Health Division					
LOCATION:	Countywide					
SALARY:	**Counselor I:**	Range 57	$3046	$3201	$3358	$3526 $3701**
	Counselor II:	Range 60	$3271	$3431	$3603	$3786 $3973**
	Counselor III:	Range 64	$3590	$3767	$3951	$4159 $4363**

**BENEFITS: CalPERS Retirement System (2% at 55) – employee contribution of 7% paid by Inyo County (EPMC reported as wages). Medical Plan – employee responsibility for employee and dependent monthly premium is 1% of base salary on PERS Choice plan; 100% of employee and dependent monthly premium paid for dental and vision; $20,000 term life insurance policy on employee. Vacation – 10 days per year during the first three years; 15 days per year after three years; 1 additional day for each year of service after ten years to a maximum of 25 days per year. Sick leave – 15 days per year. Flex (personal days) – 5 days per fiscal year. Paid holidays – 11 per year.

DEFINITION: Under the general direction of the Behavioral Health Director and specific supervision of a program manager, depending upon level of position, may provide assessment, counseling, education, relapse prevention, and case management to persons with alcohol or drug addictions and/or with dual diagnoses, and related problems.

ESSENTIAL JOB DUTIES:

Addictions Counselor I – This is the entry-level position. Provides assessment of clients referred by the Courts and Probation for appropriate level of service; monitors clients in collection of urine specimens; develops treatment plans and educational curricula; provides individual and group counseling around chemical dependency and related issues, including co-occurring AOD and mental health issues; coordinates with collaborative partners and coworkers in the delivery of services; manages confidentiality appropriately; participates in staff meetings and trainings; prepares reports, chart notes, and completes data collection forms in a timely, accurate manner; communicates effectively both orally and in writing with the Courts and Probation and/or other collaborative partners; participates as part of the Behavioral Health on-call rotation; performs related duties as assigned.

Addictions Counselor II – In addition to the essential job duties noted above for Addictions Counselor I, also may assist in training and certification sign-off for interns accruing hours to become a certified alcohol/drug counselor.

Addictions Counselor III – This position is expected to perform all of the essential job duties noted above for Addictions Counselor I and II. This position functions at the highest level of autonomy in the Addictions Counselor series, and functions in a lead role in the absence of the supervisor.

EMPLOYMENT STANDARDS

Training and Experience:

Addictions Counselor I – Requires a minimum of one year of experience (*one year* defined as a minimum of 1776 total hours of full- or part-time compensated or uncompensated work experience, in accordance with Title IX) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services. Certification as a drug and alcohol counselor is preferred, although current intern candidates working on certification will be considered. Interns must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application.

Addictions Counselor II - Certification as a drug and alcohol counselor is required plus a minimum of two years of

experience (*one year* defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Addictions Counselor III – Certification as a drug and alcohol counselor is required plus a minimum of three years of experience (*one year* as defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency and persons with co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions.

Ability to: Communicate effectively both orally and in writing with the Courts, Probation, and other collaborative partners; participate in and benefit from supervision, collaborative staff meetings, and trainings; sit for prolonged periods of time; produce written documentation by hand or computer; stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone; drive a motor vehicle. Consistent attendance is an essential function of the position.

Special requirements: Applicants at the Addictions Counselor I level may be hired prior to obtaining certification as a drug and alcohol counselor, but must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application. Addiction Counselor I incumbents must become certified as a drug and alcohol counselor within five years of being registered as an intern, as required by the State of California, and may not advance to the Addictions Counselor II level prior to obtaining certification.

Incumbents hired at the Addictions Counselor II or III level must possess and maintain certification as a drug and alcohol counselor during the term of employment.

Applicants at all levels of the Addiction Counselor series (I, II and III) must: successfully complete a pre-employment background investigation and physical examination, submit to yearly tuberculosis test, possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment, and possess a valid operator's license issued by the State Department of Motor Vehicles.

SELECTION: Selection procedures will be determined by the number and qualifications of applicants and may include a qualification screening, written examination, computer skills exercise, and oral examination.

APPLICATION: **This recruitment will remain open until position has been filled.** Must apply on Inyo County application form. A cover letter and/or resume will be accepted in addition to the application form but will not serve as a substitute for a completed application. **It is not acceptable to complete the application with statements like "See/Refer to Resume" or "See Attached".** Incomplete applications will not be processed.

The County of Inyo has work sites located throughout the Owens Valley (Independence, Bishop, Lone Pine, Big Pine, and Olancha) and the Death Valley area (Death Valley, Tecopa, and Shoshone). Positions are assigned to a work site based upon the needs of the County. Positions may be temporarily or permanently reassigned to another work site as deemed necessary by the Department Head.

REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH QUALIFYING DISABILITIES: Inyo County will make reasonable efforts in the examination process on a case-by-case basis to accommodate persons with disabilities. If you have special needs, please contact (760) 878-0377 prior to the examination process.

CITIZENSHIP/IMMIGRATION STATUS: Inyo County employs only U.S. citizens and lawfully authorized non-citizens in accordance with the Immigration Reform and Control Act of 1986.

INYO COUNTY
PERSONNEL SERVICES
P. O. BOX 249
INDEPENDENCE, CA 93526

(760) 878-0377
FAX (760) 878-0465

AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ANNOUNCES AN **OPEN RECRUITMENT** FOR:

ADDICTIONS PROGRAM SERVICES SUPERVISOR

Application Deadline: OPEN UNTIL FILLED

DEPARTMENT:	Health and Human Services, Behavioral Health
LOCATION:	Countywide
SALARY:	Range 70 $4138 $4347 $4561 $4792 $5032**
TERM:	Contingent upon continued funding; should funding cease, position will be eliminated.

****BENEFITS:** CalPERS Retirement System (2% at 55) – employee contribution of 7% paid by Inyo County (EPMC reported as wages). Medical Plan – employee responsibility for employee and dependent monthly premium is 1% of base salary on PERS Choice plan; 100% of employee and dependent monthly premium paid for dental and vision; $20,000 term life insurance policy on employee. Vacation – 10 days per year during the first three years; 15 days per year after three years; 1 additional day for each year of service after ten years to a maximum of 25 days per year. Sick leave – 15 days per year. Flex (personal days) – 5 days per fiscal year. Paid holidays – 11 per year.

DEFINITION: Under the general direction of the Behavioral Health Director, or her designee, will plan, organize, supervise, and participate in the operational and program activities of the Alcohol and Other Drug Services Intervention Programs as part of the Behavioral Health Division of the Health and Human Services Department.

ESSENTIAL JOB DUTIES: Provides first-line supervision for the intervention programs of the Alcohol and Other Drugs Services program. This currently includes the SACPA (Substance Abuse and Crime Prevention Act) program, the Driving Under the Influence Programs and other AODS intervention services such as Diversion, Perinatal, and youth-focused addictions services. Provides supervision and oversight, which includes planning, assigning, monitoring, tracking, and evaluating the work of the Addictions Counselors. Provides collaborative activities and leadership as part of a multidisciplinary team to maximize resources and responsiveness of addiction services. Provides outreach and treatment services such as assessment, individual, family and group treatment services as well as the completion of required documentation. Provides training and presentations both to staff, agencies, and community organizations to further knowledge around addiction issues. Functions as part of the Behavioral Health Team and Health and Human Services Department to plan integrated culturally competent and effective programs; participates to ensure quality assurance and compliance with State and Federal program regulations; provides other duties as assigned.

EMPLOYMENT STANDARDS:

Education/Experience: Requires a high school graduate or equivalent. Must possess certification as a drug and alcohol counselor, with at least three (3) years of progressively responsible clinical experience in an addictions treatment program, including at least two (2) years of supervisory responsibility. Must have at least five (5) years of sobriety.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency as well as co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions; basic principles and practices of supervision and management.

Ability to: Organize, implement and direct the AODS intervention program's operations; work cooperatively as part of a multidisciplinary team; supervise, train, and evaluate assigned personnel; plan, organize, and schedule priorities for self and others; communicate clearly and concisely, both orally and in writing; provide effective outreach and intervention, including motivation enhancing treatment methods to a variety of persons with addictions; model effective, professional conduct within one's scope of practice and be proactive in identifying conflict of interest and potential boundary issues; ensure provision of quality services; participate and benefit from own supervision; produce written documentation (by hand or computer); stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone, drive a motor vehicle.

Special requirements: Will be required to submit to yearly tuberculosis test. Must possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment., Must possess a valid operator's license issued by the State Department of Motor Vehicles; must successfully complete a pre-employment background investigation and physical examination.

SELECTION: Selection procedures will be determined by the number and qualifications of applicants and may include a qualification screening, skills examination, and oral interview.

APPLICATION: This recruitment will remain open until position has been filled. Must apply on Inyo County application form. A cover letter and/or resume will be accepted in addition to the application form but will not serve as a substitute for a completed application. **It is not acceptable to complete the application with statements like "See/Refer to Resume" or "See Attached".** Incomplete applications will not be processed.

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AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ADDICTIONS COUNSELOR I, II, OR III

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Addictions Counselor II – In addition to the essential job duties noted above for Addictions Counselor I, also may assist in training and certification sign-off for interns accruing hours to become a certified alcohol/drug counselor.

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Addictions Counselor II - Certification as a drug and alcohol counselor is required plus a minimum of two years of experience (*one year* defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Addictions Counselor III – Certification as a drug and alcohol counselor is required plus a minimum of three years of experience (*one year* as defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency and persons with co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions.

Ability to: Communicate effectively both orally and in writing with the Courts, Probation, and other collaborative partners; participate in and benefit from supervision, collaborative staff meetings, and trainings; sit for prolonged periods of time; produce written documentation by hand or computer; stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone; drive a motor vehicle. Consistent attendance is an essential function of the position.

Special requirements: Applicants at the Addictions Counselor I level may be hired prior to obtaining certification as a drug and alcohol counselor, but must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application. Addiction Counselor I incumbents must become certified as a drug and alcohol counselor within five years of being registered as an intern, as required by the State of California, and may not advance to the Addictions Counselor II level prior to obtaining certification.

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Applicants at all levels of the Addiction Counselor series (I, II and III) must: successfully complete a pre-employment background investigation and physical examination, submit to yearly tuberculosis test, possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment, and possess a valid operator's license issued by the State Department of Motor Vehicles.

REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH QUALIFYING DISABILITIES: Inyo County will make reasonable efforts in the examination process on a case-by-case basis to accommodate persons with disabilities. If you have special needs, please contact (760) 878-0377 prior to the examination process.

CITIZENSHIP/IMMIGRATION STATUS: Inyo County employs only U.S. citizens and lawfully authorized non-citizens in accordance with the Immigration Reform and Control Act of 1986.

Attachment XII

Consent to Treat Form

Primary Substance Abuse Clinic

INYO COUNTY HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
CONFIDENTIAL INFORMATION
(Calif. W&I Code S.5328 & Evidence Code S.1014)

CONSENT TO TREAT - ADVISE OF FREE CHOICE & CONFIDENTIALITY

Individual's Name: _____ Date of Birth: _____

I, _____ and/or _____,
Printed Name of Consumer *(If Consumer is a minor or conserved) Printed Name of Parent/Legal Guardian/Conservator (circle one)*

hereby consent and agree voluntarily to receive services (treatment) from Inyo County Behavioral Health (ICBH), which includes Mental Health (MH) and Alcohol and Other Drug Services (AODS). ICBH works toward providing coordinated and comprehensive services for its consumers. As part of this, ICBH clinical staff utilizes case consultation, combined clinical staffing, and supervision to ensure consumers receive consistent services that best meet individuals' needs. For child/family cases, ICBH is a participating member of the Inyo County Children's Services Council, and as such, participates in joint case reviews with other Council members in an effort to provide best services for children and families. By signing below, I acknowledge and consent to these facts, while specifically agreeing to the following:

- I understand that I (or the minor/conservatee named above), have free choice of providers where I receive services, depending upon availability of providers, and I am not limited to ICBH service providers;
- I understand that I (or the minor/conservatee named above) have the right to terminate services/treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedure;
- I understand that I (or the minor/conservatee named above) am expected to benefit from services/treatment, but there is no implied or expressed guarantee that will happen;
- If I believe that any patient rights are denied without good cause, there is a Patients' Right's Advocate that I may contact, for which the contact information is available at the ICBH Front Office.
- I understand that I will not be discriminated on the basis of ethnic group, religion, age, sex or disability.

I understand that I have to following beneficiary rights;

- The right to receive information.
- The right to be treated with respect and with due consideration for his/her dignity and privacy;
- Beneficiary rights concerning the confidentiality and integrity of his/her protected health information in accordance with HIPAA;
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion;
- The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected.
- The right to be furnished health care services.
- The right to free language assistance.
- Whenever feasible the right to use culturally competent providers.
- The right to request a change of providers.
- The right to a "smoke free environment".
- The right to a safe environment and it is requested that no weapons be brought on to the premises.

I understand that all client records are confidential, unless consent to release information is provided in writing to ICBH, by the client or parent/guardian/conservator of client named above. At the same time, I understand that under the following conditions, the ICBH staff may be required by law to break confidentiality:

- Any threat of physical harm made against one's self and/or another person. In general, the ICBH staff may take a number of steps to ensure safety, including hospitalization, notification of law enforcement and notification of any person(s) being threatened;
- Any suspicion that a child, dependent adult or elderly person is being physically or sexually abused or neglected. ICBH staff are mandated by law to report any suspected abuse to the appropriate agency, which will then investigate said report;
- A court order for records, for the administration of justice.

All requests for ICBH services/treatment are reviewed by the Inyo County Health and Human Services adult or child/family service teams. The teams may include public health nurses, child welfare social workers, substance abuse counselors, case managers, psychotherapists, employment counselors and supervisors of those staff members.

This authorization shall remain in effect until termination of the named client's receipt of ICBH services, or until written revocation of this authorization occurs. For the duration of the above named client's receipt of ICBH services, the Inyo County Health and Human Services Department is authorized to receive payment for such services/treatment, from any/all health insurance plans under which the client is covered, including Medicare/Medi-CAL, as applicable. Further, I consent to be contacted for follow-up and outcome studies.

Agreed and Signed:

_____ _____
Individual Consumer Signature (Adult or Minor) Date

_____ _____
Parent/Legal Guardian/Conservator's Signature (Minor or Conservatee) Date

_____ _____ _____
Printed ICBH Staff Name ICBH Staff Signature Date

Attachment XIII

Treatment Discharge Form

Primary Substance Abuse Clinic

Treatment Discharge Summary

Date of Report: ____/____/____

Client Name: _____ Program: _____

Referral Source: _____

Program Admission Date: ____/____/____ Program Discharge Date: ____/____/____

Level of Care: _____ Length of Treatment: _____ Number of Sessions: __

Initial reason for treatment: _____

Admitting Diagnosis (DSM-IV-TR Codes)

Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:
_____	_____	_____	_____	_____
_____	_____	_____	_____	

Primary diagnosis manifested by: _____

Discharge Diagnosis (DSM-IV-TR Codes)

Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:
_____	_____	_____	_____	_____
_____	_____	_____	_____	

Reason for Discharge

_____ Treatment plan objectives attained
_____ Closure against staff advice
_____ Lack of attendance/contact
_____ Client referred elsewhere
_____ Noncompliance with program rules
_____ Moved out of area
_____ Client withdrew
_____ Client deceased
_____ Incarceration
_____ Other: _____

Services Provided

_____ Individual
_____ Family
_____ Intensive group
_____ Inpatient
_____ In-home
_____ Other: _____
_____ Psychoeducational group
_____ Intensive/outpatient

Behavioral Outcome

Status	Goal 1: _____	Goal 2: _____	Goal 3: _____
Resolved	_____	_____	_____
Improved	_____	_____	_____
Same	_____	_____	_____
Problem worse	_____	_____	_____
Unable to determine	_____	_____	_____

Discharge Summary (significant findings, status at discharge, recommendations or referrals for further treatment, aftercare): _____

Clinician Name/Title: _____

Signature: _____ Date: ____/____/____

Attachment XIV

Volunteer Agreement

Primary Substance Abuse Clinic

COUNTY OF INYO VOLUNTEER POLICY

PURPOSE:

The purpose of this policy is to encourage and enable Inyo County Departments to utilize and support volunteers. It is the intent of this policy that volunteering will be of mutual benefit to the volunteer and the County.

DEFINITION OF VOLUNTEER:

- A volunteer is an individual who performs hours of service for the County of Inyo for civic, charitable, health, humanitarian, recreational, public safety or general welfare reasons, without promise, expectation or receipt of compensation for services rendered, except for reimbursement of expenses, nominal fees or a combination thereof.

- Individuals shall be considered volunteers only when their services are offered freely and without pressure or coercion, direct or implied, from the County.

An individual shall not be considered to volunteer if the individual is otherwise employed by the County to perform the "same type of services" as those for which the individual proposes to volunteer. The phrase "same type of services" means similar or identical services. The Fair Labor Standards Act prohibits such practice. In marginal cases, departmental volunteer coordinators shall contact Personnel for clearance. Volunteers do not supplant County employees; they assist paid staff or provide services that constitute elements of regular County positions and augment the established and mandated services of the County.

REQUIREMENTS FOR USE OF VOLUNTEERS:

Departments utilizing volunteers will designate an employee who will be the department volunteer coordinator. The coordinator shall be responsible for:

(1) Developing job descriptions and duties for volunteers.
(2) Coordinating with Risk Management to ensure background checks are conducted for sensitive assignments. Sensitive assignments include, but are not limited to:
    a. Assignments that involve access to or custody of cash, equipment, drugs or confidential information;
    b. Assignments involving the rendering of one-on-one services to children, individuals with disabilities, or senior citizens; and
    c. Assignments to County departments that dispense County benefits to the public.
(3) Ensuring that all that volunteers complete and submit Volunteer Enrollment documents. Those documents shall be provided to Risk Management prior to the volunteer start date so that appropriate insurance may be maintained.

(4) Obtaining clearance from Personnel and Risk Management for situations involving "same type service" and "sensitive assignment" issues.
(5) Ensuring that orientation and training is provided to the volunteer so that tasks may be performed in a safe manner.
(6) Ensuring that volunteers are advised of and comply with applicable rules and regulations, including, but not limited to safe work practices and maintaining confidentiality.
(7) Fully informing the volunteer of medical and liability coverage.
(8) Notifying Risk Management of any incident with injuries, property damage or that may result in a claim.

ORIENTATION AND TRAINING:

Orientation of new volunteers provides them with background and general information about the department and enables the volunteers to understand how their volunteer position fits in with overall operations. The content of the orientation will vary from department to department depending on the special situations unique to each department.

All volunteers must receive training necessary to enable them to do the work of their volunteer assignments. This training may be on-the-job or formal in-service group training. The training should take into consideration individual needs, knowledge, abilities and skills and should focus on the tasks the volunteer will be performing. In most instances the supervisor will conduct on the job training.

GENERAL AND AUTOMOBILE LIABILITY AND ACCIDENT INSURANCE:

The County of Inyo shall purchase the following excess insurance to cover the activities of volunteers while acting for or on behalf of the County.

- Excess Accident Medical Coverage: $50,000 excess of Medicare, Medicaid, and any other insurance that the volunteer has in place. Pays up to $50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident.
- Excess Automobile Liability Insurance: $500,000 excess of the volunteer's own insurance. The volunteers must maintain auto liability coverage at least equal to the state required minimums.
- Excess Volunteer Liability Insurance: $1,000,000 protection for volunteers who are liable for bodily injury or property damage arising out of the performance of their duties. The coverage is in excess of and noncontributing with any other valid and collectible insurance the volunteer has.

VEHICLE OPERATION:

Volunteers may be authorized to operate personal vehicles in the course of their volunteer duties in accordance with the following procedures:

- Volunteer must authorize County to obtain DMV Driving Record – Pull Notice.
- DMV Record must exceed standards outlined on Volunteer Driving Standard Form.
- Volunteers must provide Proof of Insurance that meets the minimum requirements of the State of California.

Volunteers shall not operate County vehicles.

PAYMENT OF EXPENSES, BENEFITS OR FEES:

Volunteers may be paid expenses and nominal fees, or any combination thereof, for their service without losing their status as volunteers. Examples include, but are not limited to:

- Mileage reimbursement for specific functions requiring personal vehicle use.
- Reimbursement for tuition, training registration, transportation and meal costs involved in attending classes.
- A gift card, nominal fee, monthly or annual stipend as long as the fee is not a substitute for compensation and is not tied to productivity.

RIGHT OF REFUSAL AND TERMINATION:

The County of Inyo accepts the service of volunteers with the understanding that such service is at the sole discretion of the County. The County retains the right to refuse the services of a volunteer or terminate the volunteer assignment at any time.

RECOGNITION:

It is the policy of the County that volunteers receive recognition for their contributions. Such recognition may include:

- Thanking a volunteer for his/her efforts.
- Recognizing the volunteer's potential and using it.
- Asking the volunteer for his/her opinion.
- Going to lunch occasionally with the volunteer.
- Receiving class credit for volunteer work.

COUNTY OF INYO – VOLUNTEER AGREEMENT

Sensitive Assignment – Background Required

This form constitutes an agreement between the County of Inyo and volunteer (name): _____.

BY SUBMITTING THIS APPLICATION, YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK ON YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. YOU WILL HAVE AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.

1. Do you use drugs illegally? ___ Yes ___ No
2. Have you ever been convicted as an adult of a criminal offense? ____ Yes ___ No. Provide dates, locations and penalties. Exclude traffic violations under $150 and convictions more than two years old for violation of Health and Safety Code sections 11357(b) or (c), 11360(b), 11364, 11365, and 11550 as related to marijuana. Conviction is not necessarily a bar to volunteering. _____ _____.
3. Have you ever been charged with child neglect or abuse? ___ Yes ____ No.
4. Have you ever been charged with elder abuse? ___ Yes ____ No.
5. Has your driver's license ever been suspended or revoked? ___ Yes ___ No.
6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young or elderly people? ___ Yes ____ No. If Yes, explain: _____.

The Volunteer Agrees to be Available:

HOURS		DAYS OF WEEK						
From	To	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Assignment Start Date: _____ End Date: _____

Assignment Description: _____.

As a Volunteer, I understand, and agree with the following:

1. I am not an employee of the County of Inyo and am offering my services freely and without pressure or coercion, direct or implied, from the County. I am not entitled to nor expect to receive any present or future salary, wages, or other benefits for these voluntary services.
2. The County purchases the following excess insurance (excess over all other collectible private insurance I maintain) to cover the activities of myself while acting on behalf of the County: (a) Excess Accident Medical Coverage of $50,000; (b) Excess Volunteer Liability Insurance of $1,000,000; and (c) Excess Automobile Liability Insurance of $500,000. I understand that the County does **not** provide workers' compensation coverage for volunteers.

As a Volunteer, I realize I am representing the County of Inyo during my assigned hours. It is my responsibility to understand, agree with, and fulfill the following:

1. Be courteous with the public in their requests for information and services.
2. Accept the training, guidance and supervision provided by my supervisor.
3. Conduct myself with professionalism and perform duties to the best of my ability.
4. Comply with all rules and regulations regarding confidentiality and the code of conduct.
5. Inform my supervisor when my time or knowledge may be insufficient to complete the assigned task.
6. Maintain and exhibit a neat and clean appearance.
7. Inform my supervisor when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation and training to the Volunteer as it pertains to respective assignment.
2. To utilize the Volunteer's time effectively and have assignments prepared.
3. To notify the Volunteer in advance if services are not needed.
4. To value and respect the Volunteer for their service to the public.
5. Track time when required for class credit or practicum experience.

_____ _____

Volunteer Signature & Date Supervisor Signature & Date

COUNTY OF INYO – VOLUNTEER ENROLLMENT

Please provide the following information:

Your Name: _____

Street Address: _____

City: _____ Zip: _____ Telephone No.: _____

Name and telephone number of person to be contacted in case of an emergency:

Name: _____

Telephone No(s): _____ Relationship _____

Your Driver's License Number: _____ Expiration Date: _____

Auto Insurance Company: _____ Policy Number: _____

Health Insurance Company: _____ Policy Number: _____

The following information to be completed by the Department Volunteer Coordinator:

Position: _____ Location: _____

Duties (specific): _____

_____.

Supervisor: _____ Starting Date: _____

Ending Date: _____

Background Check Required (services to children, one-on-one services to individuals with disabilities or seniors; access to or custody of cash, equipment, drugs or confidential information; assignments to Departments that dispense County benefits to the public).

Yes: _____ Date Completed: _____

No: _____

_____
Department Volunteer Coordinator

INYO COUNTY
BEHAVIORAL HEALTH

A DIVISION OF HEALTH AND HUMAN SERVICES

OUTPATIENT TREATMENT PROGRAM

APPLICATION FOR DRUG MEDI-CAL RECERTIFICATION

SATELLITE CLINIC

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

DRUG MEDI-CAL APPLICATION

(Substance Abuse Clinics)

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

PROVIDER ENROLLMENT DIVISION, MS 4704

PO Box 997412

Sacramento, CA 95899-7412

(800) 541-5555 or (916) 323-1945

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

DRUG MEDI-CAL APPLICATION INSTRUCTIONS

This application package contains the materials necessary to apply for Drug Medi-Cal (DMC) program participation as a substance abuse clinic as well as to submit information regarding changes in clinic information with the Department of Health Care Services (DHCS). The applicant may apply for multiple services on one application, as long as the services are provided at the same address.

It is vital that you carefully read each component within this application.

Substance abuse clinics are certified for Medi-Cal program participation by DHCS. To apply for certification, complete pages 6-12 of the attached application and submit the completed application to:

Department of Health Care Services
Provider Enrollment Division, MS 4704
PO Box 997412
Sacramento, CA 95899-7412

The Medi-Cal certification requirements for substance abuse clinics are contained in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics, effective July 1, 2004; the Standards for Drug Treatment Programs; and Title 22, California Code of Regulations Sections 51341.1, 51490.1, and 51516.1, which are linked online at www.dhcs.ca.gov/services/adp/pages/drug_medical.aspx. Reading each of these documents before completing an application is important.

In addition to completing the attached DMC application and supplying the DHCS with the required supportive documentation, applicants must also complete and submit the Medi-Cal Disclosure Statement (MCDS) (Form DHCS 6207, rev. 11/11), available at www.dhcs.ca.gov/services/adp/documents/03enrollment_DHCS6207.pdf. Please see the MCDS for detailed instructions on all persons required to be listed in Section IV of this form, including but not limited to, any individual with a 5% or greater, direct or indirect, ownership or controlling interest, any partnership interest, all officers, directors and managing employees. Attach a separate Section IV, Part B and C for each person listed in Section IV, Part A. Submit a current and legible copy of each individual's driver's license or state-issued identification listed in Section IV, Part A. Upon completion, the MCDS must be notarized by a California Notary Public. The original MCDS form shall be submitted with the application. **Photocopies will not be accepted.**

Listed below are specific instructions for completing the DMC application for different types of DMC certification actions. All applicable portions of the DMC application must be fully and accurately completed with current information. Supportive documents must accompany the application. The applicant may apply for multiple services on one application, as long as the services are provided at the same address. Retain a copy for your records.

Please be aware that DMC reimbursement is unavailable for applicant-requested DMC services provided at a new site until certification of the new site has been completed by DHCS. Reimbursement for DMC services rendered at an uncertified site shall be recovered by DHCS.

The following lists the sections of the DMC application that must be completed for each of the types of DMC certification actions:

Original

A substance abuse clinic or satellite site applying for initial DMC certification must complete all Sections of the seven page application and supply all required documentation. If a section is not applicable, please enter the notation N/A in the space provided. In addition, a completed Medi-Cal Disclosure Statement (DHCS form 6207, rev 11/11), as referenced above, must accompany the application.

Additional Services

A substance abuse clinic or satellite site applying for additional services must complete sections I, II, V, VI, VII, VIII (for each additional service), IX (if applicable), X (if applicable), XI and XIV of this application, and any other sections necessary to report a change in information.

Adding Satellite Site

A substance abuse clinic adding a satellite site clinic (which is defined as providing substance abuse treatment services 20 hours or less per week) must complete sections I, II, V, VI, VII, VIII, IX (if applicable), XI, XII, XIII, and XIV.

Relocation or Expansion

A substance abuse clinic or satellite site that is moving or expanding (adding additional suites, room, floor numbers, and/or buildings) must complete sections I, II, V, VI, VII, IX (if applicable), X (if applicable), XI, XII, XIII (outpatient facilities only), XIV, and any other sections necessary to report a change in information.

Note: The Drug Medi-Cal Certification Standards for Substance Abuse Clinics, effective July 1, 2004 require at least 60 days' notice prior to relocation of a parent or satellite site. Failure to provide 60 days advance notification or complete documentation may result in suspension from participation in the Medi-Cal program. **Services provided at the new location shall not be DMC reimbursable until certification of the new site has been completed by DHCS. Payment for services rendered at an uncertified site will be recovered by DHCS.**

Change of Ownership

Any change of ownership is considered an original application. A substance abuse clinic applying for a change of ownership must complete all sections of the seven-page application and supply all required documentation. In addition, a Medi-Cal Disclosure Statement (form DHCS 6207, rev 11/11) must accompany the application. If the change of ownership involves satellite locations, a separate application is required for each site, including all documentation requirements.

Upon completion of the application, attach a cover letter describing your request. Include any additional information that would be helpful to the Department in processing your application. Be sure that the application is signed on the final page, including submission of all required documentation.

It is important to note that substance abuse clinics cannot be reimbursed under the DMC program until the new clinic, service, location, or ownership has been certified. The certification process includes an on-site review to validate the information submitted with the application.

The following instructions are designed to clarify certain sections on the application. Instructions are listed by section number for easy reference. No instructions are given for sections DHCS considered self-explanatory. These instructions apply to clinics and satellite sites.

Section I. Indicate the name and address of the legal entity in control of the clinic. If the applicant is a corporation, indicate the name as it appears on the Articles of Incorporation. If the applicant is a partnership, identify the name as it appears on the partnership agreement. If the applicant is a county, indicate the name as it appears on the county charter. If the applicant is a sole proprietor, the name of the sole proprietor must be listed, including the social security number in the F.E.I.N. section of the application. Sole proprietors must also complete the Applicant Supplement for Sole Proprietors, which may be located at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5111.pdf.

Include the four-digit Drug Medi-Cal Provider number if the application is for additional services, to add a satellite site, or for relocation/expansion.

Insert the 6-digit number under which the program reports participant information, i.e., California Outcomes Measurement System (CalOMS) number, if any. CalOMS information may be located at http://www.adp.ca.gov/CalOMS/caloms-treatment.shtml.

Include the 10-digit National Provider Identifier (NPI) used to identify health care providers on Health Insurance Portability and Accountability Act (HIPAA) covered transactions. If the provider does not have a NPI, contact the federal entity that assigns the NPI at (800) 465-3203 or https://nppes.cms.hhs.gov. **Your application will not be accepted without this number.**

Provide the mailing address for the substance abuse clinic (e.g., mail includes items such as the compliance report, Certification and Transmittal, DHCS notifications regarding the DMC program, etc.).

Section II. Include the name of the clinical director (the individual responsible for the day-to-day operation of the clinic) and the executive director (the individual responsible for representing the legal entity in the operation of the clinic).

Section III. Identify the type of legal entity in control of the clinic and attach the specified documentation. For a corporation, attach a copy of the Articles of Incorporation (as filed with and endorsed or stamped by the Secretary of State). For a partnership, attach a current copy of the partnership agreement.

Section V. If the entire DMC program is relocating, please check that box and provide the prior address of the DMC program and the proposed effective date of the DMC program relocation. If the DMC certified program operates at the same address as a program providing another type of substance abuse service, (e.g., driving under the influence or certified alcohol and/or other drug program), and the entire program is relocating, check that box. If only a portion of the DMC services provided at the DMC clinic are relocating, check that box.

Section VI. Enter **all** services to be provided by the DMC clinic, including existing services and additional services or program types being requested by this application. ***Note – Perinatal and non-perinatal residential services require a residential alcoholism or drug abuse recovery or treatment facility license issued by DHCS. A Narcotic Treatment Program (NTP) license issued by DHCS is required to provide NTP services. Facility licensing and NTP information and applications are available online at*** *www.dhcs.ca.gov/provgovpart/pages/SUD-ProvPartners.aspx.*

Section VIII. The applicant is required to submit with the application an alcohol and drug protocol for each DMC service being requested. Please see California Code of Regulations, Title 22, section 51341.1 and the "Drug Medi-Cal Certification Standards for Substance Abuse Clinics" for the definitions of the DMC services being requested. The protocol must be a detailed plan of how the applicant shall comply with the requirements of California Code of Regulations, Title 22, the Drug Medi-Cal Certification Standards, and the State of California Standards for Drug Treatment Standards in order to guide program operation and provide the requested DMC services to the clients.

Section X. A residential alcoholism or drug abuse recovery or treatment facility must have a license issued by DHCS to provide DMC adult residential substance abuse services. The facility is limited to a maximum treatment capacity of 16 beds or less. Beds occupied by children who stay in the facility with their mothers are not counted in the 16-bed maximum capacity. DHCS may be contacted at http://www.dhcs.ca.gov/provgovpart/Pages/FacilityLicensing.aspx for all residential licensing requirements and procedures.

If the residential site is licensed as a community care facility by the Department of Social Services (DSS), attach a written waiver from the DSS District Office to allow the use of the facility or grounds for nonlicensed service activities. DSS may be contacted at http://www.cdss.ca.gov/cdssweb/PG69.htm for all licensing requirements and procedures.

Note – The Department of Public Health (DPH) licenses primary care clinics and hospitals. Refer to Health and Safety Code section 1201 regarding the licensure requirements for these entities. DPH may be contacted at http://www.cdph.cagov/programs/LnC/Pages/LnC.aspx for all licensing and certification requirements and procedures.

Section XII. Attach a copy of an approved fire clearance for the address specified in Section I that has been conducted within the previous 12 months and that clearly identifies the clinic by name and street address. The fire clearance must be completed on Form STD 850 if applying for residential services. A STD 850 is available online at http://www.documents.dgs.ca.gov/osp/pdf/std850.pdf. A fire clearance is not required if the clinic is located entirely on public school grounds. A letter, on school or district letterhead, from the principal authorizing that services may be conducted by the provider on school grounds and certifying that all locations where services are provided meet fire safety rules and regulations is sufficient.

Section XIII. Local zoning approval is required for all clinics except:

(1) Clinics located on public school grounds, and
(2) Clinics operated in a building that is owned or leased by a public entity.

For a clinic located on public school grounds, attach a letter, on school or district letterhead, from the principal allowing the applicant to provide services on public school grounds. Please include the name of the school For a clinic operated in a building that is owned or leased by a public entity, local zoning approval is not required. A letter on the letterhead from the public entity is required. A Zoning Approval Form is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5115.PDF.

Section XIV. Please follow the guidelines listed for your entity type:

(1) If the applicant is a firm, association, or corporation, the application shall be signed by the officer or individual legally responsible for the representing entity; you must attach a copy of the resolution or Board minutes authorizing the individual to sign. The full legal name of the person signing, including the driver license number, date of birth, and gender shall be listed.
(2) If the applicant is a partnership, the application shall be signed by each partner. The full legal name of each partner must be listed, including the driver license number, date of birth, and gender.
(3) If the applicant is a government entity, the application shall be signed by the authorized official.
(4) If the applicant is a sole proprietor, the sole proprietor must sign the application, and include the social security number in the F.E.I.N. section of the application; sole proprietors must also submit their driver license number, date of birth, gender, and complete the Applicant Supplement for Sole Proprietors, which may be located at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5111.pdf.

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

Drug Medi-Cal Application
(Substance Abuse Clinics)

This form must be completed for each site desiring to participate in the Drug Medi-Cal program.
See the General and Specific Instructions for instructions on completing this application.

I. Identifying Information for Substance Abuse Clinic

Legal Entity Name (for entity in control of clinic or satellite site): County of Inyo

Program/Clinic Name: Inyo Co. HHS Behavioral Health Divisi

School Name:

Street Address **(where services will be provided)** Suite#/Room #/Floor#: 380 N. Mount Whitney Dr.

City, State, Zip Code: Lone Pine, CA 93545

Mailing Address: 162 Grove Street, Suite J

City, State, Zip Code: Bishop, CA 93514

Website Address: NA

If clinic site is leased or rented, provide the following:
Full name of owner: Donald Christensen, M.D.
Address of owner: P.O. Box 38, Lone Pine, CA 93545
(Include a copy of the lease/rental agreement or verification from the space owner, if the space is donated at no cost)

4-digit Drug Medi-Cal Provider Number, if assigned: 1404

Do you have a 6-digit number (CalOMS) under which you report client information? No ☐ Yes ☑, write number below: 140000

Program Telephone Number: (760) 873-6533

Type of location (clinic, doctor's office, residential facility, etc.): clinic

10-digit National Provider Identifier (NPI): 1386902849

Federal Employer Identification Number (FEIN): 95-6005445

County of program operation: Inyo

II. Administration

Clinic Director: Gail Zwier, Ph.D. NPI# (if any): 1548365869
Telephone Number: (760) 873-6533 Email: gzwier@inycounty.us

Executive Director: Jean Turner, MA NPI# (if any): none
Telephone Number: (760) 873-3305 Email: jturner@inyocounty.us

III. Type of Legal Agency or Entity in Control of Clinic

Check one and complete or attach additional information for the type of legal entity:

- ☐ Sole proprietorship (Attach copy of fictitious business name permit/statement)
- ☐ Partnership (Attach copy of partnership agreement)
- ☐ Not for profit corporation (Attach copy of Articles of Incorporation)
- ☐ Other corporation (Attach copy of Articles of Incorporation)
- ☑ Government entity
- ☐ Other

IV. Funding Sources

Identify the sources of funds and income for operations (i.e. client fees, third party payers [insurance companies, employee health plans] county funds, state funds [include department and fund source, if known] other public funds, etc.)

The Behavioral Health Division's Substance Use Disorder Program funding includes client fees (DDP), State of California, County of Inyo and Federal funds

V. Type of Application

Check all that apply

☐ Original Application Adding ☑ Satellite Site (20 hours of less of service per week)

☐ Additional Services and/or Program Types _____

☐ Relocation, From: Proposed Effective Date: _____

Is this a relocation of the entire program ☐ or only the Drug Medi-Cal component? ☐

☐ Change of ownership, From:

☐ Other, please specify:

VI. Service Modality(ies)

Identify the service modality(ies) and treatment component (non-perinatal or perinatal) requested for the site. If the site is currently certified, include service modality(ies) and treatment component(s) that the provider applicant wishes to continue as well as those to be added. **Applicants for residential services must first obtain a residential license issued by DHCS prior to application submission for DMC residential services.**

Type of Services	Current and/or requested treatment components	
Narcotic Treatment Program (NTP) License #:	Non-perinatal ☐	Perinatal ☐
Intensive Outpatient Treatment (IOP)	Non-perinatal ☐	Perinatal ☐
Outpatient Drug Free (ODF)	Non-perinatal ☑	Perinatal ☑
Residential License #:	Non-perinatal ☐	Perinatal ☐
Naltrexone	Non-perinatal ☐	

VII. Hours of Service Provision

☐ More than 20 hours per week (substance abuse clinic)

☑ 20 hours a week or less (satellite site)

VIII. Drug Protocol

☑ Attached is a drug protocol for each service modality being requested (narcotic treatment program, residential, intensive outpatient, naltrexone, outpatient drug free) – ***See instructions page for protocol requirements.***

IX. Federally Qualified Health Center

☐ The facility is a federally qualified health center (FQHC) or in the process of applying for FQHC status with Health Resources Services Administration.

☐ The facility is a federally certified rural health clinic (RHC) or in the process of applying for rural health clinic designation with The Centers for Medicare & Medicaid Services.

X.

For Residential Substance Abuse Applicants Only

Is the facility separately licensed by the DHCS?

Yes ☐ License #: _____ No ☐ Number of treatment beds: _____

If 'No,' you must first obtain a residential license prior to application submission for DMC residential services.

NOTE: Residential programs cannot have more than 16 treatment beds.

Are all food, shelter, and alcohol or drug recovery or treatment services provided at the licensed facility?

Yes ☐ No ☐

If no, what services are provided on site, what services are provided offsite, who provides the services and at what address are the services provided?

Service(s) Provided: Onsite:	Service(s) Provided: Offsite:	Provider of Services: (Legal Entity)	Address of Facility:

Attach additional sheets if necessary.

Department of Health Care Services
Provider Enrollment Division
Sacramento, CA 95899-7412

XI. Staff

MEDICAL DIRECTOR

All programs must designate a medical director.

NAME: Jeanette Elaine Schneider, Ph.D., MD Medical License #: G61509 NPI# 1811073943

☑ Attached is a copy of the Medical Director's current license from the Medical Board of California or the Osteopathic Medical Board of California.

PROGRAM STAFF

Personnel files must match information on application. List the staff that will provide direct treatment services at this location. Include staff under contract. Attach a separate piece of paper if necessary.

Total number of staff employed **at this facility**: 4

Total number of staff **at this facility** who perform alcohol and drug counseling duties: 4

Total number of staff employed at this facility who are currently licensed, certified or registered counselors: 4

Please use pages 10 and 11 of this application to provide information for program staff other than the Medical Director and Clinical Director. Attach additional sheets if necessary, which can be downloaded at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5050.pdf

*** APPROVED CERTIFYING ORGANIZATIONS**

1. Board for Certification of Addiction Specialists (CAARR)
2. California Certification Board of Alcohol and Drug Counselors (CAADAC)
3. California Association of Alcohol/Drug Educators (CAADE)
4. Breining Institute
5. California Association of Drinking Driver Treatment Programs (CADDTP)
6. American Academy of Health Care Providers in the Addictive Disorder (AAHCPAD)

**** LICENSED PROFESSIONALS AND INTERN QUALIFICATION REQUIREMENTS**

Licensed professional means a physician licensed by the Medical Board of California or by the Osteopathic Medical Board of California; a psychologist licensed by the Board of Psychology; or a clinical social worker or MFT licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Behavioral Sciences or with the Board of Psychology.

XI (continued). Staff

*** Pursuant to the CCR, Title 9, Section 13010, at least thirty percent (30%) of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to Section 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.

INSTRUCTIONS: Use this form to identify all staff of the facility. Designate volunteers by placing a "V" after their names. Use additional sheets as needed.

Employee Information:	Date Hired	Alcohol & Drug Treatment Exp. - in Years	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed? Yes/No/NA	Certified? Yes/No/NA	Registered? Yes/No/NA	* Certified/Registered By: (Provide certification/registration # and organization (from pg 8) OR ** Licensed As: A. Psychologist B. MFT C. Physician D. LCSW E. Registered Intern Per Page 8 of this Application	Effective and expiration dates of: Licensure, Certification, or Registration.
				First Aid: Date of last Training	CPR: Date of last Training					
Merry Brown, CADC-II,ICADC Title: Human Services Supervisor Scheduled hours per week: 40	10/1/2005	9	05-01-2013	04-12-2013	04-12-2013	No	Yes	N/A	A4007108 Certification/registration # CAACAD Lic/Cert/Reg organization	01-19-2008 Effective date 01-30-2016 Expiration date
Janelle Kent,CADC-II Title: Addictions Counselor II Scheduled hours per week: 40	03-16-2003	11	05-17-2013	04-12-2013	04-12-2013	No	Yes	N/A	A4090708 Certification/registration # CAACAD Lic/Cert/Reg organization	07-19-2008 Effective date 07-30-2014 Expiration date
Glenda Moore,RAS Title: Addictions Counselor III Scheduled hours per week: 40	09-01-2010	6	05-06-2013	04-22-2011	04-22-2013	No	Yes	N/A	M0911200926 Certification/registration # Breining Institute Lic/Cert/Reg organization	07-02-2010 Effective date 07-02-2014 Expiration date
Kim Ball,RAS Title: Addictions Counselor II, DDP Scheduled hours per week: 19	02-01-2006	10	05-08=2012	04-12-2013	04-12-2013	No	Yes	Yes	B0409021113 Certification/registration # Breining Institute Lic/Cert/Reg organization	09-02-2004 Effective date 09-02-2014 Expiration date
Title: Schedule hours per week:									Certification/registration # Lic/Cert/Reg organization	Effective date Expiration date

XI (continued). Staff

*** Pursuant to the CCR, Title 9, Section 13010, at least thirty percent (30%) of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to Section 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.

INSTRUCTIONS: Use this form to identify all staff of the facility. Designate volunteers by placing a "V" after their names. Use additional sheets as needed.

Employee Information:	**Date Hired**	**Alcohol & Drug Treatment Exp. - in Years**	**Last TB Test Date**	**First Aid and CPR required for licensed facilities only.**		**Licensed? Yes/No/NA**	**Certified? Yes/No/NA**	**Registered? Yes/No/NA**	*** Certified/Registered By:** (Provide certification/registration # and organization (from pg 8) **OR** **** Licensed As:** A. Psychologist B. MFT C. Physician D. LCSW E. Registered Intern Per Page 8 of this Application	**Effective and expiration dates of: Licensure, Certification, or Registration.**
				First Aid: Date of last Training	**CPR: Date of last Training**					
_____ Title: _____ Scheduled hours per week:_____									_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
_____ Title: _____ Scheduled hours per week:_____									_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
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_____ Title: _____ Scheduled hours per week:_____									_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date

XII. **Fire Clearance**	☑ Attached is a valid fire clearance from the local authority assuring that all fire safety requirements have been met and issued no more than 12 months prior to the date of this application: Outpatient Fire Clearances are available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5104.pdf ***The fire clearance for residential services must be on Form STD 850*** and is available online at http://www.documents.dgs.ca.gov/osp/pdf/std850.pdf . ☐ The site is located entirely on public school grounds. Attached is a letter, on school or district letterhead from the school principal certifying that all locations where substance abuse services are provided meet fire safety rules and regulations.
XIII. **Local Zoning Approval**	Check one of the following that applies to the site: ☐ Attached is documentation of local zoning approval for the site and services requested ***(Applicants for residential services are not required to submit local zoning approval with the application; however, the applicant must check with local authorities for zoning approval requirements)***. A Zoning Approval Form is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5115.PDF . ☐ The site is located entirely on public school grounds. Attached is a letter from the principal, on school or district letterhead authorizing the provision of services. ☑ The site is located entirely within a building that is owned or leased by a city, county, or state and is exempt from zoning approval requirements. Attached is a letter, on the public entity letterhead, from the local agency. ☐ The site is not required to obtain local zoning approval. Attached is a letter from the local agency responsible for issuing zoning approval stating that zoning approval is not required.
XIV. **For Individual Signing the Application**	**PLEASE SEE INSTRUCTIONS FOR SIGNATURE AND DOCUMENTATION REQUIREMENTS**

I certify that the legal entity/provider applying to participate in the Drug Medi-Cal program is not barred from certification under Section 14043.36 of the Welfare and Institutions Code and that the information contained iin this application and supporting documentation is true and correct.

The applicant understands they must comply with all requirements established in Title 22, California Code of Regulations, Division 3, Chapter 3, Article 4, Section 51341.1; the Drug Medical Certification Standards for Drug Treatment Programs; the Standards for Drug Treatment Programs; and have all records, documents, policies, and procedures immediately available upon request during an onsite inspection. It is the responsibility of the applicant to ensure that its systems, programs, policies, processes, and related activities comply with all aforementioned requirements.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct (please attach additional sheets, if necessary).

Signature of Authorized Individual	Full Legal Name of Authorized Individual	Title	Date of Birth	Gender	Driver's License State/Number	Date
	Jean Fredrica Turner	Director	06-21-1951	Female	CA: N9326594	

INYO COUNTY
BEHAVIORAL HEALTH

A DIVISION OF HEALTH AND HUMAN SERVICES

OUTPATIENT TREATMENT PROGRAM

APPLICATION FOR DRUG MEDI-CAL RECERTIFICATION

ATTACHMENTS

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Attachment I

Program Description- Outpatient Drug Free

Satellite Substance Abuse Clinic

INYO COUNTY HEALTH AND HUMAN SERVICES SUBSTANCE USE DISORDERS (SUD) PROGRAMS

PROGRAM DESCRIPTION

The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs provide prevention, treatment and recovery services to our communities. The prevention program focuses on providing prevention education and activities targeting at risk youth and the general teen population to prevent initial use of alcohol and other drugs, reduce the culture of underage drinking and decrease the hazardous behavior associated with the use of alcohol and other drugs.

The SUD treatment program offers several specialized groups to provide services to meet clinical and Probation needs. All programs receive referrals through the Inyo County Probation Department, other County or community agencies and by client self-referral. The client is assessed by the SUD staff member utilizing the Addiction Severity Index, psychosocial interview, base line drug testing and financial consultation. Mental health assessment for dual diagnosis issues is available by a licensed mental health professional as needed. Assessment services for literacy, vocational and cultural needs are available. This information is reviewed by the treatment team for the appropriate group, treatment plan and community referral supports. Continuous monitoring and re-assessment of client needs occurs on a weekly basis as outlined in the Quality Management plan. Each specialized addictions group outlines goals, fee, termination, and compliance criteria in the client contracts. All groups include education and process components and are differentiated by curriculum and medical necessity.

Substance Abuse Crime Prevention Act (S.A.C.P.A./PC1210), our intensive out-patient program, is a three-tiered program. Each tier contains education, addiction process groups, after-care, community AA/NA meeting requirements, random drug testing, and family therapy and is differentiated by addiction severity, psychosocial supports and client motivation. Tier I is an entry level education program that meets x2 per week/ 2 hours for 4 months, with additional aftercare group for 1 hour week for 3 months. Tier II is a more intensive program providing the opportunity for increased insight that meets x3 per week/ 2 hours for 6 months with additional aftercare for 1-hour week for 6 months. Tier III

provides assessment for 3-12 month residential treatment placement in facilities through out-of-county contract providers. We offer post-residential treatment, which includes an assessment for relapse prevention and aftercare.

Goals: The goal of the SACPA program is to assist persons participating in the program to recognize the existence of and alcohol, tobacco or other drug addictions and to provide a treatment environment to facilitate individual recovery.

The immediate goal of our outpatient program is to achieve abstinence for the individual and successfully address the negative emotional effects caused within the family. Our overall goal for the individual is the development of appropriate recovery shills and supports necessary to lead an alcohol and/or drug free, productive life.

Objectives: Individuals in need of addictions treatment often are experiencing stressors in the related life domains of work, family, school, spirituality, leisure, income, etc. The Inyo County Health and Human Services Substance Use Disorders (SUD) Programs make every effort to treat individuals holistically. Clients are encouraged to balance their privacy needs with their needs to address the other life domains in their efforts to attain and sustain a clean and sober lifestyle. Towards that balance, services are provided in coordination and cooperation with services funded by Mental Health, Cal WORKS, Child Protective Services, Probation, and/or other services and agencies as needed.

Inyo County's outpatient program approach to recovery is based on the fundamental ideas that alcohol and other drug addiction is a progressive disease; individuals suffering from the disease of alcohol and/or drug addiction have a right to recovery; family, friends and the community are a source of help for the alcoholic/addict; and that alcohol and drug addictions are symptoms of an active disease.

Diversion/PC1000 is an Inyo County Court ordered deferred entry program that meets on a weekly basis for 90 minutes to complete 26 hours of program meetings. The program provides individual and group client education and referral sources to learn the effects of psychoactive substances have on their lives.

Goal: The Inyo County Diversion program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Relapse Prevention/Intervention is Inyo County Probation referred group for violations not primarily due to addictions that meets for 12 sessions of structured education to address the early stages of substance use. Other persons can attend as clinically appropriate.

Goal: The Inyo County Relapse Prevention/Intervention program is an opportunity for clients to examine their substance use.

Objectives: Learn what effects psychoactive substances have on their life. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Peri-Natal Program is for women who are pregnant or parenting and substance using, with child(ren) ages birth through 17 (45CFR 96.124/HSC 10.5,11757.59(a). Priority admission is given to women who are pregnant and/or parenting, injection drug users and/or using substances (45 CFR 96.131). All intakes are reviewed by the SUD Program manager and take into account accommodation for ADA, priority of admission, referral to other programs and interim services per (45 CFR 96.121/96.131). The program meets a minimum of weekly for 2 hours offering educational and process groups addressing issues of relationships, sexual/physical abuse, parenting and life skills (45 CFR 96.124/HSC 11757.59(b)(2)(H). The program addresses sobriety, the effects of substance abuse on pregnancy, breast-feeding, parenting and child development. The program identifies and coordinates with community resources on vocational/educational needs, health and medical care including; prenatal care, primary pediatric care, follow through on immunizations for their children and education on TB/HIV. Individual case management on *Domains* of employment, school, social supports, cultural needs, emotional needs, financial, legal as well as food and shelter are addressed on admission and throughout treatment (CFR 96.124/HSC

11757.59(b)(2)(A). Transportation and consideration of childcare needs are provided (CFR 96.124/HSC 11757.59 (b)(2)(I), (F).

Goals and Objectives: The goal of the Perinatal Program is to provide a 25-week curriculum of education on substance use, child development, parenting, HIV, Tuberculosis (TB), effects of substance use on the fetus, prenatal care resources, child care resources and transportation. Provide a consistent and supportive environment for behavior change and to maintain abstinence. Successfully address the negative emotional effects on the family and promote a sober lifestyle. Admission priority is given to women who are pregnant and/or parenting injection drug users and substance users.

Our overall goal for the individual is to develop appropriate recovery skills, improve parenting skills and to become a productive member of society.

School Referred Adolescent Programs, Probation Referred Adolescent Program, and general Adolescent Program for individuals under the age of 18 who are found to be using alcohol or drugs. The goal of the program is abstinence and is modeled after the state regulated Driving Under the Influence Programs. The program coordinates the resources of the treatment community, county schools, and juvenile court as appropriate. The intake process includes the Parents and offers family therapy. The program meets x1 per week for 12 weeks alternating alcohol/drug education and group counseling. The adolescent groups are divided into12-14 age and 15-17 age groups.

Goals: A goal of the Program is to cooperate with the local Probation Departments to assist adolescents in recognizing the existence of an alcohol or illegal drug problem and to provide a treatment environment to facilitate individual recovery. Another goal is to create a deterrent for drug or alcohol use by holding adolescents responsible for their choices thus leading to the reduction of incidents of substance use by minors.

Objectives: To impact the participant in such a way that he/she will not drink or use illegal substances. To aid the participant to accept abstinence as a viable way of life. To aid the participant to maintain sobriety while in the program. To aid the participant to establish a necessary support network for maintaining sobriety after leaving the program. To aid the participant to remain on probation as he/she makes decisions regarding abstinence.

Aftercare Group is offered weekly for those who have completed an Inyo County group/program or have been discharged from residential treatment monitored by Inyo County. This group addresses on-going sobriety barriers and support.

Goals: The Inyo County AFTERCARE and ALUMNI program is an opportunity for clients to **continue** to examine their substance use and sobriety after completion of a Substance Abuse Program.

Objectives: Target relapse prevention/ relapse indicators. Have a safe environment to discuss the recovery process and issues. Obtain ongoing support, structure and referral assistance.

Dual Diagnosis Issues are assessed and have an individualized treatment plan that can include: Intensive Case Management (ICM) with up to daily contacts on Domains and drug testing with an SUD Counselor. The Dual Diagnosis client is required to be enrolled in a group. This can either be a contracted group within SUD or admitted Mental Health client attending the Mental Health" Dual Diagnosis" group.

Goal : The Inyo County Dual Diagnosis program is an opportunity for clients to examine their substance use and mental health issues in order to meet objectives.

Objectives: Learn what effects psychoactive substances have on their life and mental health symptoms. Learn whether or not those effects are healthy. Decide clearly whether or not to continue using substances in the same ways.

Attachment II

Outpatient Drug Free Protocol

Satellite Substance Abuse Clinic

OUTPATIENT DRUG FREE PROTOCOL

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Article I. General Management

Governing Body

Inyo County Behavioral Health is a division of the Health and Human Services Department of the County of Inyo (hereinafter "County"). As such, it operates under the authority of the county Board of Supervisors. The board has full legal authority for operating all county programs, including the Substance Use Disorders programs. The board has five members and meets approximately forty-seven times per year. Minutes of the meetings of the Board of Supervisors are kept at the administration office located at 224 North Edwards Street, Independence, California and are available for public review at that address or on the county's website, www.inyocounty.us. The Board of Supervisors roster is also maintained at the administrative offices and online. An organizational chart that outlines the Health and Human Services Department and Behavioral Health Division's placement within the county structure is provided in Attachment V.

Chief Executive Officer

Chief Executive Officer

For private organizations providing drug abuse services, the governing body shall appoint a chief officer(s). The major duties, authority, and qualifications of the officer(s) shall be defined in the organization's bylaws or rules.

Here is a suggested list of duties for chief officer(s) - to be included in the bylaws or rules. A chief officer should:

a) plan activities;

b) report program's operations;

c) report program's finances, including developing the annual operation budget; and

d) develop program's rules, including personnel policies.

Since the County of Inyo is considered a public entity, rather than a private organization, the standard requiring appointment of a Chief Executive Officer does not apply to the Inyo County Health and Human Services Department of its Behavioral Health Division.

Director and Assistant Director of Health and Human Services

The Director of Health and Human Services (hereinafter "HHS Director") is appointed by and reports to the Board of Supervisors. The major duties, authority, and qualifications of the HHS Director are described in the bylaws of the county. The HHS Director has overall responsibility for Department of Health and Human Services operations and management of staff. The HHS Director reports to the Board of Supervisors regarding department activities and finances.

The Assistant Director of Health and Human Services holds the title of County Alcohol and Drug Program Administrator. In this role, the Assistant HHS Director ensures that substance use disorder treatment services are administered in accordance with state and federal laws and regulations within the context of the Inyo County governance structure.

Personnel Policies

All personnel policies are reviewed and approved by the Board of Supervisors. Policies are distributed and implemented as appropriate for all employees of Inyo County.

When a new or revised personnel policy is approved, it is placed in the personnel policy and procedure binder maintained at each program site. New employees are provided with a personnel policy handbook as a part of their initial orientation. Personnel policies are reviewed annually and revised as necessary.

Personnel Policy Manual

Inyo County's Personnel Policy manual describes recruitment and hiring procedures, staff evaluation and promotion processes and cause for disciplinary action or termination. Grievance policies and procedures are included. The personnel policy also list equal employment opportunity, nondiscrimination, and affirmative action policies. The county makes every attempt to ensure that personnel policies comply with all applicable federal, state and local laws. Inyo County is an EEO, Affirmative Action employer.

Employee benefits include vacation, sick, flex, and holiday leave as well as medical and dental coverage. Each position has its own salary schedule. The schedule includes a range of merit adjustments.

The county's personnel policy requires employee evaluations from point of hire at six months, twelve months, and annually thereafter. Supplemental evaluations are used when employee performance "needs improvement" or is "unacceptable." Severance pay is not provided.

The Inyo County Behavioral Health division maintains a Policy and Procedures Manual that includes the employee Code of Conduct. All new Behavioral Health employees sign the Code of Conduct within thirty days of hire.

The Inyo County Injury and Illness Prevention Plan contains office safety guidelines, and injury and incident reporting procedures. A copy of the plan is maintained at each work site.

Personnel Files

Personnel files are maintained for all Inyo County employees. These contain the following information:

a) An application for employment;
b) A hiring action form, and a hire letter or agreement for management positions that includes our at-will policy;
c) Salary information as to exempt or non-exempt, salaried, hourly, rates in hourly terms and semi-monthly pay rates. Each time a salary or status change is enacted it is documented and each file contains an entire history on each employee;
d) Employee evaluations are filed chronologically in the employee file;
e) The Personnel file also includes the pre-employment health screening and TB test results. Persons found to have symptoms of infectious disease are removed from client contact;
f) Other personnel actions are kept in the personnel file including as stated commendations, discipline, and status change. However, incidents and injuries are not kept in the employee file. They are kept in a separate workers comp/medical status file.

Inyo County personnel records are maintained at 224 North Edwards Street, Independence, California. Personnel records are confidential and only the Risk Manager and Personnel Department staff has access to these files.

Job Descriptions

Job descriptions are developed by the county personnel department and are approved by the Board of Supervisors. They include title, status, benefits, salary, duties and the required level of education, experience, and other skills and abilities for each position. The supervisor of each position is identified and there are specific essential duties identified for each job description.

Employee Code of Conduct

In the departmental employee orientation process, all Behavioral Health Division employees receive a copy of the Behavioral Health Code of Conduct. Employees are required to sign a statement attesting to their receipt and understanding of the Code of Conduct. In addition to standard provisions regarding conflict of interest, the Code of Conduct details appropriate relationships between employees and clients, and explicitly prohibits any social, financial, or sexual relationships between staff and clients. The Code of Conduct and Inyo County Alcohol and Drug Abuse policies both prohibit the inappropriate use of drugs and/or alcohol.

Employee rules of conduct are strongly impressed upon staff and special training is provided as well as complete instruction at orientation. Due to the nature of the caseload and the services provided, it is imperative employees adhere to strict role model behavior and maintain appropriate boundaries that are essential to ethical and quality care.

Fiscal Management

Annual Budget

The Inyo County Health and Human Services Department prepares an annual budget outlining revenue and expenses for the coming fiscal year in the Behavioral Health Division. Expenses are detailed for each cost center. Annual budgets are reviewed and approved by the Board of Supervisors. The county's fiscal year begins on July 1 of each year and ends on June 30 of the following year.

The Inyo County Behavioral Health division uses the Uniform Method for Determining Ability to Pay (UMDAP) as the fee schedule for collecting fees.

Fiscal Analysts assigned to the Behavioral Health Division prepare quarterly financial reports that show the budgeted and the actuals for revenue and expenditures. Summary versions of these reports are reviewed regularly by department management and may be presented to the Board of Supervisors as needed or upon request.

Fiscal Policies and Procedures

Inyo County Fiscal Policies addresses the handling of petty cash, cash receipts, donations, and authority levels for budgeted and non-budgeted expenditures. Policies regarding billings and accounts receivable are also included. Costs are allocated among programs in a manner consistent with the requirements of OMB Circular A-87.

Bonding of Program Personnel

All Inyo County staff that handle cash, client funds, checks, etc. are bonded.

Audits

Inyo County contracts with independent auditors to perform a complete audit on all aspects of the agency. Audits are conducted annually.

Volunteer Services

Inyo County Behavioral Health Division occasionally uses volunteer interns in its Substance Use Disorders (SUD) counseling programs in accordance with the County Volunteer Policy. The County Volunteer Policy addresses screening, training and orientation, duties and assignments, supervision, evaluation, and protection of client confidentiality. Please see the attached Volunteer Policy and Volunteer Agreement.

Prospective volunteers complete the County Volunteer Agreement and Enrollment packet. This packet requests background information from the prospective volunteer that is used to screen candidates. Volunteers who receive sensitive assignments, including assignments with in the Behavioral Health division are required to authorize a criminal background check prior to receiving their assignment. Applications are reviewed and approved by the Volunteer Coordinator designated by the Health and Human Services Department Director.

Article II. Program Management

Mission Statement

The Inyo County Health and Human Services staff is committed to providing education for prevention of drug and alcohol abuse and assistance for persons in need by providing a range of integrated, culturally competent integrated services, which are focused on improving the client's ability to live independently and productively in the community. The Substance Use Disorders Program (SUD) provide necessary treatment and support services on individuals struggling with alcohol, tobacco and other drug addictions towards the goal of self-sustaining sobriety supported by health community networks and individuals.

Admission or Readmission

Criteria

Inyo County Behavioral Health provides SUD outpatient treatment services to Inyo County residents who meet the admission criteria outlined in this section. The SUD program (hereinafter, "Program") is primarily administered at a clinic located in the City of Bishop. A satellite clinic, located at 380 N. Mount Whitney Drive in Lone Pine, is operated by itinerate staff from the primary clinic in Bishop, and is open for fewer than twenty hours per week.

Clients admitted to the Program are experiencing functional impairment related to drug and alcohol use, abuse, or dependence as defined in DSM-IV. The Program is designed to respond to a wide variety of SUD problems and the social, behavioral, and psychological issues associated with them.

Screening and admission to the Program is not specifically based on the particular drug a client may be using or the type of problems that a client might be experiencing. However, program staffing and design are not intended to address the needs of clients with severe and persistent mental disorders or to successfully incorporate clients with predatory criminal backgrounds into the general caseload. In addition, clients must have sufficient cognitive ability to understand and participate in counseling services.

Medical necessity will be established in the intake and assessment process outlined below. The appropriate DSM-IV diagnostic code will be identified in the intake and assessment process as well.

Program services are available to all persons independent of gender, sexual identity, race/ethnicity, income, religion or other characteristic of a non-clinical nature.

Intake

An initial request for services is received by phone or in person at the Program. If it is determined that a client meets the admission criteria outlined above, he/she will be scheduled for an initial intake assessment appointment. Those that do not meet the criteria for admission will be referred to an appropriate provider in the community. Clients who present with serious emotional disturbance or severe and persistent mental illness are referred to Inyo County Mental Health Services, part of the Behavioral Health Division, for appropriate treatment. Client disposition will be noted either in the case record (if admission criteria are met) or else a referral out will be noted in the Program's Brief Contacts file.

The client's primary counselor conducts the initial assessment. The Addiction Severity Index (ASI) as well as other screening tools such as the Socrates Personal Drinking Questionnaire and the Stressful Life Experiences Screening are also administered for this purpose. The assessment includes a review of the client's history and current status in life domains including health, vocational/educational, alcohol or drug use and treatment, criminal history, legal status, family, socio-economic, and mental health. In addition, a family assessment session can be conducted with members of the client's family to better ascertain the extent to which they are ready, willing and able to participate in the treatment process.

Recognizing that a client may not be willing to disclose sensitive personal information prior to the development of rapport with their counselor and engagement in treatment, assessment is an ongoing process. Initial assessment information is updated as the client is willing to share more information about themselves over the course of treatment.

Once the intake process is completed, the client is advised of his/her rights and asked to sign a consent to treatment form. Only upon completion of the intake and initial assessment process, and the signing of the consent form, shall the client be admitted to treatment.

Medical Assessment

In addition to the drug and alcohol use history obtained through the assessment process, during the intake process a member of the Program counseling staff, using a standard form utilized by Inyo County, will obtain a complete medical history from the

client. In the interests of minimizing the spread of infectious disease, the medical history will be obtained as early as possible in the intake process. In no case will the medical history be obtained later than thirty days after admission.

The Medical Director will review all completed medical history forms. If, in his or her opinion, physical and/or laboratory examination is warranted, the client will be referred to a local health provider. Otherwise the requirement for a physical examination will be waived.

Services

Staffing

In the Lone Pine satellite site, the counseling staff is available to provide services during limited business hours. Counseling staff are substance abuse professionals as defined in the Drug Medi-Cal Certification Standards for Substance Abuse Clinics. In addition, counseling staff will comply with all requirements of California Code of Regulations, Title 9, Division 4, Chapter 8 relative to certification.

Counseling staff are responsible for providing medically necessary direct services to clients admitted to the Program. These services include individual and group counseling, crisis intervention, and collateral services. In addition, counseling staff are responsible for maintaining the client clinical record. This includes the documentation of the client's participation in treatment services, the review and documentation of the client's response to treatment and the preparation of treatment and discharge plans and discharge summaries.

The satellite site is staffed by counselors from the primary clinic in Bishop, who travel to the satellite site on Tuesday and Thursday every week. The Medical Director and Behavioral Health Division Director are available by phone or videoconference as needed for consultation.

Hours of Operation

The satellite office is shared with other Health and Human Services programs, and although the SUD clinic only operates part-time during the week, the office is open from 8:00 a.m. to 12:00 p.m., and from 1:00 p.m. to 5:00 p.m. Monday through Friday. The SUD clinic operating hours are from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. on Tuesday and Thursday. Emergency services are available to clients through the Inyo County Behavioral Health twenty-four hour Crisis Hotline, or through 911 emergency response. This information is provided to all clients and posted at the clinic site.

Counseling and Other Therapeutic Services

Treatment plans are based upon client needs as determined by the initial assessment and are developed together with the client and his/her family if possible. On the basis of a thorough individual and family assessment, a treatment plan is developed to address the individual needs of the client. The scope, frequency and duration of treatment services are directly correlated to the severity of impairment in functioning. At the outset, the amount and type of treatment a client receives is established on the

basis of the initial assessment and treatment plan. At a minimum, all clients will receive a minimum of two hours per week of group and/or collateral treatment services consistent with the Title 22 ODF benefit structure. As clinically appropriate, exceptions to minimum attendance requirements will be congruent with client progress, approved by the program physician, and noted in the client's case file.

Type of Service

The basic program model is as follows. The planned program duration is ninety days. Clients may continue in the program as judged medically necessary subsequent to treatment plan review.

1. Intake, Visit 1
   a) Introduction to program, describe the treatment process;
   b) Discussion of presenting problem;
   c) Obtain medical history;
   d) Obtain consent for treatment.

2. Assessment, Visit 1
   a) Administer ASI and other screening instruments.

3. Assessment, Visit 2
   a) Discuss ASI findings;
   b) Obtain assessment data not included in ASI;
   c) Identify strengths as well as weaknesses, supports and barriers to recovery.

4. Treatment Planning, Visit 1
   a) Discuss assessment findings as the starting point for life change;
   b) Develop specific short and long term goals and action steps with client.

5. Treatment Planning, Visit 2
   a) As needed to continue the work begun in the first visit;
   b) As necessary, treatment-planning sessions may be provided when a change in treatment plan is warranted, either at ninety days or if there are clinically significant changes in the client's life.

6. Collateral Session
   a) To determine family history and involvement with substance abuse and to help engage family members as partners in the client's treatment plan;
   b) Addition collateral sessions provided monthly as needed.

7. Group Counseling Services
   a) These constitute the program's primary treatment activities based on Hazelden's "Living in Balance" curriculum. Group counseling services are intended to assist clients in identifying attitudes and behaviors specifically connected to their drug and alcohol problems. In addition group counseling helps clients to address short term personal, family, educational/vocational and other problems related to substance abuse. Curriculum-based examples of this motivational and problem-solving approach include but are not limited to the following topics:
      i) Alcohol and Drug Education (three sessions): Focusing on definitions and terms, managing triggers and cravings, dealing with stress and negative emotions and relapse prevention;
      ii) Family and Social Relationships (three sessions): Addresses family, parenting and child development. Trauma and PTSD in addiction. Developing problem solving skills and setting vocational and educational goals;
      iii) Physical and Emotional Wellness (three sessions): Provides education regarding nutrition and exercise as well as the importance of emotional balance in the recovery process;
      iv) Planning for Sobriety (three sessions): The development of a full recovery plan, examining personal relapse warning signs and relapse prevention and the support system needed for continued progress in the recovery process.

8. Crisis Intervention – Provided as needed if client has relapsed or is imminent danger of relapse.

9. Discharge Planning (one to two sessions) – The purpose is create a post-treatment community support plan with the client.

In addition, on the basis of information provided in the initial and any subsequent assessments, clients may, as needed, receive or be referred out for services relating to educational services; vocational counseling and training; job referral and placement; legal services; medical and/or dental services; social/recreational services; and

additional individual and/or group counseling services for clients, spouses, parents and other significant people.

The Program will utilize community resources to the maximum extent possible as referral resources for clients. Any referrals made will be documented in the client case file.

Referral Services

Clients who do not meet admission criteria or in other ways not a good fit relative to program services are referred to other community agencies offering services more appropriate to their needs. All referrals are documented.

Referrals are typically made via phone conversation with an identified contact person in the appropriate community agency. A follow up call is made within ten working days to ascertain the referral outcome. Agencies to which referrals are made include Inyo County Mental Health Services, and other community based providers.

Medical Services

The Program's medical director is Jeanette Schneider, M.D. Dr. Schneider is the County Psychiatrist and works with all age groups, including persons with substance use disorders and co-occurring substance use and mental health issues. Dr. Schneider does not have admitting privileges at a local hospital. Consumers are assured access to needed hospital services through the emergency department at the local hospital. The role of the Program's medical director is to establish, review and maintain medical policies and standards, to assure the quality of medical services provided to Program clients. This is accomplished through regular meetings with the Clinical Director and counseling staff. The Medical Director exercises medical responsibility for client treatment through these staff conferences and their review and signature of the client's medical history and treatment plan.

David Scheidlinger, M.D., a Psychiatrist from Mono County, provides backup coverage during extended vacation and other times when the medical director is not available.

Dr. Gail Zwier is the Program's clinical director. Dr. Zwier is a licensed psychologist and Director of the Behavioral Health Division. She has experience in working with all age persons who have mental illness, substance use disorders or co-occurring mental illness and substance use. The program staff works under her administration. The Program counseling staff meets the education and experience requirements for substance abuse professionals.

When deemed appropriate, the program shall provide, or refer a client for, medical detoxification.

Continuing Services

Inyo County offers continuing services through our Aftercare and Alumni Substance Abuse Program. This program if offered by Inyo County SUD Services for clients to continue to examine their substance use and sobriety after completion of a Substance Abuse Program. Persons may be referred into the program through Inyo County Probation or on recommendation of program staff after initial assessment and completion of a substance abuse program.

Case Management

Establishment, Control and Location of Records

A case file (chart) is established for each client when the treatment episode is opened. Inyo County Behavioral Health moved to an electronic clinical health record and billing system in 2010. Prior to September 2010, all client records were maintained in a paper-based chart. After September 2010, a significant portion of each client's chart is maintained in the Electronic Health Record (EHR), though portions of the chart may still be paper-based. Information contained in the EHR is maintained in an encrypted off-site server managed by the EHR product vendor and access to the electronic charts is limited to counselors, the Medical Director, support and quality assurance staff. Tiered screen access is controlled for different user groups to ensure that the minimum necessary amount of client information is available.

All paper charts are kept in a locking file cabinet in a locked room at the primary clinic site, located at 162 Grove St. in Bishop. If needed, counselors and program staff may transport paper charts to the satellite site in Lone Pine using a locking bag and following procedures to ensure the security of the chart during transport. Only the counselors, Quality Assurance staff, support staff and the Clinical Director have keys to access these records.

All client information, whether it is paper-based or in an electronic file, is maintained and released in accordance with the requirements of HIPAA and 42 CFR, Part 2.

Contents of Records

All records contain the following demographic information: unique client identifier, date of birth, gender, race/ethnic background, address, telephone number, next of kin, emergency contact (if client is not living at home), consent for treatment, referral source and reason for referral, and date and type of admission. This data, along with the CalOMS dataset and all other date obtained in the intake and assessment process outlined above, is maintained in the client case file.

Treatment Plan

A treatment plan is developed within thirty days of admission to the program and is based on information obtained during the assessment and intake process. When appropriate, the treatment plan is reviewed by the Clinical Director. At a minimum, the treatment plan is reviewed and updated by staff every ninety days thereafter. Independent of the ninety-day requirement, the treatment plan may be updated whenever clinically significant changes occur in the client's life or as the client may

disclose new information to the counselor. The Medical Director signs all treatment plans within fifteen days of their development.

The treatment plan includes, but is not limited to, the following; a statement of the problems, statement of goals, action steps, target dates for accomplishment of the action steps, and when possible, resolution of the goals.

Urine Surveillance

The Program uses urine screening for treatment purposes only and not as part of a legal surveillance. Results are shared with probation and other treatment providers only with a signed release of information.

Urine test results are recorded in the client's case file. Positive results are discussed with the client and may be cause for a review of the treatment plan.

Case File Contents

Each client contact is documented in a signed and dated progress note. In addition entries in the case file may be made subsequent to phone contact with the client or their parents, conferences with school or probation staff, or other interaction or communication with the client or another person, which provides information that is clinically relevant to the client's treatment.

Behavioral Health requires that client case records are maintained in a legible manner, written either in ink or typed. All entries must be signed and dated. All information relating to a client and their services at the program is kept in a single case file. While maintaining appropriate confidentiality safeguards as noted above, records are kept in such a manner to be easily accessible to staff providing services.

Maintenance of Records

When a client is discharged from the Program, the discharge summary and any other final entries in the client case file are completed within thirty days. After review by the Clinical Director, the closed chart is placed in locked storage. Behavioral Health maintains client records for not less than seven years after discharge.

All information contained in the client case file is considered confidential and, as noted earlier, is disclosed only to authorized persons in accordance with federal, state, and local laws.

In the event that the Program ceases operations at the certified location, all records will be stored at another Behavioral Health site for a period of not less than four years. In the event Behavioral Health was to cease operation entirely, all SUD treatment records will be turned over to the Inyo County Alcohol and Drug Program Administrator for confidential storage.

Quality Assurance

Behavioral Health has an active quality assurance program. Specific elements germane to Drug Medi-Cal services are as follows.

Continuity of Care

Each client is assigned a primary counselor who is responsible for overseeing all components of the client's treatment. The primary counselor is responsible for ensuring that the following activities occur:

a) The treatment plan is developed within thirty days after admission;
b) Required services are provided as clinically necessary and in accordance with Title 22 regulations, and that these services are accurately documented;
c) Attendance and/or non-compliance issues are documented and discussed with the client;
d) Progress or barriers in achieving treatment plan goals and objectives are assessed and documented on a continuous basis;
e) The treatment plan is updated and reviewed at least every ninety days;
f) All relevant documents (releases, correspondence, referrals, consent to treatment, etc.) are contained in the chart;
g) A discharge plan and discharge summary are developed.

Case and Treatment Plan Reviews

Case reviews occur at intake, when treatment plan revision is appropriate, and at discharge to ensure that:

a) The treatment plan is relevant to the stated problems(s);
b) The services delivered are relevant to the treatment plan;
c) Recordkeeping is adequate.

The treatment plan is reviewed to assess progress to date, to reassess needs and services, and to identify additional problem areas and formulate new goals, when appropriate.

Program Evaluation
The Behavioral Health division has a written quality assurance plan that outlines self-evaluation procedures. Qualitative and quantitative data analysis is used to assess consumer outcomes and inform management decisions.

Staff perform follow-up interviews with consumers at three months and at six months following program completion to track short-term success rates.

Two types of satisfaction surveys are administered. One is a program evaluation that consumers are asked to complete at the end of treatment. The other is an annual Health and Human Services Department consumer satisfaction survey. The results of the departmental survey are reported by division and overall for the department. Both surveys provide feedback to administrators, supervisors, counselors, and other staff and are used to inform decisions about performance improvement.

Consumer complaints and grievances are investigated by the SUD Program supervisor and are referred to the Behavioral Health Director as deemed necessary. The number, nature, and outcome of complaints and grievances are reported to the Behavioral Health Quality Improvement Committee quarterly.

Staff Development
Behavioral Health has a staff development plan that includes monthly internal training opportunities in relevant topic areas, access to Essential Learning on-line training and other training opportunities offered through the Health and Human Services Department. Documentation of attendance at training events is maintained in the Behavioral Health office training files.

Utilization Review
Behavioral Health maintains written procedures for utilization review.

Facility Management
The Program has in place at the site policies and procedures for ensuring that the facility complies with all applicable local, state and federal laws and to ensure that the facility is maintained in a clean, safe, sanitary, and drug-free condition.

Client Rights

As part of every admission process, the client is informed of the program's policy of non-discrimination, their rights as a client, grievance procedures, the appeal process for discharge, program rules and regulations, fee policy for DMC clients, and the right of access to their case file. The client is given a written copy of the aforementioned documents and the client rights statement is posted on program premises.

Confidentiality

Behavioral Health complies with the confidentiality requirements of the Health Insurance and Portability Act (HIPAA), 42 CFR, Part 2, and Article 7 of Subchapter 2, Part 1 of Division 5 of the Welfare and Institutions Code. The staff is trained on confidentiality and required to sign a confidentiality statement prior to commencing employment.

Consent to Treatment

Every client must sign consent to treatment prior to admission to the program. The consent to treatment discusses the mutual roles and responsibilities of the client and the program.

Consent to Follow-up

The Program does not conduct post-discharge follow-up.

Research

Behavioral Health does not plan to participate in human subjects research in its AOD treatment programs. In the event any such research might occur, Behavioral Health will comply with all applicable state and federal requirements for human subjects protection.

Discharge

Discharge Criteria

Behavioral Health has discharge procedures defining the criteria for successful completion of the program, unsuccessful discharge, involuntary discharge, and transfers and referrals. These are consistent with the corresponding Discharge Status definitions listed in the ADP CalOMS Treatment Data Collection Guide.

Discharge Summary

The concluding entry in each client case record is the Treatment Discharge summary form. The discharge summary is an overall description of the treatment episode, the reason for discharge, the client's plan for ongoing post-treatment support, and any referrals made by program staff. In addition, the discharge plan contains a summary of client status at the time of discharge in the following areas: alcohol and/or drug use, vocational or educational achievements, and any known criminal activity. A copy of the Treatment Discharge form is attached.

Attachment III

Fire Safety Clearance

Satellite Clinic

Lone Pine Volunteer Fire Department

LONE PINE FIRE PROTECTION DISTRICT

(760) 876-4626
P.O. Box 1007
Lone Pine, CA 93545

February 10, 2014

RE: inspection of Building at 380 N Mt. Whitney Ave, Lone Pine, CA 93545

Inspection was done at 1030 A.M. on Monday February 10, 2014.

Building was in compliance at this time, however all fire extinguishers will need to be serviced in March.

Le Roy Kritz, Fire Chief

Attachment IV

Zoning Clearance and Lease Agreement

Satellite Clinic

DEPARTMENT OF PUBLIC WORKS

P.O. DRAWER Q
INDEPENDENCE, CA 93526
PHONE: (760) 878-0201
FAX: (760) 878-2001

COUNTY
OF
INYO

Clint Quilter, Public Works Director
Jim Tatum, Deputy Public Works Director

February 6, 2014

State of California
Health and Human Services Agency
Department of Health Care Services
Provider Enrollment Division, MS 4704
PO Box 997412
Sacramento, CA. 95899-7412

To Whom It May Concern:

As requested in the instructions for the Application for Drug Medi-Cal Program Participation for Substance Abuse Clinics, please accept this letter as confirmation that the Inyo County Substance Use Disorder satellite clinic, located at 380 N. Mounty Whitney Drive in Lone Pine, California, is operated in a building leased by the County of Inyo. As a public agency, the County of Inyo is not required to obtain local zoning approval to operate the clinic at this location.

Sincerely,

Jim Tatum, Deputy Director
Inyo County Public Works Department

Jean Turner, Director
Inyo County Health and Human Services Department

Linda Benson, Administrator
Inyo County Substance Use Disorders Program

Fiscal File

PUBLIC WORKS DEPARTMENT
P.O. DRAWER Q
INDEPENDENCE, CALIFORNIA 93526
(760) 878-0201
(760) 878-2001 FAX

County of INYO

Doug Wilson, Interim Public Works Director
Jim Tatum, Deputy Public Works Director

January 14, 2013

Donald L. Christenson, M.D.
Barbara A. Christenson
P.O. Box 38
Lone Pine, CA 93545

RE: Lease Agreement
380 N. Mt. Whitney Drive
Lone Pine, CA 93545

Dear Dr. and Mrs. Christenson,

Inyo County Public Works Department desires to exercise the option to extend its lease of the office property located at 380 N. Mt. Whitney Drive, Lone Pine, CA for the period of July 1, 2013 thru June 30, 2014.

Pursuant to "Section Seven – Rent" of the lease agreement, you have the option to increase the rent up to 5% for this time period. Per my conversation this afternoon with Dr. Christenson, you have generously agreed to waive any increase in the rent for the time period of this lease extension. The current rent shall remain at $2,663.00 per month.

In acceptance of this agreement, please sign both copies of this letter, keeping one for your records and returning one copy to our office in the enclosed envelope.

Agree to Terms and Extension:

Signed: D. Christenson, M.D.

Date: 1-18-13

Thank you again for your generosity.

Sincerely,

Jim Tatum
Deputy Public Works Director

JT/dmh

Cc: Sharon Koontz, Building & Maintenance

In the Rooms of the Board of Supervisors

County of Inyo, State of California

I, HEREBY CERTIFY, that at a meeting of the Board of Supervisor of the County of Inyo, State of California, held in their rooms at the County Administrative Center in Independence on the 19th day of *June*, 2012 an order was duly made and entered as follows:

P.W./Christensen
L.P. Office Space
Lease

Moved by Supervisor Cash and seconded by Supervisor Pucci to approve the Lease between the County of Inyo and Donald Christenson, M.D., for real property described as 380 N. Mt. Whitney Drive, Lone Pine, CA, for the period of July 1, 2012 through June 30, 2013, including two one-year options to extend, at the rate of $2,663 per month, with a maximum 5% increase per year for each one-year option exercised by the County, contingent upon the Board's adoption of future budgets; and authorize the Chairperson to sign. Motion carried unanimously.

Christensen
Fiscal
File

WITNESS my hand and the seal of said Board this 19th

Day of June 2012

KEVIN D. CARUNCHIO
Clerk of the Board of Supervisors

By: Patricia Gunsolley
Patricia Gunsolley, Assistant

Routing

CC_____
Purchasing_____
Personnel_____
Auditor_____
CAO_____
Other P.W._____

DATE: June 29, 2012

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
9

☒ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Public Works

FOR THE BOARD MEETING OF: June 19, 2012

SUBJECT: Lease Agreement between the County of Inyo and Donald Christenson, M.D. for the property located at 380 N. Mt. Whitney Drive, Lone Pine, California.

DEPARTMENTAL RECOMMENDATION:
Request Board approve the Lease Agreement between the County of Inyo and Donald Christenson, M.D., for the real property described as 380 N. Mt. Whitney Drive, Lone Pine, California, for an initial period of one-year, with two one-year options, in an initial amount of $2,663 per month for the period of July 1, 2012 through June 30, 2013, with a maximum allowed annual increase of 5% for each of the two one-year options exercised by the County, contingent upon the adoption of the 2012-2013 Budget and adoption of future budgets, and, authorize the Chairperson to sign.

CAO RECOMMENDATION:

SUMMARY DISCUSSION:
This lease provides office space for Inyo County Health and Human Services and Probation programs located in Lone Pine. The Lease Agreement provides for an initial term of one-year, commencing July 1, 2012 and ending June 30, 2013, with two one-year options. The monthly lease amount for the initial term is $2,663 per month or $31,956 per year. Should the County exercise its option for the second year, the monthly lease amount may be increased to a maximum of 5% above the initial term amount to $2,796.15 per month or $33,553.80 per year. Should the County exercise its option for the third year, the monthly lease amount may again be increased by a maximum of 5% above the current term amount to $2,935.96 per month or $35,231.49 per year. If your Board approves the lease and the County exercises both one-year options, the total amount payable under the lease will be $100,741.29.

ALTERNATIVES:
The alternative would be to find another location. No other office space that would serve the current needs has been identified at this time.

OTHER AGENCY INVOLVEMENT:
The programs located in this location have regular and numerous interactions with a variety of community-based programs.

FINANCING:
State, Federal and Realignment funds. Funding for this lease is shared by the following budgets (programs): Social Services (65%), Health (7.5%), Community Mental Health (15%), Alcohol & Other Drug Programs (7%), DDP (1%) and Probation (4.5%).

APPROVALS	
COUNTY COUNSEL:	**AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS** *(Must be reviewed and approved by County Counsel prior to submission to the Board Clerk.)* Approved: yes Date: 6/8/2012
AUDITOR/CONTROLLER:	**ACCOUNTING/FINANCE AND RELATED ITEMS** *(Must be reviewed and approved by the Auditor/Controller prior to submission to the Board Clerk.)* Approved: JS Date: 6/12/12
PERSONNEL DIRECTOR:	**PERSONNEL AND RELATED ITEMS** *(Must be reviewed and approved by the Director of Personnel Services prior to submission to the Board Clerk.)* Approved: N/A Date:
BUDGET OFFICER:	**BUDGET AND RELATED ITEMS** *(Must be reviewed and approved by the Budget Officer prior to submission to the Board Clerk.)* Approved: Date:

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Date: 6-12-12

LEASE AGREEMENT
BY AND BETWEEN THE COUNTY OF INYO AND
Donald Lee Christenson, M.D. and Barbara Anne Christenson

THIS LEASE AGREEMENT, made and entered into this ____day of _____, _____, by and between D.L. Christenson, M.D. & B.A. Christenson, hereinafter referred to as "Lessor," and the County of Inyo, a political subdivision of the State of California, hereinafter referred to as "County," whereby the parties hereto agree as follows:

WITNESSETH:

SECTION ONE. ADMINISTRATION.

This Lease Agreement, hereinafter referred to as "Lease," shall be administered on behalf of the County by Jeff Ahlstrom, whose title is: Interim Deputy Public Works Director hereinafter referred to as "County's Lease Administrator," and on behalf of Lessor by Donald Lee Christenson, M.D. and Barbara Anne Christenson.

SECTION TWO. DESCRIPTION.

Lessor hereby leases to County that real property described as Office building located at 380 N. Mt. Whitney Drive, Lone Pine, California.

Said real property, hereinafter referred to as "leased premises," is leased on the terms and conditions hereafter set forth.

SECTION THREE. PARKING.

County shall have reasonable non-exclusive use of the parking areas located at 380 N. Mt. Whitney Drive, Lone Pine, California in common with other tenants and occupants of the leased premises, together with the right of reasonable ingress and egress to the leased premises parking area.

SECTION FOUR. INITIAL TERM AND OPTIONS.

The initial term of this Lease is for one year, commencing on July 1, 2012 and terminating on June 30, 2013. In addition, County shall have two options to extend the Lease for additional one-year periods as follows:

a. From July 1, 2013 through June 30, 2014
b. From July 1, 2014 through June 30, 2015

County shall exercise such options by giving written notice to Lessor at least thirty (30) days before the expiration of the Lease Term, or an extension thereof.

The notice shall specify the period of the options being exercised. Except as provided for in Section Seven (Rent), the option to extend shall be upon the same terms and conditions as stated in this Lease.

The County shall not be liable for any rent until such time as County occupies the leased premises.

SECTION FIVE. EARLY TERMINATION.

The ability of County to enter into this Lease is based upon available funding from various sources such as, without limitation, grants or other appropriations from other governmental entities. This Lease may be terminated by County at its sole discretion by first giving to Lessor no less than sixty (60) day written notice in the event that, for reasons not reasonably within County's control, such funding from one or more of such sources fails, is reduced, or is otherwise modified in such a manner as to render all or part of the funding unavailable for payment of rent pursuant to this Lease.

SECTION SIX. HOLDING OVER.

Any holding over at the expiration of said term, or extensions thereof, with the consent of Lessor, either expressed or implied, shall be construed to be a tenancy from month to month at the same rental as paid for the last month of the lease period, and shall be otherwise upon the same terms and conditions as are herein provided. Such holding over shall include any time required by County to remove its equipment and fixtures.

SECTION SEVEN. RENT.

The rent reserved to Lessor herein shall be the sum of Two thousand six hundred sixty-three Dollars ($ 2,663.00) per month and shall be paid in arrears, which means by the first of the month next following the month on which such rental was earned.

In the event the County exercises its option to extend for any or all of the one-year periods, the rent for such option period may increase as agreed upon by Lessor and County, but not to exceed an increase in excess of five percent (5 %) of the rent for the previous Lease period.

SECTION EIGHT. PRORATED RENT.

The County shall not be liable for rent until such time as County occupies the leased premises. The rent shall be prorated daily for the number of days that the building is occupied by County in its initial occupancy, if less than a full month, and in holding over pursuant to Section Six (Holding Over).

SECTION NINE. USE.

It is the intention of the County to occupy and use the leased premises for providing Health and Human Services and Probation programs. County may use leased premises for other governmental uses, but such uses are subject to approval of the Lessor, which approval shall not unreasonably be withheld.

SECTION TEN. HOURS.

County shall have access to the leased premises at any time on a twenty-four hour per day, seven-day per week basis.

SECTION ELEVEN. ALTERATIONS AND IMPROVEMENTS.

County may make alterations and/or additions to the leased premises. However, any additions, improvements or alterations permanently made or affixed to the leased premises shall be made only with Lessor's written approval. All equipment and non-permanent fixtures installed by County shall remain the property of the County and may be removed by County upon termination of this Lease or any extension thereof. Any damage occasioned by such installation and/or removal shall be repaired by County. All other fixtures, additions, alterations and improvements made by the County to the Leased premises shall become property of Lessor upon termination of this Lease or any extension thereof.

SECTION TWELVE. UTILITIES.

Lessor shall provide and pay for the following utilities: None. County shall provide and pay for the following utilities: all utilities including water, electricity and propane.

SECTION THIRTEEN. JANITORIAL SERVICE AND TRASH REMOVAL.

County shall furnish at it's sole expense janitorial and trash removal services which may be required on the leased premises, not less than once weekly. Such services shall be provided at the level necessary to maintain the leased premises in a clean and orderly condition.

SECTION FOURTEEN. MAINTENANCE.

Lessor shall, at Lessor's own expense, keep and maintain the entire leased premises, both interior and exterior (including, but not limited to, landscaping, sidewalks, parking lots, and all mechanical, cooling, heating, plumbing, and ventilating equipment, if any), in good order, condition, and repair. Lessor shall make repairs required under this clause within a reasonable time after receipt of written notice of the need of such repairs.

SECTION FIFTEEN. SIGNS.

County may erect signs necessary to identify County's occupancy of the leased premises during the term hereunder. The County shall forward to Lessor the proposed design for said signs prior to placing said signs on the leased premises. County shall not place the proposed signs on the leased premises until Lessor has given Lessor's consent to the proposed signs. Lessor shall not unreasonably withhold said consent. Signs shall be removed by County at the termination of this Lease.

SECTION SIXTEEN. FORCE MAJEURE.

If either party hereto shall be delayed or prevented from the performance of any act required hereunder by act of God, restrictive governmental laws or regulations, strikes, civil disorders, or other causes not involving the fault, and beyond the control, of the party obligated (financial inability excepted), performance of such act shall be waived for the period of the delay; and the period for the performance of any such act shall be extended for the equivalent amount of time as the period of such delay. However, nothing in this clause shall excuse the County from the payment of any rental or other charge required of County, except as may be expressly provided elsewhere in this Lease.

SECTION SEVENTEEN. WASTE.

County shall give prompt notice to Lessor of any damages to the leased premises and shall not commit, or suffer to be committed, any waste or injury, or allow any public or private nuisance on the leased premises.

SECTION EIGHTEEN. DAMAGE OR DESTRUCTION.

In the event that the leased premises shall be substantially damaged by any cause during the term of this Lease or extension thereof, other than through the fault or neglect of County, to such an extent that the leased premises cannot be repaired in ninety (90) days, this Lease may be terminated by either party at its option by giving written notice of intention to the other party within thirty (30) days following said destruction; if this Lease is not so terminated, County shall not be liable for any rent until repairs have been made or reconstruction completed by Lessor, so that the leased premises are again ready for occupancy. If the leased premises are substantially damaged or destroyed through the sole fault or negligence of County, its officers, or employees, this Lease may not be terminated by County, and it shall be the obligation of County, at its sole expense, to reconstruct or repair said leased premises.

SECTION NINETEEN. HOLD HARMLESS.

County shall not be liable to Lessor for any damage to the leased premises or for any loss, damage, or injury to any persons or property therein or thereon caused by the leased premises being out of repair, or by defects in the leased premises, including any access roads, ramps, or stairways thereof, or occurring in any means of entrance to or exit therefrom, or in the Lessor's or other occupant's equipment contained therein; or criminal acts of third parties or fire, water, gas, oil, electricity, or other causes of whatsoever nature; or occasioned by bursting, leakage, or overflow of any plumbing or any other pipes, tanks, drains, or washstands, or other similar causes in, above, upon, or about the leased premises; nor shall County be liable for any loss, damage, or injury arising from the acts or omissions of Lessor, its officers, agents, or employees, or co-tenants, or any owners or occupants of adjacent or contiguous property. Any and all claims for any damages referred to in this clause are hereby waived by Lessor, who agrees, to the extent authorized by law, to defend, indemnify, and hold harmless the County from and against any and all losses, liabilities, claims, damages, and actions of any kind or nature, including court costs and attorney fees, arising from acts or omissions identified immediately above for which the County shall not be liable. County shall, to the extent authorized by law, defend, indemnify, and hold harmless Lessor from and against the same, which is occasioned by, growing out of, arising, or resulting from any willful or negligent act or omission on the part of County, its officers, employees, or agents.

SECTION TWENTY. RIGHT OF ENTRY.

Lessor reserves the right to enter at all reasonable times upon any part of the leased premises, to inspect and examine the same, or to see that the covenants of this Lease are being kept and performed.

SECTION TWENTY-ONE. QUIET POSSESSION.

The Lessor, for itself, its heirs, devisees, successors, or assigns, covenants and agrees that County, upon payment of the rental reserved and compliance with all the terms and conditions of this Lease, may lawfully, peacefully, and quietly have, hold, use, occupy, and enjoy the leased premises and each part thereof during the term of this Lease, or any extensions thereof, without hindrance or interruption by Lessor, its heirs, devisees, successors, or assigns. Lessor has and reserves the right at any reasonable time to enter upon the leased premises, to inspect said leased premises, or to perform any of the obligations imposed by this Lease, but in so entering shall conduct itself so as to minimally interfere with County's use and enjoyment of the leased premises.

SECTION TWENTY-TWO. NOTICE.

Any notice, communication, amendment, addition, or deletion to this Lease, including change of address of either party during the term of this Lease, which Lessor or County shall be required, or may desire, to make, shall be in writing and may be personally served upon, or sent by prepaid first class mail to, the respective parties as follows:

COUNTY

Public Works — Department
P.O. Drawer Q — Street
Independence, CA 93526 — City and State

LESSOR

D.L. Christenson, M.D. & B.A. Christenson — Name
P.O. Box 38 — Street
Lone Pine, CA 93545 — City and State

SECTION TWENTY-THREE. ASSIGNMENT AND SUBLEASE.

County agrees not to assign this Lease or sublet the leased premises in part, or encumber its leasehold estate, or any interest therein, or permit the same to be occupied by another, either voluntarily or by operation of law, without first

obtaining written consent of Lessor or its duly authorized agent, which consent shall not be unreasonably withheld. Any such assignment or sublease shall not release County from liability hereunder, and any assignee or sublessee shall expressly assume all County's obligations hereunder. It is also agreed that the giving of a written consent required herein on any one or more occasions shall not thereafter operate as a waiver of the requirement for written consent on any one or more subsequent occasions.

SECTION TWENTY-FOUR. SUBORDINATION.

County agrees that this Lease shall be subject and subordinate to any mortgage, trust deed, or like encumbrance heretofore or hereafter placed upon the leased premises by Lessor or owner, or their successors in interest, to secure the payment of monies loaned, interest thereon, and other obligations. County agrees to execute and deliver, upon demand of Lessor, any and all instruments desired by Lessor subordinating in the manner requested by Lessor this Lease to such mortgage, trust deed, or like encumbrance.

Notwithstanding such subordination, County's right to quiet possession of the leased premises shall not be disturbed if County is not in default and so long as County shall pay the rent and observe and perform all of the provisions in this Lease, unless this Lease is otherwise terminated pursuant to its terms.

SECTION TWENTY-FIVE. MECHANIC'S LIEN.

County agrees to keep the leased premises free from all mechanic's liens or other liens of like nature arising because of work done or materials furnished upon the leased premises at the instance of, or on behalf of, County, provided however, that County can contest such lien provided it post an adequate bond therefore.

SECTION TWENTY-SIX. COMPLIANCE WITH LAW.

County shall, at its sole cost, comply with all the requirements of all Municipal, State, and Federal authorities now in force, or which may hereafter be in force, pertaining to the use of leased premises, and shall faithfully observe and obey all Municipal ordinances, and State and Federal statutes, now in force, or which hereafter may be in force.

SECTION TWENTY-SEVEN. WAIVER.

It is agreed that any waiver by Lessor of any breach of any one or more of the covenants, conditions, or terms of this Lease shall not be construed to be a waiver of any subsequent breach of the same or different provision of the Lease; nor shall any failure on the part of the Lessor to require exact, full, complete, and explicit compliance with any of the covenants or conditions of this Lease be construed as in any manner changing the terms hereof, nor shall the terms of this Lease be changed or altered in any way whatsoever other than by written amendment, signed by both parties.

SECTION TWENTY-EIGHT. DEFAULT.

In the event that Lessor or County shall default in any term or condition of this Lease, and shall fail to cure such default within thirty (30) days following service upon the defaulting party of a written notice of such default specifying the default or defaults complained of, or if the default cannot reasonably be cured within thirty (30) days, the defaulting party fails to commence curing the default within 30 days and thereafter to diligently and in good faith continue to cure the default, the complaining party may forthwith terminate this Lease by serving the defaulting party written notice of such termination.

SECTION TWENTY-NINE. INUREMENT.

The Lease shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns.

SECTION THIRTY. ATTORNEY'S FEES AND COSTS.

In any legal proceeding initiated by a party to the Lease against the other party arising from or relating to the Lease or the use of the Leased Premises hereunder, the non-prevailing party shall pay all costs, including reasonable attorney's fees, incurred by the prevailing party in connection with the legal proceedings.

SECTION THIRTY-ONE. SEVERABILITY.

If any provision of this Lease or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such provisions to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby, and each provision of this Lease shall be valid and be enforced to the fullest extent permitted by law.

SECTION THIRTY-TWO. TIME IS OF ESSENCE.

Time is expressly declared to be of the essence in this Lease and in all of the convenants and conditions herein.

SECTION THIRTY-THREE. ADDITIONAL TERMS AND CONDITIONS.

Additional terms and conditions of the Lease, if any, are set forth in the exhibits listed below, each of which is attached hereto and incorporated herein by this reference: N/A

SECTION THIRTY-FOUR. AMENDMENT.

The Lease may be amended only by a written document signed by all parties hereto.

SECTION THIRTY-FIVE. ENTIRE AGREEMENT.

The Lease contains the entire agreement between the parties hereto and supersedes all previous agreements between the parties with respect to the subject matter of the Lease.

SECTION THIRTY-SIX. CONSTRUCTION OF AGREEMENT.

Both Lessor and County have had the opportunity to and have participated in the drafting and final preparation of this Lease agreement. For that reason, the Lease itself, or any ambiguity contained therein, shall not be construed against either the Lessor or the County as the drafters of this document.

//// ////

LEASE AGREEMENT
BY AND BETWEEN THE COUNTY OF INYO AND

Donald Lee Christenson, M.D. and Barbara Anne Christenson

Initial Term of Lease:

July 1, 2012 - June 30, 2013

IN WITNESS THEREOF, the parties hereto have set their hands and seals this 19 day of June, 2012.

LESSEE

County of Inyo

By Marty A. Fortney
Chairperson, Board of Supervisors

Date:

Approved as to form and content:

N/A
County's Lease Administrator

Approved as to form and legality:

County Counsel

Approved as to accounting form and content:

County Auditor

Approved as to insurance and risk management:

N/A
County Risk Manager

LESSORS

DONALD LEE CHRISTENSON, M.D.
(Please Type or Print Name)

By: D. L. Christenson M.D.
(Signature)

Date: 5-21-12

Taxpayer's Identification No.:

553-24-8248

BARBARA ANNE CHRISTENSON
(Please Type or Print Name)

By: B. A. Christenson
(Signature)

Attachment V

Medical Director's License

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

PHYSICIAN AND SURGEON

CERTIFICATE NO. **G61509** EXPIRATION **07/31/2015**

JEANETTE ELAINE SCHNEIDER
PO BOX 812
BISHOP CA 93515-0812

ORIGINAL ISSUANCE DATE
10/05/1987

RECEIPT NO.
16000048

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS4320571 XS4320571	02-29-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	01-30-2013

SCHNEIDER, JEANETTE ELAINE MD
162 J GROVE STREET
BISHOP, CA 93514

U.S. Department of Justice · Drug Enforcement Administration

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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162 J GROVE STREET
BISHOP, CA 93514

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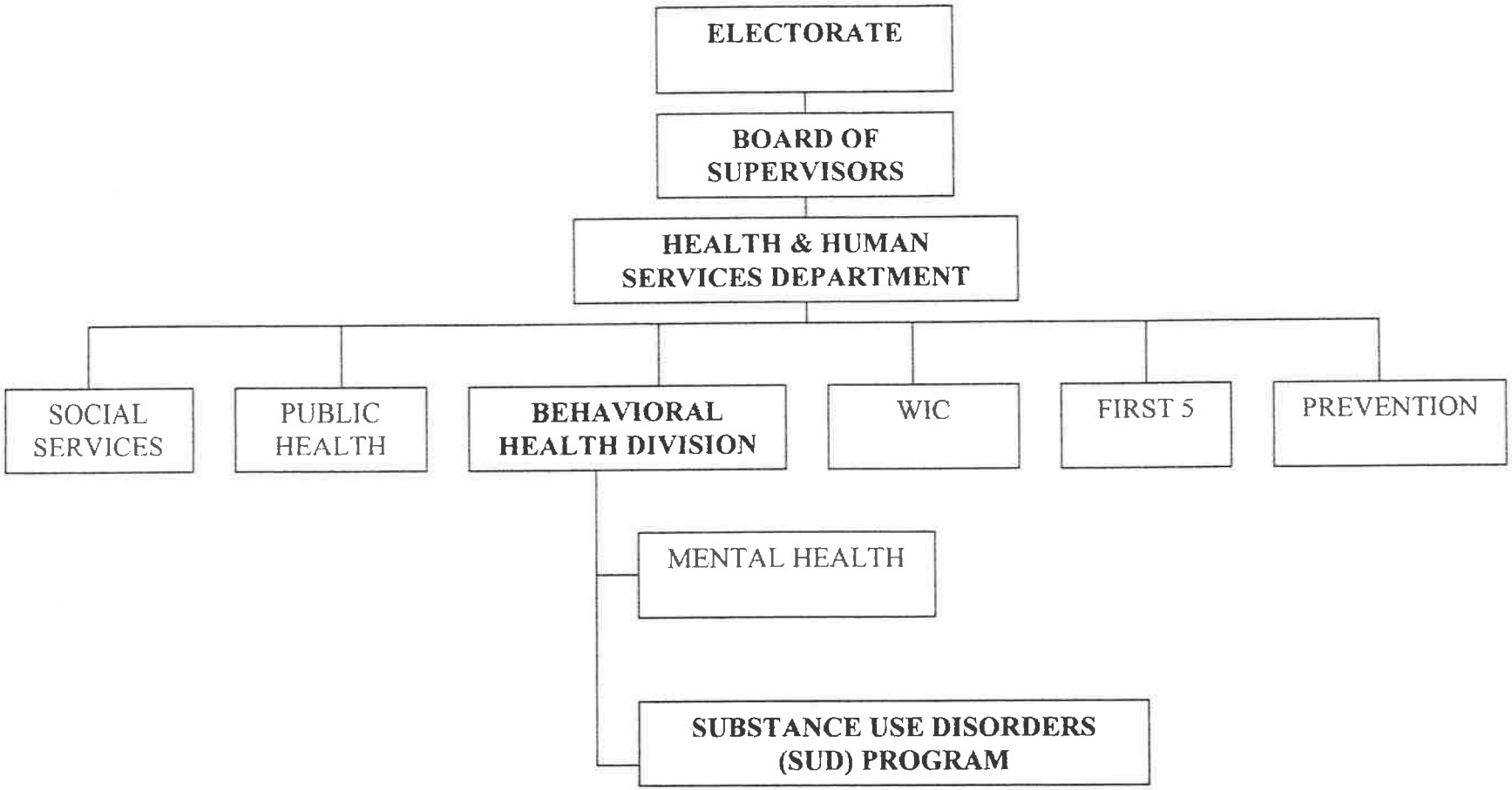
Form DEA-223 (05/04)

Attachment VI

Organizational Chart

INYO COUNTY ADMINISTRATIVE STRUCTURE

As it relates to the Substance Use Disorders program



6/17/2011

Attachment VII

Board of Supervisors Authorization

Insert
Board Order
Here

Attachment VIII

Medi-Cal Disclosure Statement – DHS 6207

Satellite Clinic

MEDI-CAL DISCLOSURE STATEMENT

Every applicant or provider must complete and submit a current Medi-Cal Disclosure Statement (DHCS 6207) as part of a complete application package for enrollment, continued enrollment, or certification as a Medi-Cal provider.

Important:

- **FOR NEW APPLICANTS:** Failure to disclose complete and accurate information may result in a denial of enrollment and imposition of a three-year reapplication bar.
- **FOR CURRENTLY ENROLLED APPLICANTS:** Failure to disclose complete and accurate information may result in denial, deactivation of all business addresses and the imposition of a three-year reapplication bar.
- Submitting a complete and accurate Medi-Cal Disclosure Statement is required.
- Read ***all*** instructions when completing the Medi-Cal Disclosure Statement.
- Type or print clearly in ink.
- DO NOT USE staples on this form or on any attachments.
- If applicant/provider must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Return this completed statement with the complete application package to the address listed on the application form.

Overall Authority: Code of Federal Regulations, Title 42; Section 455; California Code of Regulations, Title 22, Sections 51000–51451; Welfare and Institutions Code, Sections 14043–14043.75

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GENERAL INSTRUCTIONS FOR COMPLETING THE MEDI-CAL DISCLOSURE STATEMENT

- DO NOT USE staples on this form or on any attachments.
- Do not use a pencil, correction tape, white out, highlighter pen, etc. on this form.
- If you must correct an entry, the applicant or provider must initial and date the correction in ink.
- Do not leave any questions, boxes, lines, etc., blank.
- To review the Title 22 provider enrollment regulations, please visit the Medi-Cal Website (www.medi-cal.ca.gov) and click the "Provider Enrollment" link. It is the responsibility of the applicant/provider to comply with all regulations pertaining to Medi-Cal.

Section I: Applicant/Provider Information

1. All applicants and providers must complete this Section unless they are eligible to use the "Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers" (DHCS 6216).
2. Rendering providers joining a group who are not eligible to use the "Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers" may leave parts E–H blank if part D is checked.

Section II: Unincorporated Sole-Proprietor or Individual Rendering Provider Adding to a Group

Disclosure of social security number is optional. *(See Privacy Statement at bottom of page 15)*

Section III: Ownership Interest and/or Managing Control Information (Entities)

1. To determine percentage of ownership, mortgage, deed of trust, note or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation.
2. Indirect ownership interest means an ownership interest in any entity that has an ownership interest in the applicant or provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or provider. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity.
3. Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.
4. All entities with managing control of applicant/provider must be listed in this Section.
5. Corporations with ownership or control interest in the applicant or provider must provide all corporate business addresses and the corporation Taxpayer Identification Number issued by the IRS. For verification, a legible copy of the IRS Form 941, Form 8109-C, Letter 147-C, or Form SS-4 (Confirmation Notification) must be included.

Section IV: Ownership Interest and/or Managing Control Information (Individuals)

1. Refer to Section III instructions.
2. Person with an ownership or control interest means a person that:
   a. Has an ownership interest of 5 percent or more in an applicant or provider;
   b. Has an indirect ownership interest equal to 5 percent;
   c. Has a combination of direct and indirect ownership interest equal to 5 percent or more in an applicant or provider;
   d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or provider if that interest equals at least 5 percent of the value of the property or assets of the applicant or provider;
   e. Is an officer or director of an applicant or provider that is organized as a corporation;
   f. Is a partner in an applicant or provider that is organized as a partnership.
3. All management employees must be included in this section.
4. Disclosure of social security number is optional. *(See Privacy Statement at bottom of page 15)*

Section V: Subcontractor

1. "Indirect ownership interest" means an ownership interest in any entity that has an ownership interest in the applicant or provider. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or provider. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the applicant or provider, A's interest equates to an 8 percent indirect ownership interest in the applicant or provider and shall be reported pursuant to Section 51000.35. Conversely, if B owns 80 percent of the stock of a corporation, which owns 5 percent of the stock of the applicant or provider, B's interest equates to a 4 percent indirect ownership interest in the applicant or provider and need not be reported.

2. "Managing employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an applicant or provider.
3. "Ownership interest" means the possession of equity in the capital, the stock, or the profits of the applicant or provider.
4. "Person with an ownership or control interest" means a person or corporation that:
   a. Has an ownership interest totaling 5 percent or more in an applicant or provider.
   b. Has an indirect ownership interest equal to 5 percent or more in an applicant or provider.
   c. Has a combination of direct and indirect ownership interests equal to 5 percent or more in an applicant or provider.
   d. Owns an interest of 5 percent or more in any mortgage deed of trust, note, or other obligation secured by the applicant or provider if that interest equals at least 5 percent of the value of the property or assets of the applicant or provider.
   e. Is an officer or director of an applicant or provider that is organized as a corporation.
   f. Is a partner in an applicant or provider that is organized as a partnership.
5. To determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the applicant or provider's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and shall be reported pursuant to Section 51000.35(a). Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.
6. "Significant business transaction" means any business transaction or series of transactions that involve health care services, goods, supplies, or merchandise related to the provision of services to Medi-Cal beneficiaries that, for the 12-month period immediately preceding the application, exceed the lesser of $25,000 or 5 percent of an applicant's or provider's total operating expenses.
7. "Subcontractor" means an individual, agency, or organization:
   a. To which an applicant or provider has contracted or delegated some of its management functions or responsibilities of providing healthcare services, equipment, or supplies to its patients.
   b. With whom an applicant or provider has entered into a contract, agreement, purchase order, lease, or leases of real property, to obtain space, supplies, equipment, or services provided under the Medi-Cal Program.
   c. ***On this form, report only those transactions as defined in line 6 above.***

Section VI: Incontinence Supplies

1. Applicant or provider must check "Yes" or "No."
2. If "Yes," complete A–C.

Section VII: Pharmacy Applicants or Providers

All pharmacy applicants or providers must complete this Section.

Section VIII: Declaration and Signature Page

1. All applicants or providers must complete this Section.
2. Legal name of applicant/provider must match name listed on associated application package.
3. The signature must be an individual who is the sole proprietor, partner, corporate officer, or an official representative of a governmental entity or nonprofit organization who has the authority to legally bind the applicant or provider. **See Title 22, CCR Section 51000.30(a)(2)(B) to determine who has the authority to sign this application.**
4. An original signature is required. Stamped, faxed, and/or photocopied signatures are ***not*** acceptable.
5. Disclosure Statement must be notarized by a Notary Public except for those applicants and providers licensed pursuant to Business and Professions Code, Division 2, beginning with Section 500. For example: Physicians, Pharmacy providers, Chiropractors, Osteopaths, Certified Nurse Midwives, and Nurse Practitioners do not need to notarize this form. Durable Medical Equipment (DME) providers, Prosthetists, Orthotists, Medical Transportation providers, etc., must notarize this form.

FOR MORE INFORMATION, PLEASE VISIT THE MEDI-CAL WEBSITE (WWW.MEDI-CAL.CA.GOV) AND CLICK THE "PROVIDER ENROLLMENT" LINK.

MEDI-CAL DISCLOSURE STATEMENT

Do not leave any questions, boxes, lines, etc., blank. Check or enter N/A if not applicable to you.

I. APPLICANT/PROVIDER INFORMATION

A. Legal name of applicant/provider as reported to the IRS

County of Inyo

B. Legal name of applicant/provider as it appears on professional license *(if applicable)* ☐ N/A

Inyo County Health and Human Services Department, Behavioral Health Division

C. Existing provider numbers (NPI or Denti-Cal provider number as applicable) used at the address indicated in Item G below. ☐ N/A

1386749091

D. If applying as a rendering provider to a provider group, check here ☐ and proceed to Part I. (marked with *asterisk below)

E. Fictitious business name *(if applicable)* ■ N/A

F. "Doing Business As" name *(if applicable)* ■ N/A

G. Address where services are rendered or provided (number, street) | (City) | (State) | (Nine-digit ZIP code)

380 N. Mount Whitney Drive | Lone Pine | CA | 93545-0000

1. Does applicant/provider lease this location? ☑ Yes ☐ No

2. If yes, provide the following information regarding Lessor:

a. Lessor name

Donald Christenson, M.D.

b. Lessor address (number, street) | (City) | (State) | (Nine-digit ZIP code)

P.O. Box 38 | Lone Pine | CA | 93545-0038

c. Lessor telephone number	d. Term of lease	e. Amount of lease
(760) 876-4383	1 year with two options to extend	SUD clinic share is $186.00/month

3. If no, does applicant/provider own this location? ☐ Yes ☐ No

4. If applicant/provider does not lease or own this location, explain below:

H. Type of Entity *(must check one)*:

☐ General Partnership *(Enclose Partnership Agreement)*
☐ Sole Proprietor (Unincorporated)
☐ Limited Partnership *(Enclose Partnership Agreement)*
☐ Limited Liability Company: State of formation: _____
☐ Limited Liability Partnership *(Enclose Partnership Agreement)*
■ Governmental

☐ Corporation: Corporate number: _____ State incorporated: _____

☐ Nonprofit:
Check one:
☐ Corporation
☐ Unincorporated Association

Check one:
☐ Charitable
☐ Religious

☐ Other *(specify)*: _____

*I. List below fines/debts due and owing by applicant/provider to any federal, state, or local government that relate to Medicare, Medicaid and ***all*** other federal and state health care programs that have not been paid and what arrangements have been made to fulfill the obligation(s). ***Submit copies of all documents*** pertaining to the arrangements including terms and conditions. See California Code of Regulations (CCR), Title 22, Section 51000.50(a)(6). ■ N/A

FINE/DEBT	AGENCY	DATE ISSUED	DATE TO BE PAID IN FULL
$		/ /	/ /
$		/ /	/ /

I. APPLICANT/PROVIDER INFORMATION *(Continued)*

J. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which applicant/provider also has an ownership or control interest. If none, check N/A. If additional space is needed, attach additional page (label "Additional Section I, Part J"). ☒ N/A

1. Full legal name of health care provider

2. Address (number, street) (City) (State) (Nine-digit ZIP code)

K. Respond to the following questions:

1. ***Within ten years of the date of this statement***, have you, the applicant/provider, been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No

   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years of the date of this statement,*** have you, the applicant/provider, been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No

   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years of the date of this statement,*** have you, the applicant/provider, entered into a settlement in lieu of conviction for fraud or abuse involving a government program? ☐ Yes ☑ No

   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Do you, the applicant/provider, currently participate or have you ever participated as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No

   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

5. Have you, the applicant/provider, ***ever*** been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

   If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the individual license, certificate, or other approval to provide health care of the applicant/provider ***ever*** been suspended or revoked? ☐ Yes ☑ No

   If yes, include copies of licensing authority decision(s) for each decision and written confirmation from them that your professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

Do not leave any questions, boxes, lines, etc., blank.

I. APPLICANT/PROVIDER INFORMATION (Continued)

7. Have you, the applicant/provider, ***ever*** lost or surrendered your license, certificate, or other approval to provide health care ***while a disciplinary hearing was pending***? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that your professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the license, certificate, or other approval to provide health care of the applicant/provider ***ever*** been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) including any terms and conditions for each decision and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

- If you, the applicant/provider, are an unincorporated sole-proprietor or an individual rendering provider adding to a group, proceed to Section II.

OR

- If you, the applicant/provider, are a partnership, corporation, governmental entity, or nonprofit organization, proceed to Section III.

Do not leave any questions, boxes, lines, etc., blank.

II. UNINCORPORATED SOLE-PROPRIETOR OR INDIVIDUAL RENDERING PROVIDER ADDING TO A GROUP

A. Full legal name (Last) (Jr., Sr., etc.) (First) (Middle)

B. Residence address (number, street) (City) (State) (Nine-digit ZIP code)

C. Social security number

D. Date of birth

/ /

E. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*

- If you, the applicant/provider, are an unincorporated sole-proprietor, proceed to Section V.

OR

- If you, the applicant/provider, are a rendering provider adding to a group, proceed to Section VIII.

III. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ENTITIES)

A. In the table below, list all corporations, unincorporated associations, partnerships, or similar entities having 5% or more (direct or indirect) ownership or control interest, or ***any*** partnership interest, in the applicant/provider identified in Section I. **Attach a separate Section III, Part B and C for each entity listed below.** Number of pages attached: _____

☐ Check here if this section does not apply and proceed to Section IV.

	ENTITY LEGAL BUSINESS NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

III. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (ENTITIES) *(Continued)*

B. Entity with (Direct or Indirect) Ownership Interest and/or Managing Control—Identification Information.

1. Legal business name

2. Doing Business As (DBA) name *(if applicable)* ☐ N/A

3. Primary Business Address (number, street) * (City) (State) (Nine-digit ZIP code)

* If this entity is a corporation, attach a list of **ALL** business location addresses and P. O. Box addresses of the corporation.

4. If this entity is a corporation, list the Taxpayer Identification Number issued by the IRS and attach a legible copy of the IRS form.

5. Check all that apply:

☐ 5% or more ownership interest ☐ Managing control ☐ Partner ☐ Other (specify): _____

6. Effective date of ***ownership*** (mm/dd/yyyy)	7. Effective date of ***control*** (mm/dd/yyyy)
/ /	/ /

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has this entity been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☐ No
   If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has this entity been found liable for fraud or abuse involving any government program in any civil proceeding? ☐ Yes ☐ No
   If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has this entity entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☐ No
   If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does this entity currently participate, or has this entity ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? If yes, provide the following information: ☐ Yes ☐ No

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

5. Has this entity ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☐ No

   If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which this entity also has an ownership or control interest. **If none, check here.** ☐

   If additional space is needed, attach additional page (label "Additional Section III, Part C, Item 6"). Number of pages attached: ____

   a. Full legal name of health care provider (include any fictitious business names)

   b. Address (number, street) (City) (State) (Nine-digit ZIP code)

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

A. In the table below, list any individual that has 5% or greater (direct or indirect) ownership or control interest or ***any*** partnership interest, in the applicant/provider identified in Section I. In addition, ***all*** officers, directors, and managing employees of the applicant/provider must be reported in this section. **Attach a separate Section IV, Part B and C, for each individual listed below.** Number of pages attached: 12

	INDIVIDUAL NAME	PERCENT (%) OF OWNERSHIP OR CONTROL
1.	Jean Fredrica Turner	40%
2.	Linda Lee Benson	30%
3.	Gail Zwier, Ph.D.	20%
4.	Merry Brown	10%
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Turner	Jean	Fredrica

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
1458 Bear Creek Dr.	Bishop	CA	93514-1948

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	6/21/1951	CA N9326594

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No

If yes, check the appropriate box and list name of individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.

☐ 5% or greater owner ☐ Partner ☒ Managing employee

☒ Director/officer, title: Director,Health and Human Services ☐ Other (specify): _____

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:

a. Legal business name of entity as listed in Section III, Part A:

N/A

b. What is this individual's role with the entity reported in Section III? Check all that apply.

☐ 5% or greater owner ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No

If yes, provide the date of the conviction (mm/dd/yyyy): ___/___/___

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No

If yes, provide the date of final judgment (mm/dd/yyyy): ___/___/___

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No

If yes, provide the date of the settlement (mm/dd/yyyy): ___/___/___

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No

If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Jean Fredrica Turner

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care *ever* been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care *ever* been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ■

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc. blank.

IV OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) (Continued)

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Benson	Linda	Lee

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
P.O. Box 1612	Bishop	CA	93514-1612

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	1/22/1953	CA A0517197

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No

If yes, check the appropriate box and list name of individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.

☐ 5% or greater owner ☐ Partner ■ Managing employee

■ Director/officer, title: Ass't Director,Health and Human Servic ■ Other (specify): Inyo Co. Alcohol and Drug Administrator

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:

a. Legal business name of entity as listed in Section III, Part A:

N/A

b. What is this individual's role with the entity reported in Section III? Check all that apply.

☐ 5% or greater owner ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No

If yes, provide the date of the conviction (mm/dd/yyyy): / /

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No

If yes, provide the date of final judgment (mm/dd/yyyy): / /

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No

If yes, provide the date of the settlement (mm/dd/yyyy): / /

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☐ Yes ☑ No

If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Linda Lee Benson

5.. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ☐

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Brown	Merry	Sue

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
291 Meadow Ln.	Bishop	CA	93514-2918

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	10/ 2 /1951	CA A0196728

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No
   If yes, check the appropriate box and list name of individual:
   ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____
   Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.
   ☐ 5% or greater owner ☐ Partner ☒ Managing employee
   ☐ Director/officer, title: _____ ☐ Other (specify): _____

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:
   a. Legal business name of entity as listed in Section III, Part A:
      N/A
   b. What is this individual's role with the entity reported in Section III? Check all that apply.
      ☐ 5% or greater owner ☐ Partner ☐ Managing employee
      ☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No
   If yes, provide the date of the conviction (mm/dd/yyyy): _____ / / _____

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No
   If yes, provide the date of final judgment (mm/dd/yyyy): _____ / / _____

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No
   If yes, provide the date of the settlement (mm/dd/yyyy): _____ / / _____

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☑ Yes ☐ No
   If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)
California	Merry Brown	1104007731

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Merry Sue Brown

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ■

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

B. Individual with Ownership Interest and/or Managing Control—Identification Information

1. Full legal name (Last) (Jr., Sr., etc.)	(First)	(Middle)
Zwier-Villanueva	Gail	Leslie

2. Residence address (number, street)	(City)	(State)	(Nine-digit ZIP code)
P.O. Box 1733	Bishop	CA	93515-1733

3. Social security number	4. Date of birth	5. Driver's license number or state-issued identification number *(Attach a current and legible copy.)*
	1/23/1958	CA U1100929

6. Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☑ No

If yes, check the appropriate box and list name of individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of individual: _____

7. If the above individual is ***directly*** associated with the entity identified in Section I, what is this individual's relationship with the applicant/provider? Check all that apply.

☐ 5% or greater owner ☐ Partner ■ Managing employee

■ Director/officer, title: Director, HHS Behavioral Health Division ■ Other (specify): Mental Health Director

8. If the above individual is ***directly*** associated with an entity identified in Section III, indicate the name of that entity in the space below:

a. Legal business name of entity as listed in Section III, Part A:

N/A

b. What is this individual's role with the entity reported in Section III? Check all that apply.

☐ 5% or greater owner ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

C. Respond to the following questions:

1. ***Within ten years from the date of this statement,*** has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? ☐ Yes ☑ No

If yes, provide the date of the conviction (mm/dd/yyyy): ___/___/___

2. ***Within ten years from the date of this statement,*** has the above individual been found liable for fraud or abuse involving a government program in any civil proceeding? ☐ Yes ☑ No

If yes, provide the date of final judgment (mm/dd/yyyy): ___/___/___

3. ***Within ten years from the date of this statement,*** has the above individual entered into a settlement in lieu of conviction for fraud or abuse involving any government program? ☐ Yes ☑ No

If yes, provide the date of the settlement (mm/dd/yyyy): ___/___/___

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? ☑ Yes ☐ No

If yes, provide the following information:

STATE	NAME(S) (LEGAL AND DBA)	NPI AND/OR PROVIDER NUMBER(S)
California	Gail Zwier, Ph.D.	1548365869

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: Gail Leslie Zwier-Villanueva

5. Has the above individual ever been suspended from a Medicare, Medicaid, or Medi-Cal program? ☐ Yes ☑ No

If yes, attach verification of reinstatement and provide the following information:

CHECK APPLICABLE PROGRAM	NPI AND/OR PROVIDER NUMBER(S)	EFFECTIVE DATE(S) OF SUSPENSION	DATE(S) OF REINSTATEMENT(S), AS APPLICABLE
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /
☐ Medi-Cal ☐ Medicaid ☐ Medicare		/ / / / / /	/ / / / / /

6. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been suspended or revoked? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? ☐ Yes ☑ No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

8. Has the above individual's license, certificate, or other approval to provide health care ***ever*** been disciplined by any licensing authority? ☐ Yes ☑ No

If yes, include copies of licensing authority decision(s), including any terms and conditions for each decision, and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest. **If none, check here.** ■

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider *(include any fictitious business names)*

b. Address (number, street) (City) (State) (Nine-digit ZIP code)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.

V. SUBCONTRACTOR

A. Does the applicant/provider contract or delegate any management functions or responsibilities for providing the following to Medi-Cal beneficiaries:

Health Care Services ☐ Yes ☑ No Supplies ☐ Yes ☑ No
Equipment ☐ Yes ☑ No

If yes to any of the above, please complete the following information and attach a copy of any written agreement(s) that you have with the subcontractor that relate to its functions/responsibilities.

1. Subcontractor's full legal name | 2. Subcontractor's phone number ( )
3. Subcontractor's address (number, street) (City) (State) (Nine-digit ZIP code)
4. Subcontractor's federal employer identification number | 5. Subcontractor's corporation number (if applicable)
6. Does applicant/provider have direct or indirect ownership of 5 percent or more in this subcontractor? ☐ Yes ☐ No

If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part A").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

B. Has the applicant/provider entered into any of the following to obtain space, supplies, equipment, or services used to provide services to Medi-Cal beneficiaries:

Contract ☐ Yes ☑ No Purchase Order ☐ Yes ☐ No
Agreement ☐ Yes ☑ No Lease(s) of Real Property ☐ Yes ☐ No

If yes to any of the above, please complete the following information and attach a copy of any such written agreement(s) that you have with the subcontractor:

1. Subcontractor's full legal name | 2. Subcontractor's phone number ( )
3. Subcontractor's address (number, street) (City) (State) (Nine-digit ZIP code)
4. Subcontractor's federal employer identification number | 5. Subcontractor's corporation number (if applicable)
6. Does applicant/provider have direct or indirect ownership of 5 percent or more in this subcontractor? ☐ Yes ☑ No

If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part B").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

C. List the following information for any person or entity with 5 percent or more ownership and/or control interest in any subcontractor listed in Part A or B. If there is more than one subcontractor, provide a separate sheet with all required information (label "Additional Section V, Part C").

☑ Check here if no subcontractors listed in Part A or B.

☑ Check here if additional sheet(s) is attached. Number of additional pages: _____

Name of Subcontractor in Part A or B

1. Full legal name of person or entity with ownership or control interest | Phone number (760)
Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee
☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

Do not leave any questions, boxes, lines, etc., blank.

V. SUBCONTRACTOR (Continued)

2. Full legal name of person or entity with ownership or control interest | Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

3. Full legal name of person or entity with ownership or control interest | Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

4. Full legal name of person or entity with ownership or control interest
N/A | Phone number ( )

Address (number, street) (City) (State) (Nine-digit ZIP code)

What is this individual's role with the subcontractor reported in Part A or B? Check all that apply.

☐ 5% or greater owner - Percent of ownership: _____ ☐ Partner ☐ Managing employee

☐ Director/officer, title: _____ ☐ Other (specify): _____

Is the above individual related to any individual listed in Section IV, Table A (Page 7)? ☐ Yes ☐ No

If yes, check the appropriate box and list the name of the related individual:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Other (explain): _____

Name of related individual : _____

D. Has the applicant/provider had any business transactions involving health care services, goods, supplies or merchandise related to the provision of services to a Medi-Cal beneficiary that total more than $75,000 at any time during the 5-year period immediately preceding the date of this statement with any of the types of subcontractors identified in Part A or B above or with any wholly owned supplier? ☐ Yes ☑ No

If yes to the above, complete the following information:

1. Subcontractor's or supplier's full legal name | 2. Subcontractor's or supplier's phone number ( )

3. Subcontractor's or supplier's address (number, street) (City) (State) (Nine-digit ZIP code)

4. Describe the transaction(s):

If there is more than one subcontractor or supplier, provide a separate sheet with all required information (label "Additional Section V, Part D").

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Do not leave any questions, boxes, lines, etc., blank.

V. SUBCONTRACTOR *(Continued)*

E. List the following information for any person or entity with 5 percent or more direct or indirect ownership interest and/or control interest in any subcontractor listed in Part D whose business transaction(s) occurred during the 12-month period immediately preceding the date of this statement. If there is more than one subcontractor, provide a separate sheet with all required information. (label "Additional Section V, Part E").

■ Check here if no subcontractors listed in Part D.

☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Name of Subcontractor in Part D

1. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) — (City) — (State) — (Nine-digit ZIP code)

2. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) — (City) — (State) — (Nine-digit ZIP code)

3. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) — (City) — (State) — (Nine-digit ZIP code)

4. Full legal name of person or entity with ownership or control interest — Phone number ( )

Address (number, street) — (City) — (State) — (Nine-digit ZIP code)

- Proceed to Section VI.

Do not leave any questions, boxes, lines, etc., blank.

VI. INCONTINENCE SUPPLIES

Does the applicant/provider intend to sell or currently sell incontinence medical supplies? ☐ Yes ☑ No

If no, Pharmacy applicant/providers proceed to Section VII. All other applicant/providers proceed to Section VIII.

If yes, provide the following information:

A. List the names and addresses of all current sources of capital, as defined in CCR, Title 22, Section 51000.5.

If there is more than one source of capital, provide a separate sheet with all required information (label "Additional Section VI, Part A").

■ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity with ownership or control interest

Address (number, street) (City) (State) (Nine-digit ZIP code)

B. List all manufacturers, suppliers, and other providers with whom the applicant/provider has any type of business relationship relative to the goods and services provided to Medi-Cal beneficiaries.

If there is more than one, provide a separate sheet with all required information (label "Additional Section VI, Part B").

■ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity with ownership or control interest

Address (number, street) (City) (State) (Nine-digit ZIP code)

C. List all persons or entities to which the applicant/provider has extended a line of credit, as defined in CCR, Title 22, Section 51000.10, of $5,000 or more.

If there is more than one, provide a separate sheet with all required information (label "Additional Section VI, Part C").

■ N/A
☐ Check here if additional sheet(s) is attached. Number of additional pages: _____

Full legal name of person or entity

Address (number, street) (City) (State) (Nine-digit ZIP code)

- Pharmacy applicant/providers proceed to Section VII.

OR

- All other applicant/providers proceed to Section VIII.

Do not leave any questions, boxes, lines, etc., blank.

VII. PHARMACY APPLICANTS OR PROVIDERS

A. Has the individual license, certificate, or other approval to provide health care, of the ***Pharmacist-in-Charge***, ever been suspended or revoked? ☐ Yes ☐ No

If yes, include copies of licensing authority decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

B. Has the individual license, certificate, or other approval to provide health care, of the ***Pharmacist-in-Charge***, ever been lost, or surrendered while a disciplinary hearing on his or her license was pending? ☐ Yes ☐ No

If yes, attach a copy of the written confirmation from the licensing authority that professional privileges have been restored and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

C. Has any licensing authority ever disciplined the Board of Pharmacy License of the ***Pharmacist-in-Charge***? ☐ Yes ☐ No

If yes, include copies of licensing authority decision(s) including any terms and conditions and provide the following information:

WHERE ACTION(S) WAS TAKEN	ACTION(S) TAKEN	EFFECTIVE DATE(S) OF LICENSING AUTHORITY'S ACTION(S)
		/ /
		/ /

- Proceed to Section VIII.

VIII. DECLARATION AND SIGNATURE PAGE

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and any attachments is true, accurate, and complete to the best of my knowledge and belief.

I declare that I have the authority to legally bind the applicant or provider pursuant to Title 22, CCR Section 51000.30(a)(2)(B).

1. Printed legal name of applicant/provider

   County of Inyo, Health and Human Services Department, Behavioral Health Division

2. Printed name of person signing this declaration (if an entity or business name is listed in Item 1 above)

   Jean Turner

3. Original signature (in ink)

4. Title of person signing this declaration

   Director, Inyo County Health and Human Services Department

5. Executed at: Bishop (City), CA (State) on / / (Date)

6. Notary Public:

Applicants and providers licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act, or the Chiropractic Initiative Act ***ARE NOT REQUIRED*** to have this form notarized. If notarization is required, the Certificate of Acknowledgement signed by the Notary Public must be in the form specified in Section 1189 of the Civil Code.

PRIVACY STATEMENT
(Civil Code Section 1798 et seq.)

All information requested on the application, the disclosure statement, and the provider agreement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department pursuant to 26 USC 6041. This information is required by the Department of Health Care Services, Provider Enrollment Division, by the authority of Welfare and Institutions Code, Section 14043.2(a) and Title 22, California Code of Regulations, Section 51536. The consequences of not supplying the mandatory information requested are denial of enrollment as a Medi-Cal provider or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, and licensing programs in other states. For more information or access to records containing your personal information maintained by this agency, contact the Provider Enrollment Division at (916) 323-1945 or Denti-Cal at (800) 423-0507.

Do not leave any questions, boxes, lines, etc., blank.

Attachment IX

Administrator/Director Information

Satellite Clinic

Resumé of

Jean Turner (formerly, Dickinson), M.A.

1458 Bear Creek Drive, Bishop, CA 93514

(760) 873-4740

Professional Experience:

Sept., 2003-current — Director, *Inyo County Health & Human Services Department*
163 May Street, Bishop, CA

Appointed six months prior to former Director's retirement to allow for transition, currently provide administrative oversight of all Social Services, Behavioral Health (Mental Health as Substance Use Disorder programs) and Public Health programs and budgets; participate regularly in affiliated state associations (CHEAC, CWDA); re-structured the Department's fiscal division to increase staff's knowledge base around revenue maximization and enhanced service delivery; chaired CWDA Human Resources Committee; serve as a County First 5 Commissioner; participate in a county executive team around disaster response; consulted with new CAO on development of County Executive Leadership Council; regularly appear before Board of Supervisors both with requests and for provision of educational information to new Board members

Other titles held: Inyo County Health Executive
Inyo County Welfare Director
Inyo Mono Area Agency on Aging Director

Also serve as a Governing Board member of the County Medical Services Program (CMSP), since January 2012

1992-Sept, 2003 — Assistant Director, *Inyo County Health & Human Services Department*
1351 Rocking W Drive, Bishop, CA

Provided the management lead in implementing Board of Supervisors' mandated re-structuring of County Health Department as part of super agency; developed collaborative service delivery systems; initiated and supervised the super agency lead management team; assessed and coordinated management training; led the blending of Mental Health and Alcohol and Drug into a Behavioral Health division; in a team with the CAO and a Board of Supervisor member, oversaw the development and implementation of Proposition 10 (First 5); was appointed as a First 5 Commissioner; provided leadership to several agency policy and service delivery teams; participated on a labor negotiations team; acted as a Skelly Officer in several employee disciplinary appeal hearings; participated and successfully facilitated on-going community groups in response to citizen complaints; developed and led public presentations; represented the Department regularly at meetings of Board of Supervisors, community groups, and state association meetings; and routinely acted in the Director's absence

Other titles held: Inyo County Alcohol and Drug Administrator

1990-1992 — Assistant Director, *Inyo County Human Services Department*
162 Grove Street, Bishop, CA

Provided the management lead in implementing a Board of Supervisors' mandated re-structuring of County departments of Mental Health, Alcohol and Drug, and Social Services, was appointed the County Alcohol and Drug Administrator, acted in Director's absence on all issues, provided management training and coaching on employee supervision and discipline

1989-1990 Deputy Director, *Inyo County Department of Social Services* 162 Grove Street, Bishop, CA

Administered all Social Service programs, hired and evaluated employees, facilitated problem-solving with partner agencies and County administration

1987-1989 Supervisor, Child & Adult Services, *Inyo County Department of Social Services*, 162 Grove Street, Bishop, CA

Implemented the first supervisory position overseeing both Children and Adult Social Services, resolved Departmental compliance problems with State and Federal regulations and statutes, hired and evaluated employees

1986-1987 Social Worker III, Child Protective Services, *Inyo County Department of Social Services*

Provided Emergency Response including on-call, voluntary and Court Family Maintenance, Family Reunification, and Permanency Planning services, including the full range of investigations, case planning, writing Court petitions and reports, implementation of case plans with children and families, Court appearances, Court testimony, and effective development of professional relationships with service partners in Mental Health, Alcohol and Drug, Probation, schools, etc.

1984-1986 Senior Social Worker, Dependency Investigations of Child Protective Services, *Orange County Department of Social Services*, Santa Ana, CA

Evaluated the legal sufficiency of child abuse and neglect allegations as well as service needs of children and families through investigatory interviews, wrote Court reports and case plans, and testified effectively in contested dependency hearings

1982-1984 Project Director, Schools & Community Alcohol & Drug Prevention Project, *Teen Help Center*, Fountain Valley, CA

Administered a family therapy-based student intervention project with thirteen schools

1979-1982 Consultant, Schools & Community Alcohol & Drug Prevention Project, *Teen Help Center*, Fountain Valley, CA

Assessed student and family problems, provided parent counseling and education, and taught classroom intervention techniques

1977-1979 School Counselor, *Camp Creek Elementary School*, Lilburn, Georgia

Organized and implemented educational programs, counseled K-5 students, administered a peer counseling program, trained teachers on child development and behavior management, taught parenting classes; presented at 1978 State of Georgia School Counselors Conference

1976-1977 School Counselor, *Hillsborough Middle School*, Hillsborough, NC

Provided standardized testing administration and counseling to students, and behavior management consultation to teachers

1973-1976 Teacher, *I.E. Johnson Elementary School*, Laurinburg, NC

Taught fifth grade in a racially diverse public school located in a high poverty population neighborhood

Education:

MA in Counseling	1976	Appalachian State University Boone, North Carolina
BS in Education	1973	Pembroke State University Pembroke, North Carolina

Gail Leslie Zwier, Ph.D.
California Psychologist: PSY #13861
162 J. Grove St.
Bishop, California 93515
(760) 872-2590

EDUCATION

1989-Doctorate in Clinical Psychology
Fuller Graduate School of Psychology
(A.P.A. Accredited)
Pasadena, California
1988-Master of Arts Degree in Theology
Fuller Theological Seminary
Pasadena, California
1980-Bachelor of Arts Degree, Psychology Major
Calvin College
Grand Rapids, Michigan

EXPERIENCE

Director of Inyo County Behavioral Health Division – Inyo County Health and Human Services, Bishop, California. July 1997 - Present. Responsibilities: Administrative and clinical oversight of all Mental Health and clinical oversight of the Substance Use Disorder programs within County Health and Human Services Department. Provision of program development, leadership, management and staff supervision of all Behavioral Health programs including head of service Medi-Cal Managed Care Plan, Adult Mental Health Services, Child and Family Services, Progress House Adult Residential Treatment Services, Substance Use Disorder Services, and Mental Health Services Act components within various settings throughout a geographically large rural county. Program development and management includes fiscal and program planning within the county budgets as well as program monitoring; maximization of revenue sources; program compliance monitoring; quality improvement planning; training; and quality assurance for all Behavioral Health programs and staff. Provide oversight of 24-hour crisis mental health response and provision of licensed back-up and consultation with staff as needed. As part of a larger Health and Human Services team, assure implementation of a vision of integrated, culturally sensitive, recovery-based collaborative services. Partner with consumers and family members as well as multiple community and agency organizations to ensure quality services and efficient use of scarce resources.

Adjunct Instructor – Cerro Coso Community College, Mammoth campus (1993-1994) and Bishop California (2000-present). Responsibilities: Instructor in psychology (Mammoth). Participation in the development of a series of Human Services courses in collaboration with Community College Administration to train students in human services field. Provided instruction,

developed and provided oversight for practicum experiences and connected students with job opportunities within the community. As a result of this program, several students, including consumers of behavioral health services, have become employed in Health and Human Services and other community human services programs.

Psychotherapist/Perinatal Coordinator – Inyo County Mental Health, Alcohol and Other Drug Services, Bishop, California. November, 1993 – July, 1997. Responsibilities: 1) Administrative and Supervisory: Coordinator of Perinatal Program (1993 – 1997), counseling and recovery services for women with addictions and their children. Worked closely with Child Protective Services, Probation, Schools, and Social Services Employment Programs. Increasing responsibility for clinical/program oversight and supervision for Mental Health/Alcohol and Other Drug Services of staff including staff working under a Healthy Start Grant, within the outpatient clinic, home and school settings and within the Juvenile Center. 2) Clinically: Therapist for children, adolescents, families, and adults for Mental Health and Alcohol and Other Drug Services, member of the multi-disciplinary team, co-facilitator of groups with juvenile probation, co-facilitator of groups for persons with co-occurring disorders, licensed back-up and participation in 24 hour on-call services.

Clinical Director – O.A.S.I.S. Counseling Center, Inc., Atlanta and Hinesville, GA. 1989 – 1993. Responsibilities: 1) Administratively: Assignment and oversight of care, supervision of clinicians, managed care (Employee Assistance Program) assessment and referral, pre-employment testing for Delta Airlines and Salvation Army. 2) Clinically: In-patient and out-patient assessment and treatment in a group practice. Child and family focus: referrals through Medicaid, Court Services, Department of Family and Children's Services (forensic and placement evaluations), schools, military dependents, as well as the general public. Play therapy, parent training, school interventions, consultation and training for school counselors. Treatment to adults primarily evidencing anxiety, trauma, and depressive symptoms (group and individual treatment). Assessment and treatment for all ages in an inpatient setting, including mental health and substance abuse issues. Assessment and treatment of impaired physicians including assessment of cognitive, memory and emotional functioning, possible impairment due to substance use. Community speaking (primarily on child abuse issues for community groups and schools).

Attachment X

Fiscal Year 2013-14 Line Item Budget,

Substance Use Disorders

Satellite Clinic

County of Inyo
Department of Health and Human Services Behavioral Health Division
Substance Use Disorders Line Item Budget
Fiscal year 2013-14

PERSONNEL:	$	308,477
OPERATING:	$	129,734
CAPITAL:	$	-
OTHER:	$	-
INDIRECT:	$	16,794
	$	455,005

		PERSONNEL	OPERATING	CAPITAL	OTHER	INDIRECT	
SALARIED EMPLOYEES	5001	$ 200,904					$ 200,904
OVERTIME	5003	$ 500					$ 500
PART TIME EMPLOYEES	5012						$ -
RET./SOC. SEC.	5021	$ 15,700					$ 15,700
PERS	5022	$ 45,848					$ 45,848
RETIRE HEALTH	5025	$ 9,432					$ 9,432
MEDICAL INS.	5031	$ 26,992					$ 26,992
DISABILITY	5032	$ 2,023					$ 2,023
SLBO	5042	$ 2,523					$ 2,523
OTHER BENES	5043	$ 1,807					$ 1,807
INTERNAL CHARGES	5121		$ 11,000				$ 11,000
TECH REFRESH	5123		$ 3,194				$ 3,194
INTERNAL SHREDDING	5128		$ 500				$ 500
INTERNAL COPIER	5129		$ 2,000				$ 2,000
WKR COMP	5152	$ 2,748					$ 2,748
UNEMP INS	5154		$ 2,000				$ 2,000
PUBLIC LIAB.	5155		$ 1,704				$ 1,704
OFFICE & OTHER EQUIP	5232		$ 4,000				$ 4,000
EMP. PHYSICALS	5260						$ -
ADVERTISING	5263		$ 2,000				$ 2,000
PROF. SVCS.	5265		$ 35,320				$ 35,320
RENTS	5291		$ 13,016				$ 13,016
GEN'L OP	5311		$ 20,000				$ 20,000
A-87	5315					$ 16,794	$ 16,794
TRAVEL	5331		$ 10,000				$ 10,000
MOTOR POOL	5333		$ 20,000				$ 20,000
UTILITIES	5351		$ 5,000				$ 5,000
		$ 308,477	$ 129,734	$ -	$ -	$ 16,794	$ 455,005

Attachment XI

Job Descriptions for Facility Staff

Satellite Clinic

INYO COUNTY
PERSONNEL SERVICES
P. O. BOX 249
INDEPENDENCE, CA 93526

(760) 878-0377
FAX (760) 878-0465

AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ANNOUNCES AN **OPEN RECRUITMENT** FOR:

ADDICTIONS PROGRAM SERVICES SUPERVISOR

Application Deadline: OPEN UNTIL FILLED

DEPARTMENT:	Health and Human Services, Behavioral Health
LOCATION:	Countywide
SALARY:	Range 70 $4138 $4347 $4561 $4792 $5032**
TERM:	Contingent upon continued funding; should funding cease, position will be eliminated.

****BENEFITS:** CalPERS Retirement System (2% at 55) – employee contribution of 7% paid by Inyo County (EPMC reported as wages). Medical Plan – employee responsibility for employee and dependent monthly premium is 1% of base salary on PERS Choice plan; 100% of employee and dependent monthly premium paid for dental and vision; $20,000 term life insurance policy on employee. Vacation – 10 days per year during the first three years; 15 days per year after three years; 1 additional day for each year of service after ten years to a maximum of 25 days per year. Sick leave – 15 days per year. Flex (personal days) – 5 days per fiscal year. Paid holidays – 11 per year.

DEFINITION: Under the general direction of the Behavioral Health Director, or her designee, will plan, organize, supervise, and participate in the operational and program activities of the Alcohol and Other Drug Services Intervention Programs as part of the Behavioral Health Division of the Health and Human Services Department.

ESSENTIAL JOB DUTIES: Provides first-line supervision for the intervention programs of the Alcohol and Other Drugs Services program. This currently includes the SACPA (Substance Abuse and Crime Prevention Act) program, the Driving Under the Influence Programs and other AODS intervention services such as Diversion, Perinatal, and youth-focused addictions services. Provides supervision and oversight, which includes planning, assigning, monitoring, tracking, and evaluating the work of the Addictions Counselors. Provides collaborative activities and leadership as part of a multidisciplinary team to maximize resources and responsiveness of addiction services. Provides outreach and treatment services such as assessment, individual, family and group treatment services as well as the completion of required documentation. Provides training and presentations both to staff, agencies, and community organizations to further knowledge around addiction issues. Functions as part of the Behavioral Health Team and Health and Human Services Department to plan integrated culturally competent and effective programs; participates to ensure quality assurance and compliance with State and Federal program regulations; provides other duties as assigned.

EMPLOYMENT STANDARDS:

Education/Experience: Requires a high school graduate or equivalent. Must possess certification as a drug and alcohol counselor, with at least three (3) years of progressively responsible clinical experience in an addictions treatment program, including at least two (2) years of supervisory responsibility. Must have at least five (5) years of sobriety.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency as well as co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions; basic principles and practices of supervision and management.

Ability to: Organize, implement and direct the AODS intervention program's operations; work cooperatively as part of a multidisciplinary team; supervise, train, and evaluate assigned personnel; plan, organize, and schedule priorities for self and others; communicate clearly and concisely, both orally and in writing; provide effective outreach and intervention, including motivation enhancing treatment methods to a variety of persons with addictions; model effective, professional conduct within one's scope of practice and be proactive in identifying conflict of interest and potential boundary issues; ensure provision of quality services; participate and benefit from own supervision; produce written documentation (by hand or computer); stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone, drive a motor vehicle.

Special requirements: Will be required to submit to yearly tuberculosis test. Must possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment., Must possess a valid operator's license issued by the State Department of Motor Vehicles; must successfully complete a pre-employment background investigation and physical examination.

SELECTION: Selection procedures will be determined by the number and qualifications of applicants and may include a qualification screening, skills examination, and oral interview.

APPLICATION: This recruitment will remain open until position has been filled. Must apply on Inyo County application form. A cover letter and/or resume will be accepted in addition to the application form but will not serve as a substitute for a completed application. **It is not acceptable to complete the application with statements like "See/Refer to Resume" or "See Attached".** Incomplete applications will not be processed.

The County of Inyo has work sites located throughout the Owens Valley (Independence, Bishop, Lone Pine, Big Pine, and Olancha) and the Death Valley area (Death Valley, Tecopa, and Shoshone). Positions are assigned to a work site based upon the needs of the County. Positions may be temporarily or permanently reassigned to another work site as deemed necessary by the Department Head.

REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH QUALIFYING DISABILITIES: Inyo County will make reasonable efforts in the examination process on a case-by-case basis to accommodate persons with disabilities. If you have special needs, please contact (760) 878-0377 prior to the examination process.

CITIZENSHIP/IMMIGRATION STATUS: Inyo County employs only U.S. citizens and lawfully authorized non-citizens in accordance with the Immigration Reform and Control Act of 1986.

INYO COUNTY
PERSONNEL SERVICES
P. O. BOX 249
INDEPENDENCE, CA 93526

(760) 878-0377
FAX (760) 872-2712

AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ANNOUNCES AN **OPEN RECRUITMENT** FOR:

ADDICTIONS COUNSELOR I, II, OR III

Application Deadline: OPEN UNTIL FILLED

DEPARTMENT:	Health and Human Services, Behavioral Health Division	
LOCATION:	Countywide	
SALARY:	**Counselor I:**	Range 57 $3046 $3201 $3358 $3526 $3701**
	Counselor II:	Range 60 $3271 $3431 $3603 $3786 $3973**
	Counselor III:	Range 64 $3590 $3767 $3951 $4159 $4363**

**BENEFITS: CalPERS Retirement System (2% at 55) – employee contribution of 7% paid by Inyo County (EPMC reported as wages). Medical Plan – employee responsibility for employee and dependent monthly premium is 1% of base salary on PERS Choice plan; 100% of employee and dependent monthly premium paid for dental and vision; $20,000 term life insurance policy on employee. Vacation – 10 days per year during the first three years; 15 days per year after three years; 1 additional day for each year of service after ten years to a maximum of 25 days per year. Sick leave – 15 days per year. Flex (personal days) – 5 days per fiscal year. Paid holidays – 11 per year.

DEFINITION: Under the general direction of the Behavioral Health Director and specific supervision of a program manager, depending upon level of position, may provide assessment, counseling, education, relapse prevention, and case management to persons with alcohol or drug addictions and/or with dual diagnoses, and related problems.

ESSENTIAL JOB DUTIES:

Addictions Counselor I – This is the entry-level position. Provides assessment of clients referred by the Courts and Probation for appropriate level of service; monitors clients in collection of urine specimens; develops treatment plans and educational curricula; provides individual and group counseling around chemical dependency and related issues, including co-occurring AOD and mental health issues; coordinates with collaborative partners and coworkers in the delivery of services; manages confidentiality appropriately; participates in staff meetings and trainings; prepares reports, chart notes, and completes data collection forms in a timely, accurate manner; communicates effectively both orally and in writing with the Courts and Probation and/or other collaborative partners; participates as part of the Behavioral Health on-call rotation; performs related duties as assigned.

Addictions Counselor II – In addition to the essential job duties noted above for Addictions Counselor I, also may assist in training and certification sign-off for interns accruing hours to become a certified alcohol/drug counselor.

Addictions Counselor III – This position is expected to perform all of the essential job duties noted above for Addictions Counselor I and II. This position functions at the highest level of autonomy in the Addictions Counselor series, and functions in a lead role in the absence of the supervisor.

EMPLOYMENT STANDARDS

Training and Experience:

Addictions Counselor I – Requires a minimum of one year of experience (*one year* defined as a minimum of 1776 total hours of full- or part-time compensated or uncompensated work experience, in accordance with Title IX) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services. Certification as a drug and alcohol counselor is preferred, although current intern candidates working on certification will be considered. Interns must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application.

Addictions Counselor II - Certification as a drug and alcohol counselor is required plus a minimum of two years of

experience (*one year* defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Addictions Counselor III – Certification as a drug and alcohol counselor is required plus a minimum of three years of experience (*one year* as defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency and persons with co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions.

Ability to: Communicate effectively both orally and in writing with the Courts, Probation, and other collaborative partners; participate in and benefit from supervision, collaborative staff meetings, and trainings; sit for prolonged periods of time; produce written documentation by hand or computer; stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone; drive a motor vehicle. Consistent attendance is an essential function of the position.

Special requirements: Applicants at the Addictions Counselor I level may be hired prior to obtaining certification as a drug and alcohol counselor, but must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application. Addiction Counselor I incumbents must become certified as a drug and alcohol counselor within five years of being registered as an intern, as required by the State of California, and may not advance to the Addictions Counselor II level prior to obtaining certification.

Incumbents hired at the Addictions Counselor II or III level must possess and maintain certification as a drug and alcohol counselor during the term of employment.

Applicants at all levels of the Addiction Counselor series (I, II and III) must: successfully complete a pre-employment background investigation and physical examination, submit to yearly tuberculosis test, possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment, and possess a valid operator's license issued by the State Department of Motor Vehicles.

SELECTION: Selection procedures will be determined by the number and qualifications of applicants and may include a qualification screening, written examination, computer skills exercise, and oral examination.

APPLICATION: **This recruitment will remain open until position has been filled.** Must apply on Inyo County application form. A cover letter and/or resume will be accepted in addition to the application form but will not serve as a substitute for a completed application. **It is not acceptable to complete the application with statements like "See/Refer to Resume" or "See Attached".** Incomplete applications will not be processed.

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REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH QUALIFYING DISABILITIES: Inyo County will make reasonable efforts in the examination process on a case-by-case basis to accommodate persons with disabilities. If you have special needs, please contact (760) 878-0377 prior to the examination process.

CITIZENSHIP/IMMIGRATION STATUS: Inyo County employs only U.S. citizens and lawfully authorized non-citizens in accordance with the Immigration Reform and Control Act of 1986.

INYO COUNTY
PERSONNEL SERVICES
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INDEPENDENCE, CA 93526

(760) 878-0377
FAX (760) 872-2712

AN EQUAL OPPORTUNITY EMPLOYER
(WOMEN, MINORITIES, AND DISABLED ARE ENCOURAGED TO APPLY)

ADDICTIONS COUNSELOR I, II, OR III

DEFINITION: Under the general direction of the Behavioral Health Director and specific supervision of a program manager, depending upon level of position, may provide assessment, counseling, education, relapse prevention, and case management to persons with alcohol or drug addictions and/or with dual diagnoses, and related problems.

ESSENTIAL JOB DUTIES:

Addictions Counselor I – This is the entry-level position. Provides assessment of clients referred by the Courts and Probation for appropriate level of service; monitors clients in collection of urine specimens; develops treatment plans and educational curricula; provides individual and group counseling around chemical dependency and related issues, including co-occurring AOD and mental health issues; coordinates with collaborative partners and coworkers in the delivery of services; manages confidentiality appropriately; participates in staff meetings and trainings; prepares reports, chart notes, and completes data collection forms in a timely, accurate manner; communicates effectively both orally and in writing with the Courts and Probation and/or other collaborative partners; participates as part of the Behavioral Health on-call rotation; performs related duties as assigned.

Addictions Counselor II – In addition to the essential job duties noted above for Addictions Counselor I, also may assist in training and certification sign-off for interns accruing hours to become a certified alcohol/drug counselor.

Addictions Counselor III – This position is expected to perform all of the essential job duties noted above for Addictions Counselor I and II. This position functions at the highest level of autonomy in the Addictions Counselor series, and functions in a lead role in the absence of the supervisor.

EMPLOYMENT STANDARDS

Training and Experience:

Addictions Counselor I – Requires a minimum of one year of experience (*one year* defined as a minimum of 1776 total hours of full- or part-time compensated or uncompensated work experience, in accordance with Title IX) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services. Certification as a drug and alcohol counselor is preferred, although current intern candidates working on certification will be considered. Interns must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application.

Addictions Counselor II - Certification as a drug and alcohol counselor is required plus a minimum of two years of experience (*one year* defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Addictions Counselor III – Certification as a drug and alcohol counselor is required plus a minimum of three years of experience (*one year* as defined in accordance with Title IX above) providing alcohol and/or other drug treatment and recovery services, including both counseling and educational services.

Knowledge of: Current best practices in the assessment and treatment of chemical dependency and persons with co-occurring disorders in a system of care and in public sector; laws pertaining to confidentiality and care of persons with addictions.

Ability to: Communicate effectively both orally and in writing with the Courts, Probation, and other collaborative partners; participate in and benefit from supervision, collaborative staff meetings, and trainings; sit for prolonged periods of time; produce written documentation by hand or computer; stand, walk, twist, and lift and carry up to 25 pounds; climb and descend stairs; use a telephone; drive a motor vehicle. Consistent attendance is an essential function of the position.

Special requirements: Applicants at the Addictions Counselor I level may be hired prior to obtaining certification as a drug and alcohol counselor, but must be registered with one of the State of California approved certifying agencies and must provide proof of registration at the time of application. Addiction Counselor I incumbents must become certified as a drug and alcohol counselor within five years of being registered as an intern, as required by the State of California, and may not advance to the Addictions Counselor II level prior to obtaining certification.

Incumbents hired at the Addictions Counselor II or III level must possess and maintain certification as a drug and alcohol counselor during the term of employment.

Applicants at all levels of the Addiction Counselor series (I, II and III) must: successfully complete a pre-employment background investigation and physical examination, submit to yearly tuberculosis test, possess or obtain within six months of employment a valid First Aid and CPR certification and maintain during term of employment, and possess a valid operator's license issued by the State Department of Motor Vehicles.

REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH QUALIFYING DISABILITIES: Inyo County will make reasonable efforts in the examination process on a case-by-case basis to accommodate persons with disabilities. If you have special needs, please contact (760) 878-0377 prior to the examination process.

CITIZENSHIP/IMMIGRATION STATUS: Inyo County employs only U.S. citizens and lawfully authorized non-citizens in accordance with the Immigration Reform and Control Act of 1986.

Attachment XII

Consent to Treat Form

Satellite Clinic

INYO COUNTY HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
CONFIDENTIAL INFORMATION
(Calif. W&I Code S.5328 & Evidence Code S.1014)

CONSENT TO TREAT - ADVISE OF FREE CHOICE & CONFIDENTIALITY

Individual's Name: _____ Date of Birth: _____

I, _____ and/or _____,
Printed Name of Consumer *(If Consumer is a minor or conserved) Printed Name of Parent/Legal Guardian/Conservator (circle one)*

hereby consent and agree voluntarily to receive services (treatment) from Inyo County Behavioral Health (ICBH), which includes Mental Health (MH) and Alcohol and Other Drug Services (AODS). ICBH works toward providing coordinated and comprehensive services for its consumers. As part of this, ICBH clinical staff utilizes case consultation, combined clinical staffing, and supervision to ensure consumers receive consistent services that best meet individuals' needs. For child/family cases, ICBH is a participating member of the Inyo County Children's Services Council, and as such, participates in joint case reviews with other Council members in an effort to provide best services for children and families. By signing below, I acknowledge and consent to these facts, while specifically agreeing to the following:

- I understand that I (or the minor/conservatee named above), have free choice of providers where I receive services, depending upon availability of providers, and I am not limited to ICBH service providers;
- I understand that I (or the minor/conservatee named above) have the right to terminate services/treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedure;
- I understand that I (or the minor/conservatee named above) am expected to benefit from services/treatment, but there is no implied or expressed guarantee that will happen;
- If I believe that any patient rights are denied without good cause, there is a Patients' Right's Advocate that I may contact, for which the contact information is available at the ICBH Front Office.
- I understand that I will not be discriminated on the basis of ethnic group, religion, age, sex or disability.

I understand that I have to following beneficiary rights;

- The right to receive information.
- The right to be treated with respect and with due consideration for his/her dignity and privacy;
- Beneficiary rights concerning the confidentiality and integrity of his/her protected health information in accordance with HIPAA;
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion;
- The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected.
- The right to be furnished health care services.
- The right to free language assistance.
- Whenever feasible the right to use culturally competent providers.
- The right to request a change of providers.
- The right to a "smoke free environment".
- The right to a safe environment and it is requested that no weapons be brought on to the premises.

I understand that all client records are confidential, unless consent to release information is provided in writing to ICBH, by the client or parent/guardian/conservator of client named above. At the same time, I understand that under the following conditions, the ICBH staff may be required by law to break confidentiality:

- Any threat of physical harm made against one's self and/or another person. In general, the ICBH staff may take a number of steps to ensure safety, including hospitalization, notification of law enforcement and notification of any person(s) being threatened;
- Any suspicion that a child, dependent adult or elderly person is being physically or sexually abused or neglected. ICBH staff are mandated by law to report any suspected abuse to the appropriate agency, which will then investigate said report;
- A court order for records, for the administration of justice.

All requests for ICBH services/treatment are reviewed by the Inyo County Health and Human Services adult or child/family service teams. The teams may include public health nurses, child welfare social workers, substance abuse counselors, case managers, psychotherapists, employment counselors and supervisors of those staff members.

This authorization shall remain in effect until termination of the named client's receipt of ICBH services, or until written revocation of this authorization occurs. For the duration of the above named client's receipt of ICBH services, the Inyo County Health and Human Services Department is authorized to receive payment for such services/treatment, from any/all health insurance plans under which the client is covered, including Medicare/Medi-CAL, as applicable. Further, I consent to be contacted for follow-up and outcome studies.

Agreed and Signed:

_____ _____
Individual Consumer Signature (Adult or Minor) Date

_____ _____
Parent/Legal Guardian/Conservator's Signature (Minor or Conservatee) Date

_____ _____ _____
Printed ICBH Staff Name ICBH Staff Signature Date

Attachment XIII

Treatment Discharge Form

Satellite Clinic

Treatment Discharge Summary

Date of Report: ____/____/____

Client Name: _____ Program: _____

Referral Source: _____

Program Admission Date: ____/____/____ Program Discharge Date: ____/____/____

Level of Care: _____ Length of Treatment: _____ Number of Sessions: __

Initial reason for treatment: _____

Admitting Diagnosis (DSM-IV-TR Codes)

Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:
_____	_____	_____	_____	
_____	_____	_____	_____	

Primary diagnosis manifested by: _____

Discharge Diagnosis (DSM-IV-TR Codes)

Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:
_____	_____	_____	_____	
_____	_____	_____	_____	

Reason for Discharge

_____ Treatment plan objectives attained
_____ Closure against staff advice
_____ Lack of attendance/contact
_____ Client referred elsewhere
_____ Noncompliance with program rules
_____ Moved out of area
_____ Client withdrew
_____ Client deceased
_____ Incarceration
_____ Other: _____

Services Provided

_____ Individual
_____ Family
_____ Intensive group
_____ Inpatient
_____ In-home
_____ Other: _____
_____ Psychoeducational group
_____ Intensive/outpatient

Behavioral Outcome

Status	Goal 1: _____	Goal 2: _____	Goal 3: _____
Resolved	_____	_____	_____
Improved	_____	_____	_____
Same	_____	_____	_____
Problem worse	_____	_____	_____
Unable to determine	_____	_____	_____

Discharge Summary (significant findings, status at discharge, recommendations or referrals for further treatment, aftercare): _____

_____

_____

_____

_____

_____

Clinician Name/Title: _____

Signature: _____ Date: ____/____/____

Attachment XIV

Volunteer Agreement

Satellite Clinic

COUNTY OF INYO VOLUNTEER POLICY

PURPOSE:

The purpose of this policy is to encourage and enable Inyo County Departments to utilize and support volunteers. It is the intent of this policy that volunteering will be of mutual benefit to the volunteer and the County.

DEFINITION OF VOLUNTEER:

- A volunteer is an individual who performs hours of service for the County of Inyo for civic, charitable, health, humanitarian, recreational, public safety or general welfare reasons, without promise, expectation or receipt of compensation for services rendered, except for reimbursement of expenses, nominal fees or a combination thereof.

- Individuals shall be considered volunteers only when their services are offered freely and without pressure or coercion, direct or implied, from the County.

An individual shall not be considered to volunteer if the individual is otherwise employed by the County to perform the "same type of services" as those for which the individual proposes to volunteer. The phrase "same type of services" means similar or identical services. The Fair Labor Standards Act prohibits such practice. In marginal cases, departmental volunteer coordinators shall contact Personnel for clearance. Volunteers do not supplant County employees; they assist paid staff or provide services that constitute elements of regular County positions and augment the established and mandated services of the County.

REQUIREMENTS FOR USE OF VOLUNTEERS:

Departments utilizing volunteers will designate an employee who will be the department volunteer coordinator. The coordinator shall be responsible for:

(1) Developing job descriptions and duties for volunteers.
(2) Coordinating with Risk Management to ensure background checks are conducted for sensitive assignments. Sensitive assignments include, but are not limited to:
    a. Assignments that involve access to or custody of cash, equipment, drugs or confidential information;
    b. Assignments involving the rendering of one-on-one services to children, individuals with disabilities, or senior citizens; and
    c. Assignments to County departments that dispense County benefits to the public.
(3) Ensuring that all that volunteers complete and submit Volunteer Enrollment documents. Those documents shall be provided to Risk Management prior to the volunteer start date so that appropriate insurance may be maintained.

(4) Obtaining clearance from Personnel and Risk Management for situations involving "same type service" and "sensitive assignment" issues.
(5) Ensuring that orientation and training is provided to the volunteer so that tasks may be performed in a safe manner.
(6) Ensuring that volunteers are advised of and comply with applicable rules and regulations, including, but not limited to safe work practices and maintaining confidentiality.
(7) Fully informing the volunteer of medical and liability coverage.
(8) Notifying Risk Management of any incident with injuries, property damage or that may result in a claim.

ORIENTATION AND TRAINING:

Orientation of new volunteers provides them with background and general information about the department and enables the volunteers to understand how their volunteer position fits in with overall operations. The content of the orientation will vary from department to department depending on the special situations unique to each department.

All volunteers must receive training necessary to enable them to do the work of their volunteer assignments. This training may be on-the-job or formal in-service group training. The training should take into consideration individual needs, knowledge, abilities and skills and should focus on the tasks the volunteer will be performing. In most instances the supervisor will conduct on the job training.

GENERAL AND AUTOMOBILE LIABILITY AND ACCIDENT INSURANCE:

The County of Inyo shall purchase the following excess insurance to cover the activities of volunteers while acting for or on behalf of the County.

- Excess Accident Medical Coverage: $50,000 excess of Medicare, Medicaid, and any other insurance that the volunteer has in place. Pays up to $50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident.
- Excess Automobile Liability Insurance: $500,000 excess of the volunteer's own insurance. The volunteers must maintain auto liability coverage at least equal to the state required minimums.
- Excess Volunteer Liability Insurance: $1,000,000 protection for volunteers who are liable for bodily injury or property damage arising out of the performance of their duties. The coverage is in excess of and noncontributing with any other valid and collectible insurance the volunteer has.

VEHICLE OPERATION:

Volunteers may be authorized to operate personal vehicles in the course of their volunteer duties in accordance with the following procedures:

- Volunteer must authorize County to obtain DMV Driving Record – Pull Notice.
- DMV Record must exceed standards outlined on Volunteer Driving Standard Form.
- Volunteers must provide Proof of Insurance that meets the minimum requirements of the State of California.

Volunteers shall not operate County vehicles.

PAYMENT OF EXPENSES, BENEFITS OR FEES:

Volunteers may be paid expenses and nominal fees, or any combination thereof, for their service without losing their status as volunteers. Examples include, but are not limited to:

- Mileage reimbursement for specific functions requiring personal vehicle use.
- Reimbursement for tuition, training registration, transportation and meal costs involved in attending classes.
- A gift card, nominal fee, monthly or annual stipend as long as the fee is not a substitute for compensation and is not tied to productivity.

RIGHT OF REFUSAL AND TERMINATION:

The County of Inyo accepts the service of volunteers with the understanding that such service is at the sole discretion of the County. The County retains the right to refuse the services of a volunteer or terminate the volunteer assignment at any time.

RECOGNITION:

It is the policy of the County that volunteers receive recognition for their contributions. Such recognition may include:

- Thanking a volunteer for his/her efforts.
- Recognizing the volunteer's potential and using it.
- Asking the volunteer for his/her opinion.
- Going to lunch occasionally with the volunteer.
- Receiving class credit for volunteer work.

COUNTY OF INYO – VOLUNTEER AGREEMENT

Sensitive Assignment – Background Required

This form constitutes an agreement between the County of Inyo and volunteer (name): _____.

BY SUBMITTING THIS APPLICATION, YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK ON YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. YOU WILL HAVE AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.

1. Do you use drugs illegally? ___ Yes ___ No
2. Have you ever been convicted as an adult of a criminal offense? ____ Yes ___ No. Provide dates, locations and penalties. Exclude traffic violations under $150 and convictions more than two years old for violation of Health and Safety Code sections 11357(b) or (c), 11360(b), 11364, 11365, and 11550 as related to marijuana. Conviction is not necessarily a bar to volunteering. _____ _____.
3. Have you ever been charged with child neglect or abuse? ___ Yes ____ No.
4. Have you ever been charged with elder abuse? ___ Yes ____ No.
5. Has your driver's license ever been suspended or revoked? ___ Yes ___ No.
6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young or elderly people? ___ Yes ____ No. If Yes, explain: _____.

The Volunteer Agrees to be Available:

HOURS		DAYS OF WEEK						
From	To	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Assignment Start Date: _____ End Date: _____

Assignment Description: _____.

As a Volunteer, I understand, and agree with the following:

1. I am not an employee of the County of Inyo and am offering my services freely and without pressure or coercion, direct or implied, from the County. I am not entitled to nor expect to receive any present or future salary, wages, or other benefits for these voluntary services.
2. The County purchases the following excess insurance (excess over all other collectible private insurance I maintain) to cover the activities of myself while acting on behalf of the County: (a) Excess Accident Medical Coverage of $50,000; (b) Excess Volunteer Liability Insurance of $1,000,000; and (c) Excess Automobile Liability Insurance of $500,000. I understand that the County does **not** provide workers' compensation coverage for volunteers.

As a Volunteer, I realize I am representing the County of Inyo during my assigned hours. It is my responsibility to understand, agree with, and fulfill the following:

1. Be courteous with the public in their requests for information and services.
2. Accept the training, guidance and supervision provided by my supervisor.
3. Conduct myself with professionalism and perform duties to the best of my ability.
4. Comply with all rules and regulations regarding confidentiality and the code of conduct.
5. Inform my supervisor when my time or knowledge may be insufficient to complete the assigned task.
6. Maintain and exhibit a neat and clean appearance.
7. Inform my supervisor when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation and training to the Volunteer as it pertains to respective assignment.
2. To utilize the Volunteer's time effectively and have assignments prepared.
3. To notify the Volunteer in advance if services are not needed.
4. To value and respect the Volunteer for their service to the public.
5. Track time when required for class credit or practicum experience.

_____ Volunteer Signature & Date

_____ Supervisor Signature & Date

COUNTY OF INYO – VOLUNTEER ENROLLMENT

Please provide the following information:

Your Name: _____

Street Address: _____

City: _____ Zip: _____ Telephone No.: _____

Name and telephone number of person to be contacted in case of an emergency:

Name: _____

Telephone No(s): _____ Relationship _____

Your Driver's License Number: _____ Expiration Date: _____

Auto Insurance Company: _____ Policy Number: _____

Health Insurance Company: _____ Policy Number: _____

The following information to be completed by the Department Volunteer Coordinator:

Position: _____ Location: _____

Duties (specific): _____

_____.

Supervisor: _____ Starting Date: _____

Ending Date: _____

Background Check Required (services to children, one-on-one services to individuals with disabilities or seniors; access to or custody of cash, equipment, drugs or confidential information; assignments to Departments that dispense County benefits to the public).

Yes: _____ Date Completed: _____

No: _____

_____
Department Volunteer Coordinator

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
15

☒ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time ☐ Closed Session ☐ Informational

FROM: Inyo County Planning Department

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Letter of 'Public Convenience or Necessity' for an Alcoholic Beverage License Application for the Double L Bar in Lone Pine.

DEPARTMENTAL RECOMMENDATION: Request the Board of Supervisors approve and authorize the Chairperson to sign a Letter of 'Public Convenience or Necessity' (Attachment 1) for an Alcoholic Beverage License Application for the Double L Bar in Lone Pine, California.

SUMMARY DISCUSSION:
Mr. James Kent Ramlose has submitted an application to the California State Department of Alcoholic Beverage Control (ABC) for a Type 42 On-Sale Beer and Wine for Public Premises license, to reopen the Double L Bar in Lone Pine (Attachment 2). The ABC, through the California Business and Professions Code #23958 (Attachment 3), is required to deny an application if its issuance would result in, or add to, an undue concentration of licenses. The governing body of a City or County, the Board of Supervisors, may determine within 90-days of the application; however, that either the public convenience or necessity would be served by the issuance of the alcoholic beverage license.

The on-sale of alcoholic beverages at the Double L Bar in Lone Pine would not result in in an undue concentration of alcoholic beverage licenses in Lone Pine. This is evidenced by the fact that the Double L Bar closed less than a year ago and no other new licenses have been issued in Lone Pine during the interim. The Double L Bar had been in constant operation since 1934 and the owner wishes to reopen the historic establishment. Also, the concentration of licenses is based by the State on a ratio of people to licenses in the Census Tract the establishment is located, to the ratio of people to licenses in the County. Since the County's rural nature finds the population dispersed, the ratios are not as meaningful as if the County were more urban with higher population densities. Census Tract 8, in which Lone Pine is located, covers all of Inyo County south and east of Lone Pine including the resorts at Panamint, Stove Pipe Wells, Furnace Creek and Tecopa/Shoshone.

By approving the letter of 'Public Convenience or Necessity' and authorizing the Chairperson to sign the Board will establish that the on-sale of alcoholic beverages at the Double L Bar does serve the public convenience.

ALTERNATIVES:
Do not approve the letter of 'Public Convenience or Necessity' and authorize the Chairperson to sign: if the Board chooses not to approve and authorize the Chair to sign, per the Business and Professions Code 23958.4(b)(2) the ABC can still issue the license following a public hearing so land as the applicant persuades the ABC that the issuance of the license will serve the public's convenience or necessity.

OTHER AGENCY INVOLVEMENT:
State of California Department of Alcoholic Beverage Control

FINANCING:
No direct impact

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)*
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (M*ust be reviewed and approved by the auditor-controller prior to submission to the board clerk.)*
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.)

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)

Date: 2/19/14

Attachments:
1. Letter of Public Convenience or Necessity.
2. Mr. James Kent Ramlose, Application
3. State of California Business and Professions – Code Section 23950-23962.

Attachment 1

February 14, 2014

Department of Alcoholic Beverage Control
Bakersfield District Office
4800 Stockdale Highway, Suite 213
Bakersfield, CA 93309

Department of Alcoholic Beverage Control:

It has been brought to our attention that Mr. James Kent Ramlose has submitted an application for an alcoholic beverage license for the Double L Bar in Lone Pine, California. We understand that the ratio of beverage licenses to the people in Census Tract 8, with the addition of the license for the Double L Bar, will exceed the ratio of licenses to people in the County. Census Tract 8 covers a large land area (approximately 6,900 square miles) that includes several tourist destinations with resorts that sell alcoholic beverages and are located far from Lone Pine. It is also our understanding that the Double L Bar closed within the last year and prior to closing it had an alcoholic beverage license, and was selling alcoholic beverages under it since 1934.

The Double L Bar is a local landmark and represents an important business opportunity for the rural, unincorporated, town of Lone Pine. Its previous operations did not negatively affect the local community. We strongly urge you to approve Mr. Ramlose's alcoholic beverage license application so that he can reopen the historic Double L Bar in Lone Pine, California. By approving this Letter of 'Public Convenience or Necessity' and authorizing the Chairperson to sign, we establish that the on-sale of alcoholic beverages at the Double L Bar does serve the public convenience.

The Inyo County Board of Supervisors would like to thank the Department of Alcoholic Beverage Control for the opportunity to support Mr. Ramlose's application and encourage you to approve it.

Sincerely,

Attachment 2

STATE OF CALIFORNIA — BUSINESS, TRANSPORTATION AND HOUSING AGENCY Edmund G. Brown Jr., Governor

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
Bakersfield District Office
4800 Stockdale Highway, Ste. 213
Bakersfield, CA 93309
(661) 395-2731 Phone Number
(661) 322-5929 Fax Number

Public Convenience or Necessity to be determined by local governing body

Date: JANUARY 29th 2014

Applicant(s): JAMES KENT RAMLOSE

Dear Applicant(s):

Due to legislation passed in 1994, effective as of January 1st, 1995, per section 23958.4 of the Business and Professions Code, "the Department shall deny an application if issuance (of a license) would result in or add to an undue concentration of licenses." In part per this Section, exceptions can be made "if the local governing body of the area in which the applicant premises are located determines that public convenience or necessity would be served by the issuance."

The "local governing body" is the City Council or County Board of Supervisors. They may delegate such determination to another Department, such as Planning or City Manager's Office, but such delegation must be in writing or passed by a resolution. Also, the determination itself must be in writing from the properly delegated authority to the Department. The Department will not accept a verbal determination of public convenience or necessity.

Because your application has been filed after January 1st, 1995, you must contact whatever local governing body which has jurisdiction over the area in which the applied-for premises is located and obtain a determination of public convenience or necessity.

Your application will not be submitted for review to our Department Headquarters until written documentation has been received from the appropriate governing body finding such determination. If you have any questions, please feel free to contact this office at the telephone number listed above.

Sincerely,

BAKERSFIELD A.B.C. DISTRICT OFFICE

Department of Alcoholic Beverage Control

State of California

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
4800 STOCKDALE HWY
STE 213
BAKERSFIELD, CA 93309
(661) 395-2731

File Number: **541543**
Receipt Number: **2213446**
Geographical Code: **1400**
Copies Mailed Date: **January 29, 2014**
Issued Date:

DISTRICT SERVING LOCATION: **BAKERSFIELD**

First Owner: **RAMLOSE, JAMES KENT**

Name of Business: **DOUBLE L BAR**

Location of Business: **226 N MAIN ST**
LONE PINE, CA 93545

County: **INYO**

Is Premise inside city limits? **No** Census Tract **0008.00**

Mailing Address: **PO BOX 736**
(If different from premises address) **LONE PINE, CA 93545**

Type of license(s): **42**

Transferor's license/name:

Dropping Partner: Yes___ No X

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
42 - On-Sale Beer And Wine	ANNUAL FEE	NA	Y	0	01/29/14	$261.00
42 - On-Sale Beer And Wine	ORIGINAL FEES	NA	Y	0	01/29/14	$300.00
NA	FEDERAL FINGERPRINTS	NA	N	1	01/29/14	$24.00
NA	STATE FINGERPRINTS	NA	N	1	01/29/14	$39.00
					Total	$624.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? **No**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of INYO Date: January 29, 2014

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

See 211 Signature Page

RAMLOSE, JAMES KENT

Attachment 3

BUSINESS AND PROFESSIONS CODE SECTION 23950-23962

23950. Application for a license shall be made to the department upon a form prescribed by the department and shall be accompanied by such other information as the department may require to assist it in determining whether the applicant and the premises qualify for a license.

23951. The application shall contain the following information:
(a) The name of the applicant.
(b) For a general partnership, the names of the individual partners.
(c) For a limited partnership, limited liability company, or a corporation, the name of the entity.
(d) The location of the premises for which the license is applied.

23952. The application shall also contain a statement to the effect that the applicant has not been convicted of a felony and has not violated and will not violate or cause or permit to be violated any of the provisions of this division or any rule of the department applicable to the applicant or pertaining to the manufacture, sale, or distribution of alcoholic beverages, particularly any of the provisions of Sections 25500 to 25504, inclusive, or Sections 25611 to 25615, inclusive. If the applicant cannot make this statement the application shall contain a statement of the violation, if any, or reasons which will prevent the applicant from being able to comply with the requirements with respect to the statement.

23953. (a) The application shall be signed by the applicant.
(b) For a general partnership, the application shall be signed by each of the partners, and for the purposes of this division the partners shall be deemed the applicant for any license and the licensees under any license issued pursuant to that application.
(c) For a limited partnership, the application for any license shall be signed by each of the general partners.
(d) For a limited liability company that has elected to be managed by its members, the application shall be signed by each member or by

an officer authorized by the articles of organization or the operating agreement to bind the company. In the case of a limited liability company that has elected to be managed by a manager or managers, the application shall be signed by the manager or managers or by an officer authorized by the articles of organization or the operating agreement to bind the company.

(e) For a corporation, the application shall be signed by two officers of the corporation, one from each of the following categories:

(1) The chairperson of the board, the president, or a vice president.

(2) The secretary, assistant secretary, chief financial officer, or assistant treasurer.

23954. The application shall be verified under oath and accompanied by the license fee.

23954.5. (a) An applicant for an original on-sale general license shall, at the time of filing the application for the license, accompany the application with a fee as determined by the department pursuant to subdivision (b) of this section. At the time of filing an application for a license, an applicant for an original on-sale general license for seasonal business shall accompany the application with a fee as determined by the department pursuant to subdivision (b) of this section. An applicant for an original on-sale beer and wine license shall accompany the application with a fee of three hundred dollars ($300). An applicant for an original on-sale beer license shall accompany the application with a fee of two hundred dollars ($200). An applicant for an original off-sale general license shall, at the time of filing the application for the license, accompany the application with a fee as determined by the department pursuant to subdivision (b) of this section. An applicant for an original off-sale beer and wine license or an original license not specified in this section, shall accompany the application with a fee of one hundred dollars ($100).

"Original on-sale general license," "original on-sale general license for seasonal business," "original on-sale beer and wine license," "original on-sale beer license," "original off-sale general license," and "original off-sale beer and wine license," as used in this division, do not include a license issued upon renewal or transfer of a license.

(b) The fee for an original on-sale general license or an original off-sale general license shall be thirteen thousand eight hundred dollars ($13,800). Beginning January 1, 2011, and each January thereafter, the department may adjust this fee as provided in subdivisions (c) and (d) of Section 23320.

(c) All money collected from the fees provided for in this section shall be in the Alcohol Beverage Control Fund as provided in Section 25761.

23954.6. As used in Section 23954.5, "original onsale general license" includes an original special onsale general license; provided, that the fee prescribed in Section 23954.5 shall not be required in connection with the exchange of an onsale general license for a special onsale general license, or for the exchange of a special onsale general license for an onsale general license.

23954.7. An applicant for an original on-sale general bona fide public eating place intermittent dockside license for vessels of more than 7,000 tons displacement shall, at the time of filing the application for the license, accompany the application with a fee of two thousand dollars ($2,000), but such fee shall not be payable upon the renewal or transfer of such license.

23955. Any applicant for a wine grower's license shall, at the time of filing application for license, accompany the application with a license fee based upon a reasonable estimate of the amount of wine gallonage to be produced by the applicant.

23956. Any applicant for an offsale general license shall, at the time of filing application for such license, accompany the application with the minimum license fee required or such larger fee as the applicant elects.

23957. Applications for licenses for the retail sale of alcoholic beverages for premises which are to be constructed or which are in the process of construction shall contain the information required by this article and such other information concerning the proposed premises as the department may require to assist it in determining whether the proposed premises will qualify for a license.

23958. Upon receipt of an application for a license or for a transfer of a license and the applicable fee, the department shall make a thorough investigation to determine whether the applicant and the premises for which a license is applied qualify for a license and whether the provisions of this division have been complied with, and

shall investigate all matters connected therewith which may affect the public welfare and morals. The department shall deny an application for a license or for a transfer of a license if either the applicant or the premises for which a license is applied do not qualify for a license under this division.

The department further shall deny an application for a license if issuance of that license would tend to create a law enforcement problem, or if issuance would result in or add to an undue concentration of licenses, except as provided in Section 23958.4.

23958.1. Notwithstanding the provisions of Section 23958, the department is not required to investigate the personal qualifications of a licensed beer and wine wholesaler who applies for additional beer and wine wholesaler licenses.

23958.2. Notwithstanding the provisions of Section 23958, the department is not required to investigate the personal qualifications or premises of a currently licensed person when a license is being transferred between partners and no new partner is being licensed.

23958.4. (a) For purposes of Section 23958, "undue concentration" means the case in which the applicant premises for an original or premises-to-premises transfer of any retail license are located in an area where any of the following conditions exist:

(1) The applicant premises are located in a crime reporting district that has a 20 percent greater number of reported crimes, as defined in subdivision (c), than the average number of reported crimes as determined from all crime reporting districts within the jurisdiction of the local law enforcement agency.

(2) As to on-sale retail license applications, the ratio of on-sale retail licenses to population in the census tract or census division in which the applicant premises are located exceeds the ratio of on-sale retail licenses to population in the county in which the applicant premises are located.

(3) As to off-sale retail license applications, the ratio of off-sale retail licenses to population in the census tract or census division in which the applicant premises are located exceeds the ratio of off-sale retail licenses to population in the county in which the applicant premises are located.

(b) Notwithstanding Section 23958, the department may issue a license as follows:

(1) With respect to a nonretail license, a retail on-sale bona fide eating place license, a retail license issued for a hotel,

motel, or other lodging establishment, as defined in subdivision (b) of Section 25503.16, a retail license issued in conjunction with a beer manufacturer's license, or a winegrower's license, if the applicant shows that public convenience or necessity would be served by the issuance.

(2) With respect to any other license, if the local governing body of the area in which the applicant premises are located, or its designated subordinate officer or body, determines within 90 days of notification of a completed application that public convenience or necessity would be served by the issuance. The 90-day period shall commence upon receipt by the local governing body of (A) notification by the department of an application for licensure, or (B) a completed application according to local requirements, if any, whichever is later.

If the local governing body, or its designated subordinate officer or body, does not make a determination within the 90-day period, then the department may issue a license if the applicant shows the department that public convenience or necessity would be served by the issuance. In making its determination, the department shall not attribute any weight to the failure of the local governing body, or its designated subordinate officer or body, to make a determination regarding public convenience or necessity within the 90-day period.

(c) For purposes of this section, the following definitions shall apply:

(1) "Reporting districts" means geographical areas within the boundaries of a single governmental entity (city or the unincorporated area of a county) that are identified by the local law enforcement agency in the compilation and maintenance of statistical information on reported crimes and arrests.

(2) "Reported crimes" means the most recent yearly compilation by the local law enforcement agency of reported offenses of criminal homicide, forcible rape, robbery, aggravated assault, burglary, larceny, theft, and motor vehicle theft, combined with all arrests for other crimes, both felonies and misdemeanors, except traffic citations.

(3) "Population within the census tract or census division" means the population as determined by the most recent United States decennial or special census. The population determination shall not operate to prevent an applicant from establishing that an increase of resident population has occurred within the census tract or census division.

(4) "Population in the county" shall be determined by the annual population estimate for California counties published by the Population Research Unit of the Department of Finance.

(5) "Retail licenses" shall include the following:

(A) Off-sale retail licenses: Type 20 (off-sale beer and wine) and Type 21 (off-sale general).

(B) On-sale retail licenses: All retail on-sale licenses, except Type 43 (on-sale beer and wine for train), Type 44 (on-sale beer and wine for fishing party boat), Type 45 (on-sale beer and wine for

boat), Type 46 (on-sale beer and wine for airplane), Type 53 (on-sale general for train and sleeping car), Type 54 (on-sale general for boat), Type 55 (on-sale general for airplane), Type 56 (on-sale general for vessels of more than 1,000 tons burden), and Type 62 (on-sale general bona fide public eating place intermittent dockside license for vessels of more than 15,000 tons displacement).

(6) A "premises-to-premises transfer" refers to each license being separate and distinct, and transferable upon approval of the department.

(d) For purposes of this section, the number of retail licenses in the county shall be established by the department on an annual basis.

(e) The enactment of this section shall not affect any existing rights of any holder of a retail license issued before April 29, 1992, whose premises were destroyed or rendered unusable as a result of the civil disturbances occurring in Los Angeles from April 29 to May 2, 1992, to reopen and operate those licensed premises.

(f) This section shall not apply if the premises have been licensed and operated with the same type license within 90 days of the application.

23959. If an application is denied or withdrawn, one-fourth of the license fee paid, or not more than one hundred dollars ($100), shall be deposited in the Alcohol Beverage Control Fund as provided in Section 25761. The balance of this amount shall be credited on any taxes then due from the applicant under Part 14 (commencing with Section 32001) of Division 2 of the Revenue and Taxation Code or the Sales and Use Tax Law, and the remaining portion shall be returned to the applicant.

23961. (a) If, at the conclusion of the period prescribed by the department for the filing of applications for issuance or transfer of onsale general licenses or offsale general licenses in any county in its notice of intention to receive applications therefor published pursuant to Sections 23821 and 24070, the department finds that there are more applicants for the particular type of license than there are licenses available for issuance or transfer under Sections 23821 and 24070 the department shall, within 60 days following the conclusion of said period, conduct a drawing to determine the priority in which all of such applications filed with it shall be considered. No more than one such drawing shall be made in any county in any one year, and no person will be entitled to more than one opportunity to participate in such a drawing in any county with respect to an application for issuance or transfer of any one type of license. The number drawn by any applicant shall indicate the priority to be given to the consideration of his application but

shall not insure the issuance of a license by the department.

(b) If a drawing is not conducted as provided in subdivision (a) of this section, applications for issuance of original onsale general licenses and offsale general licenses in a county or transfer of such licenses into such county shall be made and considered as otherwise provided in this article.

(c) No person shall be qualified to participate in such a drawing unless such applicant is a resident of California for at least 90 days prior to the drawing. Prior to the issuance of any license, pursuant to such a drawing, the applicant shall present proof of such residency status. A corporation incorporated in a state other than California, but registered with the Secretary of State to do business in California for 90 days, shall be deemed to have satisfied the residency requirement for the purpose of this section.

(d) The department shall advertise, in connection with a drawing conducted pursuant to this section, that participation in such a drawing is available only to California residents.

23962. Notwithstanding the provisions of subdivision (b) of Section 23961, if at the conclusion of the period prescribed by the department for the filing of applications for issuance or transfer of on-sale general licenses in any county in its notice of intention to receive applications therefor published pursuant to Sections 23821 and 24070, the department finds there are less applicants than there are on-sale general licenses available for issuance or transfer under Sections 23821 and 24070, the department may, within 90 days of the conclusion of the period, publish pursuant to Section 6061 of the Government Code in the county where such new original on-sale general licenses may be issued or into which on-sale general licenses may be transferred, notice of the department's intention to receive applications for the issuance of such new original licenses or for the intercounty transfer of such licenses, setting forth the date, time, manner, and place of acceptance of such applications within the county.

If at the conclusion of the period prescribed by the department pursuant to this section, the department finds there are more applicants for such licenses than there are licenses available for issuance or transfer under Sections 23821 and 24070, the provisions of subdivision (a) of Section 23961 requiring priority drawings shall apply.

No person who has applied in any county for a new original on-sale general license or for intercounty transfer of an on-sale general license during the period prescribed by the department in its notice of intention to receive applications therefor published pursuant to Sections 23821 and 24070, shall be permitted to file application for such new original license or for the intercounty transfer of such license in that county during the period prescribed for receiving applications pursuant to this section.

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
16

☒Consent ☐ Departmental ☐Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Sheriff's Department

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Off-Highway Vehicle Grant Application

DEPARTMENTAL RECOMMENDATION: Request Board approve a resolution entitled "A Resolution of the Board of Supervisors of the County of Inyo, State of California, Authorizing the Submittal of the State of California, Department of Parks and Recreation, Off-Highway Vehicle Grant Application."

SUMMARY DISCUSSION: The Department of Parks and Recreation is offering the Off-Highway Vehicle (OHV) grant program, to provide for well-managed OHV recreation by providing financial assistance to eligible agencies that develop, maintain, operate, expand, support, or contribute to well managed, high quality, OHV recreation areas, roads, and trails; and to responsibly maintain the wildlife, soils, and habitat of Project Areas in a manner that will sustain long-term OHV recreation in accordance with the legislative provisions and intent of the Act commencing at PRC section 5090.01.

If awarded, these monies would be used to provide maintenance on equipment that was purchased with prior OHV funds, additional safety gear for OHV Patrol Deputies, assist with costs associated with overtime for OHV Patrol Deputies, supplement and provide training to strengthen the Sheriff Department's Enforcement Detail for private and government owned property that is already in use, and enforce where it is not zoned and planned for.

This will be the sixth year that the Inyo County Sheriff's Department applies for the OHV competitive grant. The prior years have proven to be very successful. Both South-County and North-County are equipped with necessary OHV Enforcement equipment, and training has been provided yearly for Patrol Deputies.

This is a competitive grant, therefore we will not know what we are awarded until the Intent to Award is posted on the State Parks OHV Division website on June 2, 2014. The OHV grant requires a twenty-five percent (25%) in-kind match. Any item that is eligible as a Project cost is also eligible as a match. The Sheriff's Department anticipates applying for $100,000. However, historically law enforcement applications state-wide rarely are awarded more than 50 percent of the total requested, and are often reduced significantly more than 50 percent of the total requested amount.

ALTERNATIVES: Your Board could choose not to approve the Resolution, but this alternative is not recommended. The OHV monies have historically been be a valuable resource to Inyo County.

OTHER AGENCY INVOLVEMENT: Bureau of Land Management (BLM), Forest Service

FINANCING: If the grant application were approved, then a budget will be created – budget number to be determined by the Auditor's Office. The in-kind match will met through staff salaries and equipment dedicated to the enforcement detail as well as administrative duties associated with managing the OHV grant.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Margaret Kemp-Williams Approved: ✓ Date 02/11/14
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved: yes Date 02/19/2014
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) N/A Approved: Date

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Date: 02/19/2014

RESOLUTION NO. 2014-____

A RESOLUTION OF THE BOARD OF SUPERVISORS, COUNTY OF INYO, STATE OF CALIFORNIA, AUTHORIZING THE SUBMITTAL OF THE STATE OF CALIFORNIA, DEPARTMENT OF PARKS AND RECREATION, OFF-HIGHWAY VEHICLE GRANT APPLICATION

WHEREAS, the people of the State of California have enacted the Off-Highway Motor Vehicle Recreation Act of 2003, which provides funds to the State of California and its political subdivisions for Operation and Maintenance, Restoration, Law Enforcement, and Education and Safety for off-highway vehicle recreation; and

WHEREAS, the Off-Highway Motor Vehicle Recreation Division with the California Department of Parks and Recreation has been delegated the responsibility to administer the program; and

WHEREAS, procedures established by the California Department of Parks and Recreation require the Applicant's Governing Body to certify by resolution the approval of the Application to apply for Off-Highway Motor Vehicle Grant funds; and

WHEREAS, this Project appears on, or is in conformance with this jurisdiction's adopted general or master plan and is compatible with the land use plans of those jurisdictions immediately surrounding the Project; and

WHEREAS this Board finds that the County's receipt of such funding would be beneficial to the residents of Inyo County.

NOW, THEREFORE, BE IT RESOLVED that the Inyo County Board of Supervisors hereby:

(a) Approves the filing of an Application(s) for an Off-Highway Vehicle Grant or Cooperative Agreement; and
(b) Certifies that this agency understands its legal obligations to the State upon approval of the Grant; and
(c) Certifies that this agency understands the California Public Resources Code requirement that Acquisition and Development of Projects be maintained to specific conservation standards; and
(d) Certifies that the Project will be well-maintained during its useful life; and
(e) Certifies that this agency will implement the Project with diligence once funds are available and the Applicant has reviewed, understands, and agrees with the Project Agreement; and
(f) Certifies that this agency will provide the required matching funds; and
(g) Certifies that the public and adjacent property owners have been notified of this Project (as applicable); and
(h) Appoints the Inyo County Sheriff as agent to conduct all negotiations, execute and submit all documents including, but not limited to Applications, agreements, amendments, payment requests and so on, which may be necessary for completion of the Project.

PASSED AND ADOPTED by the Board of Supervisors of the County of Inyo, State of California, this 25th day of February, 2014 by the following role call vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

_____
Chairperson
Inyo County Board of Supervisors

ATTEST: Kevin D. Carunchio
Clerk of the Board

By: _____
Patricia Gunsolley, Assistant

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
17

☐ Consent X Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: County Administrator

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Temporary transfer of Equipment Operator(s) between the Solid Waste Department and Road Department

DEPARTMENTAL RECOMMENDATION:

Request your Board review and approve the temporary transfer of up to two (2) Equipment Operators from the Solid Waste Department to the Road Department.

SUMMARY DISCUSSION:

Inyo County is facing budget uncertainty, with the County's structural deficit in its General Fund projected to grow by over $1 million in each of the next two fiscal years. It is essential that the County begin identifying changes in operations to reduce costs or increase revenues. Toward this end, the County has begun to look for savings and efficiencies through the Creative Budget Solutions and Service Redesign processes as a means of minimizing potential layoffs of employees and operate a more efficient organization. As part of this effort, staff is reviewing opportunities to restructure operations and fill positions strategically, including examining job needs and areas of potential savings across departmental lines.

With budget reductions and efficiencies in mind – especially focusing on the need to limit the need for General Fund Operating Transfers to sustain operations – staff is examining Inyo Recycling and Waste Management operations. The Inyo Recycling and Waste Management program has required a budget subsidy from the General Fund for several years. This fiscal year, the program is relying on $309,005 in General Fund Operating Transfers. Despite efforts to reduce costs, staff estimates that without further changes the Inyo Recycling and Waste Management program will require a General Fund Operating Transfer of at least $400,000 in Fiscal Year 2014-2015. This estimate does not factor in the cost replacing aging equipment and complying with California Air Resource Board requirements estimated at more than $1.5 million over the next 5 years.

The Road Department currently has two vacancies for Equipment Operators which are currently being held vacant due to budget uncertainties. And, County Code Section 2.08.040.D allows the County Administrator:

> "to make recommendations to the Board of Supervisors for the temporary transfer of each personnel as in his judgment is necessary from time to time to enable the respective departments, services, institutions or districts to perform their functions or accomplish their work with the greatest efficiency."

In order to address both the Road Department vacancies and the need to reduce General Fund contributions to Inyo Recycling and Waste Management program, I recommend temporarily moving up to two (2) Solid Waste Equipment Operators to the Road Department on a pilot basis. This temporary reassignment will be revaluated as part of the Fiscal Year 2014-2015 Budget process as a means of avoiding potential lay-offs. If implemented,

this change is estimated to save the equivalent of up to $160,000 a year in personnel costs, but will also require changes in facility hours.

Accordingly, as part of this pilot project, Inyo Recycling and Waste Management program staff recommends changes to hours at each of the manned facilities as follows:

- Bishop-Sunland Landfill
  - Existing – 7 days per week
  - Proposed changes – Open 5 days per week
- Big Pine Transfer Station
  - Existing – 5 days: Wednesday-Sunday (closed Monday and Tuesday)
  - Proposed changes – Open 2 days per week
- Independence Landfill
  - Existing – 5 days: Wednesday-Sunday (closed Monday and Tuesday)
  - Proposed changes – Open 2 days per week
- Lone Pine Landfill
  - Existing – 5 days: Friday - Tuesday (closed Wednesday and Thursday)
  - Proposed changes – Open 3 days per week

In addition, the reduction in equipment operators assigned to the IRWM program will necessitate discontinuing the provision 'extra' service disposal service currently provided with County forces and equipment at the unstaffed transfer sites in Keller and Olancha. Staff proposes continuing the provision of no charge garbage service, currently paid for by the County and provided through contracts with private haulers, until it can be evaluated in the context of the entirety of southeast Inyo recycling and solid waste management issues during next year's budget process. The County has been providing additional County-owned drop boxes at these sites, and servicing them with County staff and trucks, because residents in these communities routinely overfill the trash boxes provided through the County's hauling contracts.

There is currently one solid waste equipment operator who is planning to retire in November 2014. In order to avoid having to re-fill that position at that time, staff recommends utilizing that equipment operator to fill in as the operator required to move the materials collected at the Big Pine Transfer Station to the Bishop-Sunland Landfill. Additionally, in order to better process recycling, staff recommends a recycling processing pilot be launched during the time between approval and the retirement for County staff to operate a pilot program to recycle cardboard, scrap metal and, potentially, aluminum in an effort increase diversion rates and either generate income or, at least, expand the County's recycling infrastructure in a cost neutral manner. The benefits of the program will be studied during that time and a determination of cost benefit will be brought before your board in November to determine if the pilot program should be modified or discontinued. Additionally, this change will allow for current gate attendants to also perform the duty of "spotters". Spotters are often used at landfills to ensure that divertible materials are not placed into the disposal site. By having someone watch as loads are delivered we can either redirect recyclables or hazardous materials to the appropriate location and/or charge a higher rate for mixed material delivery. Having a "spotter" has been an initial recommendation of CalRecycle.

ALTERNATIVES:

Your Board could choose not to take no action or provide other direction to staff. This is not recommended because of the high costs associated with solid waste operations and the need for General Fund contributions to the program. In order to decrease General Fund subsidy your Board would need to modify operations as described or dramatically increase rates.

NEXT STEPS:

Should your Board direct any of the changes discussed above or that may otherwise be directed, staff will return with the requisite information to allow your Board to consider elected officials salary adjustments.

OTHER AGENCY INVOLVEMENT:

County officials will meet and confer to the extent required with the Inyo County Employees Association regarding the impacts to any affected positions. The specific location of the vacancies within the Road department will be determined in consultation with the Public Works department.

FINANCING:

Personnel savings associated with these changes would impact the required subsidy needed to the solid waste programs.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: _____ Date _____
AUDITOR/CONTROLLER: NA	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved: _____ Date _____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved: ✓ Date 02-21-2014

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) _____ Date: 2/21/14

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
18

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Integrated Waste Management

FOR THE BOARD MEETING OF: February, 25 2014

SUBJECT: Consider modifications to Solid Waste Gate and Disposal Fees to increase charges for tires; add a new holiday landfill fee for commercial waste haulers; modify Construction and Demolition debris charges; and, decrease amount of waste included with gate fee in an effort increase recycling and diversion.

DEPARTMENTAL RECOMMENDATION:

Approve Solid Waste Gate and Disposal Fee increases as outlined.

SUMMARY DISCUSSION:

Inyo Recycling and Waste Management (IRWM) is currently reviewing costs associated with operating mandated waste disposal and diversion opportunities to residents and businesses in Inyo County. In an effort to ensure that the County is not subsidizing commercial waste haulers and tire shops and is operating on a cost recovery basis, staff has reviewed the current Gate and Disposal Fee structure. There are currently several areas where low gate fees are creating both a diversion problem as well as not charging the cost that the County pays to provide the service. The issue of low gate fees creating a diversion problem cannot be over emphasized. The County's failure to comply with State waste diversion mandates could result in fines of up to $10,000 a day. Furthermore, even without incurring fines, the State can mandate expensive waste diversion programs that would result in tremendous cost increases to the County and, in turn, residents and businesses. Gate fees that need to be adjusted to help recover costs and eliminate disincentives to diversion include (see attached schedule):

- the costs of tires;
- the cost of construction and demolition debris (C & D);
- the cost of opening and operating the Bishop-Sunland landfill for commercial waste haulers on County observed holidays; and,
- a gate fee volume reduction from $5 gate per three (3) cubic yards to one (1) cubic yards.

Tire Fees

Inyo County accepts tires for a fee and currently has a contract with an outside contractor to pick-up and recycle the tires. This is necessary to ensure regulatory compliance because it is illegal to dispose of tires in landfills. This year, the County budgeted $34,000 for the removal and recycling of tires. Analysis of the County's costs shows that the disposal fee charged for the acceptance of cut or shredded tires is not accurately covering the costs associated with the removal and hauling of the tires. Inyo County currently pays $127 per cubic yard to haul and recycle cut tires through our current tire hauling contract. We are currently charging $23 per cubic yard at the gate for shredded tires. This results in a loss of $21,900 per year. With the proposed rate of $127 per cubic yard for altered (cut or shredded) tires we will be charging the landfill customers the same rate Inyo County is paying for tires to be hauled and recycled. This change is most likely to impact tire sale companies since residential self-haulers typically do not have the means to cut or shred tires. The rate for whole tires will remain the same and are being hauled away at no additional cost to the County.

Holiday Closures

Inyo County observes 11 holidays during the year (see attached list) that should result in the closure of all County solid waste facilities to both the public and permitted waste haulers. This is contemplated in the facility permit outlining operations at County landfills. However, as a courtesy, the Bishop-Sunland Landfill has operated on the previously listed holidays, providing access the waste hauling companies so that the permitted haulers did not have to change their normal pick-up schedules. During holiday closures, the landfill has not been open to the general public. The cost associated with operating Bishop-Sunland Landfill on the holidays for the benefit of the hauling companies includes paying overtime (time and a half plus holiday pay) for the employees working on holidays.

In discussions with the haulers and the Environmental Health Department, there has been an agreement reached that the Bishop-Sunland landfill would open on the following Inyo County holidays in 2014: Memorial Day, Independence Day, Labor Day and the Day after Thanksgiving. In exchange, the haulers will be charged a special holiday operating fee of $200, plus disposal costs, to open the Bishop-Sunland Landfill on set Holidays that fall on Mondays or Fridays. The addition of a fee for waste haulers to bring waste to the landfill on closed holidays would help the county offset the cost of opening the landfill on County Holidays.

C&D Waste Fees

Currently all Construction and Demolition (C&D) waste is mixed together and placed in the landfill. By creating separate fees for separated concrete and mixed C&D the County can encourage the separation of materials, keeping them out of the landfill and increasing diversion rates. For example, concrete is one of the heaviest types of waste being brought to the landfills. By stockpiling and crushing it into a useable gravel sized product it could be used around the landfill to help with dust control, while gaining valuable diversion credit with CalRecycle. In the event that a hauler did not separate the materials a higher fee would be charged.

Gate Fee Volume Reduction

The majority of the people who choose to self-haul trash to the landfills deliver well under one (1) cubic yard of trash. One (1) cubic yard of trash is equivalent to five (5) - 32 gallon trash cans. Currently self-haulers can bring in three (3) cubic yards of trash for $5, or the equivalent of fifteen (15) – 32 gallon trash cans. Reducing the amount of waste allowed with the gate fee will only affect those individuals that choose to stock-pile trash for multiple weeks, and those that do not separate recyclables from their trash. The average person that chooses to self-haul trash, on a weekly basis, as required by County ordinance, will not be affected by this change. This may increase revenue while limiting defacto unlicensed haulers and increasing compliance with State law requiring weekly trash disposal from residences and businesses.

ALTERNATIVES:

Your Board could choose not to change the fee schedule. This will not address the County's need to increase recycling and diversion. Additionally, it will continue the need for General Fund contributions in an amount higher than would otherwise be necessary to cover the cost of operating on holidays, as well as the cost of tire recycling, both of which subsidize private industries.

OTHER AGENCY INVOLVEMENT:

None

FINANCING:

There are no costs associated with implementing the proposed changes. The costs associated with not making the changes include:

$21,900 per year for tires
$400 per day for holiday openings

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: yes Date 2/20/2014
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Pam McInnis Date: 2/20/14

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF INYO, STATE OF CALIFORNIA, ESTABLISHING
A RATE SCHEDULE FOR SOLID WASTE FEES FOR USE OF SOLID WASTE
FACILITIES OF INYO COUNTY

WHEREAS, Section 7.10.080 of the Inyo County Code requires that the Board of Supervisors authorize establish fee schedules and regulations governing the collection of fees for the use of the facilities at any county operated landfill or disposal site.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Inyo as follows:

1. The rate schedule, attached as Exhibit A of this resolution, is hereby established as the approved Rate Schedule of Solid Waste Facilities for the County of Inyo to take effect March 1, 2014 replacing the existing rate schedule established by Resolutions 2011-18 and any other such Resolution.

2. The rate schedule, attached as Exhibit A, as herein specified, is effective until changed by resolution of this Board of Supervisors.

PASSED AND ADOPTED by the Board of Supervisors, County of Inyo, State of California, this 25th day of February 2014, by the following vote:

AYES:
NOES:
ABSENT:

_____
Chairperson
INYO COUNTY BOARD OF SUPERVISORS

ATTEST: Kevin Carunchio
Clerk of the Board

by: _____
Patricia Gunsolley, Assistant

INYO COUNTY SOLID WASTE
GATE & DISPOSAL FEES
JANUARY 1, 2014
Proposed Changes in Italics

MATERIAL	CHARGE	UNIT
Gate Fees		
-Gate Fee	$5.00	per vehicle
-Drop off of recyclable materials only	No Charge	
Household Trash*	Gate Fee	*up to 1-cy, $5.00 ea additional cy*
-Gate Pass	$50.00	12 gate visits (1) (1-cy limit applies)
-Gate Pass	$90.00	26 gate visits (1) (1-cy limit applies)
Animals		
-Small	$5.00	< 25 lbs
-Medium	$10.00	25 – 200 lbs
-Large	$30.00	> 200 lbs
Clean Loads		
- Scrap metal	No Charge	(2)
- Manufactured wood	Gate Fee	if < 1 cy (2)
- All generators	$4.00 per cy	if > 1 cy
C & D		(3)
- Mixed C&D material (means recyclables, and/or green waste and/or concrete are in load) - All generators*	*$50.00 per cy*	*Per cy*
-Seperated concrete - All generators*	*$22.00 per cy*	*Per cy*
*-C&D W/no concrete or recyclables or green waste -All Generators**	*$14.00 per cy*	*Per Cy*
Furnishings		(4)
-All generators	$4.00	per item
-Thrift Shops	No Charge	(5) (11)
Electronic Waste	No Charge	(6) (11)
Universal Waste	No Charge	(7) (11)
Household Hazardous Waste		(11)
-HHW Liquids -Commercial -Residential	Not Accepted No Charge	
Septage		
-Inyo	$65.00	first 3,000 gallons
-Inyo	$42.00	per 1,000 gallons after first

		3,000
-Out of County	$130.00	first 3,000 gallons
-Out of County	$84.00	per 1,000 gallons after first 3,000
MATERIAL	**CHARGE**	**UNIT**
Special Handling		(8)
-Base Rate	$35.00	initial ½ hour or less. No pro-rate
-Base Rate Add	$47.00	every ½ hour after first ½ hour
Tires		
-Auto & light truck Up to 19" Rim	$4.00	< 19" rim
-Auto & light truck 20-24.5"	$8.00	20"- 24.5" rim
-Tractor/Heavy Equipment Tire	$30 For Up to 100 lbs $40 $50	<100 lbs >100 lbs>150lbs >400lbs>500lbs
-Motorcycle, Golf Cart, Go Cart, Trailers, Trailered Equipment	$3.00	all sizes
*-Altered (qtr, shredded)**	*$127.00*	*per cy no pro rate*
-Bicycle	No Charge	
Trailers		
-Boat (metal or wood Frame)	$30.00	< 20'
-Boat (metal or wood Frame)	$50.00	> 20'
-Camper Shells, Fiberglass Tonneau Covers	$30.00	per item
-Mobile home, house trailers, campers	$90.00	< 15'
-Mobile home, house trailers, campers	$130.00	> 15'
Vehicle/Vessel Bodies		
-Motorcycles	Not accepted	
-Personal Watercraft (jet skis, wave runners)	Not accepted	
-Boats Fiberglass and/or wood	$45.00	< 20'
-Boats (Fiberglass and/or wood)	$65.00	> 20'
-Boats (All metal, all sizes)	Not accepted	
Green Waste		
-Lawn Clippings/Leaves, yard waste, brush, shrubs, trees, slash, woodchips, tree trimmings: *- Commercial**	*Gate Fee*	*if < 3 cy* *$5.00 each additional cy*

*- Residential**		
-Mixed Debris Loads *- All generators**	*$20.00*	*per cy (9)*
-Tree Stumps	$4.00	< 24"
-Tree Stumps	$15.00	> 24"

MATERIAL	CHARGE	UNIT
Manure		
-Residential, commercial, fairgrounds, stables, schools. - All generators	**See Note Below** Gate Fee $9.00 per cy	 if < 1 cy if > 1 cy
Asbestos (non friable)	$56.00 per cy $2.00 per cf	per cy or per cf whichever is greater
-Asbestos min disposal fee.	$35.00	if < 1 cy
Contaminated Soil		(10)
-Inyo	$16.00	per cy
-Out of County	$32.00	per cy
Recyclable material	No Charge	(11)
Waste Hauler Loads - Compactor Trucks	 No Gate Fee	$3.00 per cy for compactor truck loads
- Roll-Off Bin Loads C/D only	No Gate Fee	$14.00 per cy
- Fork Truck Loads - Non Compacted Roll-Off w/ trash only load	No Gate Fee	$3.00 for 3-yard bin $4.00 for 4-yard bin $6.00 for 6-yard bin $20.00 for 20-yd bin $30.00 for 30-yd bin
Holiday Fee For Waste Hauler Loads*	*$200*	*Per Waste Hauler*

Note: A gate fee will be charged in addition to all fee items unless otherwise noted. If manure is mixed with trash then load is $9.00 per cubic yard for entire load.

Gate Pass fee:

- $50.00 pass provides 12 trips = ($60.00 w/o pass) $10.00 savings (2-free trips)
- $90.00 pass provides 26 trips = ($130.00 w/o pass) $40.00 savings (8-free trips)

(1) Based on $5.00 Gate Fee.

(2) Clean loads of scrap metal are directed to the Brown's salvage yard. Waste management is not required to handle this material. Clean loads of manufactured wood waste, brush, trees and tree trimmings must be processed by Waste Management.

(3) Construction & Demolition (C&D) includes wood, glass, all metals, carpet, carpet padding, wallboard, wire, plastics, fabric, fixtures, concrete, rocks, gravel, asphalt, stone, cultured stone, composite material, etc.

(4) Furnishings: include all commercial, restaurant, hotels, hospitals, governmental entities, public utilities, schools, residential, etc., all interior exterior household furnishings, bed frames, tables, sofas, recliners, cabinets, chairs, lamps, desks, dressers, mattresses, restaurant equipment and furnishings, retail store fixtures, displays and furniture.

(5) Furnishings: from Thrift Shops and other non-profit organizations that regularly accept furniture, clothing and other household items.

(6) Electronic Waste: includes Cathode Ray Tube Appliances (laptops, monitors, televisions).

(7) Universal Waste: includes florescent lights & mercury containing switches.

(8) Special Handling items: includes alcoholic beverages in bulk, legal and/or financial documents, treated medical waste, any item requiring special disposal accommodations and / or requires assistance in removal from the hauling vehicle.

(9) Mixed debris load: means construction & demolition debris, and /or green waste, and /or commercial and household waste that has been mixed with recyclable materials in such a manner that the recyclable material cannot be easily separated and dropped off at the designated recyclable areas within the landfill and the entire mixed load must be disposed of at the active trash or C&D cell.

(10) Contaminated Soil: includes soil containing gasoline, diesel fuel, and/or related constituents-Must be approved by Inyo County Environmental Health.

(11) Recyclable material, no gate or disposal fee when dropping off only recyclable material at the landfill or transfer station, including, but not limited to, cardboard, glass, plastic, aluminum cans & bottles, e-waste, u-waste, newspaper, HHW, used oil, oil filters, metal, white goods.

Landfill Holidays 2014

Open to Waste Haulers

President's Day: Monday, February 17

Memorial Day: Monday, May 26

Independence Day: Friday, July 4

Labor Day: Monday, September 1

Day after Thanksgiving: Friday, November 28

Christmas Eve: Tuesday, December 24

New Year's Eve: Tuesday, December 31

Closed to Waste Haulers

Lincoln's Birthday: Wednesday, February 12

Veteran's Day: Tuesday, November 11

Thanksgiving: Thursday, November 27

Christmas Day: Thursday, December 25

New Year's Day: Thursday, January 1

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
19

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Integrated Waste Management

FOR THE BOARD MEETING OF: February, 25 2014

SUBJECT: Consider and revise permit areas for commercial waste haulers.

DEPARTMENTAL RECOMMENDATION:

Review and adopt a resolution to approve modifications to the solid waste trash hauling permit areas.

SUMMARY DISCUSSION:

Inyo Recycling and Waste Management (IRWM) currently have seven (7) separate permit areas for waste haulers to operate within throughout Inyo County. The current boundaries are somewhat regional in nature, but do not make any differentiation between jurisdictional boundaries, nor do they allow for the measurement of solid waste generated by the tribes.

The proposed permit areas (attached) will allow for waste to be collected from large unincorporated areas, while also allowing for specific tracking and documentation for waste generated by the City of Bishop and that of the Native American Tribes.

As Inyo County faces Independent Review from CalRecycle, it is imperative that the County's waste tonnage is measured and reported accurately and completely. Waste generated on tribal lands should not be counted against Inyo County in its disposal calculations, however, this is currently occurring. Revising the permit areas for solid waste collection in the County to provide for separate permit areas for each Indian Reservation will provide the most accurate means to measure and separately account for the waste generated by the tribes. Additionally, while there is a Regional Agency between the County and the City of Bishop for implementation of the California Integrated Waste Management Act, there is no mechanism to accurately measure the amount of waste being generated within the City of Bishop. Accurate disposal data for both the City of Bishop and unincorporated areas of the County is critical for developing targeted and successful recycling programs, and evaluating overall effectiveness of the Regional Agency. Therefore, the collection of this data will not only help the County to more accurately report its disposal and diversion tonnage, it will also enable the County to better plan for future solid waste programs, including recycling.

Commercial waste haulers currently mix trash collected from unincorporated Inyo County, the City of Bishop and the Indian Reservations. By separating City of Bishop and each Indian Reservation into separate permit areas, Inyo Recycling and Waste Management will be able to accurately track the waste tonnage produced by each jurisdiction. Commercial waste haulers will not be allowed to co-mingle waste between unincorporated areas, the City of Bishop, and tribal lands. However, haulers would be allowed to collect and co-mingle waste from the separate tribal permit areas. As with all permit areas, your Board can consider the cost of waste collection, and with appropriate documentation from the haulers, establish floor rates that are based on the cost for each permit area. In this way, any increased costs the haulers experience as a result of the recommended changes in permit areas can be fairly compensated.

ALTERNATIVES:

The Board of Supervisor's could choose to not change the permit areas which will prevent IRWM staff from accurately assigning waste to the correct jurisdictions in quarterly and annual CalRecycle reports. In the event that inaccurate data collection leads to the County being found non-compliant with CalRecycle requirements the County could face up to $10,000 per day fines.

Alternately, the County could begin requiring haulers to provide estimates of waste tonnages collected on tribal lands and within the City of Bishop. However, this is not recommended because it provides a significantly less accurate means of documenting disposal when the risk of inadequate documentation could result in the County facing $10,000 a day fines. Therefore, staff could only support to estimate-based approach if each permitted hauler indemnified the County against

any fines that might be levied, or modifications ordered by CalRecycle relative to the Regional Agency's compliance with the Integrated Waste Management Act.

OTHER AGENCY INVOLVEMENT:

None

FINANCING:

None

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: yes Date 2/20/2014
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Date: 2/20/14

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF INYO, STATE OF CALIFORNIA, ESTABLISHING
RESIDENTIAL AND COMMERICAL SOLID WASTE COLLECTION
PERMIT AREAS "A1," "A2," "B1," "B2," "B3," "CITY OF BISHOP," "BISHOP PAIUTE
RESERVATION," "BIG PINE INDIAN RESERVATION," "FORT INDEPENDENCE
INDIAN RESERVATION," AND "LONE PINE PAIUTE-SHOSHONE RESERVATION"
OF INYO COUNTY

WHEREAS, Resolution 73-74, adopted by the Board of Supervisors of the County of Inyo on June 13, 1973, established solid waste collection areas within the County of Inyo and,

WHEREAS, Section 7.08.050 of the Inyo County Code requires that the Solid Waste Collection Permit Areas shall be designated by the Board of Supervisors.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Inyo as follows:

1. The maps, attached as Exhibits A, B, C, and D of this resolution, is hereby established as the approved Solid Waste Collection Permit Areas for residential and commercial solid waste collection service the County of Inyo to take effect May 1, 2014 replacing the existing Permit Areas established by Resolutions 73-74.

PASSED AND ADOPTED by the Board of Supervisors, County of Inyo, State of California, this 25th day of February 2014, by the following vote:

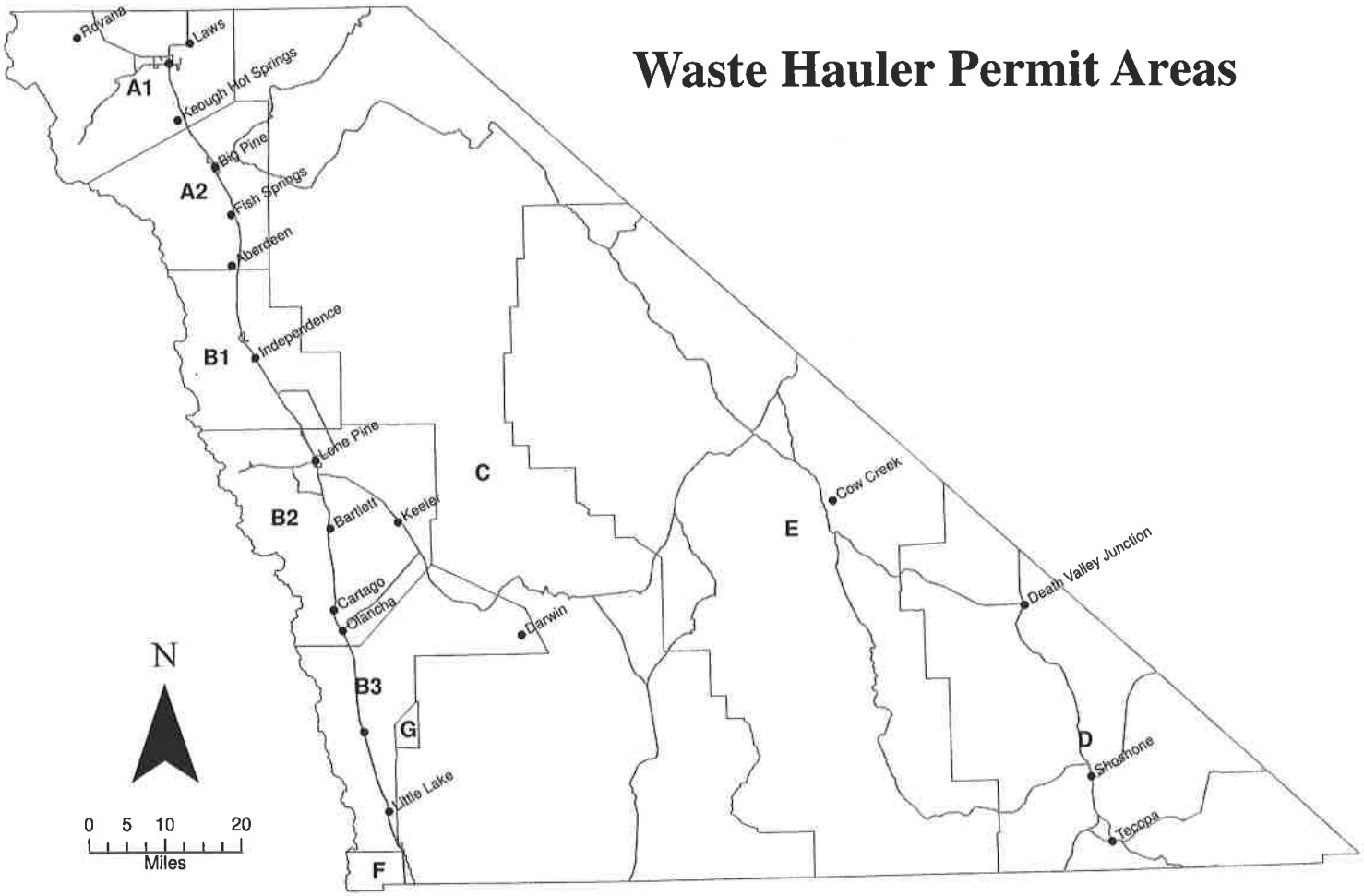
AYES:
NOES:
ABSENT:

_____
Chairperson
INYO COUNTY BOARD OF SUPERVISORS

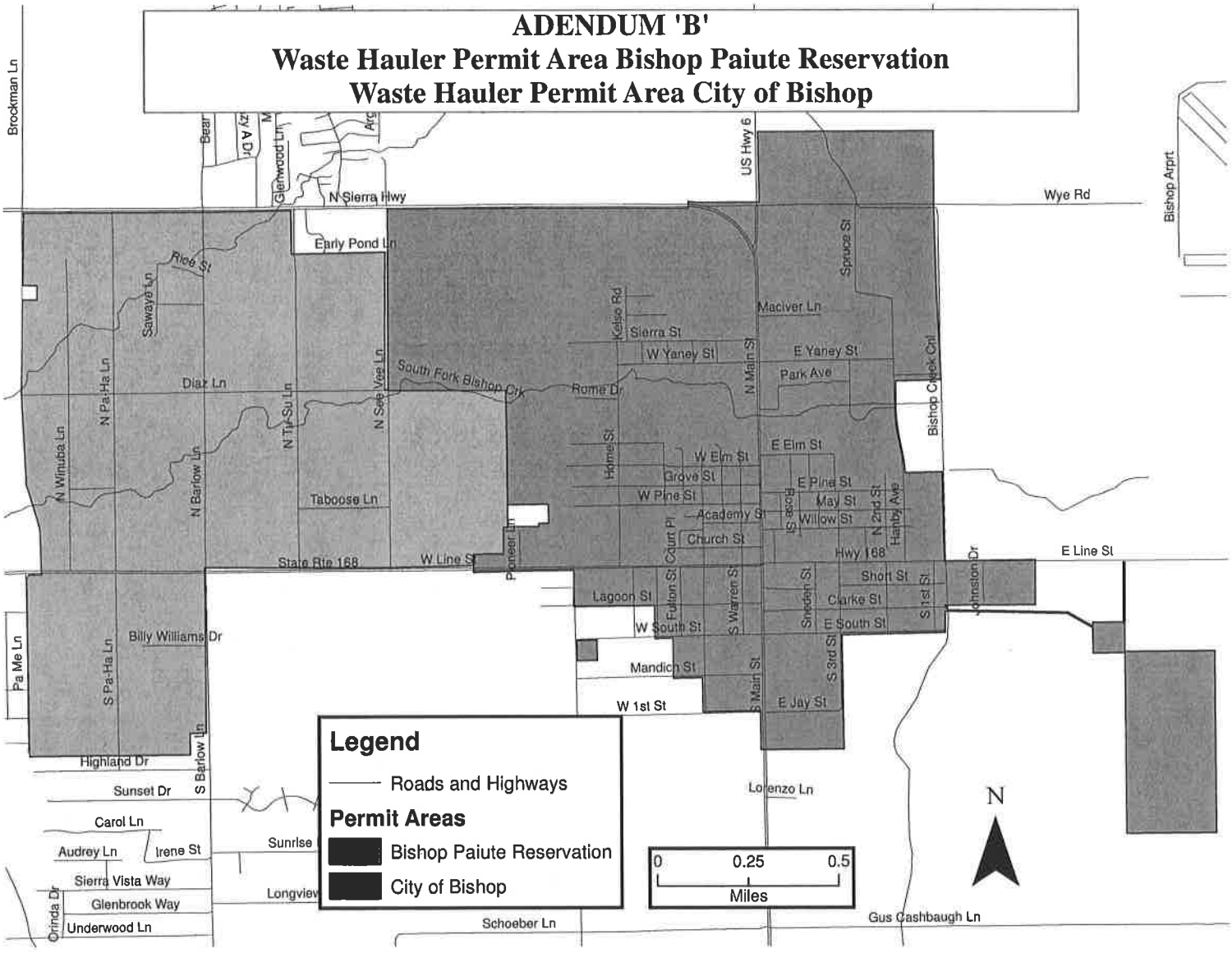
ATTEST: Kevin Carunchio
Clerk of the Board

by: _____
Patricia Gunsolley, Assistant

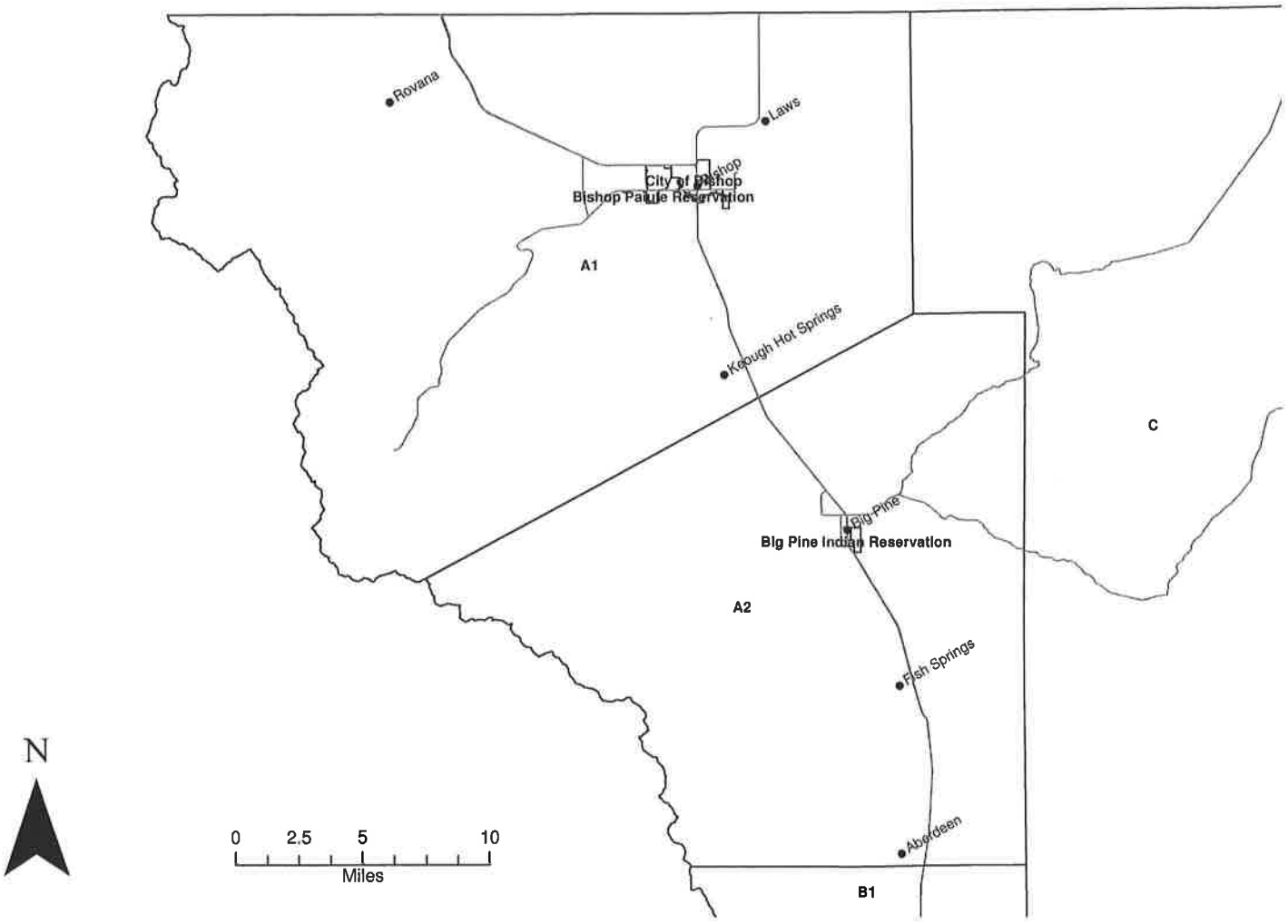
ADDENDUM 'A'
WASTE HAULER PERMIT AREAS
OF INYO COUNTY



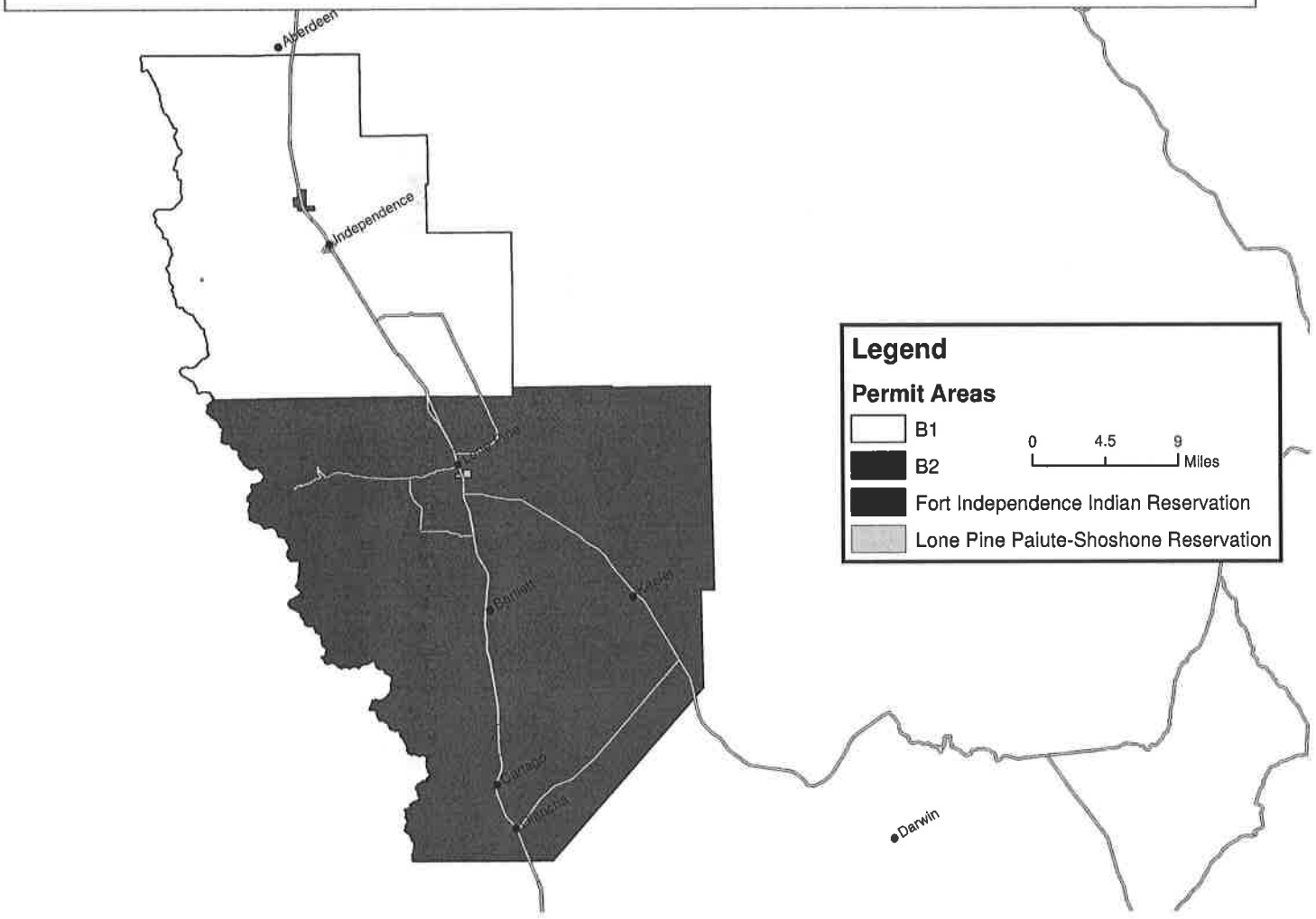
ADENDUM 'B'
Waste Hauler Permit Area Bishop Paiute Reservation
Waste Hauler Permit Area City of Bishop



ADDENDUM 'C'
WASTE HAULER PERMIT AREAS A1, A2, BIG PINE INDIAN RESERVATION



ADDENDUM 'D'
WASTE HAULER PERMIT AREAS "B1," "B2," "FORT INDPENDENCE TRIBE," AND "LONE PINE PAIUTE-SHOSHONE RESERVATION"



AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER

20

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Inyo Recycling and Waste Management

FOR THE BOARD MEETING OF: February, 25 2014

SUBJECT: Consider changes to solid waste collection and hauling rates in Permit Areas A1, A2, City of Bishop, Bishop Paiute Indian Reservation, B1, Big Pine Indian Reservation, B2, Fort Independence Indian Reservation, B3, and Lone Pine Indian Reservation, including increasing the second cart rate and instituting a 64-gallon cart rate.

DEPARTMENTAL RECOMMENDATION:

Approve a resolution adopting the solid waste collection and hauling rates to increase the second cart rate, and add a rate for a 64-gallon cart.

SUMMARY DISCUSSION:

Inyo Recycling and Waste Management (IRWM) has been working to increase diversion and decrease disposal rates against the backdrop of the Independent Review being conducted by CalRecycle. In an effort to meet state mandates to reduce waste disposal, IRWM has reviewed the floor rates and has determined that the current rate structure encourages residents to mix recyclables with other household trash. The current rate for a 96-gallon trash cart is $20.29, with the option for a second 96 gallon trash cart for $10.15 per month. This pricing structure encourages waste generation and disposal rather than incentivizing recycling. In an effort to incentivize and encourage recycling, IRWM proposes an increase of the second cart rate to $25.00 per month. A recycling cart from Sierra Conservation Project is currently $14.00 per month. Curbside recycling allows for the County to accurately measure and report the amount of waste being diverted from the landfills, thereby helping the County to demonstrate to CalRecycle that Inyo is working to meet its state mandated requirements. Instituting this progressive "pay-as-you-throw" rate structure is a source reduction program for which the County and City of Bishop will receive compliance credit with CalRecycle.

Additionally, IRWM has studied programs to decrease disposal offered by other jurisdictions and championed by CalRecycle and would like to offer curbside trash customers an additional "pay as you throw" option. Currently, curbside customers are only offered a 96 gallon waste cart, but there are many customers – including senior citizens and those who do participate in recycling programs – who do not generate 96 gallons of waste weekly. Therefore, by offering a 64-gallon cart at corresponding lower price, the County can incentivize those who are contributing to the solution of increased diversion and reduced waste. The price for a 64-gallon cart would be $17.25. By reducing the size of the trash cart, IWRM will reduce the amount of trash being brought to the landfills while encouraging the use of curbside trash services and recycling services. Again, this additional service will be viewed favorably by CalRecycle when undertaking its Independent Review.

ALTERNATIVES:

The Board of Supervisor's could choose to leave the cart floor rate as is, which is unadvised by Inyo Recycling and Waste Management staff due to the mixed message being sent by discouraging recycling through low second cart rates.

OTHER AGENCY INVOLVEMENT:

None

FINANCING:

None

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: yes Date 2/20/2014
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Pam Mannatis Date: 2/20/14

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF INYO, STATE OF CALIFORNIA, ESTABLISHING
RESIDENTIAL AND COMMERICAL RATE SCHEDULES
FOR SOLID WASTE COLLECTION IN SOLID WASTE COLLECTION AREAS "A1,"
"A2," "B1," "B2," "B3," "CITY OF BISHOP," "BISHOP PAIUTE RESERVATION," "BIG
PINE INDIAN RESERVATION," "FORT INDEPENDENCE INDIAN RESERVATION,"
AND "LONE PINE PAIUTE-SHOSHONE RESERVATION"
OF INYO COUNTY

WHEREAS, Resolution 73-74, adopted by the Board of Supervisors of the County of Inyo on June 13, 1973, established solid waste collection areas within the County of Inyo and,

WHEREAS, Section 7.08.150 of the Inyo County Code requires that the Board of Supervisors authorize minimum rates which may be charged for solid waste collection services.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Inyo as follows:

1. The rate schedule, attached as Exhibit A of this resolution, is hereby established as the approved Minimum rate schedule for residential and commercial solid waste collection service in Solid Waste Collection Areas "A1," "A2," "B1," "B2," "B3," "CITY OF BISHOP," "BISHOP PAIUTE INDIAN RESERVATION," "BIG PINE INDIAN RESERVATION," "FORT INDEPENDENCE INDIAN RESERVATION," AND "LONE PINE PAIUTE-SHOSHONE RESERVATION" of the County of Inyo to take effect May 1, 2014 replacing the existing rate schedule established by Resolutions 2007-03, 2009-44, 2013-34 and any other such Resolution.

2. The rate schedule, attached as Exhibit A, as herein specified, is effective until changed by resolution of this Board of Supervisors.

PASSED AND ADOPTED by the Board of Supervisors, County of Inyo, State of California, this 16th day of April 2013, by the following vote:

AYES:
NOES:
ABSENT:

_____
Chairperson
INYO COUNTY BOARD OF SUPERVISORS

ATTEST: Kevin Carunchio
Clerk of the Board

by: _____
Patricia Gunsolley, Assistant

MINIMUM CHARGES FOR WASTE HAULING SERVICES

Permit Areas A1, A2, City of Bishop, Bishop Paiute Indian Reservation, B1, Big Pine Indian Reservation, B2, Fort Independence Indian Reservation, B3, and Lone Pine Indian Reservation within Inyo County

COMMERCIAL BIN SERVICE – AREA A & B

Size	1/xWeek	2/xWeek	3/xWeek	4/xWeek	5/xWeek	6/xWeek	Ex P/U	Delivery
2-yard	$63.39	$105.26	$149.41	$196.66	$242.49	$289.75	$31.69	$31.69
3-yard	$94.78	$157.76	$224.25	$295.13	$363.74	$434.62	$37.91	$31.69
4-yard	$118.98	$197.22	$273.34	$352.29	$431.23	$507.77	$42.44	$31.69
6-yard	$178.55	$295.83	$410.15	$528.43	$646.84	$761.58	$63.39	$31.69

RESIDENTIAL CURBSIDE CART SERVICE – AREAS A & B

96 Gallon Cart	Monthly Rate	Extra Cart
1 Cart	$20.29	$25.00

64 Gallon Cart	Monthly Rate	64-gallon Cart Can Only Be One Cart Per Household
1 Cart	$17.25	

RESIDENTIAL CURBSIDE SERVICE (CUSTOMER OWNED CONTAINER) – AREA B – Cartago, Alabama Hills, Olancha, Darwin, Keeler

(Per month billed bi-monthly)

30-40 Gallon Container

1 &/or 2 cans	3-cans	4-cans	5-cans	6-cans
$33.70	$48.86	$67.13	$83.85	$100.57

Roll-Off Bin Service

Size	Area	Full Rate Per Bin*	Compactor Roll-Off
20 yard	Bishop	$231.12	$288.90
	Big Pine	$288.90	$346.68
	Independence	$358.24	$416.02
	Lone Pine	$416.02	$473.80
	Olancha	$508.46	$566.24
	Round Valley	$288.90	$346.68
	Starlite	$288.90	$346.68
30 yard	Bishop	$369.79	$427.57
	Big Pine	$427.57	$485.35
	Independence	$496.91	$554.69
	Lone Pine	$554.69	$612.47
	Olancha	$647.14	$704.92
	Round Valley	$369.79	$427.57
	Starlite	$369.79	$427.57

*For first 14-day use period. Service includes: delivery, rental & service (landfill fees additional).
Additional Full Rate applies after first 14-day period.

NOTE: Special collection services and commercial services not specified above shall be negotiated between the customers and the permitted waste hauler. Waste hauler may offer discounts up to 5% to all annually billed customers that make payment in advance, or a 5% discount may be offered to commercial contracted customers that make payment within 30-days of invoice. A fuel surcharge may apply. These are the minimum allowable rates charged.

For Clerk=s Use Only:
AGENDA NUMBER

21

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

☐ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Kammi Foote, Clerk-Recorder and Registrar of Voters

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Implementation of the Inyo County Employee Election Worker Program.

DEPARTMENTAL RECOMMENDATION:

Support the Implementation of the Inyo County Employee Election Worker Program and encourage county departments to participate in the program.

SUMMARY DISCUSSION:

The Registrar of Voters Division of the Clerk-Recorder and Registrar of Voters Department conducts elections for all jurisdictions in Inyo County. The upcoming June 3, 2014 Direct Primary Election is a highly complex, county-wide election, with few consolidating jurisdictions to offset costs. The conduction of this election requires a significant increase and use of additional staffing and is thus expected to require a significant expenditure of extra-help funds.

Inyo County has approximately 10,000 registered voters, of whom 6,000 vote by mail. Five to six weeks immediately preceding a major election, the Registrar of Voters Division begins preparing the nearly 10,000 Sample Ballot Booklets and 6,000 Vote by Mail ballots to be sent to voters throughout Inyo County. Extra-help staff is needed to assist in preparing the mailings, in Pre-Logic and Accuracy testing, during the vote by mail processing and in multiple different stations on Election Day.

In order to help offset budget constraints for the 2013-14 and 2014-2015 fiscal year budgets, the Registrar of Voters Division identified a potential reduction in extra-help stipends and mileage costs, predicated on a discussion with other county departments that employees would be encouraged to volunteer to assist with election-related tasks to the extent possible, without impacting their ability to complete their assigned workloads. This practice is utilized in other counties, including Alameda, Sonoma and San Francisco.

This program would encourage county workers with consent of department heads to assist the Registrar of Voters Division by supplementing extra-help staffing and thus generating cost savings. Employees would be scheduled to work during the regular work day and/or afterhours if permitted. Participation must be approved by the employees' supervisors or department heads. Participation in the program would be voluntary, but encouraged and supported by the Board of Supervisors.

ALTERNATIVES:

Not supporting the proposed program would result in continued reliance on extra-help staff by the Registrar of Voters.

FINANCING:

Approval of this program will decreases expenditures in the Elections Budget - Elections Expenses (011000-5316), in the 2013-2014 and 2014-2015 fiscal year budgets.

APPROVALS	
COUNTY COUNSEL:	**AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS** *(Must be reviewed and approved by County Counsel prior to submission to the Board Clerk.)* Margaret Keny-Williams Approved: ✓ Date: 01-27-14
AUDITOR/CONTROLLER:	**ACCOUNTING/FINANCE AND RELATED ITEMS** *(Must be reviewed and approved by the Auditor/Controller prior to submission to the Board Clerk.)* Approved: Date: 2/11/2014
PERSONNEL DIRECTOR:	**PERSONNEL AND RELATED ITEMS** *(Must be reviewed and approved by the Director of Personnel Services prior to submission to the Board Clerk.)* Approved: J 2/13/14 Date:

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) _____ Date: 2/13/14

For Clerk's Use Only:
AGENDA NUMBER
22

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: HEALTH & HUMAN SERVICES – Public Health

FOR THE BOARD MEETING OF: February 25. 2014

SUBJECT: 2013/2014 Maternal Child and Adolescent Health Allocation

DEPARTMENTAL RECOMMENDATION:
Request the Board ratify the Maternal Child and Adolescent Health (MCAH) Allocation funding between the County of Inyo and California Department of Public Health in the amount of $125,519 for the period of July 1, 2013, through June 30, 2014 and authorize the Chairperson to sign the Agreement Funding Application Policy Compliance and Certification.

CAO RECOMMENDATION:

SUMMARY DISCUSSION:
The Maternal Child and Adolescent Health program funds public health staff to ensure coordination and access to services for women, adolescents and children. In collaboration with service providers, private and public agencies and community residents, the MCAH Director works towards the goal of assuring access and availability of a complete spectrum of services to women, infants, children and adolescents in our communities. Based on our 2008/09 five year MCAH community assessment, five problems were identified and are being addressed: access to dental services, childhood obesity, promotion of teen health, early entry into prenatal care and healthcare access. This is the last year of our current five year plan and we will begin a new community needs assessment this year.

The Agreement Funding Application which includes the Budget, Scope of Work and supporting documentation was received in August 2013. Traditionally this Application comes out before the instructions, which this year came out in October. Staff attended training with the California Department of Public Health in October to receive instruction as to what was required to complete the Scope of Work. Additionally, the Application was further delayed due to staffing changes in the Public Health division. Despite the personnel shortages staff continued to work on completion of the Application and have remained in contact with the State to ensure continued eligibility for funding.

ALTERNATIVES:
This funding has been available to public health staff for many years. Not accepting the funding would eliminate the State funding contribution for several health staff members. It would eliminate the county health planning and program development role of the Clinical Services Director. Declining the funding would mean that the County would still have to provide mandated administrative services without state or federal support.

OTHER AGENCY INVOLVEMENT:
None.

FINANCING:
Funding for this contract is from State and Federal Funding and Health Realignment. This funding would be brought in as revenue to the MCH Budget (641613). No County General Funds.

APPROVALS	
COUNTY COUNSEL:	**AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS** *(Must be reviewed and approved by County Counsel prior to submission to the Board Clerk.)* Approved: yes Date: 2-5-14
AUDITOR/CONTROLLER:	**ACCOUNTING/FINANCE AND RELATED ITEMS** *(Must be reviewed and approved by the Auditor/Controller prior to submission to the Board Clerk.)* Approved: yes Date: 2/6/2014
PERSONNEL DIRECTOR:	**PERSONNEL AND RELATED ITEMS** *(Must be reviewed and approved by the Director of Personnel Services prior to submission to the Board Clerk.)* Approved: _____ Date: _____
BUDGET OFFICER:	**BUDGET AND RELATED ITEMS** *(Must be reviewed and approved by the Budget Officer prior to submission to the Board Clerk.)* Approved: _____ Date: _____

DEPARTMENT HEAD SIGNATURE: Jean Turner Date: 2-11-14
(Not to be signed until all approvals are received)

FY 2013 - 2014 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: Inyo County
Agreement #: 201314

Program: ☒ MCAH ☐ BIH ☐ AFLP ☐ CHVP
(Check one box only)

Please check the box next to all submitted documents. All documents must be submitted by email using the required naming convention on page 2.	
☒	**1. AFA Checklist** with signature (PDF)
☒	**2. Agreement Funding Application Update Form** with signature (PDF)
☒	**3. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** (PDF)
☐	**4. Program Narrative** for all applicable programs (Word)
☒	**5. Budget Template** (Summary Page, Detail Pages, and Justifications) listing all staff (by position) and costs (including projected salaries and benefits). Personnel must be consistent with the Duty Statements and Organizational Charts (Excel)
☒	**6. Duty Statements (DS)** for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget (Word)
☒	**7. Org Chart(s)** of the applicable programs, identifying all staff positions on the budget (w/line item #) and its relationship to other services for women and children, the local health officer and overall agency (Word, Excel, PDF)
☐	**8. Approval Letters** including waivers for the following positions (PDF): ☐MCAH Director; ☐BIH Coordinator; ☐AFLP Director; ☐CHVP Coord.//Nurse Sup.; ☐Other _____
☒	**9. Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
☒	**10. Annual Inventory** – Form CDPH 1204 (Word)
☐	**11. CHVP Attachment A** - Program Operational Requirements, **CHVP Attachment B** - Staffing Report, **CHVP Attachment C** - Transmittal Form [CHVP only] (PDF)
☐	**12. Local Health Officer Approval Letter to conduct FIMR [MCAH only]** (PDF)
☐	**13. Subcontractor (SubK) Agreement Packages** (required for all SubKs $5,000 or more) (PDF)
☐	**14. Certification Statement for the Use of Certified Public Funds (CPE) [AFLP CBOs and/or SubKs with FFP]** (PDF)

The undersigned has checked this application for completeness and accuracy:

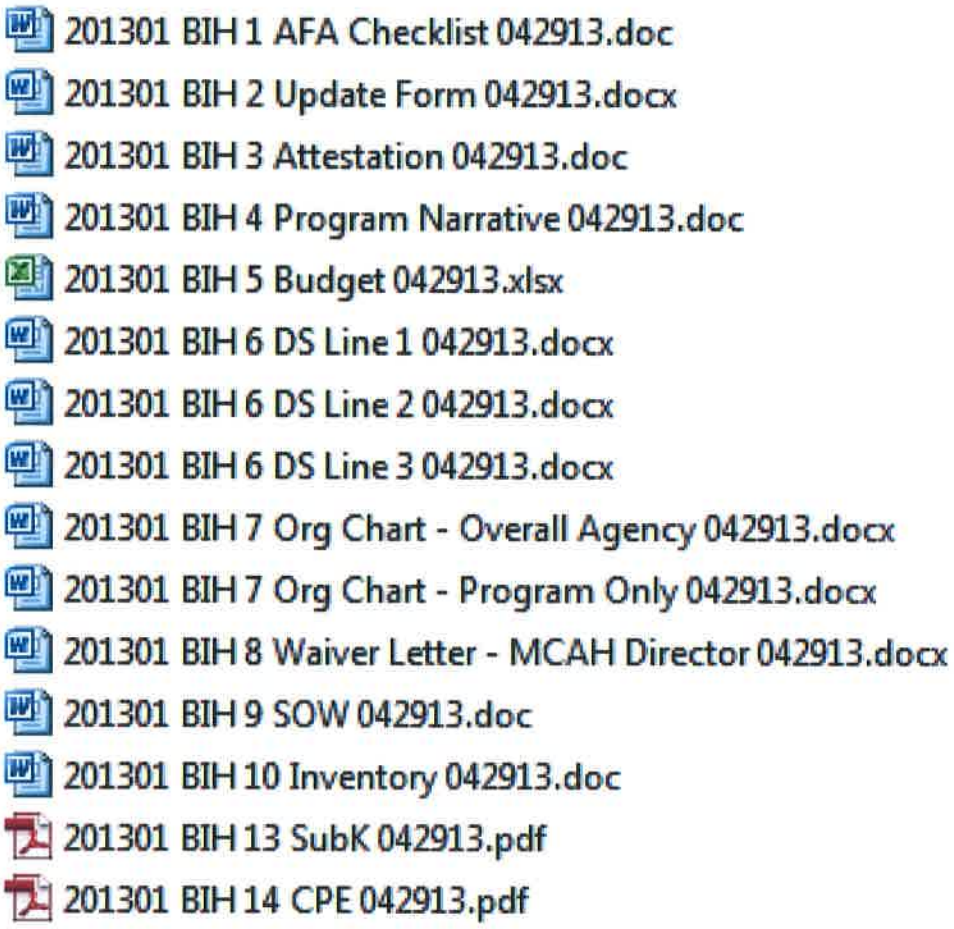
Name: Nel Hecht, MCAH Director
Telephone Number: 760-873-7868

Signature: Nel Hecht
Date: 01/07/2014

File Naming Convention Example

Please save all electronic documents using the required naming convention below:
[Agreement # [space] Program Abbreviation [space] Checklist # [space] Document Name [space] Version Date]

Below is an example of the submitted documents for Alameda County:



Please contact your contract manager (CM) if you have any questions.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

FUNDING AGREEMENT PERIOD
FY 2010-11 to 2012-2013 (LHJs)/2012-13 to 2014-15 (CBOs)

AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM *

At the beginning of each fiscal year Agencies are required to submit this AFA Form along with their AFA Package, which requires certification signatures (original signatures, no stamps allowed). This form should also be used when submitting updates that occur during the fiscal year. Update submissions do not require certification signatures.

The Agency Identification Information section must be completed each time this form is submitted.

*** Note: Agreement refers to Allocations for LHJs or Grants for CBOs.**

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to the MCAH and/or AFLP Director.

Please check the applicable "Program" boxes below: changes being submitted:

☒ MCAH ☐ AFLP ☐ BIH ☐ FIMR ☐ CHVP

Fiscal Year: 2013-14 Update Effective: _____ (only required when submitting updates)

Agreement Number:	**201314**		
Federal Employer ID#:	95-600445		
Complete Official Agency Name:	Inyo County Health & Human Services/Public Health		
Business Office Address:	P.O. Drawer H Independence, CA 93526		
Agency Phone:	760-873-7868	Agency Fax:	760-873-7800
Agency Website Address:	www.countyofinyo.us/publichealth		

1 AGENCY DIRECTOR

Name:	Jean Turner				
Title:	Health and Human Services Director				
Mailing Address:	P.O. Drawer H				
City:	Independence			Zip:	03526
Phone:	760-878-0242	Ext.		FAX:	760-878-0266
E-Mail Address:	jturner@inyocounty.us				

2	BOARD INFORMATION					
	Clerk of the Board ☒			Chair Board of Supervisors ☐		
Title:	Pat Gunsolley					
Mailing Address:	P.O. Drawer N					
City:	Independence				Zip:	93526
Phone:	760-878-0373	Ext.		FAX:	760-878-2241	
E-Mail Address:	pgunsolley@inyocounty.us					

3	OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Richard Pucci					
Title:	Chairperson of the Board of Supervisors					
Mailing Address:	P.O. Box N					
City:	Independence				Zip:	93526
Phone:	760-878-0373	Ext.		FAX:	760-878-2241	
E-Mail Address:	supervisor_pucci@gmail.com					

4	FISCAL OFFICER					
Name:	Denelle Carrington					
Title:	Fiscal Director					
Mailing Address:	P.O. Drawer H					
City:	Independence				Zip:	93526
Phone:	760-878-0246	Ext.		FAX:	760-878-0266	
E-Mail Address:	dcarrington@inyocounty.us					

5	MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) ☐					
Name:	Nel Hecht					
Title:	Clinic Nurse Manager					
Mailing Address:	207A West South Street					
City:	Bishop				Zip:	93514
Phone:	760-873-7868	Ext.		FAX:	760-873-7800	
E-Mail Address:	nhecht@inyocounty.us					

6	MCAH COORDINATOR (Only complete if different from #5)						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

7	MCAH BUDGET CONTACT						
Name:	DJ Iseli						
Title:	Fiscal Supervisor						
Mailing Address:	P.O. Drawer H						
City:	Independence					Zip:	93526
Phone:	760-878-0231	Ext.		FAX:	760-878-0266		
E-Mail Address:	djiseli@inyocounty.us						

8	MCAH INVOICE CONTACT (Only complete if different from #7)						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

9	PERINATAL SERVICES COORDINATOR (PSC)						
Name:	Tanya Liscio						
Title:	Public Health Nurse						
Mailing Address:	207A West South Street						
City:	Bishop					Zip:	93514
Phone:	760-873-7868	Ext.		FAX:	760-873-7800		
E-Mail Address:	tliscio@inyocounty.us						

10	AFLP DIRECTOR (Only complete if different from MCAH Director)					
Name:						
Title:						
Mailing Address:						
City:					Zip:	
Phone:		Ext.		FAX:		
E-Mail Address:						

11	AFLP COORDINATOR (Only complete if different from #10)					
Name:						
Title:						
Mailing Address:						
City:					Zip:	
Phone:		Ext.		FAX:		
E-Mail Address:						

12	AFLP BUDGET CONTACT					
Name:						
Title:						
Mailing Address:						
City:					Zip:	
Phone:		Ext.		FAX:		
E-Mail Address:						

13	AFLP INVOICE CONTACT (Only complete if different from #12)					
Name:						
Title:						
Mailing Address:						
City:					Zip:	
Phone:		Ext.		FAX:		
E-Mail Address:						

14	BLACK INFANT HEALTH (BIH) COORDINATOR						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

15	BIH BUDGET CONTACT						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

16	BIH INVOICE CONTACT (Only complete if different from #15)						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

17	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR						
Name:							
Title:							
Mailing Address:							
City:						Zip:	
Phone:		Ext.		FAX:			
E-Mail Address:							

18	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	Nel Hecht					
Title:	Clinic Nurse Manager					
Mailing Address:	207A West South Street					
City:	Bishop			Zip:	93514	
Phone:	760-873-7868	Ext.		FAX:	760-873-7800	
E-Mail Address:	nhecht@inyocounty.us					

19	CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR					
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:		Ext.		FAX:		
E-Mail Address:						

20	OTHER					
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:		Ext.		FAX:		
E-Mail Address:						

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that this Maternal, Child and Adolescent Health (MCAH) related program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that this MCAH related program will comply with the MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that this MCAH related program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that this MCAH related program may be subject to all sanctions or other remedies applicable if this MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.

_____ Original Signature of Official authorized to commit the Agency to an MCAH Agreement	Chairperson of the Board of Supervisors Title
Richard Pucci Name (Type or Print)	_____ Date

Nel Hecht Original Signature of MCAH/AFLP Director	MCAH Director Title
Nel Hecht Name (Type or Print)	11/01/2013 Date

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: Inyo County Health & Human Services/Public Health
Agreement/Grant Number:201314
Compliance Attestation for Fiscal Year:2013-2014

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Signed

Inyo County HHS/Public Health
Agency Name

201314
Agreement/Grant Number

Nel Hecht
Signature of MCAH Director
Signature of AFLP Director (CBOs only)

01/1/2014
Date

Nel Hecht
Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

ORIGINAL BUDGET

California Department of Public Health — Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BALANCE
2013-14	ORIGINAL	ACTIVE	

Version 3.2A-25 Quarterly (MCAH,BIH,AFLP,CHVP)

Program:	Maternal, Child and Adolescent Health	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201314 Inyo	MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
	ALLOCATION(S) →			63,000								

EXPENSE CATEGORY										
(I) PERSONNEL	169,047		56,850		22,407		39,834		49,956	
(II) OPERATING EXPENSES	10,307		2,724		2,045		3,807		1,731	
(III) CAPITAL EXPENDITURES										
(IV) OTHER COSTS										
(V) INDIRECT COSTS	7,292		3,426				3,866			
BUDGET TOTALS*	186,646	33.75%	63,000	13.10%	24,452	25.45%	47,507	27.69%	51,687	
BALANCE(S) →										

TOTAL TITLE V	63,000	→	63,000					
TOTAL TITLE XIX	62,519	→		[50%]	23,754	[75%]	38,765	
TOTAL AGENCY FUNDS	61,127	→	24,452	[50%]	23,754	[25%]	12,922	

$ 125,519 — **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E
PCA Codes		53107				53118		53117
(I) PERSONNEL		56,850				19,917		37,467
(II) OPERATING EXPENSES		2,724				1,904		1,298
(III) CAPITAL EXPENSES								
(IV) OTHER COSTS								
(V) INDIRECT COSTS		3,426				1,933		
Totals for PCA Codes	125,519	63,000				23,754		38,765

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201314 Inyo		MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL

											% PERSONNEL MATCH 53.15%
	TOTAL OPERATING EXPENSES	10,307		2,724		2,045		3,807		1,731	Match Available
	TRAVEL	2,247	2.20%	49	34.80%	782	18.00%	404	45.00%	1,011	
	TRAINING	1,600	2.20%	35	34.80%	557	18.00%	288	45.00%	720	
1	General Operating	1,305	46.85%	611			53.15%	694			
2	Motorpool	1,800	28.80%	518	18.05%	325	53.15%	957			
3	Client Support Materials	955	29.20%	279	17.65%	169	53.15%	508			
4	Rents / Janitorial	950	46.85%	445			53.15%	505			
5	Utilities	850	21.85%	186	25.00%	213	53.15%	452			
6	Tollfree Phone	600	100.00%	600							53.15%
7											
8											
9											
10											
11											
12											
13											
14											
15											

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL

TOTAL CAPITAL EXPENDITURES								

(IV) OTHER COSTS DETAIL

											% PERSONNEL MATCH 53.15%
	TOTAL OTHER COSTS										
	SUBCONTRACTS										
1											
2											
3											
4											
5											
6											
7											
8											
	OTHER CHARGES										Match Available
1											
2											
3											
4											
5											
6											
7											
8											

California Department of Public Health — CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201314 Inyo		MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL

										Match Available
AGENCY'S TOTAL INDIRECT COSTS				3,426				3,866		
% OF TOTAL WAGES (10% MAX.)	6.28%	7,292	46.98%	3,426			53.02%	3,866		
AGENCY'S OTHER INDIRECT COSTS										

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS					169,047		56,850		22,407		39,834		49,956			
BENEFITS					52,932		17,582		7,126		12,324		15,900			
TOTAL WAGES					116,115		39,267		15,281		27,510		34,056			
	INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES									J-Pers MCF Per Staff	Staff Traveling (X)
1	NH	CLINICAL MGR - MCAH Director	48.00%	84,588	40,602	41.30%	16,769			16.00%	6,496	42.70%	17,337	58.7%	X
2	NH	MCAH Director - SIDS	2.00%	84,588	1,692	41.30%	699			16.00%	271	42.70%	722	58.7%	X
3	WS	ACCOUNT TECHNICIAN	5.00%	40,131	2,007			100.00%	2,007					58.7%	
4	VAC	ADMINISTRATIVE SECRETARY	20.00%	28,935	5,787	41.30%	2,390			16.00%	926	42.70%	2,471	58.7%	X
5	VAC	HHS SPECIALIST	20.00%	30,718	6,144			40.00%	2,458	60.00%	3,686			60.0%	
6	TL	Perinatal Services Coordinator	25.00%	66,362	16,591	41.30%	6,852			14.00%	2,323	44.70%	7,416	58.7%	
7	SJ	PREVENTION SPECIALIST	50.00%	53,337	26,669	25.69%	6,851	30.00%	8,001	44.31%	11,817			58.7%	
8	DI	FISCAL SPERVISOR	5.00%	56,328	2,816			100.00%	2,816					58.7%	
9	VAC	PCG Nurse	56.00%	24,655	13,807	41.33%	5,706			14.42%	1,991	44.25%	6,110	58.7%	
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Title: MCAH Director/SIDS Coordinator
Clinic Nurse Manager

Assigned: Maternal Child and Adolescent Health Program

Definition: The main charge of the MCAH Director is to provide overall direction of the MCAH programs to promote the health and well being of women of reproductive age, infants, children and adolescents. To accomplish this, the MCAH Director along with the MCAH Coordinator assesses MCAH needs and develops and implements a plan to work towards facilitating solutions.

Duties:

- Participate in community/agency, task force/communities to promote services.
- Coordinate with groups and agencies providing similar services to advocate for and promote development of client services through networking.
- Provide skilled professional medical expertise to develop the medical component and input in the planning and prioritizing the activities of Inyo County Health & Human Services.
- Provide Program directive and supervision of the MCAH Coordinator.
- Assess the service capacity and identify gaps in services.
- Collect, maintain, and analyze reporting and recording system data elements for use on program evaluation.
- Develop strategic plan and establish MCAH goals and objectives.
- Develop strategies to increase system capacity and to close service gaps.
- Provide the skilled medical professional expertise to develop the county public health response protocol to a probable SIDS.
- In collaboration with the MCAH Coordinator assure public health staff readiness for the potential SIDS family case work.
- Assess progress toward reaching Inyo County Health & Human Services's medical related goals stated in the annual plan with documentation of progress and quality medical indicator thresholds.
- Use skilled medical professional expertise to perform medical audits of clients records.
- Develop methods of measuring outcomes and evaluating progress toward achieving both State and local year objectives.
- Participate in the recruitment, selection and hiring process; perform employee evaluations.
- This position must be a Skilled Professional Medical Personnel (SPMP).

Title: Account Tech II

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the supervision of the Fiscal Supervisor, assists in preparation of quarterly claims.

Duties:

- Collects the documentation necessary for claims reimbursement.
- Purchases of supplies.
- Maintains inventory of supplies.
- Prepares the claims for reimbursement.

Title: Administrative Secretary II

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the supervision of the Maternal Child Health Director, provides clerical support to the MCAH program and staff. In addition, compiles medically related statistics and copies and files medically related articles and program information.

Duties:

- Compiles medically related statistics and researches relevant information on target population as requested by MCAH Director and/or MCAH Coordinator
- Under the direction of the MCAH Director and/or MCAH Coordinator attends specific identified meetings to take minutes
- Program specific formatting, printing and distributing of MCAH related reports, correspondences etc.
- Provides program administrative assistance for Health Department staff and community service providers to include the following programs: Every Woman Counts, California Health & Disability Program, Health Families, Immunization Program and Immunization Registry.
- Works with fiscal staff to review and maintain ongoing budget spending and planning in collaboration with MCAH Director and/or Coordinator.

Title: Outreach Worker
Health and Human Services Specialist

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the direction of the Perinatal Services Coordinator (PSC) assists in the establishment of outreach strategies for the Hispanic population and provides home visits to high risk pregnant women. Provides training and information to professionals and the targeted population specific to prenatal access.

Duties:

- Under the direction of the PSC, informs high risk populations and women of reproductive age of programs that will benefit them.
- Assists clients to obtain Medi-Cal through informing them of eligibility requirements, application process and arranges for appointments and accompanies, as needed, clients to interview with the eligibility.
- Under the direction of the PSC, assists and supports the client's efforts to achieve health services plan objectives.
- Works with the PSC to prioritize medical needs and coordinates client referrals and resources.
- Participates in interagency coordination of efforts to outreach to Hispanic women to promote early access to perinatal services.

Title: Perinatal Services Coordinator
Public Health Nurse

Assigned: Comprehensive Perinatal Services Program

Definition: The PSC functions to assess, plan and implement local CPSP activities. The coordinator will identify and work to recruit CPSP providers and assist potential providers in the application process. Technical assistance will be offered to providers through ongoing contact by the provider. The PSC will work with the MCAH Director to identify unmet needs/problems of the Perinatal population and develop activities to address them.

Duties:

- Design and carry out strategies to inform high-risk Perinatal populations and women of reproductive age of programs that will benefit them.
- Provide technical assistance to other agencies/programs that interface with the Perinatal care needs of clients.
- Participate in provider meetings and workshops on issues of the multi-disciplinary needs of the pregnant women and their families.
- Develop medical and dental referral resources such as referral directories, round tables and advisory groups.
- Assist in health care planning and resource development with other agencies which will improve the access, during first trimester of prenatal to all pregnant women.
- Assess the effectiveness of inter-agency coordination in assisting the perinatal client to access health care services in a seamless delivery system.
- Provide professional medical expertise in developing, conducting, and/or participating in in-service and provider workshops targeting the perinatal population.
- Orient new staff to the program's medical procedures and protocols.
- Attend educational programs relevant to the skilled medical professional and scope of medical services administered by the program.
- Assess perinatal services capacity, identify gaps, and contribute to the development of the strategic plan and MCAH goals and objectives.
- Assist in the development of strategies to increase system capacity and to close service gaps to the perinatal population and their families.
- Assess progress toward reaching goals outlined in the MCAH annual plan with documentation of progress and quality medical indicator thresholds.

- Work with MCAH Coordinator & Director to develop medical criteria using skilled medical professional expertise to monitor provider capacity and availability to assure appropriate medical services are available to clients.
- Review medical record keeping and data collection system elements for quality indicators using skilled medical expertise.
- This position must be a Skilled Professional Medical Personnel (SPMP).

Title: Dental Case Manager
Preventive Specialist I/II

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the direction of the Maternal Child Health Director provides "gatekeeping" functions for the Medi-Cal eligible population unable to access dental care. Provides client assessments, assists into Medi-Cal, sets dental appointments, and provides transportation to assure compliance.

Duties:

- Under the direction of the MCH Director, informs and assists the Medi-Cal eligible population to obtain Medi-Cal.
- Conducts informational presentations to inform the target population about access into dental care through the Inyo County Oral Health Initiative Program.
- Work with the families to identify health and dental needs and refer to appropriate providers and support services.
- Assist clients to obtain Medi-Cal through informing them of eligibility requirements, application process, and arrange for appointments and accompany, as needed, clients to interview with eligibility worker.
- Assists the family in the identification of barriers to dental care.
- Develops with the family individual plans to address dental needs.
- Coordinates and provides transportation services to care.
- Provides reminder calls to scheduled clients.
- Accompanies clients to dental services.

Title: Fiscal Supervisor

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the direction of the MCAH Director, prepares the claims for reimbursement, assists with the completion of the state and county budgets and provides fiscal support for the MCAH programs.

Duties:

- Prepares program and county budget.
- Monitors program and county budget.
- Supervises program claiming, purchasing and payroll.
- Prepares financial reports.
- Processes all personnel documents.

Title: Perinatal Care Guidance Nurse
Registered Nurse

Assigned: Maternal Child and Adolescent Health Program

Definition: The PCG Nurse will outreach to Medi-Cal eligible women to assure early entry into prenatal care. The nurse will work with the Perinatal Services Coordinator (PSC) and other outreach services to avoid duplication and share resources. The high-risk targeted population will be provided assistance into care and the assurance of the continuation of care. The promotion of the immediate preventive service needs for the infant.

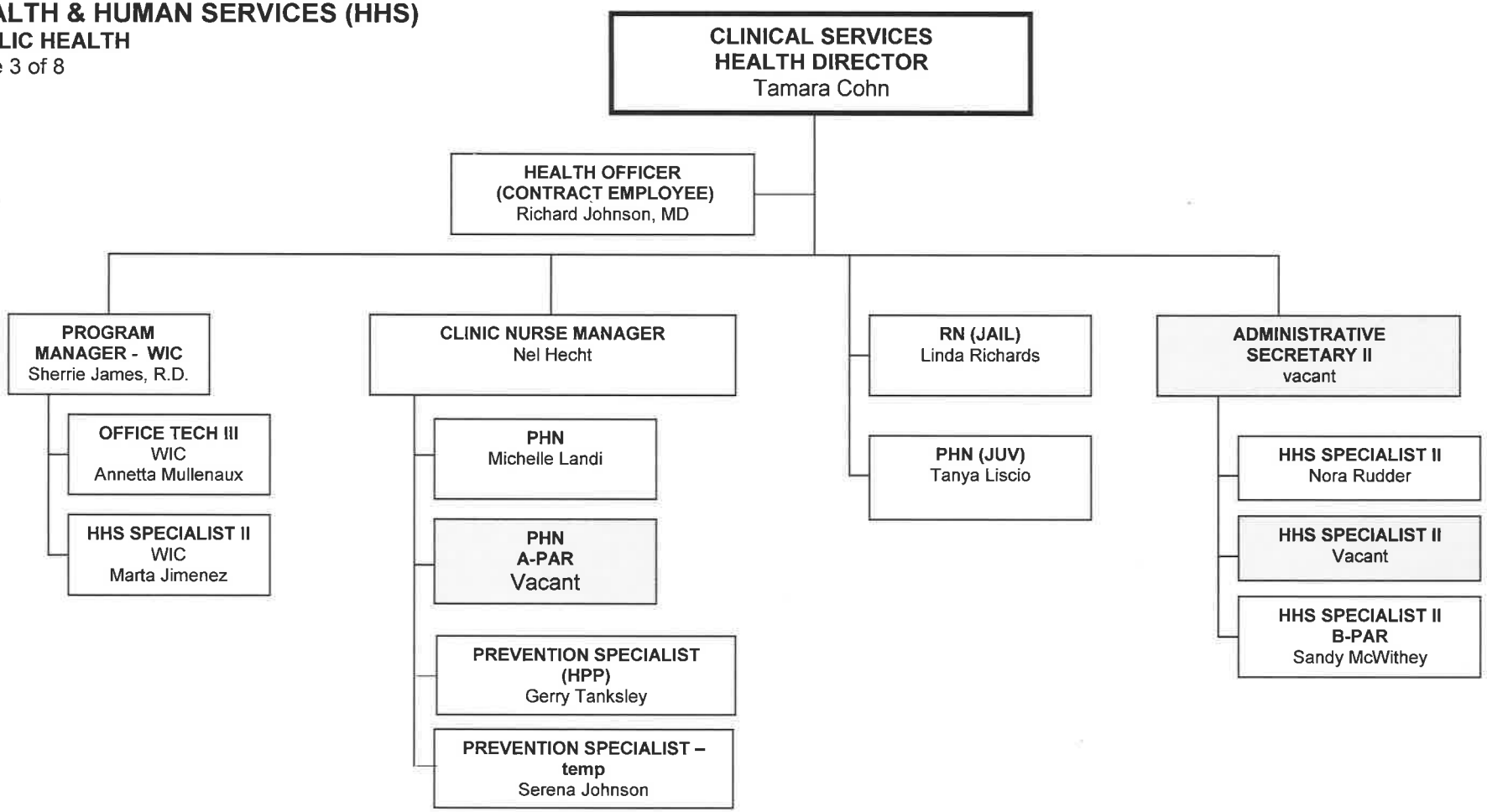
Duties:

- Conduct informational presentations to inform the general public, target population and organizations about early and continuous perinatal care.
- Identify, refer and follow-up need for prenatal and pediatric care and other support services.
- Design and implement strategies that inform high risk population groups of medical programs that will benefit them.
- Identify potential medically at risk women and refer to appropriate providers and support services.
- Assist client to obtain Medi-Cal through informing them of eligibility requirements, application process, and arrange for appointments and accompany, as needed, clients to interview with the eligibility worker.
- Conduct psychosocial, nutrition and educational assessments and develop medical component of service plans to address individual needs for medical and social support services.
- Evaluate health care services plan, complete narratives and summaries in client's records and revise as necessary.
- Assist and support the client efforts to achieve health care services plan objectives.
- Conduct interagency case conferences to address, access and evaluate medical goals of health care services plan.
- Prioritize medical needs and coordinate client referrals and resources.
- Provide assistance to providers and agencies regarding coordination and tracking systems.
- Participate in interagency coordination and collaboration to assure optimal provider capacity building and to promote early access to Perinatal health worker staff and other service providers working with the client population.
- Training related to the skilled professional medical professionals performance of allowable administrative activities.
- This position must be a Skilled Professional Medical Personnel (SPMP).

COUNTY OF INYO

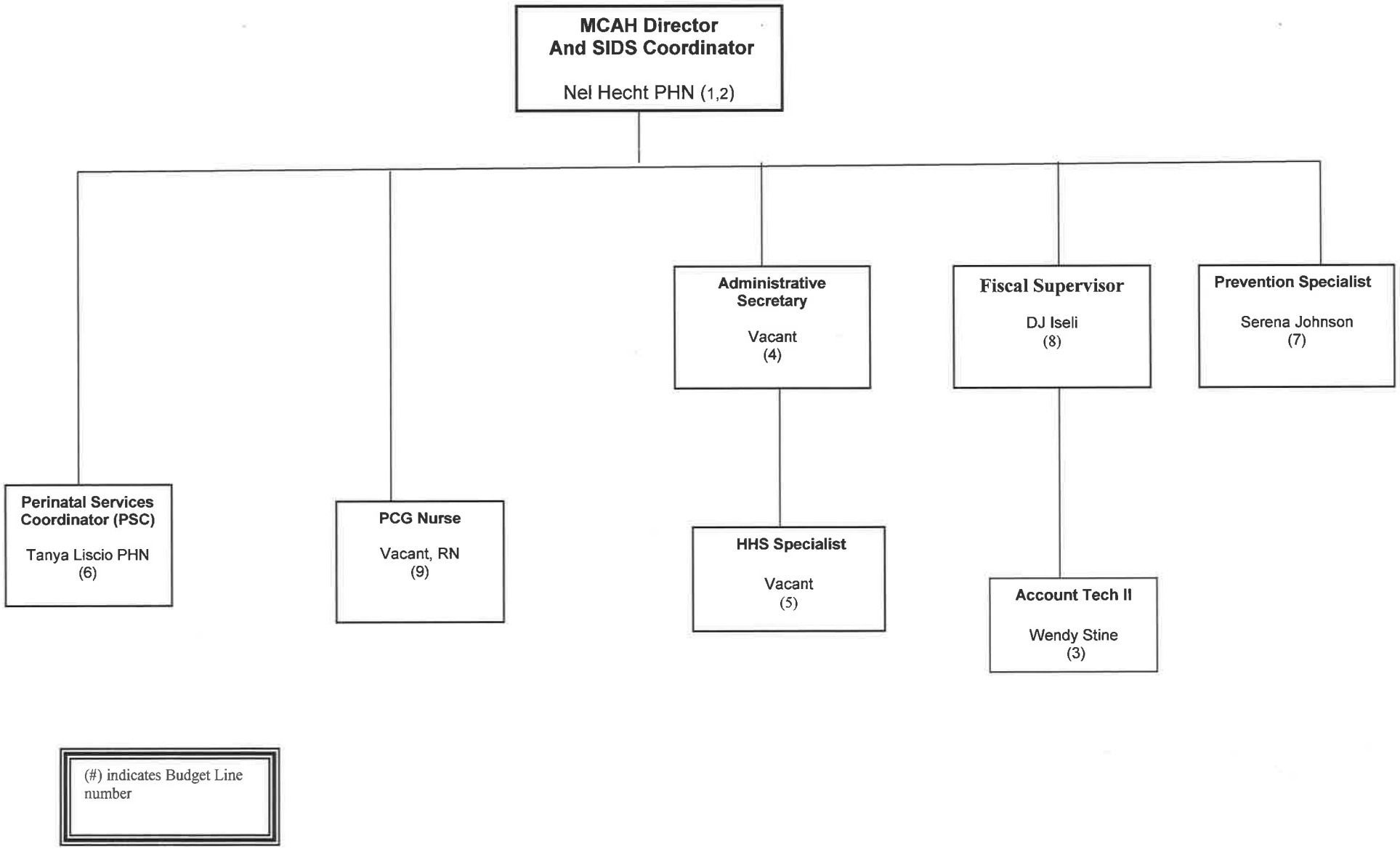
HEALTH & HUMAN SERVICES (HHS)

PUBLIC HEALTH



■ - MERIT SYSTEMS EMPLOYEE
- VACANT POSITION
■ - OUT OF CLASS EMPLOYEE
- TEMP POSITION
■ - NON-BUDGETED POSITION

Maternal, Child and Adolescent Health (MCAH) Organizational Chart



Maternal, Child and Adolescent Health (MCAH) Program
Scope of Work (SOW)

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. The goals in this MCAH SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division. The local Title V 5-Year Needs Assessment identifies problems that LHJs may address in their 5-Year Action Plan. The LHJ 5-Year Action Plan will then inform the development of the annual MCAH SOW.

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop objectives to address one problem in each of Goals 1, 2, and 3. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. Please see the MCAH SOW instructions for more information.

The development of this SOW was guided by several public health frameworks including the 10 Essential Services of Public Health and the three core functions of assessment, policy development and assurance; the Spectrum of Prevention; the Life Course Perspective; the Socioecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing objectives, activities and evaluation measures.

- The 10 Essential Services of Public Health http://www.cdc.gov/nphpsp/essentialServices.html; http://www.publichealth.lacounty.gov/qi/corefcns.htm
- The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127
- Life Course Perspective http://mchb.hrsa.gov/lifecourseresources.htm
- The Social-Ecological Model http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm
- Social Determinants of Health http://www.cdc.gov/socialdeterminants/
- Strengthening Families: http://www.cssp.org/reform/strengthening-families

Although the State MCAH Division wants each LHJ to make progress towards Title V State Performance Measures and Healthy People (HP) 2020 goals, it is understood that these goals involve complex issues and are difficult to achieve, particularly in the short term. The MCAH Division recognizes the importance of monitoring progress toward reaching long term objectives and that LHJs can only be held accountable for the objectives and activities they can realistically achieve given the scope and resources of individual local MCAH programs.

LHJs are also required to comply with requirements as stated in the MCAH Program Policies and Procedures manual such as attending statewide meetings, conducting a Needs Assessment every five years, submitting Agreement Funding Applications and completing Annual Reports.
http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAMCMCI-MCAHProgramPoliciesandProcedures.doc

Additional fiscal requirements are located in the MCAH Fiscal Policies and Procedures Manual at: http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AdminFiscalPolicyProcedures-2010-11.doc Title V Requirement

Goal 1: Improve Outreach and Access to Quality Health and Human Services

- **Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs** [1]
  - **Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits** [2]

Long Term Outcome Objectives

1.a Increase the percentage of children and adolescents age 0 to 19 with health insurance from a baseline of (88%) to (92.4 %) by 2015. **HP 2020 AHS-1.1.** Source: http://fhop.ucsf.edu/fhop/data/SOW/t5_16_health_ins_2009-NEW.xls

1.b Decrease the percentage of children age 2-11 without dental insurance from a baseline of (26.1%) to (24.8%) by 2015. **HP 2020 AHS-1.2 (Developmental).** Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_17_dental_ins.xls

1.c Increase the percentage of women age 19-44 with health insurance from a baseline of (80.9%) to (84.945%) by 2015. **HP 2020 AHS-1.1.** Source: http://fhop.ucsf.edu/fhop/data/SOW/CHIS_Health_Insurance_Women_20-44_2009-_NEW.xls

1.d Decrease the percentage of unenrolled children age 0-17 who are eligible for Medi-Cal/Healthy Families from a baseline of (66.8%) to (63.46%) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_0-17_2009_CA_MCAH_County_Groups-NEW.xlsx

1.e Decrease the percentage of unenrolled women, ages 20-44 , who are eligible for Medi-Cal from a baseline of (9.2%) to (8.74%) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_19-44%202007-2009_CA_MCAH_County_Groups%20-%20NEW.xlsx

1.f Insert specific LHJ data collected, if applicable

Data Source

California Health Interview Survey (CHIS), Medi-Cal Statistical Reports, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
1.1-1.8 All women and children will have access to needed medical, mental, dental care and available social support services.	**Assessment** **1.1** Identify and monitor trends in health, including disparities, social determinants and barriers to the provision of health and human services to the MCAH population.	**Assessment** **1.1** List and briefly describe trends in health, including disparities, social determinants and barriers to the provision of health and human services.	
	1.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to health and human services.	**1.2** Briefly describe geographic areas or population groups that have insufficient access to health and human services.	
	1.3 Participate in collaboratives, coalitions, networks, etc., to review data and develop policies and products that address unmet needs and promote increased local access to health and human services.	**1.3** Submit Collaborative Form to document participation, objectives, activities and accomplishments of MCAH-related collaboratives to improve infrastructure and access to health and human services:	**1.3** List products and policies developed to improve infrastructure and access to health and human services and describe outcomes of dissemination

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Policy Development **1.4** Review, revise and enact policies that facilitate access to Medi-Cal, Covered CA, Access for Infants and Mothers (AIM), Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), and health and developmental disability programs.	**Policy Development** **1.4** Describe participation in review and development of policy changes and corresponding systems changes that facilitate access to Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT, and health and developmental disability programs. List formal and informal agreements, including Memoranda of Understanding (MOUs) with MCMC plans, or other organizations that address the needs of mothers and infants	**Policy Development** **1.4** Describe the impact of policy changes and corresponding systems changes that facilitate access to Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT, and health and developmental disability programs.
	1.5 Work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.	**1.5** Describe efforts to work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.	**1.5** Describe results of work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Assurance	**Assurance**	**Assurance**
	1.6 Promote MCAH and public health competencies, participation in trainings, and workforce development as resources allow.	**1.6** List trainings and educational events that promoted MCAH and public health competencies and workforce development.	**1.6** Describe outcomes of trainings and educational events that promoted MCAH and public health competencies and workforce development.
	1.7 Conduct activities that promote referrals to Covered CA, Medi-Cal, AIM, and other low cost/no cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs[2]	**1.7** Describe activities that promote referrals to referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs. • Provide the number of referrals to Covered CA, Medi-Cal, AIM, EPSDT/CHDP, WIC, FamilyPACT, or other no/low cost health insurance programs	**1.7** Describe outcomes of activities that promote referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs.
	1.8 Provide a toll-free or "no cost to the calling party" telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community [2] .The requirements	**1.8** Report the following: • Number of calls and the success/barriers toll-free or "no cost to the calling party" telephone information service • Report the number of web hits to the appropriate local MCAH	**1.8** Describe outcomes of community information services.

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	are as follows: • The service must provide culturally and linguistically appropriate information and referrals to health care providers and practitioners regarding access to prenatal care, and other relevant information • The telephone number must be disseminated widely • The toll free line must be operated during normal business hours. After hours messages must be answered by end of the next business day.	Program webpage	
Insert Short and/or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
1.9 Short and/or Intermediate SMART Outcome Objective(s) to increase access to health and human services. Add specific LHJ short and/or intermediate outcome objective(s) here. 1.9 a By June 30, 2014, to improve access to dental care for pregnant women with difficulty	**1.9** Implement or participate in specific LHJ activities to address health disparities, social determinants and barriers to increased access to health and human services: Activities include: 1.9a • Expand and assist with implementation of the Inyo County Family Dental Program providing dental case manager services, transportation	**1.9** Develop process measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services: Process measures include: • Description of selected resource materials for clients. • Number of women referred to Dental Case Manager • Number of women contacted by Dental Case Manager • Number or women provided	**1.9** Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services: 1.9a • Number of pregnant women who received dental case management/ 20 • Number of pregnant women needing dental treatment who

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
finding a dental home, 20 pregnant women needing a dental home will receive dental case management and of these, all pregnant women needing treatment will receive a referral and dental treatment 1.9b By June 30, 2013, 20 pregnant women in dental case management with demonstrate understanding and knowledge of good oral health during pregnancy and its impact on the oral health of their children.	assistance and referral management of prenatal women having difficulty finding a dental home. • Provide referrals to those pregnant women needing dental treatment and ensure they receive needed dental care • Tracking of referred women to determine which received treatment. • Collect, create and/or update oral health educational materials for pregnant women. • Identify or create 1 client brochure that explains Denti-Cal benefits to enrolled beneficiaries. • Meet and collaborate with WIC and other stakeholders to distribute oral health information and resources to pregnant women. 1.9b • Provide dental education focusing on good oral health to pregnant women to improve the health and wellbeing during pregnancy and impact on improved oral health for their children. • Develop a process to measure	transportation services to receive dental care • Report on activities and accomplishments in dental case management program • Brief description of objectives and outcomes of stakeholder meetings	received a referral and dental treatment/all pregnant women needing dental treatment 1.9b • Number of pregnant women in dental case management demonstrating understanding and knowledge of good oral health during pregnancy and its impact on the oral health of their children/20 • Enumeration of provided services and participants. • Briefly describe the knowledge gained and intent to change behavior and demonstrate proper oral health care

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	knowledge change, intent to change behavior and demonstrate proper oral health care • Contact FHOP as needed to assist with developing an evaluation tool. • Identify opportunities for outreach and education to prenatal population regarding benefits of dental services during pregnancy. • Pregnant women will receive transportation assistance as needed		

[1] 2011-2015 Title V State Priorities
[2] Title V Requirement

Goal 2: Improve Maternal and Women's Health

- **Improve maternal health by optimizing the health and well-being of girls and women across the lifecourse** [1]
- **Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes** [1]
  - **Assure that all pregnant women will have access to early, adequate and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women** [2]

Long Term Outcome Objectives

2.a Decrease the percentage of births within 24 months of a previous birth among women age 15 to 44 from a baseline of (15.08%) to (14.33%) by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

2.b Decrease the percentage of births within 24 months of a previous birth among women age 12 to 19 from a baseline of (7.59%) to (7.21%) by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

2.c Increase the percentage of live born infants whose mothers received prenatal care in the first trimester of pregnancy from a baseline of (70.76%) to (74.3%) by 2015. **HP 2020 MICH-10.1**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

2.d Increase the percentage of women age 15 to 44 with a live birth during the reporting year whose observed to expected prenatal visits are equal to 80 to 109 percent on the Kotelchuck Index from a baseline of (65.26%) to (68.52%) (APNCU Index- FHOP) by 2015. **HP 2020 MICH-10.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

2.e Decrease the rate of domestic violence calls for assistance per 10,000 from a baseline of (93.9) to (89.21) by 2015. **HP 2020 IVP-39 (Developmental).** Source: http://fhop.ucsf.edu/fhop/docs/pdf/mcah/DV1987-2009%20by%20LHJ1.pdf

2.f Insert specific LHJ data collected, if applicable

Data Source

Birth Statistical Master File, Department of Justice statistics, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
2.1-2.5 All women will have access to early, adequate and comprehensive perinatal care and maternal medical and mental health care and social support services	**Assessment** **2.1** Identify and monitor trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services.	**Assessment** **2.1** List and briefly describe trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services.	
	2.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health.	**2.2** Briefly describe geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health.	
	2.3 Conduct the following activities: a. Collaborate with providers and other third party payers to improve maternal medical and mental health care and extend comprehensive perinatal care to all pregnant women b. Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to provide access to early perinatal care and CPSP services for all women	**2.3 a & b.** Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that improve maternal medical and mental health care and address access to early, adequate and quality perinatal care.	**2.3 b** List products developed to improve access to early, adequate and quality perinatal care and maternal medical and mental health care and describe outcomes of dissemination.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Policy Development **2.4** Review, revise and enact policies that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.	**Policy Development** **2.4** Describe participation in the review and development of policy changes and corresponding systems changes that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.	**Policy Development** **2.4** Describe the impact of policy changes and corresponding systems changes that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.
	2.5 Work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.	**2.5** Describe efforts to work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.	**2.5** Describe results of work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.
2.6-2.8 All Medi-Cal eligible women will have access to quality CPSP services	**Assurance** **2.6** Develop MCAH staff knowledge of CPSP. Recruit and assist Medi-Cal providers to complete applications to become CPSP providers.	**Assurance** **2.6** Report the number of current and newly enrolled providers in CPSP and number of Medi-Cal Obstetrical (OB) providers. List barriers to recruitment and retention of OB and CPSP providers.	**Assurance** **2.6** Describe the impact on access to and quality of CPSP services.
	2.7 Provide consultation and technical assistance to CPSP providers and Medi-Cal Managed Care Plans related	**2.7** List consultation and/or technical assistance provided to CPSP providers and MCMC plans.	**2.7** Describe outcomes of consultation and/or technical assistance provided to CPSP providers and

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	to the provision of CPSP services.		MCMC plans.
	2.8 At a minimum, conduct annual continuous quality improvement (CQI) and quality assurance (QA) activities for local CPSP providers to ensure that the program is being implemented according to Policies and Procedures and clients are receiving the required nutrition, psychosocial and health education services. Conduct QA in collaboration with MCMC plan staff, if applicable	**2.8** List CPSP provider CQI/QA activities that were conducted. Report the number of site visits and face to face contacts with current and potential CPSP providers and MCMC providers and plans.	**2.8** Describe the results of CQI/QA activities that were conducted.
2.9 All CPSP providers will improve the quality and utilization of CPSP postpartum care.	**2.9** Work with MCAH and CPSP providers to maximize the quality of postpartum care, including revising the Postpartum Assessment forms and provider protocols to incorporate the Preconception Health Council of California (PHCC) Interconception Guidelines, improve screening for perinatal depression, reproductive coercion and birth control sabotage, and improving support for breastfeeding. http://www.everywomancalifornia.org/content_display.cfm?categoriesID=97	**2.9** Describe the process to maximize the quality of CPSP postpartum care.	**2.9** Number of CPSP providers revising postpartum assessment forms and protocols/number of CPSP providers in the LHJ.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	&contentID=360		
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
2.10 Short and/or Intermediate SMART Outcome Objective(s) to improve access to early, adequate and high quality perinatal care and maternal health Add specific LHJ short and/or intermediate outcome objective(s) here. By June 30, 2014, 2/2 OB providers will implement a practice change and screen all pregnant women for PSU, provide brief intervention for positive screens and referrals as needed	**2.10** Implement or participate in specific LHJ defined activities to improve access to early, adequate and high quality perinatal care and maternal health: • Meet and develop relationship with OB providers and provider staff • Offer information and education to providers on PSU among pregnant women • Encourage OB providers to implement practice/protocol changes to agree to screen all pregnant women for PSU, provide brief intervention for positive screens and refer women to services as needed • Collaborate and further develop relationship with the Inyo county Health and Human Services Substance Use Disorder Perinatal Group • Encourage providers to refer pregnant women who screen positive, as needed, to Inyo County Health and Human Services Substance Use Disorder Perinatal Group • Develop QA/CQI process to ensure that providers are	**2.10** Develop process measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health: • Describe relationship building activities with providers to encourage them to screen all pregnant women for PSU • Number of pregnant women who are screened for PSU/all pregnant women • Describe barriers and opportunities in encouraging providers to screen all pregnant women for PSU • Describe results of collaborative relationship with Inyo County Health and Human Services Substance Use Disorder Perinatal Group	**2.10** Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health: • Number of OB providers implementing a practice change to screen all pregnant women for PSU, provide brief intervention for positive screens and refer as needed/2 • Briefly describe provider practice or protocol change • Describe QA/CQI process to follow up with providers to ensure that they are continuing with screen protocols • Number of women who screened positive and were provided a brief intervention and referral/all women who screen positive • Number of women who enter into care after a positive screen

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	continuing to screen all pregnant women, providing brief intervention and referring as needed. Offer TA as needed • Contact State Consultant for assistance • Utilize materials located at: http://www.cdph.ca.gov/programs/perinatalsubstanceuse/Pages/default.aspx		

Goal 3: Improve Infant Health

- **Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy** [1]

Long Term Outcome Objectives

3.a Decrease the percentage of Low Birth Weight Live Births from a baseline of (9.34%) to (8.87%) by 2015. **HP 2020 MICH-8.1**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.b Decrease the percentage of Very Low Birth Weight Live Births from a baseline of (1.46%) to (1.39%) by 2015. **HP 2020 MICH-8.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.c Decrease the percentage of Preterm Births (less than 37 weeks gestation) from a baseline of (12.48%) to (11.86%) by 2015. **HP 2020 MICH-9.1-9.4**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.d Decrease the rate of perinatal deaths (fetal and infant deaths from 28 wks gestation through 7 days after birth) from a baseline of (.58) to (.577) per 1,000 live births by 2015. **HP 2020 MICH-1.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.e Decrease the rate of neonatal deaths (within the first 28 days of life) from a baseline of (.58) to (.57) per 1,000 live births by 2015**. HP 2020 MICH- 1.4**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.f Decrease the rate of post neonatal deaths (between 28 days and 1 year) from a baseline of (.44) to (.0418) per 1,000 live births by 2015. **HP 2020 MICH-1.5**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.g Decrease the rate of infant deaths (birth to 1 year) from a baseline of (1.02) to (.97) per 1,000 live births by 2015. **HP 2020 MICH -1.3**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

3.h Maintain the status of no infant deaths due to SIDS by 2015. **HP 2020 MICH-1.8**. Source: LHJ statistics

3.i Insert specific LHJ data collected, if applicable

Data Source

LHJ Coroner's Notification Card (CDPH 4411), California SIDS Program compliance monitoring reports, Death Statistical Master File, Birth Statistical Master File, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
3.1-3.5 All infants will develop in an environment that maximizes their health	**Assessment** **3.1** Identify, and monitor trends in perinatal, neonatal, postneonatal and infant health outcomes.	**Assessment** **3.1** List and briefly describe trends in disparities and barriers related to perinatal, neonatal, postneonatal and infant health outcomes.	
	3.2 Identify and monitor local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	**3.2** Briefly describe local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	
	3.3 Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to prevent poor perinatal, neonatal, postneonatal and infant health outcomes.	**3.3** Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that address poor perinatal, neonatal, postneonatal and infant health outcomes.	**3.3** List products developed to improve infant health outcomes and describe outcomes of dissemination. **(List below)**
	Policy Development **3.4** Review, revise and enact policies that enable the implementation of appropriate interventions to improve infant health.	**Policy Development** **3.4** Describe participation in the review and development of policy changes and corresponding systems changes that improve infant health.	**Policy Development** **3.4** Describe the impact of policy changes and corresponding systems changes that improve infant health.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	3.5 Work with community organizations to influence policy and address disparities in infant health.	**3.5** Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.	**3.5** Describe results of efforts to address disparities in infant health outcomes.
3.6 All parents/caregivers of infants will provide a safe sleep environment for their infant	**Assurance** **3.6** Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services.	**Assurance** **3.6** (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	
	3.7 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health.	**3.7** Provide staff member name and date of attendance at SIDS Annual Conference/training(s) and other conferences/trainings related to infant health.	**3.7** Describe results of improved knowledge of staff trainings related to infant health
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
3.8 Short and/or Intermediate SMART Outcome Objective(s) to promote infant health. One objective addressing SIDS risk reduction and community health education is required here. 3.8 By June 30, 2014, 75% of the Toiyabe Tribal Health Home Visitors	**3.8** Implement or participate in specific LHJ defined activities to promote SIDS risk reduction and health education materials to the community: **3.8** • Acquire and adapt SIDS risk reduction education materials • Inform and educate	**3.8** Develop process measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community: **3.8** • SIDS risk reduction education materials on file	**3.8** Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community: **3.8**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
and Community Health Staff will demonstrate increased knowledge of SIDS risk reduction activities and infant safe sleep	stakeholders about new SIDS education materials • Monthly provide SIDS materials to families with newborns in the previous six weeks. • Provide SIDS risk reduction information and infant safe sleep to 150 families • Provide education and materials to licensed Toiyabe Tribal Health and Community Health Staff working with the county licensing agency. • Develop a process with the Toiyabe Tribal Health and Community Health Staff to measure knowledge change and intent to change behavior • Consult the State SIDS Coordinator, as needed • Utilize materials located at: http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx	• Number of families receiving SIDS risk reduction education materials • Stakeholders distribution list of SIDS risk reduction education materials. • Brief description of the process to educate Toiyabe Tribal Health Home Visitors and Community Health Staff • Briefly describe process to measure knowledge change and intent to change behavior	• % of Toiyabe Tribal Health Home Visitors and Community Health Staff demonstrating increased knowledge of SIDS risk reduction activities and infant safe sleep. • Briefly describe knowledge gained and intent to change behavior • Brief description of county SIDS risk reduction and community health education program • Brief description of process to assure implementation and effectiveness of education provided to childcare providers

Goal 4: Improve Nutrition and Physical Activity

- **Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age[1]**

Long Term Outcome Objectives **(Choose one or more. Delete those not chosen.)**	**4.a** Increase the percentage of any breastfeeding at the hospital from a baseline of (94.6%) to (96.97%) by 2015. **HP 2020 MICH -21**. Source: http://fhop.ucsf.edu/fhop/data/SOW/MO-BFP-CountyofResidenceBreastfeedingbyRaceReport-2009.pdf **4.b** Decrease the percentage of children less than age 5 who are overweight from a baseline of (36.4%) to (34.58%) by 2015. **HP 2020 NWS 10.0 (children age 2-5 yrs)**. Source: http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 2-5 2009 final.xlsx **4.c** Decrease the percentage of children age 5-19 who are overweight from a baseline of (41.5%) to (39.43%) by 2015. **HP 2020 NWS-10.4 (children and adolescents 5-19 yrs)**. Source: http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 5-19 2009 final.xlsx **4.d** Insert specific LHJ data collected, if applicable
Data Source	California Pediatric Nutrition Surveillance System, Genetic Disease Branch, LHJ specific statistics, if applicable
Healthy People 2020 Objectives	**http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf**
Timelines	All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Descriptions and Measures	**Short and/or Intermediate Outcome Measure(s)**
4.1 By June 30, 2014, using the results of a NUPA survey, 40% of the parents of children, ages 2-5, in Head Start or childcare will promote healthy lifestyle choices to reduce risk of overweight and obesity	**4.1** • Designate Childhood Obesity Work Group to develop a community conceptual approach to address childhood obesity with an emphasis on children 2 – 5 years. • Develop a unified approach, including measurable objectives, best practice activities and an evaluation process to addressing childhood obesity with an emphasis to children 2- 5 years in Inyo County through the collaborative, Childhood Obesity Work Group • Implement voluntary survey to assess eating behaviors of children 2 – 5 years targeting low income families through Head Start programs and First 5. • Increase parent engagement for these children to change family lifestyle with regards to nutrition and physical activity • Develop a process to measure knowledge change with intent to change behavior of children 2 – 5 years. • Contact FHOP as needed for assistance in developing an evaluation tool.	4.1 • Describe collaboration with stakeholders in the implementation of the surveys • Briefly describe results of parent surveys and identify trends • Describe presentation of survey results to stakeholders • Number of surveys distributed in relation to number completed • Describe the process to measure knowledge change with intent to change behavior of children 2 – 5 years.	**4.1** • % or parents of children, ages 2-5, in Head Start or childcare who agreed to promote healthy lifestyle choices to reduce risk of overweight and obesity • Describe common topics of knowledge change and intent to change behavior of children 2 – 5 years. • Quantify survey results and share with stakeholders

Goal 5: Improve Child Health

- **Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies** [1]

Long Term Outcome Objectives (Choose one or more. Delete those not chosen.)

5.a Decrease the rate of deaths age 1-14 per 100,000 from a baseline of (.012) to (.011) by 2015. **HP 2020 MICH 3-4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.b Increase the percentage of children age 2-11 who have been to the dentist in the past year from a baseline of (86.5%) to (90.825%) by 2015. **HP 2020 OH-7**. Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_18_dental_vis.xls

5.c Decrease the rate of asthma hospitalizations for children age 0-4 per 10,000 from a baseline of (.068) to (.0646) by 2015. **HP 2020 RD -2.1**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.d Maintain no asthma hospitalizations for children age 5-17 per 10,000 by 2015. **HP 2020 RD -2.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.e Decrease the rate of mental health hospitalizations for children age 5-14 per 10,000 from a baseline of (.082) to (.078) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.f Decrease the rate of non-fatal injury hospitalizations for children age 0-14 per 10,000 from a baseline of (.27) to (.2565) by 2015. **HP 2020 IVP 1.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.g Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 0-14 per 10,000 from a baseline of (.044) to (.0418) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

5.h Decrease the rate of children living in foster care each January per 1,000 from a baseline of (4.4) to (4.18) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/Children in Foster Care 2010.xls

5.i Decrease the percentage of children age 0-17 living in poverty from a baseline of (18.5%) to (17.37%) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates CA Counties 0-17 2009.xlsx

5.j Insert specific LHJ data collected, if applicable

Data Source

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Department of Social Services, Child Welfare Dynamic Report System, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
Insert Short and/or Intermediate SMART Outcome Objective(s) to improve the physical, socio-emotional, and cognitive development of children. 5.1a By June 30, 2014, 50 children (ages 4-18 years; school and family referrals) will receive dental case management and of those all who need dental treatment will receive dental treatment 5.1b By June 30, 2014, 90 school age children will demonstrate knowledge and ability to perform basic oral hygiene.	**5.1** Place specific LHJ defined intervention activities to meet the Outcome Objective(s) here. Number each intervention activity sequentially, such as, 5.1, 5.2, 5.3, 5.4, etc. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefcns.htm 5.1a • Ongoing Dental Case Management Program review of services provided and numbers of participants to identify trends based on community/school interventions in last 5 years. • Identification of additional detailed data to be collected. • Review program statistics and participant data • Contact the State Oral Health Coordinator for assistance as needed • Development of improved data collection and tracking mechanisms to more clearly define outcomes and trend data.	Develop process measures for each specific LHJ defined intervention activity. Number sequentially to correspond with each intervention activity, such as, 5.1, 5.2, 5.3, 5.4, etc. 5.1a&b • Briefly describe network for provision of childhood dental care • Report on activities and accomplishments in dental case management program • # of clients receiving transportation assistance • Brief narrative of education activities • # of schools participating in education activities • # of students receiving education activities • Describe the process to measure knowledge change and the ability to perform oral hygiene • Briefly describe trends, issues barriers to childhood dental health care and opportunities for solutions	**5.1** Develop short and/or intermediate outcome related performance measures for the specific LHJ defined objectives and activities 5.1a • # of children receiving dental case management/50 • # of children receiving needed dental treatment/ all those referred to dental case management 5.1b • Number of school age children demonstrating increased knowledge and ability to perform basic oral health hygiene/90 • Briefly describe knowledge gained and ability to perform basic oral hygiene • Briefly describe QA/CQI program developed to ensure that program is implemented as intended and its impact.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	5.1b • Provision of dental case management services to target population • Provision of teaching plan targeting the school aged children • Utilize a process to measure knowledge change and child's ability to perform oral hygiene • Develop a QA/CQI process to evaluate effectiveness of dental case management program		

Goal 6: Improve Adolescent Health

- **Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents [1]**

Long Term Outcome Objectives

(Choose one or more. Delete those not chosen.)

6.a Maintain no births among adolescent females age 10-14 by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.b Decrease the birth rate among adolescent females age 15-17 from a baseline of (19) to (18.91) by 2015. **HP 2010. FP 8.1 (pregnancy rate)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.c Decrease the birth rate among adolescent females age 18-19 from a baseline of (68.2) to (64.79) by 2015. **HP 2010 FP 8.1 (pregnancy rate)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.d Decrease the birth rate among adolescent females age 15-19 from a baseline of (38.39) to (36.47) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.e Decrease the rate of Chlamydia per 1,000 females age 15-19 from a baseline of (181.3) to (172.24) by 2015. **HP 2020 STD 1.1 (females 15-24 yrs.)**. Source: http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Chlamydia-Provisional-Tables.pdf

6.f Maintain the rate of no asthma hospitalizations for children age 5-17 per 10,000 by 2015. **HP 2020 RD 2.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.g Decrease the rate of deaths age 15-19 per 100,000 from a baseline of (.024) to (.0228) by 2015. **HP 2020 MICH 4.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.h Decrease the rate of mental health hospitalizations for adolescents age 15-19 per 10,000 from a baseline of (82.12) to (78.01) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.i Decrease the rate of non-fatal injury hospitalizations for adolescents age 15-24 per 10,000 from a baseline of (59.62) to (56.64) by 2015. **HP 2020 IVP 1.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.j Decrease the rate of non-fatal motor vehicle accident injuries age 15-24 per 100,000 from a baseline of (1731) to (1644) by 2015. **HP 2020 IVP – 14.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm (see Workbook B indicator 24b)

6.k Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 15-24 per 10,000 from a baseline of (4.9) to (4.655) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm

6.l Decrease the percentage of children age 0-17 living in poverty from a baseline of (18.5%) to (17.58%) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates_CA Counties_0-17_2009.xlsx

6.m Insert specific LHJ data collected, if applicable

Data Source

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Departmen Social Services, Child Welfare Dynamic Report System, U.S. Census Bureau, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures *(Report on these measures in the Annual Report)*	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)

Exhibit 10

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 201314

Previous Contract Number (if applicable): NA

Contractor's Name: Inyo County Health and Human Services

Public Health

Contractor's Complete Address: P.O. Drawer H

Independence, CA 93526

Contractor's Contact Person: Nel Hecht, MCAH Director

Contact's Telephone Number: 760-873-7868

Date Current Contract Expires: 06/30/2014

CDPH Program Name: Maternal, Child and Adolescent Health

CDPH Program Contract Manager: Jonathan Alspektor

CDPH Program Address: Department of Health Services MCAH Branch

PO Box 997420 MS 8305 Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: 916-650-6765

Date of this Report: 10-14-2013

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
NONE	0	NONE	$ 0			NONE	
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INSTRUCTIONS FOR CDPH 1204
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM),* Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

Disposal: *(Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).)* The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

   A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
   - Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

   B. Minor Equipment/Property:

   Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
23

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Inyo County Planning Department

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Inyo National Forest Plan Update/Revision

RECOMMENDATION: (1) Receive a presentation from staff about coordination with Forest Service staff regarding the Inyo National Forest Plan Update/Revision and provide input and (2) review and authorize the Chair to sign correspondence regarding Roles and Contributions, Desired Conditions, Purpose and Need, and Objectives for Inyo National Forest Plan Update/Revision.

SUMMARY DISCUSSION: The Inyo National Forest is working on updating the Inyo National Forest Plan.[1] Staff is working with Forest Service staff in developing the Plan, and is reporting on recent activities periodically.

Staff provided an update to the Board on February 11, 2014, at which time the Board directed staff to prepare correspondence regarding the Roles and Contributions, Desired Conditions, Purpose and Need, and Objectives for Inyo National Forest Plan Update/Revision for its consideration. Forest Service staff report that together with the Need for Change, these work products will be the basis of the Notice of Intent, which is anticipated to be released in mid-April.

Staff has prepared the attached draft correspondence for the Board's consideration. Attachment 2 is the draft Roles and Contributions document prepared by the Forest Service.

OTHER AGENCY INVOLVEMENT: Department of Agriculture, U.S. Forest Service; Mono, Fresno, Madera, and Tuolumne counties; other interested persons and organizations.

FINANCING: General fund resources are utilized to monitor planning work in the Forest. Resources for Willdan's assistance with the effort are funded by operating transfer from the Geothermal Royalties fund.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)*
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)*

[1] Refer to http://inyoplanning.org/InyoNationalForest.htm for more information about the County's participation in the Plan Update/Revision.

PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.)

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)

_____ Date: 2-19-14

Attachments:

1. Draft Correspondence
2. Draft Roles and Contributions

February 25, 2014

U.S. Forest Service
Attn.: Randy Moore
1323 Club Drive
Vallejo, CA 94592

Re: Inyo National Forest Plan Update/Revision
Roles and Contributions, Desired Conditions, Purpose and Need, and Objectives

Mr. Moore:

On behalf of the Inyo County Board of Supervisors, attached is input regarding the Roles and Contributions, Desired Conditions, Purpose and Need, and Objectives for the Inyo National Forest Plan Update/Revision. We had been working closely with the local planning team for the Forest Plan Update, but we understand that many of the decisions are being made at the regional level. We recognize that the Forest Service has not requested this input from us, despite the fact that our draft Memorandum of Understanding (MOU) calls for it, but we are providing it because we feel that this is one of the most important stages of the Plan Update process. We are saddened that the schedule is driving this process at this very important phase of Plan Revision, contrary to letter and spirit the 2012 Planning Rule. However, we hope that your staff will consider this input in development of these components of the Notice of Intent (NOI). We also hope that you will work with us to execute the MOU as soon as possible.

As we have conveyed to Forest Service staff in the past, we are dismayed that one Environmental Impact Statement is being prepared for the three early adopter Forests in the Region. We believe that it is unwise to develop these documents that are so integral to the Plan update in the context of one NOI for three planning processes. Furthermore, we implore you to take some time to work with us and other members of the public in developing these integral documents prior to the NOI.

Thank you for your consideration of our input. If you have any questions, please contact the County Administrative Officer, Kevin Carunchio, at (760) 878-0292 or at kcarunchio@inyocounty.us.

Sincerely,

Rick Pucci, Chair
Inyo County Board of Supervisors

cc: Board of Supervisors
County Administrative Officer
County Counsel
Planning Department
Doug Wilson, Willdan
Ed Armenta
Regional Council of Rural Counties
California State Association of Counties
National Association of Counties
Ed Armenta, Inyo National Forest
Randy Moore, Region 5 Forester

Attachment 1

Attachment

Roles and Contributions

The Roles and Contributions should be enhanced to accentuate socioeconomics, access, downwind smoke impacts, and public services/infrastructure.

Desired Conditions

The Board identified the following in its June 19, 2012 correspondence regarding the County's priorities for the Update/Revision, which should guide the Desired Conditions.

1. Access – enhanced to accommodate vehicular use, packing, hunting, hiking, and other recreational opportunities, as well as mining and other uses of the Forest. Mitigation opportunities for potential environmental impacts resulting from increased access should be identified and implemented.

    a. Roads and trails should be protected and expanded to provide access for recreation and exploration for natural resources and other uses of the Forest, including grazing, mining, and the activities of native peoples (such as gathering).
    b. Roadless Areas should be identified for removal as they are no longer relevant or roadless.
    c. Conflicts between biological resources and human access should be identified and planned for.

2. Vibrant Economy – the Plan should contribute substantially to the local economy due to the impact of the Forest on the County's culture and fiscal health, and should not result in significant socioeconomic impacts.

    a. Grazing, Mining, Renewable Energy Production, and other Uses – the Plan should support and encourage consumptive and sustainable uses of the Forest to contribute to the County's economy and culture.
    b. Roads and trails should be protected and expanded to provide access for recreation and exploration for natural resources. This type of recreation is an important economic driver for the County.
    c. Mitigation Bank – opportunities to shift land acquisition for mitigation of environmental impacts to restoration of degraded wilderness areas should be incorporated into the Plan to accommodate mitigation of human development elsewhere in the County.

3. Local Culture – the Plan should support and enhance the culture of local communities to the extent social and cultural issues revolve around the forest.
    a. Public Safety – access and accommodation for public safety purposes should be of paramount concern in the Plan, including for law enforcement (such as eradicating illegal drug production), fire management and suppression, and search and rescue.
    b. Provide access to the Forest for gathering activities, prospecting, sightseeing, exploration, and camping.
    c. Provide a continuing voice to the people living around the forest through their local government representatives.

Purpose and Need

We offer the following guiding principles for the Purpose and Need from the County's perspective, based on previous input into the Plan Update.

1. There is a need to expand multiple uses per the Multiple Use Sustained Yield Act. Multiple uses have been diminished in the Forest, and there is a need to refocus the Forest's planning priorities to expand and enhance multiple uses.

2. There is a need to protect communities, watersheds, and certain other at-risk lands from catastrophic wildfire and for measures to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and further other provisions of the Healthy Forest Restoration Act.
3. There is a need to encourage recreation by streamlining the permitting process. Permittees and the Forest outlay significant resources for minor permits, and streamlining the process can enhance the local economy.
4. There is a need to accentuate the private sector's role in the vibrancy of our Forests. Forest Service resources are inadequate to provide for all of the Forest's needs, and with continuing diminished budgets, this situation is expected to worsen. By partnering with local businesses and communities, land management and economic development can be enhanced.
5. There is a need to address the fragility of small rural economies such as ours, which is dependent on the National Forest. The socio-cultural links between the Forest and our communities make this dependency all the more sensitive to change.
6. There is a need to provide for fire management and limit smoke impacts downwind. Severe wildfires can devastate the Forest and impact our communities, and there is a need for fuels management; however, care should be taken to minimize smoke impacts to our communities from these activities.
7. There is a need to better plan for public services and infrastructure. These assets are in many cases tied to the Forest, and can be enhanced through resource-sharing.

Objectives

We believe that the following Objectives exemplify the type of outcomes that would be most productive for the Forest Plan Update:

1. Work to enhance populations of the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad while preserving fishing opportunities.
2. Provide for enhanced access to existing trailheads, including expanded camping and parking opportunities.
3. Enter into agreements with private sector and non-profit entities to expand existing campgrounds and develop new campgrounds.
4. Reduce permit processing times by 25 percent within five years.
5. Reinstitute grazing in Big Whitney Meadow.

The Roles and Contributions of the Inyo National Forest - DRAFT

The Inyo NF, located on the eastern slope of the Sierra Nevada is known for its spectacular mountain scenery and world-class recreational opportunities. The forest encompasses approximately 2 million acres that are between 3,800 and 14,495 feet in elevation. The eastern Sierra Nevada is known for its large expanses of undeveloped land. The forest includes the Mono Lake Designated National Scenic Area and almost 1 million acres of designated wilderness. The forest shares boundaries with Sequoia-Kings Canyon, Yosemite, and Death Valley National Parks, the Devils Postpile National Monument, Bureau of Land Management (BLM), Los Angeles Department of Water and Power (LADWP), private entities, and the Sequoia, Sierra, and Humboldt-Toiyabe National Forests. The communities within and adjacent to the forest are relatively small and discrete. Limited sprawl exists, so connectivity between the forest and similar ecosystems on adjacent lands is relatively intact with regard to development.

The eastern Sierra Nevada offers many benefits both socially and economically thus establishing a deep-rooted connection between this land and the people of the area. Indigenous human populations are known to have been in the Sierra Nevada for at least 10,000 years. Archaeological evidence shows that these populations practiced land management, including agriculture and burning, for 3,000 years or more. By the mid-1800s, Euro-Americans had settled in the Owens Valley. Native occupancy and practices continued, although on a much smaller scale and in limited areas. Mining practices in the surrounding mountains influenced the culture and changed the landscape. Though placer mining was limited on the east side of the Sierra Nevada, a large number of smaller mines resulted in the development of a transportation network that brought humans into areas not previously well traveled. Logging of pinyon pine and Jeffery pine was intensive in some areas as a fuel source for mining operations and growing urban centers. The forest's contribution to this history is important in defining the social and economic structure of the landscape.

The east half of the Inyo NF includes the Glass and White-Inyo Mountain Ranges, and falls within the Great Basin and Intermountain Desert bio-regions. These areas have a rich ecological and cultural history which differs from that of the Sierra Nevada. In particular, historic Euro-American use was more focused on livestock grazing and mineral prospecting than on timber. In the past, the presence of different fauna, including desert bighorn and pronghorn antelope, shaped the human use of this land.

Recreational uses on the Inyo NF are extremely important, both socially and economically. Over 2 million users visit the Inyo NF yearly; with the majority of visitors coming from Southern California. The forest also receives high visitor use from citizens from other countries. This is due to the opportunities the eastern Sierra Nevada provides with Death Valley National Park, Mt. Whitney, and Yosemite National Park all within a day's drive of each other. Recreation uses of the forest have changed over the past couple decades. Historic recreation uses such as pack stock use, fishing and hunting, backpacking, and mountaineering continue today. Commercial pack stock use allows for access into Wilderness areas and the backcountry of both Sequoia and Kings Canyon and Yosemite National Parks. Recreation use on the forest has expanded and includes activities such as: hiking, rock climbing and bouldering, off-highway vehicle use, day-use areas, and winter activities including alpine, cross-country, and backcountry skiing.

The breath-taking landscapes also provide opportunities for photography and filming. All these activities provide for vital economic benefits, and provides sustainability, to local communities. This contribution occurs through visitor spending that supports jobs in local businesses and also contributes to county sales tax revenues that local governments use to provide important public services in these communities.

Although recreation may be what draws the majority of visitors and economic benefits to this area, other uses of the forest, such as livestock grazing, mining, and renewable energy, also maintain the historic uses of this area while also providing economic benefits to the local economy.

The changing elevation across the forest, combined with the variability in aspect and slope, the variety of geology and soils, and the amount and timing of precipitation creates an extremely high diversity of ecosystems inhabited by at least 1,300 plant species, and approximately 300 terrestrial wildlife species. The forest's terrestrial and aquatic plant and animal species, and the resulting biodiversity contributes to resilient and healthy forest ecosystems upon which all social and economic contributions depend. The Inyo NF is also part of a large block of contiguous wilderness habitat connecting the eastern and western portions of the Sierra Nevada. The forest's terrestrial and aquatic plant and animal species and the resulting biodiversity are critical for a resilient and healthy forest ecosystem on which, all social and economic contributions are dependent.

Maintaining wildland urban interface areas in a condition that prevents the spread of fire into adjacent lands and communities is a key contribution of the plan to local communities. Fire along with mechanical treatments will be used as a tool within the national forest to reduce hazardous fuels and achieve other desired conditions. However, fire will also be suppressed actively to protect key resources within the national forest and to prevent intrusion of dangerous fires into the wildland urban interface.

At a regional level, runoff from the forest flows into Mono Basin in the north, the Upper San Joaquin River to the west, Owens River in the east, and the Upper Kern River to the south. About 93 percent of the perennial streams on the forest are free flowing and stream flows are functioning within their range of natural variability. An average of 34 percent of the runoff produced into the Owens Lake and Mono Lake watersheds are exported to the City of Los Angeles a critical component in supporting social and economic sustainability in that area. Water on the forest also is used for development of hydroelectricity that powers homes and businesses in the region.

Some of these benefits of the forest are more easily appreciated than are others. For example, forest recreational and cultural opportunities as well as a clean water supply are enjoyed directly by people and communities as a whole and as a result, their contributions to our well-being are more clearly understood. Other vital forest ecosystem services provide benefits that are less apparent in our daily lives but are important because they support and regulate the ecosystems and social environments in which we live (e.g. biodiversity). The benefits from all forest contributions provide tremendous ecological, social and economic value to us all. The term "value" is used here to represent something more inclusive than a monetary or dollar value and capture the idea that all contributions of the Inyo NF, even when they are not directly relatable to dollars that are spent or received, still contribute to improving the quality of our lives.

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
24

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time ☐ Closed Session ☐ Informational

FROM: Planning Department

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Amendment No. One to the contract between the County of Inyo and Willdan Engineering

DEPARTMENTAL RECOMMENDATION: Request the Board approve Amendment No. One to the contract between County of Inyo and Willdan Engineering (Willdan) to (1) revise Section 2 (Term) of the Agreement to extend the termination date of the Agreement to December 31, 2014; and (2) amend Section 3(D) (Limit Upon Amount Payable under Agreement) to increase the contract limit by $16,500 to a total of $66,500, and authorize the Chairperson to sign, contingent upon the adoption of future budgets and obtaining appropriate signatures.

SUMMARY DISCUSSION: On June 19, 2012, the Board entered into a sole-source Contract with Willdan Engineering to provide Planning Services related to the Inyo National Forest Plan Update/Revision. Thus far, Mr. Doug Wilson with Willdan has worked with the County and the US Forest Service to develop a Memorandum of Understanding outlining how the County and the Forest Service will coordinate during the Plan Revision process and has reviewed and provided comments on the documents that have been released up to this point. Mr. Wilson has participated in meetings on behalf of County staff and has continually worked to ensure that the County's voice is heard throughout the Plan Revision process. Willdan also coordinated with North State Resources to draft the Biology Focus Paper and provide additional input as needed with regards to biological resources. Additional work that Willdan will be assisting with includes reviewing and providing comments on the Plan Amendment and corresponding Environmental Impact Statement (EIS), participating in coordination meetings, potentially attending meetings and public meetings on behalf of the County, and reviewing and providing comments on any other documents released prior to adoption of the Plan Amendment.

Willdan's scope of work allows the County to utilize Willdan's staff with expertise in planning, economics, and biology to review and provide comments on matters related to Forest Plan revision and the additional funding and time is necessary to allow for the County to continue utilizing Willdan's expertise on these matters through next fiscal year's budget process. The Forest Plan Revision is scheduled to be completed in early 2016. Currently the Forest Service is a few months behind schedule due to the Government shutdown and plans to release the Draft EIS in the Fall of 2014.

ALTERNATIVES: The Board could not approve the amendment. This is not recommended as Willdan's expertise is a valuable asset for the County to utilize in reviewing and commenting on matters related to Forest Plan revision and it is important to be able to use its services in reviewing the Plan Amendment and EIS documents.

OTHER AGENCY INVOLVEMENT: Department of Agriculture, U.S. Forest Service; Mono, Fresno, Madera, and Tuolumne counties; Inyo County Counsel, Water Department, Sheriff, Agriculture Commission; other interested person and organizations.

FINANCING: Expenses were included in the Planning Department's Fiscal Year 2013-2014 Board Approved Budget (023800) in Object Code 5265 (Professional Services) to compensate Willdan for its services, and adequate resources remain in this Object Code for this contract amendment. Revenue for the additional resources is available in Operating Transfers In (Revenue Code 4998); these resources were allocated for the Housing Element update and are not needed because staff is undertaking that work. This funding is provided via Geothermal Royalties, and has been utilized for the expenses related to the Willdan contract.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: yes Date 2/11/2014
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved: yes Date 2-14-2014
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved: _____ Date _____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) _____ Date: 2-19-14

Attachments

1 – Proposed Contract Amendment (Willdan)

AMENDMENT NO. ONE TO THE AGREEMENT BETWEEN THE COUNTY OF INYO AND WILLDAN ENGINEERING FOR THE PROVISION OF PLANNING SERVICES

WHEREAS, the County of Inyo (hereinafter referred to as "County") and Willdan Engineering (hereinafter referred to as Contractor) have entered into an Agreement for the provision of professional services dated June 19, 2012 on County of Inyo Standard Contract No. 156 for the term from July 1, 2012 to June 30, 2014.

WHEREAS, County and Contractor do desire to consent to amend such Agreement as set forth below.

WHEREAS, such Agreement provides that it may be modified, amended, changed, added to, or subtracted from, by the mutual consent of the parties thereto, if such amendment or change is in written form, and executed with the same formalities as such Agreement, and attached to the original Agreement to maintain continuity.

County and Contractor hereby amend such Agreement as follows:

Revise Section 2 (Term) of the Agreement to extend the termination date of the Agreement to December 31, 2014.

Amend Section 3(D) (Limit Upon Amount Payable under Agreement) to increase the total sum of all payments made by the County to Consultant for services and work performed under agreement to $66,500.

AMENDMENT NO. ONE TO THE AGREEMENT BETWEEN THE COUNTY OF INYO AND WILLDAN ENGINEERING FOR THE PROVISION OF PLANNING SERVICES

IN WITNESS THEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND SEALS THIS ____DAY OF _____, _____.

COUNTY

By:_____

Dated:_____

CONTRACTOR

By: _____
Director of City/County Engineering

Dated: 2/5/14

APPROVED AS TO FORM AND LEGALITY:

_____
County Counsel

APPROVED AS TO ACCOUNTING FORM:

_____
County Auditor

APPROVED AS TO PERSONNEL REQUIREMENTS:

_____
Director of Personnel Services

APPROVED AS TO RISK ASSESSMENT:

_____
County Risk Manager

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
25

☒ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: County Administrator
BY: Kelley Williams

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Approval of Amendment #9 to the Contract Between the County of Inyo and Gruen Gruen + Associates

DEPARTMENTAL RECOMMENDATION

Request your Board:

1) Amend the Auditor-Controller Geothermal budget (#010406) by increasing revenue in object code #4381 (Geothermal Royalties) by $25,000, and increasing expenditures object code #5801 (Operating Transfers Out) by $25,000; and, amend the Natural Resources Budget (#010204) by increasing revenue in object code #4998 (Operating Transfers In) by $25,000 and increase expenditures in object code #5265 (Professional Services) by $25,000 (4/5^{ths} vote required); and
2) Approve Amendment #9 to the Contract between the County of Inyo and Gruen Gruen + Associates increasing the contract amount by $25,000 for a total amount not to exceed of $385,000 and authorize the County Administrator to sign, contingent upon appropriate signatures being obtained.

SUMMARY DISCUSSION

The County entered into a contract with Gruen Gruen + Associates (GGA) in 2010 to provide for socioeconomic impact analysis services. GGA has provided valuable services to the County in analyzing the cost of impacts to County services and programs from the Hidden Hills Solar Energy Generating System (HHSEGS) project in Charleston View and, more recently, the City of Los Angeles' Solar Ranch project in the southern Owens Valley.

On June 25, 2013 your Board amended the GGA contract to extend the contract term and augment the scope of work to secure GGA services to analyze the likely socioeconomic impacts associated with the proposed listing and critical habitat for three amphibian species in the Sierra Nevada.

The U.S. Fish and Wildlife Service has issued an economic analysis of the proposal that indicates that the critical habitat will result in administrative costs to the implementing federal agencies. In contrast, GGA has evaluated the potential costs to the County's economy overall. This contract amendment is necessary to conclude GGA's current work, which is nearly complete, on the socioeconomic impacts of the three amphibian species listing. The amendment will also provide some additional contract funding to ensure GGA's ability to supply further socioeconomic analysis on issues that may require a prompt response on behalf of the County, such as the Forest Plan Revision or the Solar Ranch project should it proceed.

ALTERNATIVES

Your Board could choose not to amend the contract with GGA, however, this is not recommended. GGA's work is critical in ensuring the County's interests are fully represented when it comes to evaluating socioeconomic impacts associated with renewable energy project proposals and federal land use decisions..

OTHER AGENCY INVOLVEMENT

US Fish and Wildlife Service, Inyo National Forest, LADWP and other agencies.

FINANCING

The additional $25,000 funds for this work comes from the Geothermal Royalties Trust.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: yes Date 2/20/2014
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved: yes Date 2/20/14
BUDGET OFFICER:	BUDGET AMENDMENTS (Must be reviewed and approved by the budget officer prior to submission to the board clerk.) Approved: ✓ Date 02-20-2014

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received) Date: 02-20-2014

AMENDMENT NUMBER 9 TO
AGREEMENT BETWEEN THE COUNTY OF INYO AND
Gruen Gruen + Associates
FOR THE PROVISION OF INDEPENDENT CONTRACTOR SERVICES

WHEREAS, the County of Inyo (hereinafter referred to as "County") and Gruen Gruen + Associates, of San Francisco, California (hereinafter referred to as "Contractor"), have entered into an Agreement for the Provision of Independent Contractor Services dated October 26, 2010, on County of Inyo Standard Contract No. 123, for the term from October 26, 2010 to June 30, 2014.

WHEREAS, County and Contractor do desire and consent to amend such Agreement as set forth below.

WHEREAS , such Agreement provides that it may be modified, amended, changed, added to, or subtracted from, by the mutual consent of the parties thereto, if such amendment or change is in written form, and executed with the same formalities as such Agreement, and attached to the original Agreement to maintain continuity.

County and Contractor hereby amend such Agreement as follows:

3. CONSIDERATION.

E. Limit upon amount payable under Agreement. The total sum of all payments made by the County to Contractor for services and work performed under this Agreement, including travel and per diem expenses, if any, shall not exceed Three hundred eighty five thousand dollars (hereinafter referred to as "contract limit"). County expressly reserves the right to deny any payment or reimbursement requested by Contractor for services of work performed, including travel or per diem, which is in excess of the contract limit.

The effective date of this Amendment to the Agreement is _____.

All the other terms and conditions of the Agreement are unchanged and remain the same.

AMENDMENT NUMBER 9 TO
AGREEMENT BETWEEN THE COUNTY OF INYO AND
Gruen Gruen + Associates
FOR THE PROVISION OF INDEPENDENT CONTRACTOR SERVICES

IN WITNESS THEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND SEALS THIS

____ DAY OF _____, _____.

COUNTY OF INYO

By: _____

Dated: _____

CONTRACTOR

By: _____
Signature

_____
Type or Print

Dated: _____

APPROVED AS TO FORM AND LEGALITY

_____
County Counsel

APPROVED AS TO ACCOUNTING FORM:

_____
County Auditor

APPROVED AS TO PERSONNEL REQUIREMENTS:

_____
Director of Personnel Services

APPROVED AS TO RISK ASSESSMENT:

_____
County Risk Manager

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
24

☐ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Kevin D. Carunchio, County Administrator

FOR THE BOARD MEETING OF February 25, 2014

SUBJECT: Continuation of declaration of local emergency

DEPARTMENTAL RECOMMENDATION: - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Death Valley Roadeater Emergency, that resulted in flooding in the eastern portion of Inyo County during the month of August 2012, per Resolution #2012-32.

SUMMARY DISCUSSION: - During your August 28, 2012 Board of Supervisors meeting your Board took action to declare a local emergency, which has been named The Death Valley Roadeater Emergency, which was a result of flooding in the southeastern portion of Inyo County during the month of August. Since the circumstances and conditions relating to this emergency persist, your Board directed that the continuation of the declaration be considered on a by-weekly basis. The recommendation is that the emergency be continued until the further evaluation of the damage is completed and staff makes the recommendation to end the emergency.

ALTERNATIVES: N/A

OTHER AGENCY INVOLVEMENT: N/ A

FINANCING: N/A

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: _____ Date_____
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)_____ Date:_____
(The Original plus 20 copies of this document are required)

For Clerk's Use Only:
AGENDA NUMBER

27

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

☐ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Kevin D. Carunchio, County Administrator

FOR THE BOARD MEETING OF February 25, 2014

SUBJECT: Continuation of declaration of local emergency

DEPARTMENTAL RECOMMENDATION: - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Gully Washer Emergency, that resulted in flooding in the central, south and southeastern portion of Inyo County during the month of July, 2013.

SUMMARY DISCUSSION: - During your August 6, 2013 Board of Supervisors meeting your Board took action to declare a local emergency, which has been named The Gully Washer Emergency, which was a result of flooding in the central, southern and southeastern portion of Inyo County during the month of July. Since the circumstances and conditions relating to this emergency persist, your Board directed that the continuation of the declaration be considered on a by-weekly basis. The recommendation is that the emergency be continued until the further evaluation of the damage is completed and staff makes the recommendation to end the emergency.

ALTERNATIVES: N/A

OTHER AGENCY INVOLVEMENT: N/ A

FINANCING: N/A

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: _____ Date_____
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (M*ust be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)_____ Date:_____
(The Original plus 20 copies of this document are required)

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
28

☐ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Kevin D. Carunchio, County Administrator

FOR THE BOARD MEETING OF February 25, 2014

SUBJECT: Continuation of declaration of local emergency

DEPARTMENTAL RECOMMENDATION: - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, The Canyon Crusher Emergency, that resulted in flooding in the portions of Inyo County during the month of August, 2013.

SUMMARY DISCUSSION: - During your September 17, 2013 Board of Supervisors meeting your Board took action to declare a local emergency, which has been named The Canyon Crusher Emergency, which was a result of flooding in the portions of Inyo County during the month of August. Since the circumstances and conditions relating to this emergency persist, your Board directed that the continuation of the declaration be considered on a by-weekly basis. The recommendation is that the emergency be continued until the further evaluation of the damage is completed and staff makes the recommendation to end the emergency.

ALTERNATIVES: N/A

OTHER AGENCY INVOLVEMENT: N/ A

FINANCING: N/A

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: _____ Date_____
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)_____ Date:_____
(The Original plus 20 copies of this document are required)

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
29

☐ Consent ☐ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Kevin D. Carunchio, County Administrator

FOR THE BOARD MEETING OF February 25, 2014

SUBJECT: Continuation of proclamation of local emergency

DEPARTMENTAL RECOMMENDATION: - Request Board discuss and consider staff's recommendation regarding continuation of the local emergency, known as the "Land of EVEN Less Water Emergency" that was proclaimed as a result of extreme drought conditions that exist in the County.

SUMMARY DISCUSSION: - During your January 28, 2014 Board of Supervisors meeting your Board took action to proclaim a local emergency, which has been named the Land of EVEN Less Water Emergency, that is a result of severe and extreme draught conditions that exist in the County. Since the circumstances and conditions relating to this emergency persist, your Board directed that the continuation of the resolution be considered on a by-weekly basis.

ALTERNATIVES: N/A

OTHER AGENCY INVOLVEMENT: N/ A

FINANCING: N/A

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)* Approved: _____ Date_____
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the board clerk.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.) Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)_____ Date:_____
(The Original plus 20 copies of this document are required)

AGENDA REQUEST FORM
BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
30

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing
☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: CLERK OF THE BOARD
By: Patricia Gunsolley, Assistant Clerk of the Board

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Approval of Minutes

DEPARTMENTAL RECOMMENDATION: - Request approval the minutes of the Board of Supervisors Meeting of A) February 4, 2014; B) February 11, 2014; and C) the Special Meeting of February 13, 2014.

SUMMARY DISCUSSION: - The Board is required to keep minutes of its proceedings. Once the Board has approved the minutes as requested, the minutes will be made available to the public via the County's web page at www.inyocounty.us.

ALTERNATIVES: - Staff awaits your Board's changes and/or corrections.

OTHER AGENCY INVOLVEMENT: - n/a

FINANCING: n/a

APPROVALS	
BUDGET OFFICER:	BUDGET AMENDMENTS *(Must be reviewed and approved by Budget Officer prior to being approved by others, as needed, and submission to the Assistant Clerk of the Board.)*
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the Assistant Clerk of the Board.)* Approved: _____ Date_____
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (*Must be reviewed and approved by the auditor-controller prior to submission to the Assistant Clerk of the Board.)* Approved:_____ Date_____
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS *(Must be reviewed and approved by the director of personnel services prior to submission to the Assistant Clerk of the Board.)* Approved:_____ Date_____

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)_____ Date:_____
(The Original plus 20 copies of this document are required)

AGENDA REQUEST FORM

BOARD OF SUPERVISORS
COUNTY OF INYO

For Clerk's Use Only:
AGENDA NUMBER
33

☐ Consent ☒ Departmental ☐ Correspondence Action ☐ Public Hearing

☐ Scheduled Time for ☐ Closed Session ☐ Informational

FROM: Inyo County Planning Department

FOR THE BOARD MEETING OF: February 25, 2014

SUBJECT: Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad

RECOMMENDATION: Review draft correspondence to the U.S. Fish and Wildlife Service regarding Draft Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians, and authorize the Chair to sign correspondence in regards thereto.

SUMMARY DISCUSSION: The U.S. Fish and Wildlife Service (USFWS) has issued notices indicating its intent to adopt regulations to list as endangered and designate critical habitat for the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad.[1] Critical habitat for these species is proposed in Inyo County and adjacent to the County along the crest of the Sierra Nevada. The Board has issued correspondence previously regarding the proposals, including comments addressing the proposed endangered species listing and critical habitat proposal, requests for public meetings and hearings, and an extension of the comment period.

On Friday, January 10th, 2014, the U.S. Fish and Wildlife Service released a draft economic analysis of the economic impacts of the proposed listing and critical habitat designation. Staff has drafted the attached correspondence for the Board's consideration to USFWS based on the information gathered over the last several months. The correspondence reiterates the County's position that the proposed listing and critical habitat designations are not based on the best available science, addresses concerns regarding the adequacy of the draft economic analysis, and requests the USFWS continue to refine the proposed listing and designation in collaboration with the County. Staff has prepared an independent economic analysis in collaboration with Gruen Gruen + Associates (Attachment A to the draft correspondence), which is referenced in the draft correspondence.

ALTERNATIVES: The Board could direct changes to the correspondence, or not submit correspondence.

OTHER AGENCY INVOLVEMENT: Department of Interior, USFWS; other agencies with jurisdiction (U.S. Forest Service, California Department of Fish and Wildlife, etc.); neighboring Counties.

FINANCING: General funds are utilized to monitor federal rule making. Resources for Gruen Gruen + Associates' work on the proposals is being provided through the geothermal royalties fund.

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[1] Refer to http://inyoplanning.org/projects/USFW_YellowLeggedFrog.htm for background information regarding the proposals and the County's previous correspondence.

APPROVALS	
COUNTY COUNSEL:	AGREEMENTS, CONTRACTS AND ORDINANCES AND CLOSED SESSION AND RELATED ITEMS *(Must be reviewed and approved by county counsel prior to submission to the board clerk.)*
AUDITOR/CONTROLLER:	ACCOUNTING/FINANCE AND RELATED ITEMS (M*ust be reviewed and approved by the auditor-controller prior to submission to the board clerk.)*
PERSONNEL DIRECTOR:	PERSONNEL AND RELATED ITEMS (Must be reviewed and approved by the director of personnel services prior to submission to the board clerk.)

DEPARTMENT HEAD SIGNATURE:
(Not to be signed until all approvals are received)

Date: 2-19-14

Attachments

1. Draft Correspondence to the U.S. Fish and Wildlife Service
2. Socio-Economic Impact on Inyo County of the Proposed Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, Mountain Yellow-Legged Frog and Yosemite Toad
3. Critique of "Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians" An August 27, 2013 draft prepared for U.S. Fish and Wildlife Service

February 25, 2014

Douglas Krofta
Branch of Listing, Endangered Species Program
U.S. Fish and Wildlife Service
U.S. Department of the Interior
4401 North Fairfax Drive
Arlington, CA 22203

Re: Proposed Listing and Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad

Dear Mr. Krofta,

On behalf of the Inyo County Board of Supervisors, I would to thank you for the opportunity to comment on the U.S. Fish and Wildlife Service's Draft Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians (USFWS) (DEA). As always, we are committed to working with our State and Federal partners to promote the health and conservation of all species within our region. However, despite reassurances provided by the USFWS, we remain deeply concerned about the impacts the proposed listing and critical habitat designation we have on our culture, economy, and way of life in Inyo County.

The Service has requested information be provided affecting the proposed listings and designations of critical habitat. The County reiterates its concerns stated in our previous correspondence to the agency dated June 4th, 2013, June 18th, 2013, July 15th, 2013, September 23rd, 2013 and November 12th, 2013, as well as the concerns voiced by our constituents at public meetings held September 23rd, 2013, January 8th, 2014 and January 30th, 2014. The County believes there is insufficient evidence to list the species as endangered, the proposed rule ignores the best available science provided by the California Department of Fish and Wildlife (CDFW) the threats to the species have been poorly or inaccurately characterized, and the proposal critical habitat area is overbroad and unwarranted. The County also believes the socioeconomic impacts to our communities of the critical habitat designation outweigh the benefits to species. This position is in agreement with comments provided to the USFWS by the California Department of Fish and Wildlife.

In addition the USFWS has asked for comments on the DEA regarding the economic impact of the critical habitat designation. It is the County's position that the DEA is inadequate and fails to evaluate economic impacts to small businesses, small organizations, and small government jurisdictions as required by the Final Rule. The DEA identifies the following activities as "threats" to the species that would be addressed by management actions: fish persistence and stocking, dams and water diversions, grazing, fuels reduction and timber harvest, and recreation. The County has repeatedly identified these activities as those which would have the greatest impact on our economy (specifically fish stocking, grazing, and recreation). The DEA provided no analysis of economic impacts to small business and governments that would result from management actions required to mitigate threats to the species.

The County requested to participate in the development of the draft economic study, but the USFWS did not respond to this request.

Basis of analysis – "Incremental Impacts"

The County understands that the economic analysis considers only those impacts that are incremental to the listing of the species as endangered. The analysis will not consider "baseline" impacts, i.e., impacts from the protections afforded the yellow-legged frog based on the listing of the species. The agency's explanation, restated below, is understood by the County and all comments by the County are directed specifically at those impacts resulting from the incremental impacts resulting from the critical habitat designation, the "with critical habitat" scenario described by the agency.

"The "without critical habitat" scenario represents the baseline for the analysis, considering protections otherwise afforded to the Sierra Nevada yellow-legged frog, the northern DPS of the mountain yellow-legged frog, and the Yosemite toad (e.g., under the Federal listing and other Federal, State, and local regulations)... The "with critical habitat" scenario describes the incremental impacts specifically due to designation of critical habitat for the species. In other words, these incremental conservation measures and associated economic impacts would not occur but for the designation of critical habitat."

The County also understands that the various management agencies, including the National Park Service (NPS), the U.S. Forest Service (USFS), and the CDFW all implement programs to protect the proposed species, and the listing (baseline) would not have changed their management practices. The comments here will focus on and address those changes that will be necessary for the various management agencies to implement the critical habitat designation.

Standard of Review

On August 23, 2013 the USFWS published in the Federal Register its final rule providing the agency and the public direction on the process that future critical habitat designations will follow regarding timing and implementation of economic impact analysis. Even though the USFWS is not required to follow the rule in the present critical habitat designation process, it is important to note that the agency, through the publication of the Final Rule codified the present policies of the agency regarding the responsibilities of the agency in reviewing the economic impacts of the critical habitat designation.

The Final Rule requires the agency to examine the reasonably foreseeable or probable projects that might be impacted by the proposed critical habitat designation. Once the foreseeable or probable projects that may be impacted by the critical habitat designation are identified, the agency must examine the potential economic impact the proposed critical habitat designation will have on public and private entities based on required changes to those projects. The Final Rule states that:

"The Secretary shall identify any significant activities that would either affect an area considered for designation as critical habitat or be likely to be affected by the designation, and shall, after proposing designation of such an area, consider the probable economic and other impacts of the designation upon proposed or ongoing activities" (Final Rule, 78 FR 53058-01).

Additionally, the Final Rule states; *"Each states that the rule will, to the maximum extent practicable, "include a brief description and evaluation of those activities (whether public or private) that . . . may adversely modify such habitat or [may] be affected by such designation"* (Final Rule, 78 FR 53058-01).

The above process was not followed in the current proposed critical habitat designation process. Instead the agency used a strict interpretation of the Regulatory Flexibility Act to circumvent the current policies and practices required by the Final Rule.

Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) requires Federal agencies must provide analysis on the impact of the rule on small businesses, small organizations, and small government jurisdictions. Regulatory flexibility analysis is not required if the head of an agency, or his designee, certifies that the rule will not have a significant economic impact on a substantial number of small entities (Endangered and Threatened Wildlife and Plants; Revisions to the Regulations for Impact Analyses of Critical Habitat, 78 FR 53058-01). The USFWS states their responsibility under the RFA then ignores the requirements of the Act in the agency's implementation and application of the RFA. As identified by the DEA, the proposed critical habitat designation would have management implications to fishing stocking, hydrological energy production (dams and diversions), timber, grazing, and recreation activities over nearly two million acres in 16 counties, yet the DEA states that no small businesses or governments would be impacted by the designation and provides no analysis on economic impacts to these actions.

As stated above, the head of the agency may certify that the rule will not have a significant economic impact on a substantial number of small entities, but this requirement cannot be circumvented by merely certifying that small business will not be affected. The agency cannot merely ignore the reality of probable impacts that will occur if the designation goes forward as proposed. The federal agency must provide a factual basis for that certification. Here, the factual basis for the certification is lacking. In fact, there is substantial information on the record documenting the probable impacts of the proposed designation on small businesses, small organizations, and small government jurisdictions. This information was ignored in order for the agency to make the requisite certification under the RFA.

The agency attempts to avoid recognizing the probable impacts of the critical habitat designation by applying a "strict interpretation" to the application of the RFA. The agency states *"Under a strict interpretation of the Regulatory Flexibility Act (RFA), only Federal agencies are directly regulated by the designation of critical habitat. Because Federal agencies are not small entities, under this interpretation, the Service may certify that the proposed critical habitat rule will not have a significant economic impact on a substantial number of small entities."* (Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians, ES-14, paragraph 29). The agency's strict interpretation approach may be convenient for the agency because it allows it to ignore actual impacts, but this strict interpretation does not meet the requirements of the law.

The logical outcome of this argument is to strip the substance and intent of the Regulatory Flexibility Act. The USFWS is ignoring the probable impacts of the designation by limiting their analysis only to other federal agencies, not to the actions those agencies authorize, fund, or carry out. If this reasoning were applied to all critical habitat designations, the USFWS could ignore the probable impacts to small businesses and entities in all critical habitat designations. In essence, the agency is arguing the Regulatory Flexibility Act does not apply to critical habitat designations, which is contrary to the law.

But the agency's strict interpretation goes further by only recognizing certain federal agencies and not all agencies impacted by the critical habitat designation. The USFWS states that *"The National Marine Fisheries Service and the Fish and Wildlife Service are the only entities that are directly regulated by this rule because we are the only entities that can designate critical habitat. No external entities, including*

any small businesses, small organizations, or small governments, will experience any economic impacts from this rule" (Endangered and Threatened Wildlife and Plants; Revisions to the Regulations for Impact Analyses of Critical Habitat, 78 FR 53058-01)

The USFWS ignores the impacts to the CDFW, USFS and NPS which it has already, in its economic analysis and through communications at public hearings, admitted are impacted by the critical habitat designation. The DEA states: *"Although CDFW's fish stocking activities are not normally federally-regulated or permitted, CDFW's fish stocking program may have a Federal nexus for section 7 consultation through federally-funded programs of the Sport Fish Restoration Act (SFRA) and/or through revision of CDFW's memorandum of understanding (MOU) with the USFS for fish stocking activities on National Forest lands."* (Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians, ES-16, paragraph 8). Though the DEA acknowledges the potential Federal nexus associated with CDFW's fish stocking activities, the DEA does not examine the potential economic impact the proposed critical habitat designation will have on public and private entities based on required changes to those activities.

Impacts of the Proposed Rule

The proposed rule for listing the Mountain Yellow Legged Frog (MYLF) states that the habitat must be free of fish and other introduced predators (Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad, 78 FR 24516-01). This "free of fish" requirement impacts the CDFW fish stocking program and High Mountain Lakes Project, the NPS Sequoia and Kings National Parks Restoration of Native Species in High Elevation Aquatic Ecosystems Plan, and ongoing Yosemite National Park programs to protect the MYLF. In addition, the critical habitat designation as written will change the way the various regulatory agencies manage recreational fishing in their separate jurisdictions.

CDFW is currently managing a fish stocking program on federally managed lands. This program provides substantial fishing opportunities to visitors to the National Forest and additional economic benefits to the local communities through which the visitors use as a base to visit the forest. This program is subject to section 7 consultation and, based on the proposed regulation as written, will not be allowed to continue. Fish stocking cannot be allowed in habitat that the agency states must "be free of fish and other introduced predators." The termination of fish stocking will have a substantial impact on visitor use days that will directly translate to reduction in visitor spending in local businesses and communities.

In addition, the Sequoia and Kings Canyon and Yosemite National Parks implement programs for protecting the yellow-legged frog while encouraging recreational fishing. The proposed regulations will also affect their approach to protecting the yellow-legged frog and will negatively impact recreational fishing in the National Parks, which are a tourist draw to Inyo County. The current program in the National Parks protects recreational fishing while also providing the yellow-legged frog with essential habitat. If NPS is required to implement the "free of fish" requirement in designated critical habitat in the Park, then they will be required to prioritize many of the excellent fishing lakes as priority lakes for yellow-legged frogs and remove the fish from those lakes. The DEA forecasts economic impacts associated consultation for future fish removal activities, but does not provide analysis of the cost to implement non-native fish removal.

The DEA indicates that the Proposed Rule would not trigger any state or local laws, and provides no analysis of economic impacts to state or local governments. This assertion is simply false, since Inyo County is already carrying the burden of increased administrative costs associated with additional environmental review and planning processes to accommodate potential critical habitat. Impacts to state and local governments should be considered and evaluated in the final economic analysis.

Concerns Regarding the Draft Economic Analysis

The DEA identifies the following economic activities as potential threats to the amphibians: fish persistence and stocking; dams and water diversions; grazing; fuels reduction and timber harvest; and recreation. As stated above, Inyo County's primary economic concerns include impacts to fishing stocking, grazing and recreation. Review of the best available science indicates threats included in the economic analysis have been overstated or incorrectly identified. First, there are several published reports which identify that there is no impact from grazing on the amphibians, and that there may in fact be a positive relationship between grazing and amphibian populations (Roche, LM, et al 2012. *Cattle grazing and conservation of a meadow-dependent amphibian species in the Sierra Nevada*). The Proposed Rule states that there are no direct effects of recreational activities on mountain yellow-legged frogs, and fails to present scientific evidence for any conclusion that recreation should be considered a threat to the Sierra Nevada yellow-legged frog. Finally, though there is a relationship between species decline and fish persistence, eradication of self-sustaining trout populations in highly connected watersheds are financially infeasible, if even possible.

Similar impacts were reviewed in an Economic Analysis of Critical Habitat Designation for the Mountain Yellow-Legged Frog in August 2006 (2006 Economic Analysis), for a proposed critical habitat covering 8,770 acres in Los Angeles, San Bernardino, and Riverside Counties. The analysis was completed by the same contractor that has completed the proposed economic analysis for this critical habitat designation (2013 Economic Analysis). The 2006 Economic Analysis found *"Total future impacts, including costs resulting from modification to fishing and other types of activity, range from $11.4 million to $12.9 million (undiscounted) over twenty years"* (2006 Analysis, ES-2) and that *"Recreational trout fishing comprised 57% of the impacts*(2006 Analysis, ES-5). The currently proposed critical habitat designation is over 200 times larger than that proposed in southern California, yet the 2013 Economic Analysis found only $17,500 in impacts over 17 years and 100% of that was attributed to consultation between the agencies (2013 Economic Analysis, ES-11).

In contrast, an economic impact analysis of the currently proposed critical habitat designation prepared for Inyo County found that restrictions placed on fishing stocking, recreation and grazing would have devastating consequences to Inyo County's fragile economy. The study indicated that if visitors chose to vacation elsewhere due to restrictions to fish stocking and other recreational activities, including hiking and backpacking, the economic impact to the Inyo County could be as high as $17 million annually. Between 25 and 40 percent of businesses that primarily cater to recreational activities within the critical habitat area could be detrimentally impacted by management actions intended to reduce threats to the species as identified in the proposed listing and designation. In addition, restrictions to grazing allotments could result in estimated losses of $6.9 million over 20 years. (See Attachment A: Socio-Economic Impact on Inyo County of the Proposed Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, Mountain Yellow-Legged Frog and Yosemite Toad, Gruen Gruen + Associates).

The DEA failed to provide any analysis of the direct economic impacts that would result from implementation of conservation efforts requested by USFWS to avoid potential adverse modification to critical habitat, including consideration of impacts to numerous federally permitted businesses that operate within the proposed critical habitat area, and direct economic losses associated with restricted access and recreational opportunities. The DEA indicates that direct economic impacts associated fish stocking and recreation would be limited to administrative costs; however, as a result of the 2006 critical habitat designation in Los Angeles, San Bernardino, and Riverside Counties, a U.S. District Court Judge ordered the ongoing closure of areas of the Angeles National Forest, including rerouting 4.5 miles of the Pacific Crest Trail. Similar closures or access restrictions in Inyo County would have devastating impacts to our regional economy. The DEA suggests that the local economy will be able to make long-term adjustments in response to regulatory changes and management actions. As described in the economic analysis prepared for Inyo County, impacts of this scale are difficult if not impossible to adjust to, particularly given Inyo County's unique economic constraints.

Based on the tremendous discrepancy between the findings of Inyo County's economic analysis and the USFWS economic analysis, as well as the large discrepancies between USFWS 2006 Economic Analysis and 2013 Economic Analysis, analyzing the same species, Inyo County requests the USFWS complete a new economic analysis on the proposed critical habitat designation. This new economic analysis should follow the letter and intent of the RFA and the Final Rule which would recognize all the probable economic impacts, public and private, to those affected by the designation.

Secretary's Discretion

Section 4(b)(2) of the Endangered Species Act provides the Secretary with the discretion to make revisions to the critical habitat designation based on "the best available scientific data after taking into consideration the economic impact, national security impact, and any other relevant impact of specifying any particular area as critical habitat" (Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, the Northern Distinct Population Segment of the Mountain Yellow-Legged Frog, and the Yosemite Toad, 78 FR 24516-01).

However, the problem with the current process is that the Secretary has not been provided with the best available scientific data. The best and most knowledgeable scientists from the agencies are not in agreement with the position the USFWS has taken on the need to designate critical habitat. The economic impact is a cursory document measuring evaluating and monetizing only the consultation cost of the designation and avoiding most of the probable economic impacts to local businesses and communities. Because the Secretary has not been provided the required information in order to make a reasoned decision, the Secretary is not able to effectively exercise that discretion with which the Secretary is empowered.

Conclusion

Inyo County is committed to working with its State and Federal partners to preserve and promote the recovery of these species, while protecting our cultural heritage, economy and connection to public lands. Inyo County requests the Secretary consider the following recommendations in preparing the

final species listing and critical habitat designation rule, which address our primary concerns with the proposed rule.

As stated above, the rule as it is currently written would not allow for CDFWs fish hatcheries programs to continue in the critical habitat area. Inyo County requests the rule eliminate language requiring that the proposed critical habitat area must be "free of fish and other introduced predators." The County also requests that recreation and gazing be removed as threats to the species from the Final Rule based on published scientific studies and USFWS own admission that they are not.

Inyo County requests USFWS revise the proposed rule to incorporate specific recommendations provided by the CDFW in their comments regarding Federal Register Vol.78 No.80, dated November 11, in which CDFW states *"The Department believes the information contained within the Proposed Rule, does not make a convincing argument that designating Critical Habitat would substantially benefit the species (i.e., the prudency determination is weakly supported). As a result, the Department recommends the Service not designate Critical Habitat for the mountain yellow-legged frog complex."*

Should USFWS decided to designate critical habitat for the YMLF and Yosemite Toad, Inyo County recommends the agency consider the following exclusions:

First, there is a substantial portion of the designation that should never been included in the original designation because it did not meet the criteria of "specific areas within the geographic area occupied by a species." Much of the area designated by the agency is not occupied by the species, has never been occupied by the species, and will not be occupied by the species in the future. This revision to the critical habitat designation would not be discretionary by the Secretary. It would be required because it did not meet the minimum criteria required by the Endangered Species Act. This position is also recommended by the CDFW, who made the following comments: *"The description of the currently proposed Critical Habitat units does not specifically exclude many habitats that are not necessary for the recovery of the species. For example, within the northern Sierra Nevada (Subunits 1A, 1B, 2A, 2B, 2C, 2F & 2G), the Service includes 26 front country reservoirs occupied by self-sustaining, non-native fishes and managed as hydroelectric projects. In the eastern Sierra Nevada, the Service includes steep, low elevation stream habitat, much of which is ephemeral. It is the Department's opinion that habitats, which are clearly not critical to mountain yellow-legged frog complex conservation, should be deliberately excluded from the delineation."*

If the agency does not revise its critical habitat area based on a review of our comments and concerns, then we request the Secretary consider excluding all areas outside wilderness boundaries. Most areas outside wilderness boundaries are easily accessed and heavily used by recreationalists. These areas are important for fishing, hiking, bouldering, and other recreational uses and are vital to the economies of the local communities. In a time when drought is impacting both summer and winter economic activities, it is essential that the USFWS does not close off additional economic activity, especially when it has not been identified as essential by the scientific experts that created the "best science" upon which the agency depends for its designation. The County of Inyo believes the benefits of excluding the areas outside wilderness boundaries outweigh the benefits of including the area as critical habitat.

If the USFWS determines not to exclude the areas outside designated wilderness from the critical habitat designation, then the County of Inyo requests the following lakes and basins be excluded from the designation based on their high use and importance to the economies of the local communities. These areas have been identified in consultation with the CDFW and reflect their recommendations based on the High Mountain Lakes Project. Additionally, Inyo County requests that USFWS adopt CDFW's evaluative process established by the High Mountain Lakes Project for determining lakes for rehabilitation of habitat as the foundation of their species recovery plan.

Inyo County Lakes and Basins Requested to be Excluded from Proposed Critical Habitat			
Location (and Subunit)	**Deficient Primary Constituent Elements**[1] Section 3(5)(A)(i)	**Exclusion Benefits**[2] Section 4(b)(2)	**Resulting in Extinction**[2] Section 4(b)(2)
1. South Lake (3E)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical • Easily accessed, heavily used fishery and recreation area • Existing Southern California Edison (SCE) power-generation dam limits habitat quality. Reservoir is frequently drained and is not suitable for habitat. • Would be contingent on removing fish from upstream watershed. • Not in Wilderness Boundary.	• Assurance of existing electrical generation capacity for the state from renewable resources • Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project as it does not meet selection criteria.
2. South fork of Bishop Creek beginning at and downstream from Bishop Lake (3E)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical and dispersal barriers are few • Easily accessed, heavily used fishery and recreation area.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.

[1] Analysis is consistent with individual management unit plans from CDFW Region 6's High Mountain Lakes Project.

3. Treasures Lakes 1 and 2, and downstream (3E)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical • Easily accessed, heavily used fishery and recreation area, including one of the only fisheries with Golden Trout.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is a low priority as a potential recovery site in CDFW's High Mountain Lakes Project.
4. Lamarck Creek, beginning at and including Upper and Lower Lamarck Lakes and Grass Lake (3E)	• Self-sustaining fish population • Easily accessed, heavily used fishery and recreation area. • Large, deep and well-connected: fish removal is impractical	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.
5. North Fork of Bishop Creek in the Paiute Pass drainage, beginning at and downstream from Paiute Pass (3E, 13)	• Self-sustaining fish population • Well-connected: fish removal is impractical and dispersal barriers are few • Easily accessed, heavily used fishery and recreation area • This area is a CDFW experimental fishery, developed in collaboration with local business and stakeholders.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.
6. Rock Creek Lake (3D)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical and dispersal barriers are few • Easily accessed, heavily used fishery and recreation area • *Bd* fungus positive: recolonization efforts by	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project as it does not meet selection criteria

	the CDFW have been unsuccessful • Would be contingent on removing fish from upstream watershed.		
7. Rock Creek downstream from Chickenfoot and Ruby Lakes (3D)	• Self-sustaining fish population • Well-connected: dispersal barriers are few • Easily accessed, heavily used fishery and recreation area • *Bd* fungus positive: recolonization efforts by the CDFW have been unsuccessful.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project as it does not meet selection criteria.
8. Pine Creek, beginning at and downstream of Golden Lake (13)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical • Easily accessed fishery and recreation area • Fish removal is not a threat to Yosemite Toad, so fish removal should not be considered a management strategy.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project as it does not meet selection criteria.
9. Robinson Lake (3F)	• Self-sustaining fish population • Isolated, poor habitat • Moderately-easy to access fishery and recreation area • Not in Wilderness Boundary.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.
10. The North Fork of Independence Creek, beginning at and downstream from Heart Lake (3F)	• Self-sustaining fish population • Large, deep and well-connected: fish removal is impractical • Easily accessed, heavily used fishery and recreation area.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.
11. The North Fork of Big Pine Creek,	• Self-sustaining fish population • Easily accessed,	• Site visits to this popular fishery support the estimated annual $17	No foreseeable justification: this location is not included

beginning at and downstream of Third Lake (3E)	heavily used fishery and recreation area • CDFW experimental fishery • *Bd* fungus positive: existing population has been recently infected and potentially extirpated.	million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	as a potential recovery site in CDFW's High Mountain Lakes Project.
12. Baker Creek beginning at and downstream from Thunder and Lightning Lake (3E)	• Self-sustaining fish population • Well-connected: fish removal is impractical and dispersal barriers are few • Easily accessed, heavily used fishery and recreation area • Bd fungus positive existing population has been recently infected and potentially extirpated.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy.	Not applicable: recolonization attempts have been unsuccessful, demonstrating this location is not available for the recovery of the species.
13. The Coyote Flats – the West Fork of Coyote Creek, downstream of Coyote Lake, Baker Creek (bD positive), and Cow Creek (bd positive) (3E)	• *Bd* fungus positive • Easily accessed OHV and recreation area • Grazing lease • Rocky Bottom Lake and Funnel Lake seasonal snowmelt lakes and therefore are unsuitable habitat for frogs • Not in Wilderness Boundary.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy. • Grazing leases in the Coyote Flats supports approximately 400 head of cattle, which represents an estimated $376,000 contribution the agriculture sector of the Inyo County economy.	Not applicable: recolonization attempts have been unsuccessful, demonstrating this location is not available for the recovery of the species.
14. Mulkey Meadows (5B)	• Grazing lease • Native populations of Golden Trout • bD fungus positive – though populations have subsisted.	• Site visits to this popular fishery support the estimated annual $17 million fishing, hiking, backpacking, and outdoor recreation sector of the Inyo County economy. • Grazing leases in Mulkey Meadows supports approximately 235 head	No foreseeable justification: this location is not included as a potential recovery site in CDFW's High Mountain Lakes Project.

		of cattle, which represents an estimated $221,000 contribution the agriculture sector of the Inyo County economy.	

We appreciate your consideration of our concerns and thank you for the opportunity to comment on the proposed listing, critical habitat designation and draft economic analysis. We hope that this information will assist USFWS in revising the proposed listing, critical habitat designation, and draft economic analysis to accurately identify appropriate habitat for recovery of the species, while minimizing the economic and social impacts to our businesses and communities.

To discuss further, please contact the County's Administrative Officer, Kevin Carunchio, at (760) 878-0292 or kcarunchio@inyocounty.us.

Sincerely,

Richard Pucci, Chairperson
Inyo County Board of Supervisors

Attachments:
Attachment A: *Socio-Economic Impact on Inyo County of the Proposed Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, Mountain Yellow-Legged Frog and Yosemite Toad*, Gruen Gruen + Associates
Attachment B: *Critique of "Economic Analysis of Critical Habitat Designation For Three Sierra Nevada California Amphibians" An August 27 ,2013 draft prepared for U.S. Fish and Wildlife Service*, Gruen Gruen + Associates

cc: Board of Supervisors
County Administrative Officer
County Counsel
Planning Director
Secretary Jewell, U.S. Department of Interior
Secretary Vilsack, USDA
Doug Wilson, Willdan
Regional Council of Rural Counties
California State Association of Counties
National Association of Counties
Fresno County
Tulare County
Mono County
Ren Lohoefener, U.S. Fish and Wildlife Service
Dan Ashe, U.S. Fish and Wildlife Service
Jan Knight, U.S. Fish and Wildlife Service

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Public Comments Processing, Attn.: FWS-R8-ES-2012-0100 and FWS-R8-ES-2012-0074

Socio-Economic Impact on Inyo County of the Proposed Designation of Critical Habitat for the Sierra Nevada Yellow-Legged Frog, Mountain Yellow-Legged Frog and Yosemite Toad

A Report to
The County of Inyo
Board of Supervisors

from

Gruen Gruen + Associates
In Association with
The Inyo County Planning Department

February 13, 2014

C1364

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SUMMARY OF CONCLUSIONS

The economic history of Inyo County and the public ownership and restricted use of 90 percent of its land make its economy and the welfare and sustainability of its current population of approximately 18,500 uniquely dependent upon the recreational activities that remain permitted within the Inyo National Forest. Management actions in response to the designation of the proposed critical habitat could restrict or further limit fish stocking, grazing, fuels reduction and recreation in the easily accessible portions of the Forest within Inyo County, with recreational opportunities not available elsewhere in the County. While not all of the socioeconomic losses to the economic health of the County and its citizens can be quantified, a summary of the potential losses discussed and estimated in this report are listed below.

1. Estimated annual loss in income from cattle production: $345,534.

2. Between 25 and 40 percent of businesses that primarily cater to recreational activities within the Forest could be detrimentally impacted by management actions intended to reduce threats to the species as identified in the proposed listing.

3. As shown in the following table, the loss of jobs, labor income and output in the County will depend on the severity of the management responses to the designation.

Estimate	Restrict all Opportunities	Restrict 50% of Opportunities
Loss of Jobs	113	56
Loss of Labor Income	$3,008,000	$1,504,270
Loss of Output	$8,652,000	$4,326,230

   As discussed in the text, we believe these estimates are conservative representations of a midpoint in the range of possible reduction in activities, and that they understate the loss of expenditures because of the mix of activities near the areas proposed for designation versus the opportunities that exist elsewhere in the Forest.

4. The loss to the citizens of Inyo County who enjoy the recreational opportunities currently offered in the Inyo National Forest, as well as those citizens who may not avail themselves of those opportunities but value the option of being able to do so is substantial. We have not been able to quantify the latter, but the former welfare loss is estimated to equal $63.32 per visit. That is, the local visitor can enjoy the recreational opportunities in the Forest for an average cost of $21.16 per visit, versus the cost of $84.48 per visit for non-residents of the County ($84.48 - $63.32 = $21.16). Given the total number of local visits (196,019) per year to the areas proposed for designation, the economic surplus or welfare loss to Inyo residents are estimated as:

   If all opportunities are restricted: $12,412,000
   If 50% of opportunities are restricted: $6,205,000

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5. The importance of the loss in the option residents have to enjoy the fishing and other recreation in the areas proposed for designation should not be minimized because we have not been able to estimate their dollar value. As we conclude in the report, the Forest, and particularly the areas the U.S. Fish & Wildlife Services wants to designate as critical for the Sierra Nevada Yellow-Legged Frog, is already a primary attraction that motivates people to live, remain and return to Inyo County. At some point, the sustainability of the County's population will indeed by threatened if the scale and diversity of the opportunities in that habitat for use by humans is reduced.

CHAPTER 1

THE THREAT TO INYO COUNTY'S FRAGILE SOCIOECONOMIC STRUCTURE

The County of Inyo is California's second largest county, with 10,135 square miles of area. But the small size of the county's population, 18,495 people in 2012, spread out over that area exposes Inyo to significant risks of further shrinkage in population.[1] This is particularly the case because of the uniquely high dependence of the County's private sector economy on a single sector -- recreational activities. This was not always the case. Mining started after the discovery of silver in 1850 by members of a party of travelers searching for water in Death Valley, where they found themselves after mistakenly taking what they thought was a short cut to Sacramento. Subsequently, other minerals, including lead, zinc, copper, and tungsten, were mined so that the recorded mineral production in the County totals more than $150,000,000. During the 1970's, 500 workers were employed in a tungsten mine that was on private property near Bishop, but the mine closed when Chinese production lowered the world price of that metal.

Historically, farming and cattle ranching, primarily around the Owens River, were an important source of income and wealth in the County, while the rich timber in the National Forest fostered lumber-related economic activity. But the oft told tale of how the City of Los Angeles acquired the Owens Valley and its water for an aqueduct that would bring the water to Los Angeles substantially diminished the farming and ranching activities that had been a mainstay of the County's economy. Lumber-related economic activity was constrained to the point of extinction by increasingly severe restrictions on access and resource use within the Inyo National Forest, as over 800,000 acres of the Inyo National Forest have been designated wilderness areas.

The economy of Inyo County is inherently tied to its unique geography. Inyo County is located on the eastern escarpment of the Sierra Nevada mountain range. Only two percent of property is privately held; the remainder is managed by the National Park Service (NPS), U.S. Forest Service (USFS), Bureau of Land Management (BLM) and the Los Angeles Department of Water and Power (LADWP). Due to the remoteness of the region, and the lack of private land, the economy and culture of the County is integrally tied to access and use of public lands. Inyo County exists in the rain shadow of the Sierra Nevada, and most precipitation in the area is captured in the mountains. Thus, many of the economic activities related to recreation in the Inyo National Forest occur in the Sierra Nevada because natural resources supporting these activities, such as lakes and streams, do not exist elsewhere in the County.

While recreation is still allowed in the wilderness areas, quotas limit the number of people allowed to enter the area, and permits are required for overnight trips. But the important contribution that fishing currently makes to recreation in the County would be further curtailed should the proposed listing

[1] See for example, "Are Small Communities at Risk of Population Loss?" by Chen, Etuk and Weber, *The Annals of Regional Science,* Vol. 51, No. 2, October 2013, pp 343-375, partially supported by the Economic Research Service of the United States Department of Agriculture.

and designation of Critical Habitat for the Nevada Yellow-Legged Frog and the Yosemite Toad lead to management changes that prohibit fish stocking at front-county lakes and access to nearby, highly valued prime recreational fishing lakes and streams. In addition, cattle ranching operations would also be detrimentally impacted if the proposed designations prohibit grazing use of Coyote Flats and Mulkey Meadows.

Below, we draw upon a description of Inyo County's current economy in order to approximate the effect that management changes responding to the aforementioned designations would have on the income, wealth, and lifestyle opportunities of Inyo County and its people. We will also use this opportunity to consider how positive management changes would enhance the County's fragile economy.

Inyo County Employment Makeup and Trends

In both the State of California and the United States, private sector employment makes up about 84 percent of total non-farm employment. As shown on Table 1 below, in 2012 Inyo County's private non-farm employment provided only 59 percent, or 4,220 jobs out of the total 7,430 nonfarm jobs. Furthermore, since 2006 the total number of private sector jobs have actually declined by about 9 percent, while government jobs have increased very slightly.

TABLE 1
Inyo County Industry Employment Trends[1]

	2006 #	2008 #	2010 #	2012 #	Change 06-12 #
Mining & Logging	20	20	50	50	30
Construction	290	230	160	140	(150)
Manufacturing	220	230	260	260	40
Wholesale Trade	80	90	120	120	40
Retail Trade	1,050	1,030	970	890	(160)
Transportation, Warehousing & Utilities	140	200	200	190	50
Information	190	120	80	60	(130)
FIRE (Finance, Insurance, Real Estate)	160	140	150	150	(10)
Professional & Business Services	480	370	270	270	(210)
Education & Healthcare	390	410	440	470	80
Leisure & Hospitality	1,420	1,450	1,470	1,430	10
Other Services	200	220	200	190	(10)
Private Nonfarm Employment	**4,650**	**4,490**	**4,370**	**4,220**	**(430)**
Government	3,210	3,180	3,190	3,220	10
Total Nonfarm Employment	**7,860**	**7,660**	**7,560**	**7,430**	**(430)**

[1] Figures rounded to nearest ten. Employment estimates exclude self-employed individuals, unpaid family workers, household domestic workers, & workers on strike.

Sources: California Employment Development Department, Labor Market Information Division; Gruen Gruen + Associates.

The break out of non-farm private jobs by sector shown in Table 1 also suggests the critical importance of the leisure and hospitality sector. Not only does that sector constitute the largest contributor to non-governmental employment at just less than 34 percent of all such employment, but along with mining and logging, manufacturing and some elements of transportation, warehousing and utilities it represents "basic" employment, which brings in dollars from outside the community so as to support much of the remaining, primarily "non-basic" economy.

As shown in Table 2, the composition of the private employment base has not changed or shifted considerably over the past several years. Together, leisure and hospitality and retail trade -- which is significantly enhanced because of the same recreational activities that support the leisure and hospitality sector -- make up 53 percent of all private sector jobs in the County. Table 2 displays the

share of private non-farm employment accounted for by the various sectors from 2006 through 2012, and the positive and negative changes in the role played by each of these sectors

TABLE 2
Share of Private Nonfarm Employment by Industry Sector

	2006 %	2008 %	2010 %	2012 %	Shift 06-12 %
Mining & Logging	0.4	0.4	1.1	1.2	0.8
Construction	6.3	5.1	3.7	3.3	(2.9)
Manufacturing	4.7	5.1	5.9	6.2	1.4
Wholesale Trade	1.7	2.0	2.7	2.8	1.1
Retail Trade	22.6	22.8	22.2	21.1	(1.5)
Transportation, Warehousing & Utilities	3.0	4.4	4.6	4.5	1.5
Information	4.1	2.7	1.8	1.4	(2.7)
FIRE (Finance, Insurance, Real Estate)	3.4	3.1	3.4	3.6	0.1
Professional & Business Services	10.3	8.2	6.2	6.4	(3.9)
Education & Healthcare	8.4	9.1	10.1	11.1	2.7
Leisure & Hospitality	30.6	32.2	33.6	33.9	3.3
Other Services	4.3	4.9	4.6	4.5	0.2
Private Nonfarm Employment	**100.0**	**100.0**	**100.0**	**100.0**	

Sources: California Employment Development Department, Labor Market Information Division; Gruen Gruen + Associates

Table 3 presents the dollars and share of the total compensation earned by job holders in the private sector of the Inyo County economy in 2006 and 2012. Even when the higher average wage sectors, such as education and healthcare, are considered, the importance of leisure and hospitality and retail trade continues to dominate the compensation statistics. Together, they account for 37 percent of all Inyo County private compensation earnings in 2012.

TABLE 3
Inyo County Private Sector Employee Compensation by Industry: 2006-2012[1]
(in thousands of dollars)

	2006		2012	
	$	%	$	%
Forestry, fishing, and related activities	203	0.1	287	0.2
Mining & Utilities	15,682	9.0	24,901	13.6
Construction	12,905	7.4	7,407	4.0
Manufacturing	8,350	4.8	13,756	7.5
Wholesale Trade	3,881	2.2	7,862	4.3
Retail Trade	31,970	18.4	29,646	16.2
Transportation & Warehousing	3,853	2.2	3,384	1.9
Information	8,689	5.0	2,764	1.5
FIRE (Finance, Insurance, Real Estate)	6,527	3.8	6,663	3.6
Professional & Business Services[2]	39,659	22.8	35,736	19.5
Education & Healthcare[2]				
Leisure & Hospitality	30,973	17.8	37,980	20.8
Other Services	10,951	6.3	12,516	6.8
Total Private Compensation / Earnings	**173,643**	**100.0**	**182,902**	**100.0**

[1]All dollar estimates are in nominal dollars (i.e. unadjusted for inflation). Compensation includes wages and salaries and benefits.
[2] Industry estimates are aggregated together due to disclosure requirements.

Sources: Bureau of Economic Analysis; Gruen Gruen + Associates.

In the next section of this report, we will estimate the direct and indirect effects of the recreational activities that take place within the portion of the Inyo National Forest that lies within the County's borders on the County's economy. We then look at these activities in terms of the expenditure dollars they support, and the benefits, or consumer surplus, that recreationalists from within and outside the County receive from the opportunities presented by the Forest, as well as the agricultural and resource-related businesses the Forest presently supports. Our analysis has attempted to separate those results geographically, in terms of those that take place outside the areas the U.S. Fish and Wildlife Service has proposed as "critical habitat" for the Yellow-Legged Frog and the Yosemite Toad and those in the remaining portions of the Forest within the County boundaries.

In subsequent chapters, we report on the type of management actions that seem likely to ameliorate restrictions on current activities and enhance opportunities for the beneficial exploitation of Inyo National Forest resources in a manner that does not threaten, and may enhance, both socioeconomic opportunities and the sustainability of the Forest's resources.

CHAPTER 2

IMPACT OF THE DESIGNATION OF CRITICAL HABITAT ON INYO COUNTY BUSINESSES

In the absence of the U.S. Fish and Wildlife Service (USFWS) providing a species recovery plan, it is necessary to assume the threats to the species as described by the USFWS are those that will be addressed by management actions as a result of the designation of critical habitat in order to estimate the socioeconomic impact to Inyo County. Threats related to management activities present in proposed critical habitat include:[2]

- Fish persistence and stocking
- Dams / Water Diversions
- Grazing
- Fuels Reduction / Timber Harvest
- Recreation

Because the U.S. Fish and Wildlife Service has not provided any indication of management actions that would address the above listed threats to the species, it is necessary to develop a high-end economic impact scenario and a low-end economic impact scenario that may result from the designation of critical habitat. As described in the previous chapter, the base economic contributors in Inyo County would be most impacted by actions addressing fish stocking, grazing and recreation. As such, this report focuses on the potential economic impacts to Inyo County associated with these activities. In a high-end impact scenario, fish stocking, grazing and recreation would be prohibited within the critical habitat area. In a low end scenario, only those activities which are on federally administered lands or are federally funded or permitted would be subject to restrictions associated with critical habitat.

As described in the previous chapter, the geography of Inyo County plays an integral role in the economy of the region. The primary destination for recreationalists in the Inyo National Forest is in or adjacent to the area being proposed for critical habitat because the natural features that draw visitors, such as lakes, are only found in those locations. Furthermore, areas proposed for critical habitat in Inyo County coincide with the only paved access routes into the Sierra Nevada (see Figure 2: Paved Access to the Inyo National Forest), thus restrictions to recreation could not be replaced with other easily accessible recreation destinations.

Because only certain areas of the Inyo National Forest are accessible and appropriate for recreation, naturally a large percentage of Inyo County's recreation-oriented businesses operate in or adjacent to the proposed critical habitat area. In a high-end economic impact scenario where the recovery plan prohibits fish-stocking and grazing, and limits recreational access, nearly all recreation-oriented

[2] *Economic Analysis of Critical Habitat Designation for Three Sierra Nevada California Amphibians*, Prepared for U.S. Fish and Wildlife Service by Industrial Economics, Inc., August 27, 2013

businesses catering to the Inyo National Forest would be impacted because similar recreational opportunities do not exist or cannot be easily accessed elsewhere in the County.

The relationship between recreation in the proposed critical habitat area and recreation-oriented businesses in Inyo County was documented in an August 2013 survey conducted by Gruen Gruen + Associates, in coordination with the Inyo County Planning Department. The survey results indicated that fishing is the primary activity of customers to businesses in areas adjacent to the proposed critical habitat (76% of the sample as a whole), and that over 90% of business is related to recreation in the Inyo National Forest. *(A full analysis of the survey is provided below.)* Businesses in areas adjacent to the proposed critical habitat area are small, low-revenue, seasonal businesses, that are oriented towards providing services to recreationalists in the Inyo National Forest, and primarily in proposed critical habitat area. The amenities that draw the customer base of these businesses could not be replaced if fish stocking were prohibited or recreational access limited.

IMPACTS TO AGRICULTURE IN THE PROPOSED CRITICAL HABITAT AREA

In addition the potential economic impacts associated with restrictions to recreational access, the designation of critical habitat would also cause detrimental impacts to Inyo County's agricultural economy. In order to maintain environmentally sustainable grazing operations, local ranches use a mix of private and public lands, on a seasonal basis, to provide forage for livestock. The goal of these agricultural producers is to ensure the long-term viability of forage, and thus livestock populations are limited to a number that can be sustained not only on private and LADWP leased lands, but also on summer range, which is typically public lands. Therefore, any reduction of grazing on public lands will equal a reduction of the total herd size for an affected producer.

The proposed critical habitat area encompasses two grazing leases held by Inyo County cattle ranchers: Coyote and Mulkey Meadows. According to estimates provided by the Inyo County Agricultural Commissioner, the proposed critical habitat area would impact 17.28% of the Coyote Flats grazing allotment and 39.48% of the Mulkey Meadows grazing allotment, resulting in a total potential loss of approximately $345,500 annually.[3]

In addition to direct economic losses associated with herd reduction, restrictions on grazing in the critical habitat area will result in indirect costs to public agencies by eliminating a cost-effective wildfire fuel reduction method. Not only do ranching operations pay to graze public lands, they also provide fuel load reduction that precludes or lower costs resulting from wildfire, which presents a less expensive option than prescribed burning.

Finally, additional indirect economic losses may be sustained in the tourist economy through further reductions to working landscapes in Inyo County, as the rural and agricultural nature of the region is one of the primary draws for visitors to the area.

[3] Economic Impacts to grazing leases provided by the Inyo County Agricultural Commissioner

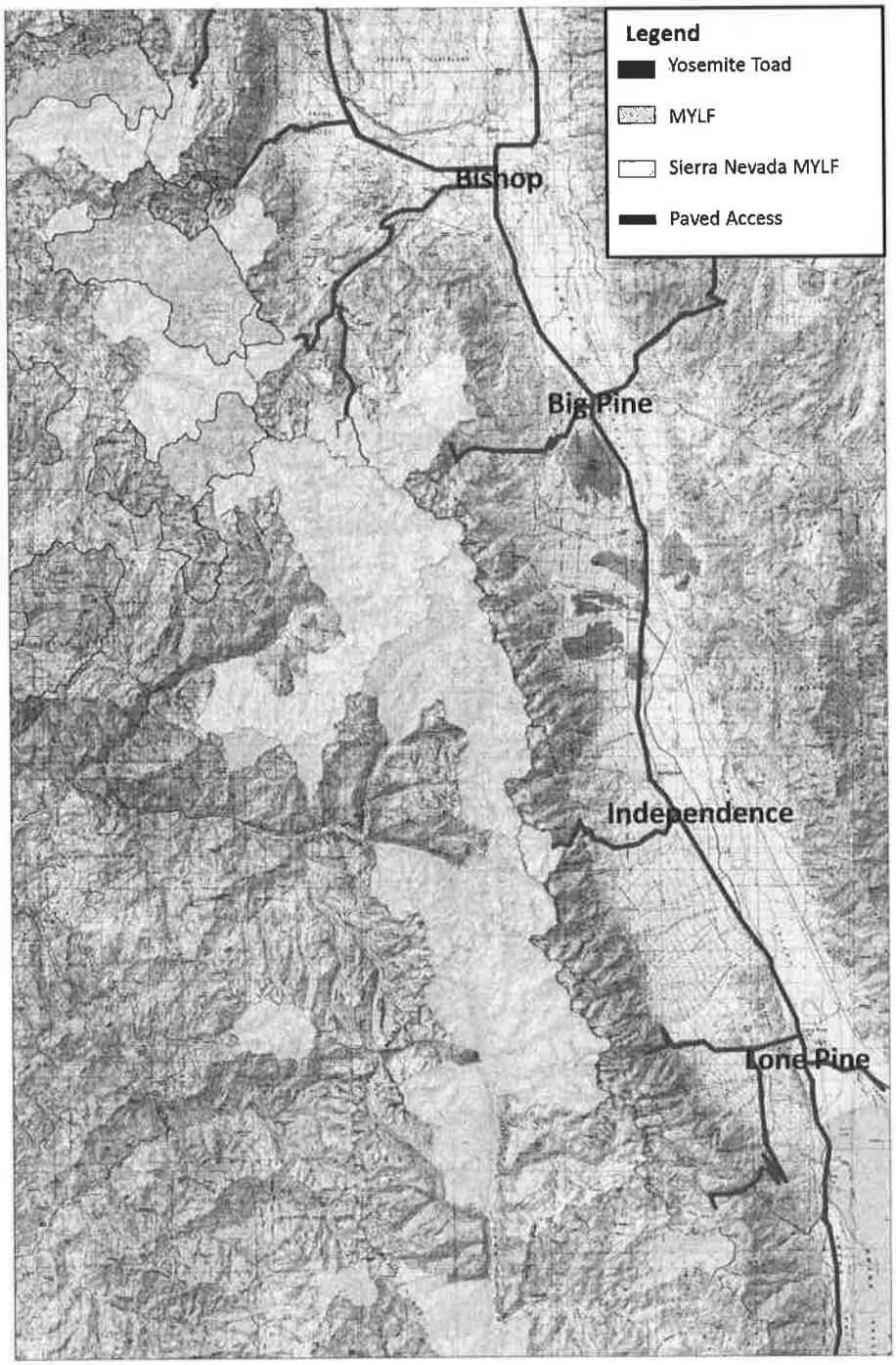
Figure 1

Economic Impacts to Grazing Leases

ALLOTMENT NAME	Potential Critical Habitat	Total	% Reduction	Current Maximum Population	% Reduction of Current Max. Population	
Coyote Flats	8,844	51,193	17.28%	400	69	*cow/calf*
Mulkey Meadows	7,546	19,112	39.48%	235	93	*cow/calf*

Total potential loss:	Head	Price per head	Total annual loss
Cow/Calf	162	940.13	$ 152,195.29
Dry grazing			$ 193,338.75
		Grand total	**$ 345,534.04**

Figure 2: Paved Access to the Inyo National Forest



RECREATIONAL BUSINESSES REQUIRING A FEDERAL PERMIT

In a low-end economic scenario, in which only businesses that are on federally administered lands are federally funded or require a federal permit to operate would be impacted by the designation of critical habitat, many of the recreation-oriented business in Inyo County would still be impacted by the designation. U.S Forest Service Special Use Authorizations are required for all commercial and many non-commercial activities in the Inyo National Forest, including resorts, outfitting and guide services, pack stations, recreational events, filming, and research. Inyo County businesses requiring a federal permit to operate in the proposed critical habitat area include, but are not limited to:

- Rock Creek Lake Resort
- Parcher's Resort Boat Launch
- Rock Creek Pack Station
- Rainbow Pack Outfitters
- Bishop Pack outfitters
- Sequoia Kings Pack Station
- Pine Creek Pack Station
- Glacier Pack Train
- Coon's Fishing Guide
- The Trout Scout
- Sierra Trout Magnet
- Sierra Bright Dot Guide Service
- Eastern Sierra Guide Service
- Brock's Guide Service
- Sierra Mountain Guides
- Sierra Mountaineering International

INYO COUNTY RECREATIONAL BUSINESS SURVEY

In August of 2013, Inyo County Planning staff and Gruen Gruen + Associates (GG+A) prepared, conducted and analyzed the results from a survey conducted by Inyo County Planning staff with local businesses that primarily cater to Inyo County recreationists and tourists. The purpose of this survey was to obtain insights as to how these businesses are likely to be affected should the U.S. Fish & Wildlife Service designate significant acreage in the East Sierras as critical habitat for the yellow-legged frog and Yosemite toad.

There were twenty-two surveys completed, either by phone and/or mail. Some of those businesses that did not respond to phone calls were induced to respond by a mailed request.

Nine of these completed questionnaires were with entities located in the canyon areas closest to the designated critical habitat area – namely Rock Creek, Pine Creek, the north and south forks of Bishop Creek, Big Pine Creek and Onion Valley. With the exception of two businesses (one located in Onion Valley and the other in Bishop Creek), all of the enterprises in these adjacent canyon areas responded to the survey. All of the canyon business locations are adjacent to the proposed critical habitat area. Four of the businesses interviewed are federally permitted enterprises. The bylaws of these enterprises

would make them subject to a host of conservation and regulatory protections if the yellow-legged frog and its habitat are designated as critical as proposed by the Fish & Wildlife Service.[4]

In addition to these nine businesses that would clearly be significantly and likely fatally impacted, an additional thirteen recreation-serving companies completed the survey. The latter were located in the City of Bishop, Big Pine, Independence and Lone Pine. Three of the thirteen are located in multiple Inyo County locations.

Most of those recreation-oriented businesses that are located closest to potentially designated critical habitat areas indicate that fishing is the primary activity that brings in their customer base (76% of the sample as a whole). Thus, as suggested above, it is highly likely that those enterprises located in the adjacent canyon areas will be out of business if the proposed critical habitat designation is adopted. Those enterprises located further away, i.e. Bishop, that cater to recreationists are also likely to be impacted. Their likelihood of surviving is dependent upon whether the volume of sales derived from recreation in other locations, such as Death Valley and Owens Valley, equals or exceeds their costs of doing business.

Responses to the sixteen questions are summarized below. A copy of the questionnaire can be found in Appendix A.

SURVEY RESULTS

Type of Business

Of the nine canyon enterprises, six (67%) are lodging facilities and three (33%) provide sports-related products. Of the thirteen businesses not located in the canyon areas, four (31%) provide lodging; six (46%) sports-related products, and three (23%) provide other products or services. These data are shown in Table 4.

[4] From the Federal Register Vol. 78 No 80: Areas that are important to the conservation of the species, both inside and outside the critical habitat designation, will continue to be subject to: (1) Conservation actions implemented under section 7(a)(1) of the Act, (2) regulatory protections afforded by the requirement in section 7(a)(2) of the Act for Federal agencies to ensure their actions are not likely to jeopardize the continued existence of any endangered or threatened species, and (3) the prohibitions of section 9 of the Act if actions occurring in these areas may affect the species. Federally funded or permitted projects affecting listed species outside their designated critical habitat areas may still result in jeopardy findings in some cases.

Table 4 Type of Business				
	Canyon Location		Non-Canyon Location	
	#	%	#	%
Lodging	6	67	4	31
Sports-related	3	33	6	46
All others	0	0	3	23
Total	9	100	13	100
Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates				

Year Business was Established

The canyon located businesses are far older than those located in Inyo County communities. Eight, or almost 90%, of the canyon enterprises were operating prior to 1951, while only 25% of those enterprises located in communities indicated they were in business prior to 1951. One of the canyon (11%) and three (25%) of the non-canyon businesses were operating from their present location between 1951 and 1990. None of the canyon businesses were established after 1990, but 50% of those businesses located in Inyo County communities were established after 1991.

Table 5 Year Enterprise was Established				
	Canyon Location		Non-Canyon Location	
	#	%	#	%
Before 1951	8	89	3	25
1951-1990	1	11	3	25
1990-onwards	0	0	6	50
Total	9	100	12*	100
*One respondent did not answer this question.				
Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates				

Number of Employees

It is interesting to note that those businesses that are located in a canyon area are not only older, but also tend to have a greater number of employees than do those located outside the canyon areas. All of the canyon enterprise have 5+ employees, while over half of those companies located in Inyo County communities have fewer than five employees. The largest business enterprise located in the City of Bishop has a total of 32 employees, including the owner. In Table 6, every two part-time workers are counted as one full-time employee.

Table 6 Number of Employees (Including Owner)				
	Canyon Location		Non-Canyon Location	
	#	%	#	%
1-4	0	0	7	54
5-10	6	75	4	31
11+	2	25	2	15
Total	8*	100	13	100
*One respondent did not answer this question.				
Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates				

2012 Annual Payroll

For the 2012 annual payroll estimates, only seven of the canyon respondents and ten of the non-canyon respondents provided an answer to this question. And out of the total of seventeen responses, only five indicated a total 2012 payroll of $100,000 or more, while eight indicated a total 2012 payroll of $50,000 or less. In Table 7, below, three of the seventeen – two located in the canyon and one located outside the canyon – specified an annual 2012 payroll of under $16,000. Seventy-one percent of the canyon and 60% of the non-canyon enterprises indicated an annual 2012 payroll of over $50,000.

Table 7 2012 Annual Payroll				
	Canyon Location		Non-Canyon Location	
	#	%	#	%
Under $16,000	2	29	1	10
$16,000 – 25,999	0	0	1	10
$26,000 – 49,999	0	0	2	20
$50,000 and above	5	71	6	60
Total*	7	100	10	100
*Five respondents did not provide an answer this question.				
Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates				

Percent of 2012 Goods and Services that Directly Relate to Availability of Recreational Activity on Public Lands

This is a key question on the survey of those businesses likely to be impacted by the removal of fishing and other recreational activities currently taking place in the canyon areas.

All nine of the canyon enterprises indicated 90%+ of the products and/or services they provide relate directly the recreational activity – currently occurring on public lands. Of the twelve non-canyon

businesses that responded to this question, six (50%) specified less than 90%, and six (50%) 90% or more. Only three of the 22 enterprises indicated an impact of 50% or less.

Busiest and Least Busy Months of the Year

There is very little difference between the responses of the canyon and non-canyon enterprises with respect to busiest and least busy months of the year. June is by far the busiest month; May, July and August are also indicated as among the busiest months of the year.

November through April are the least busy months. Eight of the nine canyon businesses are closed, though some closures differ by a month or two – i.e. some close for the entire November-April period, while some don't close until December or remain closed through May.

Average Annual Attendance

Nineteen of the twenty-two respondents provided an answer to this question. Three of the nineteen responding enterprises were lodging establishments. Their annual 2012 occupancy rates were 78%, 70% and 55%. The remaining sixteen businesses, eight canyon and eight non-canyon, provided the following annual attendance rates. Of the eight canyon businesses, three (37%) indicated less than 200, and five (63%) indicated more than 200 average daily attendance. The eight non-canyon businesses indicated the exact opposite daily attendance percentage: five (63%) less than 200, and three (37%) more than 200 daily visitors in 2012.

Number and Percent of Customers Originating from Inside or Outside Inyo County

Table 8 presents the data by number and percent of customers originating from Inyo County by canyon or non-canyon location. Seven (78%) of the canyon respondents and seven (64%) of non-canyon businesses reported that fewer than 15% of their customers originated from Inyo County. Only two of the canyon and four of the non-canyon enterprises indicated more than 16% of their customers originate from Inyo. It would be expected that non-canyon locations attract a higher percent of Inyo County residents than do those businesses located directly in recreational areas.

Table 8
Number and Percent of Customers Originating from Inside Inyo County by Canyon and Non-Canyon Location

	Canyon Location		Non-Canyon Location	
	#	%	#	%
Under 15%	7	78	7	64
16-25%	1	11	1	9
More than 25%	1	11	3	27
Total	9	100	11*	100

*Two non-Canyon respondents did not answer this question.

Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates

Primary Reason for Customer Base Purchasing Their Services

The respondents were asked the following question: "What is the primary reason your customers, both from inside and outside the County, come to the area to purchase your services? (Please list the top three activities in order of highest participation.)" Fishing dominated both the canyon and non-canyon business responses. Twenty of the twenty-two respondents provided answers to this question. Of these twenty, eight (90%) of the canyon and nine (82%) of the non-canyon businesses indicated fishing was the primary reason for their customers utilizing their goods and/or services. One (11%) of the canyon and two (18%) of the non-canyon businesses that provided a response to this question indicated other activities as their primary recreational activity. Hiking/backpacking was the second most frequently cited activity, with all nine of the canyon enterprises indicating this was the second most dominant reason for their customers utilizing their services. Hiking and backpacking also dominated the non-canyon located responses.

Other, less frequently cited motivating activities include rafting/kayaking and horseback riding, as well as driving through the area.

Businesses Indicating they Work with Other Local Businesses

Of the nineteen respondents who provided an answer to the question, "Do you work with other businesses/services in Inyo County?", 100% of the canyon respondents and 73% of the non-canyon enterprises indicated they did. Below, the primary types of affiliated businesses and services are listed:

- Contractors for repairs, building supplies, lumber yards and hardware stores
- Guides, bait and tackle shops, boat launchers
- Sporting goods and related products
- Professional services – accountants, insurance providers, medical and veterinary referrals
- Food and wine services, including restaurants and groceries
- Auto related – auto parts, repairs and gas stations

Businesses Opened Within the Last Two Years

The twenty-two respondents were asked whether they had knowledge of any new businesses that opened in their area that the County should be made aware of. Of the fifteen respondents who provided an answer to this question, two of the canyon and three of the non-canyon businesses provided a positive response. Of the above, only three indicated the nature of these businesses. Within the canyon areas, one of the two respondents indicated a restaurant, while the other identified three new potential businesses: a fishing guide store, a sporting goods establishment, and a bar. Of the two non-canyon enterprises, both indicated the addition of restaurants.

Change in the Number of Private Businesses Over the Last Five-Year Period

None of the nine canyon respondents indicated an increase in businesses over the last five years, and only two indicated a decrease. The majority (7) saw no change. Given that we were in a deep recession for at least three of these years, we view this as a positive situation for the canyon enterprises, since recreational activities are discretionary.

With respect to those respondents located in non-canyon areas. The same number (5) reported increases and reported unchanged. Only two indicated a decrease. Once again, given the economy, these are very positive responses.

Table 9
Change in Number of Businesses Within the Last Five Years

	Canyon Location		Non-Canyon Location	
	#	%	#	%
Increase	0	0	5	42
Decrease	2	22	2	17
Unchanged	7	78	5	42
Total	9	100	12*	101

*One of the non-Canyon respondents did not answer this question.

Source: Survey conducted by Inyo County Planning; Gruen Gruen + Associates

The Market for Other Types of Businesses

When asked, "Do you see a market for other types of businesses in this general location? If so, which ones?" one canyon respondent said the availability of land was so restrictive, no additional businesses would be permitted to move into the area.

Businesses located in the canyons are surrounded by and often located within Forest Service land. A primary reason that canyon enterprises are far older, on average, than those recreational tourist-oriented businesses located in Inyo County communities, is because almost all were established in the

early 20th century and grandfathered. While there is only approximately 2% of County land in private hands, there is little to no land available for additional private enterprises in the canyon locations.

Canyon respondents most frequently identified outdoor services such as guides catering to specific users, such as hiking, cyclists, running, photography, etc. One of the canyon respondents recommended a trailhead shuttle, and several indicated additional restaurants would be desirable. Non-canyon respondents also specified restaurants, as well as additional lodging and tourist facilities.

The Potential Impact of Restricted Access

The final question asked, "If recreational access was restricted in the Eastern Sierra, how do you think it would impact your business?" All twenty-two respondents provided an answer to this question. All nine of the canyon respondents indicated it would have a significant impact. Some of their specific responses are shown below:

- "It would ruin us. We would have to completely shift gears."
- "It would shut my business down. If the number of people allowed in were limited, it would destroy all the businesses up here."
- "Ninety-five percent of customers come to fish. If the number of people allowed in were limited, it would destroy all businesses up here."
- "Drastically. Would potentially put us out of business."
- "We would shut down our family business."

With respect to the non-canyon enterprises, ten (77%) indicated it would have a significant impact, while three (33%) indicated there would be no significant impact. Some of the comments of those non-canyon enterprises who responded that the restrictions would have a significant impact are shown below:

- "Would directly be a negative impact. Would be a domino effect, would affect one and then another and another, because the economy is interrelated."
- "It's hard enough without more restrictions. It would kill my business. It's a big impact. Everything here supports tourism."
- "I would retire."

CONCLUSION

The 16-question survey with nine canyon and thirteen non-canyon businesses confirms our primary hypothesis – that is, one hundred percent of those tourist-oriented businesses located in the canyon areas are likely to be severely impacted should fishing and backpacking activities be curtailed in the East Sierra. It is highly likely that most, if not all, will be put out of business over time.

The severity of the impact on those enterprises located in non-canyon locations is dependent upon the proportion of their business or service relating to activities in the East Sierra, particularly fishing.

Three-quarters of these enterprises are likely to be impacted economically, and we estimate between 25% and 40% of these enterprises are likely to be put out of business, should significant acreage in the Eastern Sierra be designated as critical habitat for the yellow-legged frog and Yosemite toad.

CHAPTER 3

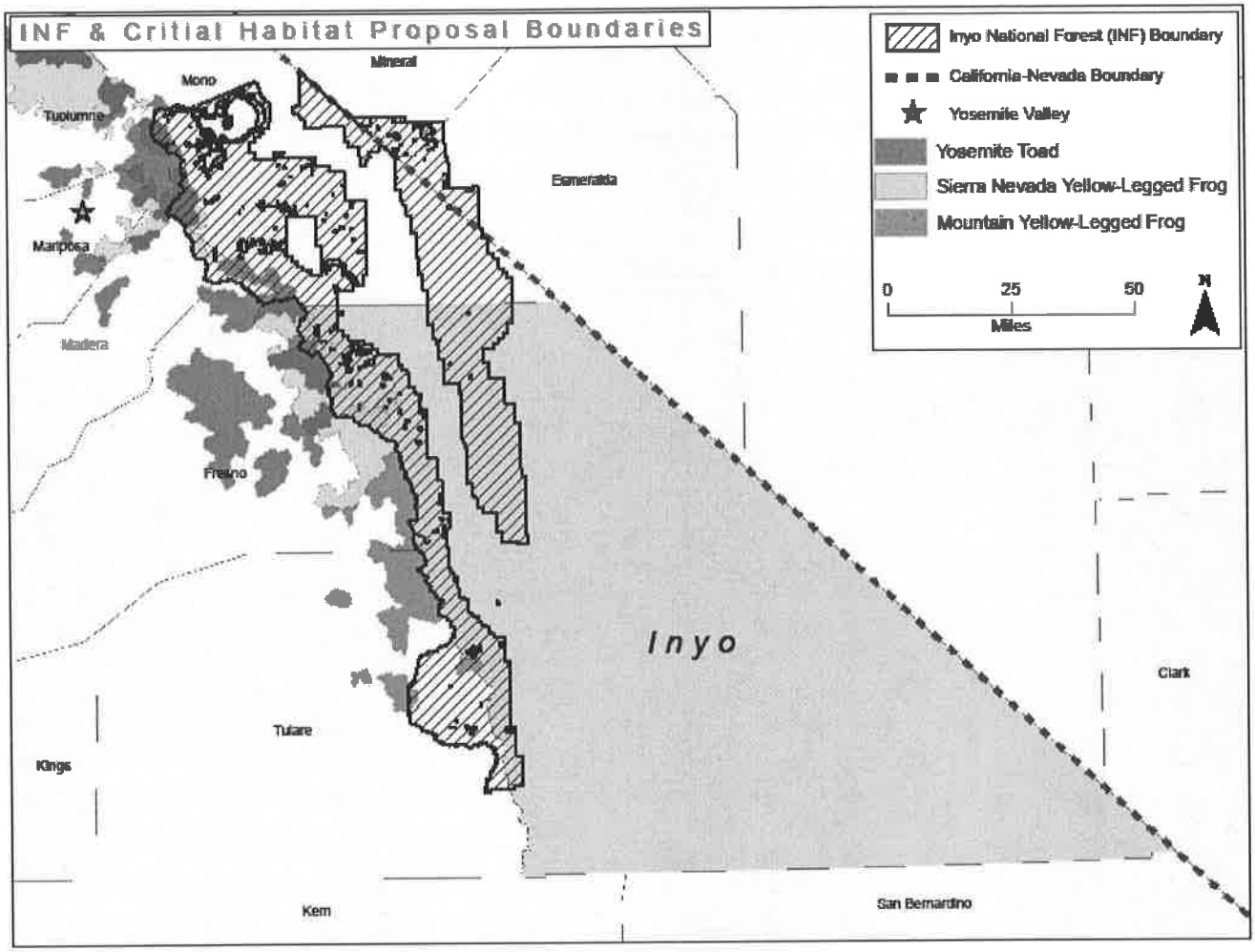
THE EFFECT OF THE PROPOSED DESIGNATION OF CRITICAL HABITATS ON THE ECONOMY OF INYO COUNTY

Income and Job Effect of Recreational Activity within the Inyo County Portion of the Inyo National Forest

In order to provide an overview of the total current effect of recreational activities on incomes and jobs within Inyo County, and therefore provide insight into the relative importance of recreation within the areas proposed for habitat designation, we begin, below, estimating the economic impact of Inyo National Forest recreation within the boundaries of the County. The estimates of the amount of recreational activities within the Forest, expressed in terms of the number of visitor days, were based on data from the National Visitor Use Monitoring (NVUM) 2010 survey. However, since only 20% of the surveys conducted within the Forest were within Inyo County, statistical experts from the United States Forest Service familiar with the survey recommended that we recognize that in order to presume a 90% confidence interval, we utilize the midpoint of a fairly wide range of the NVUM data to estimate visitor days of activity within the Inyo County portion of the Forest. The midpoint of the NVUM data indicates 437,000 visits (plus or minus 31%).

Don English, the Program Manager of Visitor Use Monitoring for the U.S Forest Service in their Washington D.C office, accessed the database of the NVUM study in order to provide the Inyo County Planning Department with a list of all the locations where NVUM surveys were conducted. Inyo County Planning staff reviewed all the sites in order to identify those adjacent to trailheads, parking lots and other sites utilized by visitors going into the areas the U.S Fish and Wildlife Service recently proposed be designated as critical habitat for the Sierra Nevada Yellow-Legged Frog. Those sites that granted access to the portions of the Forest proposed as critical habitat from all survey sites within the boundaries of both the Forest and Inyo County were broken out as a method for dividing the NVUM survey's data between those who visited the areas proposed as critical habitat and those who visited portions of the Forest within Inyo County but not within one of the areas proposed for critical habitat. Figure 3 is a map showing the boundaries of the Forest within Inyo County and the area within those boundaries that are proposed as critical habitat.

Figure 3


INF & Critial Habitat Proposal Boundaries
Inyo National Forest (INF) Boundary
California-Nevada Boundary
Yosemite Valley
Yosemite Toad
Sierra Nevada Yellow-Legged Frog
Mountain Yellow-Legged Frog
0
25
50
Miles
N
Mono
Mineral
Tuolumne
Esmeralda
Mariposa
Madera
Fresno
Inyo
Clark
Tulare
Kings
Kern
San Bernardino

The NVUM survey provided a count of the number of visitors at each survey site and used that information to estimate the total number of visitors. Applying this procedure to the 437,000 midpoint estimate of visitors to the Inyo County portion of the Forest results in the estimate of 304,000 visitors per year to the proposed critical habitat area, or slightly over 69 percent of all activity within the area proposed for designation of critical habitat, while the remainder the Forest in the County received 133,000 visitors in 2010, the year that the NVUM survey was conducted.

Expenditures of Locals and Visitors from Outside of the County Participating In Recreational Activities Within The Inyo County Portion of The Inyo National Forest

The 2009 Inyo National Forest Travel Management Plan Environmental Impact Report (EIS) contained data on the number of visitors to the Forest who live within the County (local) and outside the County (non-local) for both day and overnight visitors to the Forest. Table 10 presents data for each of the activities participated in by the visitors to Inyo National Forest in 2009. The reader will note we have included in Table 10 a calculation showing the percentage of the total number of participating in each activity.

Table 10
Number of Visits by Activity (From the Inyo National Forest Travel Management Plan EIS, 2009)

	Use (Party-Trips)											
	Non-local Day Use	Percent of Total	Non-Local Overnight	Percent of Total	Local Day use	Percent of Total	Local Overnight	Percent of Total	Non-Primary	Percent of Total	Total	Percent of Total
Non-motorized												
Hiking/Walking	15,666	1.40%	30,395	2.72%	143,929	12.87%	11,215	1.00%	9,138	0.82%	210,343	18.81%
Bicycling	4,203	0.38%	8,155	0.73%	38,615	3.45%	3,009	0.27%	2,452	0.22%	56,434	5.05%
Other Non-motorized	1,146	0.10%	2,224	0.20%	10,531	0.94%	821	0.07%	669	0.06%	15,391	1.38%
Cross Country-skiing	5,373	0.48%	16,657	1.49%	35,323	3.16%	2,617	0.23%	602	0.05%	60,572	5.42%
Backpacking	-	0.00%	12,087	1.08%	-	0.00%	13,116	1.17%	581	0.05%	25,784	2.31%
Horseback Riding	382	0.03%	741	0.07%	3,510	0.31%	274	0.02%	223	0.02%	5,130	0.46%
Motorized												
Snowmobiling	1,170	0.10%	1,912	0.17%	9,114	0.81%	1,707	0.15%	1,532	0.14%	15,435	1.38%
Driving for Pleasure	860	0.08%	1,042	0.09%	11,869	1.06%	410	0.04%	1,379	0.12%	15,560	1.39%
OHV Use	525	0.05%	923	0.08%	2,407	0.22%	702	0.06%	154	0.01%	4,711	0.42%
Other Motorized Activity	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Other												
Fishing	14,894	1.33%	28,258	2.53%	64,478	5.76%	11,916	1.07%	5,158	0.46%	124,704	11.15%
Hunting	478	0.04%	2,112	0.19%	5,900	0.53%	2,323	0.21%	301	0.03%	11,114	0.99%
Viewing Wildlife	1,337	0.12%	3,096	0.28%	5,617	0.50%	975	0.09%	1,981	0.18%	13,006	1.16%
Motorized Water Activities	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Non-motorized Water	764	0.07%	1,483	0.13%	7,021	0.63%	547	0.05%	446	0.04%	10,261	0.92%
Developed Camping	2,898	0.26%	6,830	0.61%	17,385	1.55%	5,563	0.50%	1,499	0.13%	34,175	3.06%
Primitive Camping	-	0.00%	604	0.05%	-	0.00%	656	0.06%	29	0.00%	1,289	0.12%
Resort Use	111	0.01%	263	0.02%	669	0.06%	214	0.02%	58	0.01%	1,315	0.12%
Picnicking	780	0.07%	1,839	0.16%	4,681	0.42%	1,498	0.13%	404	0.04%	9,202	0.82%
Viewing Natural Features	18,188	1.63%	42,101	3.76%	76,388	6.83%	13,262	1.19%	26,945	2.41%	176,884	15.81%
Visiting Historic Sites	223	0.02%	525	0.05%	1,337	0.12%	428	0.04%	115	0.01%	2,628	0.23%
Nature Center Activities	535	0.05%	1,238	0.11%	2,247	0.20%	390	0.03%	792	0.07%	5,202	0.47%
Nature Study	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Relaxing	7,132	0.64%	16,812	1.50%	42,794	3.83%	13,694	1.22%	3,689	0.33%	84,121	7.52%
Gathering Forest Products	111	0.01%	263	0.02%	669	0.06%	214	0.02%	58	0.01%	1,315	0.12%
Sightseeing	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
No Activity Reported	19,837	1.77%	46,759	4.18%	119,022	10.64%	38,087	3.41%	10,260	0.92%	233,965	20.92%
Subtotal	96,613		226,319		603,506		123,638		68,465		1,118,541	100%

Fortunately for the purposes of this report, the 2009 Inyo National Forest Travel Management Plan EIS also provided information on the daily expenditures per visitor participating in each of the activities. This data, is shown in Table 11, presents the per visit expenditures for local and non-local participants in the various recreational opportunities offered currently in the Inyo National Forest within Inyo County. Multiplying the number of visits provided by the NVUM study for the Forest within Inyo County by the percentage of activity participation in Table 10 provided the number of visitors to Inyo County participating in each activity. Multiplying by the participants in the same type of activity in Table 11 provides estimates of expenditures for each type of visitor (local and non-local) for each type of activity. These detailed estimates are shown in Table 12. The total estimate of expenditures for both local and non-local visitors and all activities is $16,990,000 (plus or minus 31%) from 437,000 visitors; local visits of 284,086 account for $6,010,000 (plus or minus 31%) of these expenditures or 35 percent of the expenditures and 65 percent of the visits. It is not surprising that local residents taking advantage of the recreational activities available and currently allowed in the Forest make up a larger percentage of the visits, but because it cost them less in travel costs accounts for a smaller portion of the total expenditures.

Table 11

Expenditures per Visit by Activity

(From the Inyo National Forest Travel Management Plan Final EIS, 2009)

	Expenditures (per visit)				
	Non-local Day Use	Non-Local Overnight	Local Day use	Local Overnight	Non-Primary
Non-motorized					
Hiking/Walking	$ 21.90	$ 137.39	$ 10.00	$ 47.73	$ 6.67
Bicycling	$ 21.90	$ 137.39	$ 10.00	$ 47.73	$ 6.67
Other Non-motorized	$ 21.90	$ 137.39	$ 10.00	$ 47.73	$ 6.67
Cross Country-skiing	$ 24.29	$ 155.71	$ 16.52	$ 113.48	$ 15.20
Backpacking	$ -	$ 49.62	$ -	$ 43.85	$ 0.00
Horseback Riding	$ 21.90	$ 137.39	$ 10.00	$ 47.73	$ 6.67
Motorized					
Snowmobiling	$ 62.27	$ 167.60	$ 33.48	$ 89.64	$ 32.08
Driving for Pleasure	$ 22.38	$ 86.54	$ 15.00	$ 51.82	$ 11.25
OHV Use	$ 36.19	$ 84.00	$ 21.50	$ 63.00	$ 16.54
Other Motorized Activity	$ 36.19	$ 84.00	$ 21.50	$ 63.00	$ 16.54
Other					
Fishing	$ 26.50	$ 119.57	$ 22.86	$ 58.00	$ 22.86
Hunting	$ 48.10	$ 151.05	$ 33.52	$ 96.32	$ 28.50
Viewing Wildlife	$ 26.40	$ 99.26	$ 12.00	$ 65.00	$ 11.11
Motorized Water Activities	$ 36.19	$ 84.00	$ 21.50	$ 63.00	$ 16.54
Non-motorized Water	$ 21.90	$ 137.39	$ 10.00	$ 47.73	$ 6.67
Developed Camping	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41
Primitive Camping	$ -	$ 49.62	$ -	$ 43.85	$ 0.00
Resort Use	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41
Picnicking	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41
Viewing Natural Features	$ 26.40	$ 99.26	$ 12.00	$ 65.00	$ 11.11
Visiting Historic Sites	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41
Nature Center Activities	$ 26.40	$ 99.26	$ 12.00	$ 65.00	$ 11.11
Nature Study	$ 26.40	$ 99.26	$ 12.00	$ 65.00	$ 11.11
Relaxing	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41
Gathering Forest Products	$ 24.81	$ 94.29	$ 15.00	$ 50.00	$ 12.41
Sightseeing	$ -	$ -	$ -	$ -	$ -
No Activity Reported	$ 24.81	$ 94.29	$ 15.00	$ 50.40	$ 12.41

Table 12

Expenditures ($ per Visit) by Activity for the Inyo National Forest in Inyo County

	Expenditures By Activity											
	Non-local Day Use	Expenditures[1]	Non-Local Overnight	Expenditures	Local Day use	Expenditures	Local Overnight	Expenditures	Non-Primary	Expenditures	Total Visitors	Total Expenditures
Non-motorized												
Hiking/Walking	6,121	$ 134,039.18	11,875	$ 1,631,498.96	56,231	$ 562,312.63	4,382	$ 209,131.88	3,570	$ 23,812.58	82,178	$ 2,560,795.23
Bicycling	1,642	$ 35,961.11	3,186	$ 437,732.32	15,086	$ 150,863.98	1,176	$ 56,110.37	958	$ 6,389.63	22,048	$ 687,057.42
Other Non-motorized	448	$ 9,805.24	869	$ 119,376.66	4,114	$ 41,143.30	321	$ 15,309.61	261	$ 1,743.34	6,013	$ 187,378.15
Cross Country-skiing	2,099	$ 50,988.69	6,508	$ 1,013,311.15	13,800	$ 227,980.21	1,022	$ 116,025.27	235	$ 3,574.95	23,665	$ 1,411,880.27
Backpacking	-	$ -	4,722	$ 234,317.55	-	$ -	5,124	$ 224,698.69	227	$ 0.12	10,073	$ 459,016.35
Horseback Riding	149	$ 3,268.41	289	$ 39,774.33	1,371	$ 13,713.13	107	$ 5,109.42	87	$ 581.11	2,004	$ 62,446.41
Motorized												
Snowmobiling	457	$ 28,463.89	747	$ 125,196.28	3,561	$ 119,213.11	667	$ 59,781.24	599	$ 19,200.95	6,030	$ 351,855.46
Driving for Pleasure	336	$ 7,519.48	407	$ 35,230.12	4,637	$ 69,556.05	160	$ 8,300.63	539	$ 6,061.03	6,079	$ 126,667.31
OHV Use	205	$ 7,422.97	361	$ 30,290.78	940	$ 20,218.27	274	$ 17,278.55	60	$ 995.14	1,841	$ 76,205.71
Other Motorized Activity	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -
Other												
Fishing	5,819	$ 154,200.84	11,040	$ 1,320,058.50	25,191	$ 575,860.53	4,655	$ 270,015.08	2,015	$ 46,066.70	48,720	$ 2,366,201.66
Hunting	187	$ 8,982.61	825	$ 124,636.19	2,305	$ 77,265.49	908	$ 87,416.86	118	$ 3,351.51	4,342	$ 301,652.66
Viewing Wildlife	522	$ 13,790.02	1,210	$ 120,061.77	2,194	$ 26,333.90	381	$ 24,759.82	774	$ 8,598.61	5,081	$ 193,544.12
Motorized Water Activities	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -
Non-motorized Water	298	$ 6,536.83	579	$ 79,602.33	2,743	$ 27,430.17	214	$ 10,200.19	174	$ 1,162.23	4,009	$ 124,931.75
Developed Camping	1,132	$ 28,090.19	2,668	$ 251,603.03	6,792	$ 101,881.54	2,173	$ 109,539.09	586	$ 7,267.80	13,352	$ 498,381.65
Primitive Camping	-	$ -	236	$ 11,709.09	-	$ -	256	$ 11,238.36	11	$ 0.02	504	$ 22,947.47
Resort Use	43	$ 1,075.92	103	$ 9,688.37	261	$ 3,920.55	84	$ 4,213.80	23	$ 281.21	514	$ 19,179.85
Picnicking	305	$ 7,560.51	718	$ 67,744.94	1,829	$ 27,432.12	585	$ 29,496.59	158	$ 1,958.77	3,595	$ 134,192.94
Viewing Natural Features	7,106	$ 187,593.77	16,448	$ 1,632,661.73	29,844	$ 358,126.05	5,181	$ 336,784.36	10,527	$ 116,955.80	69,106	$ 2,632,121.70
Visiting Historic Sites	87	$ 2,161.53	205	$ 19,339.91	522	$ 7,835.24	167	$ 8,427.60	45	$ 557.57	1,027	$ 38,321.85
Nature Center Activities	209	$ 5,518.07	484	$ 48,009.20	878	$ 10,534.50	152	$ 9,903.93	309	$ 3,437.71	2,032	$ 77,403.40
Nature Study	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -
Relaxing	2,786	$ 69,130.17	6,568	$ 619,319.20	16,719	$ 250,786.22	5,350	$ 269,643.77	1,441	$ 17,885.87	32,865	$ 1,226,765.23
Gathering Forest Products	43	$ 1,075.92	103	$ 9,688.37	261	$ 3,920.55	84	$ 4,180.36	23	$ 281.21	514	$ 19,146.41
Sightseeing	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -
No Activity Reported	7,750	$ 192,279.19	18,268	$ 1,722,504.56	46,500	$ 697,506.14	14,880	$ 749,957.81	4,008	$ 49,744.91	91,407	$ 3,411,992.61
Subtotal	37,745	$ 955,465	88,420	$ 9,703,355	235,782	$ 3,373,834	48,304	$ 2,637,523	26,748	$ 319,909	437,000	$ 16,990,086

Under-Estimates of the Expenditures Induced by Visits to the Areas the U.S. Forest Service Proposes to Designate as Critical Habitat of the Sierra Nevada Yellow-Legged Frog

The opportunities for recreational use are not spread evenly throughout the Forest. Because of its higher elevation lakes, the area proposed for critical habitat designation attracts most of the fishing activity that takes place in the Inyo County portion of the Forest, and fishing induces above average expenditures. As shown by the visitor and expenditure data in Table 12, fishing accounts for 48,720 visitors, or 11 percent of all visits, but $2,366,201 or 14 percent of all expenditures. The higher elevation terrain of the areas proposed for the designation also have much of the most interesting terrain and features, and as shown on the map in Chapter 2, Figure 2 are the only recreation areas served by the paved roads in the Forest. Therefore, we believe that the 69 percent of the approximately $16,990,000 in expenditures that are at risk if the proposed designation is accepted represents an underestimate.

Unfortunately, we have no basis for making a more accurate estimate. Therefore, we will stick with estimates of potential loss based on the 69 percent of visitors that recreate in the portion of the Forest in Inyo County that has been proposed for designation as critical habitat. But we ask the reader to accept our opinion that the actual potential loss is higher than what we are using as our base estimate. If the restrictions on recreation cause a loss of all the recreation and agricultural use now allowed in the proposed areas equal 69 percent of the total of $16,990,000, then $11,661,000 would be lost by the economy of Inyo County. If only 50 percent of currently allowed activities were eliminated, the estimated annual direct loss to the Inyo County economy would be $5,830,500.

We utilized the input-output model of Inyo County as its economy was structured in 2010 to estimate the annual direct, indirect and induced annual losses to the regional economy of Inyo County as expenditures from recreation in the habitat area are eliminated, with the aforementioned midpoint of a range estimate of $11,661,000, or a 50 percent cut in recreational activity, causing a loss of $5,830,500. Table 13 presents these estimates of potential loss to the economy of Inyo County.

Table 13
Total Direct, Indirect and Induced Loss to Inyo Economy if Recreation Expenditures In Proposed Critical Habitat Area are Eliminated ($11,661,000 lost) or Cut by 50% ($5,830,500 lost)[1]

	Expenditures Cut By	
	100%	50%
Jobs[2]	113	56
Labor Income[3]	$3,008,000	$1,504,270
Output[4]	$8,652,000	$4,326,230

[1] Figures rounded in 2010 dollars
[2] Full and part time jobs
[3] All forms of employment income, including wages/salaries, benefits and proprietor's income
[4] Value of all goods and services

Source: Gruen Gruen + Associates and Minnesota Implan Group

The Inyo County regional market in 2012, as reported by the Bureau of Economic Analysis of the U.S. Department of Commerce was $709 million in 2010 and $795 million in 2012; per capita income was $38,211 in 2010 and $42,987 in 2012. The losses suggested as potentially resulting from designating the proposed areas as critical habitat for the yellow-legged frog are not insignificant. Further, as described and estimated in the next chapter, they are not the only losses that the County, its citizens and its businesses would suffer.

CHAPTER 4

THE POTENTIAL EFFECTS OF THE PROPOSED DESIGNATION ON THE WELFARE OF INYO COUNTY RESIDENTS AND THE SUSTAINABILITY OF THE HUMAN POPULATION

The Loss of Consumer Surplus

Economists have long recognized that some consumers benefit from buying goods and services for less than they would be willing to pay for those goods and services. The maximum amount of money a consumer would be willing to pay for a benefit above the price they have to pay in the market for the activity or merchandise that provides them with the benefit is referred to as "consumer surplus." In the case of recreation, the price actually paid includes out-of pocket expenditures and the value of travel time to the recreators. Since no "market price" exists for recreation in public places such as the Inyo National Forest, a proxy value estimator is usually employed to derive estimates of the consumer surplus measure of the welfare benefits enjoyed by recreators such as fisherman. Travel costs are the proxy candidate that is most frequently used. Thus, for example, if fisherman A visits a fishing site five times and his travel cost is $5 per trip, and fisherman B visits two times and his travel cost is $12 per trip, it is concluded, when travel costs are used as a proxy for expenditures, that fisherman A would only go to the fishing site twice if his costs were raised by $7 dollars a trip. In this example, the consumer surplus of welfare benefit to fisherman A was $7 dollars per trip and three fishing trips are assumed to be foregone.

Fortunately, the expenditure per visit data discussed and shown in Table 12 of Chapter 3 provides the data needed for a more direct way of estimating the welfare measure of consumer surplus enjoyed by Inyo County residents who actively enjoy the opportunities currently allowed within the Inyo National Forest. Table 14 uses that data to derive an estimate of average expenditures per visit for local and non-local visitors making overnight and day trips to the Inyo National Forest within the boundaries of the County. Subtracting the local costs of daytime use from the costs paid by non-local day users suggests a per visit consumer surplus of $11.00 per daytime visit ($25.31-14.31) and $55.14 for overnight visitations ($109.74-54.60).

Table 14
Average Expenditures for Local and Non-Local Visitors to the Forest For Day and Overnight Visits

	Non-Local Visitors		Local Visitors	
	Day Use	Overnight	Day Use	Overnight
Total Expenditure[1]	$955,465	$9,703,355	$3,373,834	$2,637,523
Total # of Visitors	37,745	88,420	235,782	48,304
Average Expenditure	$25.31	$109.74	$14.31	$54.60

[1]Excludes the $319,909 shown in Table 12 as "non-primary" expenditures.

Source: See Table 12. Gruen Gruen + Associates and Inyo County Planning Department

Table 15 shows the results of combining the expenditure data for local and non-local daytime and overnight visits to the Forest, which suggests a combined consumer surplus to County residents of $63.16 per visit. As summarized in Table 16, using this calculation to estimate the potential effect of as the proposed critical habitat designation yields a loss in welfare benefits to local residents of $12,412,000 if we assume the designation results in total restrictions, and $6,206,000 if only half of the presently allowed uses are disallowed in response to the proposed designation.

Table 15
Average Expenditures of Local and Non-Local Visitors to the Forest, Combining Day and Overnight Visits

	Non-Local Visitors	Local Visitors
Expenditures	$10,659,000	$6,011,357
Number of Visitors	126,165	284,086
Average Expenditure	$84.48	$21.16
Consumer Surplus per Visitation ($84.48 – 21.16) = $63.32 per visitation		

Source: See Table 12. Gruen Gruen + Associates and Inyo County Planning Department

Table 16
Estimate of Welfare Loss to Residents of Inyo County, Assuming 69% of Local Visitors to the Forest Go to Areas Proposed for Critical Habitat

Total # of residential visitation per year	196,019
Total Consumer Surplus Welfare Benefit	$12,412,000
Loss if 50% of Activities were restricted	$6,205,000

Source: See Table 12. Gruen Gruen + Associates and Inyo County Planning Department

The Potential Effects of the Proposed Designation on the Sustainability of the Population and Businesses in Inyo County

Additional Economic Losses

Chapter 2 discusses and describes the results of a survey conducted of the local businesses that guide and supply individuals and groups enjoying presently allowed recreation and viewing experiences in the Inyo National Forest. The marginal revenue loss likely to be induced by further restrictions will put many, if not all, of these firms and individuals out of business. Likely restrictions on grazing will further erode the agricultural activities that support the ranchers of Inyo County. These losses will assure that the total economic hit of restrictions in response to the proposed designation will exceed the estimates shown from the input-output or multiplier analysis discussed in the previous chapter. Input-output models describe the inter-industry flows that take place, *given the scale and continued operational viability of existing businesses.* The designation of the critical habitat has the potential to reduce the scale and viability of existing businesses. While the scale of this "hit " on the commercial and agricultural businesses of the area is difficult to estimate without massive surveys and other data collection efforts, we believe it will result in a significant increase over the easier to estimate impact on recreation discussed in the previous chapter.

Population Sustainability and "Option Demand"

Students of recreational activity agree that the availability of a recreation-producing amenity, such as the Forest resources that are the focus of the analysis reported on herein, satisfies demands that extend beyond the individuals and groups that actually avail themselves of the facility. These demands are referred to as "option demands," or sometimes as "bequest motivation," which refers to items or activities that individuals find valuable and willing to pay for in order to have access to them, even when they do not use them. The opportunity to recreate in the portions of the Inyo National Forest that have been proposed for designations are an important source of satisfaction to many of the residents of Inyo County, even when they do not avail themselves of this opportunity by visiting the Forest.

In the years since Gruen Gruen + Associates has served as the economists for Inyo County, we have often been asked by people who have read our reports but never been in Inyo County, "Why, given its shortage of water for agriculture, extremely limited supply of privately owned land and small economic base, do people want to live in Inyo County?" If those who asked this question had visited the County and talked to residents, many of whom left lucrative jobs elsewhere to return to Inyo County, they would know the answer. The natural environment is one of the world's most beautiful, and as confirmed by the fishing and hunting license data, is uniquely blessed with close-by opportunities for outdoor recreation. Even if they are currently too busy to avail themselves of Forest-based recreational opportunities, frequently the area attracts and holds residents because of the options for enjoying the Forest's resources now and in the future. The Forest, and particularly the areas the U.S Fish and Wildlife Service wants to designate as critical for the Sierra Nevada-Yellow Legged Frog, is already a critical attraction that motivates people to live, remain in and return to Inyo County. At some point, the sustainability of the County's population will indeed be threatened if the scale and diversity of the opportunities in that habitat for use by humans is reduced.

APPENDIX A

Survey of Inyo County Recreational Businesses

Name of Business: _____

Contact Person: _____

1. Which of the following services does your business provide? Please check all that apply.

   ____ Lodging and lodging-related

   ____ Fishing or other guiding services

   ____ Food and beverage

   ____ Gas and car services

   ____ Sports-related gear/equipment

   ____ Packing/Equestrian activities

   ____ Community protection services, i.e. fire, search and rescue

   ____ Other (specify) _____

2. In what year was your business established? _____
3. On an annual basis, how many full and part-time workers do you employ?

   ____ full-time ____ part-time

4. In 2012, what was your total annual payroll, including your own salary (estimated)?
   $_____

5. What percent of the goods and/or services you provided in 2012 is related to the availability of recreational activity in the proposed critical habitat area?

   ____ less than 10% ____ 11-20% ____21-30% ____31-40% ____41-50% ____51-60%
   ____61-70% ____71-80% ____81-00% ____90% +

6. Which are your <u>three</u> busiest months? Which are your <u>least</u> busy months?

7. In 2012, what was your estimated average daily attendance? _____

Annual attendance? _____

8. In 2012, what was your average group size? _____

9. What percent of your customers originate from Inyo County? _____%

10. What percent of your customers originate from outside Inyo County? _____%

11. What is the primary reason your customers, both from inside and outside the County, come to the area to purchase your services? (Please list the top three activities in order of highest participation)

    ____ Fishing

    ____ Hunting

    ____ Hiking/Backpacking

    ____ Horseback riding

    ____ Rock climbing or mountaineering

    ____ Recreational vehicles

    ____ Rafting or kayaking

    ____ Driving through to another destination

    ____ Other (specify) _____

12. Do you work with other businesses/services in Inyo County (either directly or indirectly)?

    ____ yes ____ no

    If yes, what types of local businesses or services do you work with? _____

13. Are there new businesses that have opened in the past two years in your area that you think we should be aware of? Please list the types of services they provide.

14. Over the last five years, have you seen an increase or a decrease in the number of private businesses in the area, or has the number of businesses remained relatively unchanged?

    ____ increase ____ decrease ____relatively unchanged

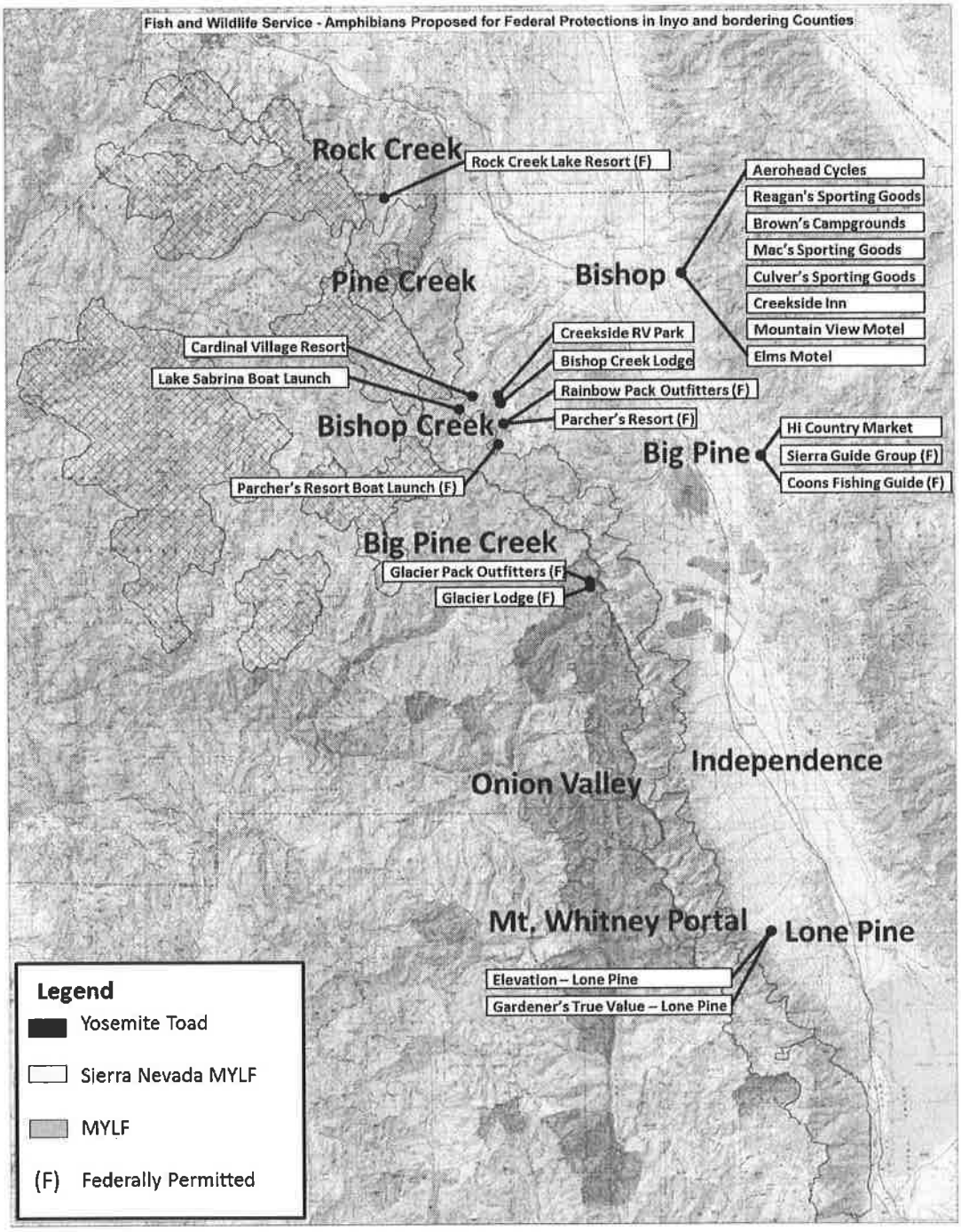
15. Do you see a market for other types of businesses in this general location, and if so, which ones?

____yes ____ no

If yes, list type of opportunities for which there is likely to be a market demand.

16. If access were restricted in the critical habitat area, how do you think it would impact your business? _____

Figure 4: Survey Respondents Map



Critique of "Economic Analysis of Critical Habitat Designation For Three Sierra Nevada California Amphibians" An August 27 ,2013 draft prepared for U.S.Fish and Wildlife Service

By Industrial Economic Inc.

By Gruen Gruen + associates

For

Inyo County California

C 1364 February 2014

Is The Title A Misnomer?

Most economists reading the words "Economic Analysis " in the title of the August paper written for the U.S. Fish and Wildlife Service , and its opening sentence which begins ,"The purpose of this report is to evaluate the potential economic impacts associated with the designation of critical habitat for the Sirra Nevada yellow –legged frog (Rena muscosa),"will expect the report to at least describe the effects that the regulatory actions likely to follow the designation of the critical habitat will have on the incomes of the people and businesses in the effected region as well as the opportunities for employment in that region. The report itself seems to lend credence to such expectations on page 2-4 when it discusses Executive Order 12866 in a paragraph that concludes ,"Economists generally characterize opportunity costs in terms of changes in producer and consumer surplus in affected markets." The footnote on that same page refers to the work of the highly respected economist ,the late Edward D. Gramlich, and his book " A guide to Benefit – Cost Analysis which discusses the concepts of consumer and producer surplus.

The U.S. Fish and Wildlife report does not include any analysis or projections of the manner in which the actions that a management plan instructed by the designation of areas that are concomitantly in both Inyo County and The Inyo national Forest will impose . As briefly summarized below, significant actions that will alter conditions within the Inyo County regional economy , the income and job opportunities available to the County's residents, the revenues of its business and the life style opportunity available to its residents'. The authors of the report present two justifications for ignoring such changes or the benefits that result from the added restrictions on places likely to be home to frogs. The first of which contradicts this writers aforementioned judgment about what will result from the proposed designation On page 2-4 section 57 they write, "When a compliance activity is not expected to significantly affect markets-that is , not result in a shift

in the quantity or a good or service provided at a given price , or the quantity of a good or service demanded given a change in price- the measurement of compliance costs can provide a reasonable estimate of the change in economic efficiency" . Secondly sections 48 through 55 of the second chapter of the report summarize legal arguments purporting to explain why it is appropriate to concentrate the analysis on the likely additional or incremental costs to the governmental agencies compiling and enforcing new rules on the while ignoring the results those new rules will dictate on the private sector. We have neither the training nor familiarity with the referenced laws and court decisions to evaluate these claims.

Are the changed management rules that would follow the Proposed Designation Alter Regional Markets, Local Incomes and Revenues and the quality of Life for Inyo County Residents?

The report itself makes it clear that the answer to the question posed in the above sub-title is , yes. The following is a list of the economic activities that will be affected by the new rules whose administrative costs are forecast in the report:

1. Fish Persistence and Stocking
2. Dams and Water Diversion
3. Grazing
4. Timber Harvest
5. Fuels reduction
6. Recreation

Given the above list of activities likely to be constrained by rules promulgated in response to the proposed new designation of critical habitat the citizens , business and government of Inyo County will find what is not in the report to be of greater cncern to them than the forecast of the additional administrative costs required to enforce these rules which is in report.

Does the Report Estimate the Benefits of the Proposed Designation?

Paradoxally the answer to the above question is no. The report makes it clear that the effect on the sustainability of the changes likely to be called for by new

rules is unknown . On page 5-1 the report states: "—this analysis does not anticipate that the designation of critical habitat will result in additional conservation for the amphibians through section 7 consultation process except in limited instances that the service is unable to predict at this time." Further, there is no discussion of the benefits that would result even if the forest management actions mandated to preserve the critical habitat were to further the continued existence of the yellow –legged frog. The assumption behind what is not said seems to be that whatever the cost to the human species and even if the continued existence of the amphibians is not made more likely by the actions those actions still need to be taken and the only requirement for the designation is that the likely administrative costs of changing and enforcing the rules be estimated.

What is the relative value of the reports forecast?

The report provides Government agencies with a forecast of what it will cost over the next 17 years to administer and enforce the additional management rules that will apply to the areas proposed for designation as critical habitats. While useful and even interesting information from the perspective of the people who live, work and govern Inyo counties their relative interest in this information is likely to be similar to a patient about to go into an operation who is not told what the chances are that the operation will be a success but is told how much time and cost the surgeon expended in order to prepare for the operation .