

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 322-2911

**IMPORTANT MESSAGE TO THE PROSPECTIVE APPLICANT****LICENSING APPLICATION INSTRUCTIONS**

This application packet contains the materials necessary to apply for an adult nonmedical alcoholism or drug abuse recovery or treatment facility license with the California Department of Alcohol and Drug Programs (ADP). It is vital that you carefully read each component (including the regulations) before beginning to fill out the application. Answer each question in the application, and submit only the documentation requested/required. An incomplete application results in a delay in the application process.

If, after you have read the entire application packet, you determine that you would like technical assistance or training addressing certain elements of the application process, you may request assistance without charge to you from ADPs consulting agency. The request may be made online at <http://www.aodpolicy.org/tcta.htm>. If you do not have internet access, you may contact the consulting agency via mail, phone, or fax. The single statewide point of contact is:

Maleah Novak, Project Coordinator
Alcohol and Other Drug Policy Institute
1127 11th St. Ste. 214
Sacramento, CA 95814
Phone: 916-572-8171
FAX: 916-583-7322
tcta@aodpolicy.org

Included in This Packet Are:

- Initial Licensing Application Booklet: Form ADP 5085-L
- Application Supplement – For Sole Proprietors Only
- Fire Inspection Request form (STD 850)
- Instructions for completing the Fire Safety Inspection Request form
- Copy of a California State Fire Marshall Information Bulletin (OPS 94-1) – To be provided to the local fire authority with the Fire Inspection Request form (STD 850)
- Data Reporting Requirements (Facilities and Programs), Addendum to Licensing and Certification Applications
- The Good Neighbor Guidelines
- Copy of U.S. Department of Health and Human Services pamphlet “How to Succeed in Siting a Drug Abuse Treatment Center”

Please note that effective August 24, 2007, applicants will be assessed an Initial Residential Licensure Application Fee in the amount of \$2,773 regardless of the form of organization or ownership.



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the Flex Your Power website at
<http://www.fypower.org>

In addition, once the application and on-site inspection has been approved, applicants will be assessed a Biennial Residential Licensure Fee in the amount of \$147 per treatment bed, which must be paid prior to the issuance of the license. The license will be valid for two (2) years, provided there are no compliance issues, after which time licensed programs will be required to submit a renewal application for review and approval along with the appropriate biennial licensure fee.

If you have any questions regarding the licensing of nonmedical adult residential alcoholism or drug abuse recovery or treatment facilities, or need assistance with your fire clearance, please contact ADPs Licensing and Certification Division at (916) 322-2911.

Enclosures

**ADULT NONMEDICAL ALCOHOLISM OR DRUG ABUSE
RECOVERY OR TREATMENT
FACILITY**

INITIAL LICENSING APPLICATION BOOKLET

ADP 5085-L



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

LICENSING AND CERTIFICATION DIVISION

**1700 K STREET
SACRAMENTO, CA 95811-4037**

**(916) 322-2911
FAX (916) 322-2658
TTY (916) 445-1942**

INITIAL LICENSING APPLICATION

Requirements for License

Chapter 7.5, Part 2, Division 10.5 of the California Health and Safety Code states that "no person, firm, partnership, association, corporation, or local government entity shall operate, establish, manage, conduct, or maintain an alcoholism or drug abuse recovery or treatment facility in this state without obtaining a current, valid license pursuant to this chapter".

The code defines an alcoholism or drug abuse recovery, treatment, or detoxification facility as any facility, place or building which provides 24-hour residential nonmedical services in a group setting to adults. For the purpose of further defining whether licensure is required, alcoholism or drug abuse recovery or treatment services mean services which are designed to promote treatment and maintain recovery from alcohol or drug problems which include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and recovery or treatment planning. If you have questions regarding the need for your facility to be licensed or regarding the requirements for licensure, please call the Department of Alcohol and Drug Programs (ADP) Licensing and Certification Division (LCD) at **(916) 322-2911** and request to speak with a licensing analyst.

Procedure for Obtaining a License

The Initial Licensing Application Section A and B documents must be completed and submitted to ADP with a check or money order, made out to the Department of Alcohol and Drug Programs, to cover the \$2,773 initial application fee. **The application fee is non-refundable.** The review of the application cannot begin until all the necessary documents and fees have been received by ADP. In addition, applicants must demonstrate a capability to meet the goals and objectives of an alcoholism or drug abuse recovery or treatment facility, **obtain a valid and appropriate fire clearance**, and pass an on-site inspection by an ADP licensing analyst. Once an applicant has passed the on-site inspection, a biennial residential licensure fee, in the amount of \$147 per each treatment bed, will be assessed. When the appropriate biennial fee has been submitted, ADP will issue a license, which will be valid for two (2) years.

This booklet details the requirements in three sections.

Section A – Contains the application forms which must be completed and submitted to the Division.

Section B – Identifies documents the applicant must develop or secure and submit to the Division as a part of the license application.

Section C – Identifies those areas that will be reviewed at the time the Division conducts its on-site review of the applicant's facility. Documents identified are not to be submitted to the Division prior to the review of the facility but must be readily available for review at all times.

License Application Processing

The Section A and B documents must be submitted in the same sequence as they are in the application booklet. Do not bind the application documents or place them in a protective covering. **If the application packet is incomplete, in the wrong format or sequence, or submitted without the appropriate fee, ADP will return the entire packet to you.** To prevent delays, be sure that all the required documentation is completed, properly signed, with original signatures, dated, and submitted in the proper format and sequence, with the appropriate fee. It is recommended that you retain a copy of the completed application packet for your records.

The licensing process normally is completed within 120 days. ***The 120 days begins when an application packet is determined to be complete.***

Please mail a check or money order, made out to the Department of Alcohol and Drug Programs, to cover the appropriate initial application fee, the completed application forms contained in Section A and the documents required in Section B in one complete packet to:

**Department of Alcohol and Drug Programs
Licensing and Certification Division
1700 K Street
Sacramento, CA 95811-4037**

Regulations

The regulations that govern the licensing of the facility category covered by these application instructions are under the California Code of Regulations (CCR), Title 9, Division 4, Chapter 5. To assist applicants in supplying the detailed information needed in the licensing process, a copy of the regulations and amendments can be downloaded at <http://www.adp.ca.gov/Licensing/laws.shtml>

For information on purchasing regulations with an update service, contact:

Barclays West Group
1-800-888-3600

Public Information

Information provided by the applicant(s) for licensure can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

Application Fees

On August 24, 2007, Chapter 177, Statutes of 2007, (Senate Bill 84), was enacted mandating ADP to assess fees to all licensed and/or certified residential and certified outpatient Alcohol and Other Drug (AOD) recovery and treatment facilities regardless of the form of organization or ownership. For more information please refer to ADP Bulletin Number 07-11, entitled Assessment of Fees for Licensure and Certification of Residential and Outpatient Recovery and/or Treatment Facilities, issued on October 11, 2007, and posted on ADP's website at www.adp.ca.gov

Effective August 24, 2007, the following Residential Licensure Fees will be assessed by ADP.

| Residential Licensure Fees | |
|---|------------------|
| Initial Residential Licensure Application Fee | \$ 2,773 |
| Initial Biennial Residential Licensure Fee | \$ 147 (per bed) |

SECTION A – Checklist and Sequence for Submission

| Application Forms | | For Internal Use Only | | | |
|---|--|-----------------------|----|-----|-----|
| Applicant check off and initial when submitting | | YES | NO | INC | N/A |
| <input type="checkbox"/> | 1. Application for License (A-1) | | | | |
| <input type="checkbox"/> | 2. Administrator/Director Information (A-2) | | | | |
| <input type="checkbox"/> | 3. Administrative organization, Corporations (A-3A) Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B) | | | | |
| <input type="checkbox"/> | 4. Designation of Administrative Responsibility (A-4) | | | | |
| <input type="checkbox"/> | 5. Facility Staffing Data (A-5) | | | | |
| <input type="checkbox"/> | 6. Weekly Activities Schedule (A-6) | | | | |

Explanation of Section A - Forms to be submitted to the Department of Alcohol and Drug Programs to initiate the request for licensure. Facilities that have more than one property address may require completion of additional Section A portions of the application. If you have any questions regarding this issue call the Department of Alcohol and Drug Programs at (916) 322-2911 and ask to speak with a licensing analyst.

1. Application for License (A-1) - identifies the applicant(s), facility, and other required information for licensure. [Regulations Section 10516]
2. Administrator and/or Director Information (A-2) - identifies the Administrator and/or Director of the facility applying for licensure and verifies qualifications to operate a facility. [Regulations Section 10564]
3. Administrative Organization - identifies the entity applying for licensure, Corporation (A-3A) or Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B). [Regulations Section 10516(a)(2)]
4. Designation of Administrative Responsibility (A-4) - identifies the person(s) authorized by the applicant to accept responsibility of facility in his/her absence. [Regulations Section 10564(a)(2)]
5. Facility Staffing Data (A-5) - identifies all facility personnel, including back-up persons and volunteers providing services. [Regulations Section 10564(f)]
6. Weekly Activity Schedule (A-6) - indicates the weekly schedule for specific activities and recovery or treatment services such as detoxification, group sessions, education, problem solving, counseling sessions, recreation, individual and family sessions, recovery or treatment planning, or other activities the facility is providing for the residents. [Regulations Sections 10501(a)(5) and 10574]

SECTION B – Checklist and Sequence for Submission

| Required Supportive Documents | | For Internal Use Only | | | |
|---|--|-----------------------|----|-----|-----|
| Applicant check off and initial when submitting | | YES | NO | INC | N/A |
| <input type="checkbox"/> | 1. Approved Fire Safety Inspection Request (Standard Form 850) | | | | |
| <input type="checkbox"/> | 2. Licensing Fees | | | | |
| <input type="checkbox"/> | 3. Plan of Operation | | | | |
| <input type="checkbox"/> | a. Statement of program goals and objectives | | | | |
| <input type="checkbox"/> | b. Outline of activities and services | | | | |
| <input type="checkbox"/> | c. Admission policies and procedures | | | | |
| <input type="checkbox"/> | d. Assurance of nondiscrimination in employment practices and provisions of benefits and services | | | | |
| <input type="checkbox"/> | e. A copy of the facility's residential admission agreement | | | | |
| <input type="checkbox"/> | f. Table of administrative organization of the <u>facility</u> | | | | |
| <input type="checkbox"/> | g. Staffing plan, job descriptions, and minimum staff qualifications | | | | |
| <input type="checkbox"/> | h. A sketch of the grounds, showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas, and other space used by residents | | | | |
| <input type="checkbox"/> | i. Floor plans which describe the dwelling capacity, intended use, and dimensions of the rooms | | | | |
| <input type="checkbox"/> | j. Sample menus and schedule for one calendar week, indicating the times of day that meals are to be served | | | | |
| <input type="checkbox"/> | k. Consultant and community resources to be utilized by the facility as part of its program | | | | |
| <input type="checkbox"/> | 4. Provisions for Safeguarding Residents Property | | | | |
| <input type="checkbox"/> | 5. Bacteriological Analysis of Private Water Supply | | | | |

Explanation of Section B – Supportive Documents to be submitted to the Department of Alcohol and Drug Programs.

1. Fire Safety Inspection Request (Standard Form 850) – A valid and appropriate fire clearance issued from the fire authority having jurisdiction for the area in which the facility is located. The fire clearance shall include a determination of the number of beds for ambulatory residents and for nonambulatory residents in the facility and any restrictions regarding nonambulatory clearances. [Regulations Section 10517(a)(1)] The fire clearance shall include the number of dependent children allowed in the total capacity and the age range of the dependent children. If no number of dependent children is indicated, no dependent children are allowed.
2. Licensing Fees – All applicants for licensure are required to pay a licensing fee regardless of the form of organization or ownership. [Chapter 177, Statutes of 2007, (Senate Bill 84)] –
3. Plan of Operation – Shall include, but not be limited to the following items [NOTE: Items a, b, and c should clearly demonstrate a relevance to the type of submitted application—alcohol , drug or combined alcohol and drug facility(ies)]:
 - a. Statement of program goals and objectives – written statement to include program goals (intent or the purpose of its existence) and objectives of the facility. [Regulations Section 10517(a)(2)(A)]
 - b. Outline of activities and services – written statement listing the activities and services being provided by the facility. [Regulations Section 10517(a)(2)(B)]
 - c. Admission policies and procedures – written statement of admission policies and procedures regarding acceptance of residents. [Regulations Section 10517 (a)(2)(C)]
 - d. Assurance of nondiscrimination in employment practices and provision of benefits and services – written assurance of nondiscrimination in employment practices, provision of benefits and services. [Regulations Section 10517(a)(2)(D)]
 - e. A copy of the facility's residential admission agreement – a copy of the most current admission agreement used by the facility. [Regulations Section 10517(a)(2)(E)]. Pursuant to Title 9, California Code of Regulations, Section 10566, the admission agreement shall specify all of the following:
 - Services to be provided,
 - Payment provisions including (amount assessed and payment schedule),
 - Refund policy,
 - Those actions, circumstances or conditions which may result in resident eviction from the facility,
 - The consequences when a resident relapses and consumes alcohol and/or nonhealth sustaining drugs, and
 - Conditions under which the agreement may be terminated.
 - f. Table of administrative organization of the facility – a chart that shows the governing board, advisory groups, including resident council when applicable, and both lines of authority (straight lines) and communications lines (broken lines) to all staff positions. [Regulations Section 10517(a)(2)(F)]

Explanation of Section B – Supportive Documents to be submitted to the Department of Alcohol and Drug Programs. (continued)

- g. Staffing plan, job descriptions, and minimum staff qualifications – narrative description of staff needs (i.e., briefly describe staff composition, job description) for each position at facility (both paid and volunteer) which includes minimum staff qualifications for each position. [Regulations Section 10517(a)(2)(G)]
 - h. Sketch of Buildings and Grounds – sketch on an 8½ “ x 11” sheet of paper all building(s) to be occupied, including a floor plan of all rooms intended for resident’s use. A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreational area and other space to be used by residents. All sketches shall show dimensions but need not be to scale. The number of residents per bedroom, and the location and the number of beds for all residents, including the location of beds for infants and other nonambulatory persons, must be identified. [Regulations Section 10517(a)(2)(H)&(I)]
 - i. Sample menus and schedule for one calendar week – menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, and type and availability of snacks. [Regulations Section 10517(a)(2)(J)]
 - j. Consultant and community resources to be utilized by the facility as part of its program. Provide a copy of this inventory which shall be used as a resource for assisting participants in securing additional services to meet and maintain their person well-being while continuing to enhance personal development. [Regulations Section 10517(a)(2)(K)]
4. Provisions for Safeguarding Resident’s Property – describe the process for safeguarding of resident’s personal property accepted by the licensee for safekeeping, if it is the licensee’s policy to accept such valuables. [Regulations Section 10516(a)(8)]
5. Bacteriological Analysis of Private Water Supply – a bacteriological water analysis is required for alcoholism or drug abuse recovery or treatment facilities that receive water from a nonmunicipal source. This shall be conducted by the local health department, the State Department of Health Services, or a licensed commercial laboratory. This analysis shall be done on an annual basis. [Regulations Section 10517(b)]

SECTION C – SUPPORTIVE DOCUMENTS

Explanation of Section C – **At the time of the on-site review** the following items need to be ready and available for review by the licensing analyst.

1. Plan of Operation A written plan of operation must be maintained which includes, at minimum, all requirements listed in Regulation Section 10517(a)(2).
2. Personnel Records of all Paid and/or Volunteer Staff
Personnel records must, at minimum, contain all of the requirements listed in Regulations Sections 10564, 10565 and 10572. The attached form Health Screening Report – Facility Personnel (C-3) may be used for Sections 10564(c) and 10565(b).
3. Resident Records
Resident records must, at minimum, contain all requirements listed in regulations Sections 10566, 10567, 10568 10569 and 10572.
4. Telephones and Transportation
Telephones must be provided for emergency use to comply with Regulations Section 10570. Vehicles used to transport residents must comply with Regulation Section 10571.
5. Health Related Documents and Policies
Health related documents and policies must contain all requirements listed in regulations Section 10572. The attached forms Centrally Stored Medication and Destruction Record (C-6A) may be used by the facility and Unusual Incident/Injury/Death Report (C-6B) shall be used by the facility. In addition, there shall be written rules and policies to prevent persons (except in detoxification programs) who have consumed alcohol or other drugs from being on the premises [Section 10572(e)].
6. Food Service – Documents and Storage
Food Service department, food preparation areas, and storage areas will be reviewed to ensure compliance with Regulations Section 10573.
7. Physical Service – Documents and Storage
The building will be inspected to ensure compliance with Regulations Section 10580 through 10584.
8. Federal Requirements
A copy of the Code of Federal Regulations regarding confidentiality, (42 CFR) and the Code of Federal Regulations regarding nondiscrimination, (45 CFR), must be maintained at the facility and available for review in accordance with Regulations Sections 10517(a)(2)(D), 10564, 10568, and 10569. The attached form Personal Rights (C-9) may be used by the facility for convenience.

State of California Department of Alcohol and Drug Programs
Health and Human Services Agency
APPLICATION FOR INITIAL LICENSE
A-1

| | |
|--|----------------------------------|
| DIRECTIONS TO FACILITY (applicant may include map) | FOR DEPARTMENTAL USE ONLY |
| | COUNTY: |
| | DATE: |
| | REVIEWED BY: |
| | ID NUMBER: |

INITIAL APPLICATION

1. **APPLICANT INFORMATION:**

Name of Applicant (if Corporation, legal name of Corporation)

(Mailing Address of Applicant)

(City/State)

(Zip)

(Contact Person)

(Title)

(Telephone)

(Fax)

(E-mail Address)

TYPE OF ORGANIZATION:

☐

For Profit

☐

Nonprofit

☐

Other, please explain _____

Partnerships, corporations, sole proprietors and other associations must complete form ADP 5085 A-3A or A-3B.

APPLICANT:

Has the applicant ever been a licensee or co-licensee of another alcoholism or drug abuse recovery or treatment facility or a facility licensed by Department of Social Services - Community Care Licensing?

☐ Yes

☐ No

If yes, name of facility: _____

License Number: _____

Licensing Agency: _____

Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a residential license for an alcoholism or drug abuse recovery or treatment facility or a facility licensed by the Department of Social Services - Community Care Licensing?

☐ Yes ☐ No

If yes, the date license was surrendered, denied, suspended, or revoked: _____

2. FACILITY/PROGRAM INFORMATION:

(Name of Facility/Program)

(Street Address of Facility/Program) (City/State) (Zip)

(County) (Telephone) (Fax) (Facility E-mail Address)

Proposed facility/program located within: ☐ Incorporated city limits **OR** ☐ Unincorporated portion of the county

Mailing Address - (if different from above)

(Name of Facility Administrator) (Title) (Telephone) (Administrator E-mail Address)

**A. TYPE OF ALCOHOL AND/OR OTHER DRUG RECOVERY OR TREATMENT SERVICES PROVIDED:
(Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Detoxification* | <input type="checkbox"/> Group Sessions |
| <input type="checkbox"/> Individual Sessions | <input type="checkbox"/> Educational Sessions |
| <input type="checkbox"/> Recovery or Treatment Planning | <input type="checkbox"/> Other _____ |

***Additional regulatory requirements must be met to provide detoxification services. Refer to Title 9, CCR, Section 10572(b)(1).**

B. TOTAL OCCUPANCY OF FACILITY (FOR FIRE CLEARANCE PURPOSES) AS DETERMINED BY THE FIRE INSPECTOR. (This is the maximum number of individuals who **live** at the facility and are approved by the fire safety inspector.) These individuals **include** the residents receiving recovery, treatment or detoxification services, children of the residents, and staff. **It is important to note that staff includes individuals who work for the applicant in exchange for either monetary or in-kind compensation (e.g., room and board).**
Total occupancy cannot be exceeded for any reason. _____

C. MAXIMUM REQUESTED ADULT RESIDENT CAPACITY OF THE FACILITY (The number of adult residents that **receive recovery, treatment or detoxification services at any one time**, which cannot be greater than the total occupancy shown in B above): _____

D. MAXIMUM NUMBER AND AGE RANGE OF DEPENDENT CHILDREN WHO ARE SUPERVISED BY THEIR PARENT(S) IN THE FACILITY. This includes temporary residing (i.e., overnight, weekend visits) of dependent children. (Since there must always be at least one adult being served, the maximum number of dependent children housed must be at least one less than the total occupancy, determined by the fire inspector, as shown in B above): _____

E. DURATION OF USUAL RECOVERY OR TREATMENT PROGRAM IN FACILITY TO BE LICENSED (in days): _____

F. IS THE FACILITY/PROGRAM ACCESSIBLE TO INDIVIDUALS IN WHEELCHAIRS OR OTHER NONAMBULATORY CONDITIONS?

☐ Yes ☐ No

NOTE: The Americans with Disabilities Act of 1990 (ADA) - Public Law 101-336, C42 U.S.C., Chapter 126 is a comprehensive federal anti-discrimination law for people with disabilities. The Department of Alcohol and Drug Programs reminds all providers of alcoholism or drug abuse recovery or treatment services that discrimination against persons with disabilities is prohibited. Further, the Department of Alcohol and Drug Programs encourages you to become familiar and comply with the ADA guidelines. Local governmental entities should be contacted for specific ADA requirements for your area.

G. IS FACILITY/PROGRAM APPLYING FOR A WAIVER TO SERVE ADOLESCENTS?

☐ Yes ☐ No

If yes, a proposal to serve adolescents must be submitted with the application (in accordance with Title 9, CCR, Subchapter 4, Article 1, commencing with Section 10598.

H. POPULATION DEMOGRAPHICS

Describe and check the demographics of the resident population to be served (age, race/ethnicity, and sex). [Title 9, CCR, Section 10516 (a)(5)]

☐ 1.1 General Population (co-ed)* ☐ 1.4 Dependent Children of Residents**

☐ 1.2 Men Only ☐ 1.5 Adolescents (14-17)*

☐ 1.3 Women Only ☐ 1.8 Dual Diagnosis***

* **The applicant prior to serving this population must meet additional regulatory requirements. (Co-ed refer to Title 9, CCR, Section 10581(f)(1-3)) (Adolescents refer to Title 9, CCR Sections 10598-19631)**

** **The approved fire clearance must address any dependent children of residents residing at the facility. This includes temporary residency (i.e., overnight weekend visits of dependent children).**

*** **Serving this population may require the applicant to obtain a license from another state agency. For example, the Department of Alcohol and Drug Programs does not have licensing authority over facilities in which staff provides assistance to residents with activities of daily living. This includes, but is not limited to, assistance in dressing, grooming, bathing, and other personal hygiene. CONTACT THE DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING at (916) 324-4031 or a regional office (identified in the government pages of a local phone book) if you have questions regarding the proper licensing department.**

I. FACILITY DESCRIPTION:

1. Was the building currently under consideration previously licensed as a residential facility by the Department of Alcohol and Drug Programs, Department of Social Services or Department of Health Services?

☐ Yes ☐ No ☐ Unknown

If yes, give former facility name, name of licensing agency, and license number:

(Name)

(Licensing Agency)

2. Total number of buildings to be included in the license _____
3. Are all buildings located on the same property or integral components of the same facility?
☐ Yes ☐ No
4. Is major construction anticipated? ☐ Yes ☐ No

If yes, give construction initiation and completion dates:

(Initiation)

(Completion)

Please note: New construction and major renovations need to comply with ADA regulations.

5. Is water used for human consumption from a municipal water source?

☐ Yes ☐ No

(a) If yes, give the name of the municipality _____

(b) If no, give source of water _____

NOTE: A bacteriological analysis is required for nonmunicipal water (Chapter 5, Division 4, of Title 9, Section 10517(b), California Code of Regulations). The local health department, the State Department of Health Services, or a licensed commercial laboratory may conduct this. A copy of the analysis is to be submitted with the application and shall be updated annually and maintained at the facility.

J. NONPROFIT APPLICANTS ONLY (any change to the information below must be reported to the Department of Alcohol and Drug Programs):

Have you obtained tax-exempt status from the Internal Revenue Service under Internal Revenue Code 501(c)(3) **and** from the California Franchise Tax Board under Revenue and Taxation Code 23701d?

☐ YES ☐ NO

IF YES: What is your primary purpose (check one)?

☐ Charitable ☐ Religious ☐ Educational

☐ Other - Please Specify: _____

IF NO: Are you nonprofit based on another provision of the law? ☐ YES ☐ NO

IF YES: Specify the provision: _____

K. RELIGIOUS ACTIVITIES:

1. Do you **mandate** religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

IF YES: The religious studies or activities must be reflected on the Weekly Activities Schedule and in the Admission Agreement.

2. Do you offer, on a voluntary basis, religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

IF YES: Religious study or activities and distinct nonreligious activities for those not choosing the religious studies or activities must be reflected on the Weekly Activities Schedule and the Admission Agreement.

IT IS IMPORTANT TO NOTE: PUBLIC FUNDS CANNOT BE USED TO SUPPORT RELIGIOUS STUDY OR ACTIVITIES.

L. PUBLIC FUNDING:

- (1) Do you have a county contract? ☐ Yes ☐ No
- (2) Do you receive perinatal funds? ☐ Yes ☐ No
- (3) Do you receive any funds from the Department of Corrections? ☐ Yes ☐ No

If yes, check source:

- ☐ Bay Area Services Network ☐ Prison Project Network
- ☐ Parole Partnership Program ☐ Other _____

- (4) Other public funding: _____

M. PROPERTY OWNERSHIP:

☐ Own ☐ Rent ☐ Lease ☐ Other (specify) _____

If renting or leasing, name, address and telephone number of property owner:

(Name) (Telephone)

(Address) (City/State) (Zip)

- N. RECORDS:** (Regulations Section 10568(a) requires resident records to be maintained at the facility site. However, Regulations Section 10565(c) allows personnel records to be maintained in a central location provided that they are readily available to the department at the facility site upon request). Are your personnel records maintained at the facility site?

☐ YES ☐ NO

If no, address where personnel records are maintained:

O. EMPLOYEES:

Total number of employees at facility to be licensed _____

Total number of employees of provider _____

3. APPLICANT RESPONSIBILITIES:

- A. In addition to complying with the Health and Safety Code and regulations and the Alcohol and/or Other Drug Program Certification Standards concerning licensing, certification and fire safety, I/we understand that there is also an obligation to meet other state, federal, and/or local codes and regulations, such as *zoning, building, sanitation, labor, nondiscrimination, confidentiality, and Americans with Disabilities Act.*
- B. Permission shall be obtained by the applicant from the Department of Alcohol and Drug Programs prior to making any changes that affect the terms of the license and/or certification.
- C. **The applicant may withdraw its application by submitting a written request to do so.** Such withdrawal shall not constitute denial of the application. However, withdrawal does not prohibit the Department of Alcohol and Drug Programs from taking action to deny an application.

4. AUTHORIZED SIGNATURE(S) OF APPLICANT:

THE UNDERSIGNED ASSURES THAT THE APPLICANT DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR, OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); SECTION 11135 OF CALIFORNIA GOVERNMENT CODE; AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800) DIVISION 4, TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS.

- A. If the applicant is a sole proprietor, the application shall be signed by the proprietor [Title 9, CCR, Section 10516(b)]
- B. If the applicant is a partnership, the application shall be signed by each partner. [Title 9, CCR, Section 10516(b)(1)] [Standards Section 3030 a. 2. A.]
- C. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or the individual legally responsible for representing the agency. [Title 9, CCR, Section 10516(b)(2)]
- D. The applicant(s) affirms that the facts contained in this application and supporting documents are true and correct.

AUTHORIZED SIGNATURE(S) OF APPLICANT (Continued):

| | | |
|-------------|---------|--------|
| (Signature) | (Title) | (Date) |
|-------------|---------|--------|

| | | |
|-------------|---------|--------|
| (Signature) | (Title) | (Date) |
|-------------|---------|--------|

| | | |
|-------------|---------|--------|
| (Signature) | (Title) | (Date) |
|-------------|---------|--------|

IDENTIFYING INFORMATION

| | | |
|--|----------------------------|----------------|
| NAME | | |
| TITLE | TELEPHONE NUMBER () | E-MAIL ADDRESS |
| ADDRESS | | |
| OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR | | |

EDUCATION

| | | | | | |
|--|--|--------------------------------------|------------------------------|-----------------------------|----------------|
| EDUCATION | CIRCLE THE HIGHEST GRADE YOU COMPLETED | HIGH SCHOOL GRADUATE | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| | 1 2 3 4 5 6 7 8 9 10 11 12 | PASSED HIGH SCHOOL EQUIVALENCY TESTS | YES <input type="checkbox"/> | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | COURSE OF STUDY | COMPLETED SEMESTER UNITS | QUARTER UNITS | DEGREE OBTAINED | DATE COMPLETED |
| | | | | | |
| | | | | | |

MANAGEMENT EXPERIENCE

| Type | Title | Date Started | Date Ended | Reason for Leaving |
|------|-------|--------------|------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

| | | |
|---|-------------|----------------|
| DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, COMPLETE THE FOLLOWING | | |
| Type | Period Held | Issuing Agency |
| | | |
| | | |

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE WHICH INDICATE COMPLIANCE WITH LICENSING REGULATIONS AND/OR CERTIFICATION STANDARDS.

| Dates | Name and Address of Employer | Duties | Reason for Leaving |
|-------|------------------------------|--------|--------------------|
| FROM | | | |
| TO | | | |
| | | | |
| FROM | | | |
| TO | | | |
| | | | |
| FROM | | | |
| TO | | | |
| | | | |

Signed _____ Date _____

State of California - Health and Human Services Agency

Department of Alcohol and Drug Programs

APPLICATION FOR LICENSE AND/OR CERTIFICATION ADMINISTRATIVE ORGANIZATION -

CORPORATIONS

A-3A

INSTRUCTIONS: Attach a copy of approved articles of incorporation papers from the Secretary of State. This form must be updated and submitted to the Department of Alcohol and Drug Programs each time there is a change in officers or change in the corporation.

| CORPORATION | | | | |
|--|------|---|------------------|-----------------|
| Name (as listed with the Secretary of State) | | Chief Executive Officer | | |
| Incorporation Date | | Place of Incorporation | | |
| Principal office of business: Address | | City | Zip Code | Telephone |
| Contact Person | | Title | | Telephone |
| Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Governing Board of Directors | | | | |
| a. Number of Board Members | | b. Term of Office | | |
| c. Frequency of Meetings | | d. Method of Selection | | |
| Board Officers and Members | | USE A SEPARATE SHEET FOR ADDITIONAL NAMES | | |
| Office | Name | Business Address & City & Zip Code | Telephone Number | Term Expiration |
| President | | | | |
| Vice-President | | | | |
| Secretary | | | | |
| Treasurer | | | | |
| Other | | | | |

PUBLIC AGENCY

1. Check type of public agency: ☐County ☐City ☐Other, specify below

2. Agency providing service

Name_____

Address_____City_____Zip Code_____

Contact Person_____Title_____Telephone_____

3. Attach a copy of Resolution or other legal document authorizing this application

PARTNERSHIPS

1. Attach a copy of the partnership agreement

2. Partners

| | Type of Partnership | Name | Business Address, City and Zip Code |
|-------------|--|------|-------------------------------------|
| 1st Partner | <input type="checkbox"/> General <input type="checkbox"/> Limited | | |
| 2nd Partner | <input type="checkbox"/> General <input type="checkbox"/> Limited | | |
| 3rd Partner | <input type="checkbox"/> General <input type="checkbox"/> Limited | | |
| 4th Partner | <input type="checkbox"/> General <input type="checkbox"/> Limited | | |

Contact Person_____Title_____Telephone #_____

SOLE PROPRIETOR/OTHER ASSOCIATIONS

Sole Proprietors/other associations must also provide a list of all person(s) legally responsible for the organization, the contact person, and appropriate legal documents (fictitious name statement, business license) which set forth legal responsibility of the organization and accountability for opening the program. Use the following space or attach a separate sheet.

APPLICATION FOR LICENSE**DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY****A-4**

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

1. Applicant Name: _____
2. Program Name: _____
3. Program Address: _____
4. City: _____ County: _____ Zip Code: _____
5. Telephone: (____) _____ E-mail Address: _____
6. _____
(Name of person(s) authorized by applicant)

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

PER SECTION 10561(C)(3), I WILL NOTIFY THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, WITHIN 10 WORKING DAYS OF ANY CHANGE OF THE ADMINISTRATOR OF THE FACILITY.

7. _____
Signature of applicant(s)
8. Title: _____
9. Address: _____
10. City: _____ County: _____ Zip Code: _____

State of California - Health and Human Services Agency
APPLICATION FOR LICENSE AND/OR CERTIFICATION
FACILITY STAFFING DATA/A-5

Department of Alcohol and Drug Programs

INSTRUCTIONS: Use this form to identify all staff of the facility/program. Volunteers are to be designated by placing a "V" after their name.

[illegible]

WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check): ☐ YES ☐ NO

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| 6-7 a.m. | | | | | | | |
| 7-8 a.m. | | | | | | | |
| 8-9 a.m. | | | | | | | |
| 9-10 a.m. | | | | | | | |
| 10-11 a.m. | | | | | | | |
| 11 a.m.-12 | | | | | | | |
| 12-1 p.m. | | | | | | | |
| 1-2 p.m. | | | | | | | |
| 2-3 p.m. | | | | | | | |
| 3-4 p.m. | | | | | | | |
| 4-5 p.m. | | | | | | | |
| 5-6 p.m. | | | | | | | |
| 6-7 p.m. | | | | | | | |
| 7-8 p.m. | | | | | | | |

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): _____

Comments:

State of California - Health and Human Services Agency Department of Alcohol and Drug Programs
HEALTH SCREENING REPORT – FACILITY PERSONNEL C-3

All personnel of an alcoholism or drug abuse recovery or treatment facility must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a licensed medical professional not more than sixty (60) days prior to employment or within seven (7) days after employment.

Employee Name: _____

Job Title: _____

Number of Work Days a Week: _____ Number of Work Hours per Day: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of medical information contained in this report.

Signature of Employee

Date

Note to Physician: Personnel working in alcoholism or drug abuse recovery or treatment facilities shall be in good general health, free from communicable disease, and occupationally capable of performing assigned tasks. Please complete the following information on the above named person.

Evaluation of General Health:

Based on a review of the employee's duty statement, are there any limitations on this individual's ability to perform the work described **and/or** are there any health conditions that would create a hazard to participants or other staff?

☐ NO ☐ YES – If yes, please explain:

Signature of Licensed Medical Professional

Title

Date

APPLICATION FOR LICENSE

CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD C-6A

| | | |
|------------------|------------------|----------------------|
| Resident's Name: | Admission Date: | Attending Physician: |
| Facility Name: | Facility ID No.: | Program Director: |

CENTRALLY STORED MEDICATION INSTRUCTIONS: Licit medications which are permitted by the licensee shall be controlled as specified by the licensee's written goals, objectives and procedures.

| Medication Name | Strength/ Quantity | Instructions Control/Custody | Expiration Date | Date Filled | Prescribing Physician | Prescription Number | No. Refills | Name of Pharmacy |
|-----------------|-----------------------|---------------------------------|--------------------|----------------|--------------------------|------------------------|----------------|---------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

MEDICATION DESTRUCTION RECORD INSTRUCTIONS: Prescription drugs not taken with the resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Program Director or designated representative and witnessed by one other authorized individual (NON-RESIDENT).

| Medication Name | Strength/ Quantity | Date Filled | Prescription Number | Disposal Date | Name of Pharmacy | Administrator's Signature | Witness' Signature |
|-----------------|-----------------------|----------------|------------------------|------------------|---------------------|---------------------------|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**State of California - Health and Human Services Agency
UNUSUAL INCIDENT/INJURY/DEATH REPORT FORM**

Department of Alcohol and Drug Programs

C-6B

Instructions: The licensee shall make a telephonic report to the Department of Alcohol and Drug Programs within one (1) working day for any of the following events: 1) Death of any resident from any cause. 2) Any facility related injury of any resident which requires medical treatment. 3) All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department. 4) Poisonings. 5) Natural disaster. 6) Fires or explosions which occur in or on the premises. The telephonic report is to be followed by a written report to the Department within seven (7) days of the event. [Regulations Section 10561]

NAME AND SIGNATURE OF PERSON REPORTING INCIDENT:

NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE:

FACILITY NAME AND LICENSE NUMBER:

FACILITY ADDRESS:

TELEPHONE NUMBER:

RESIDENT INFORMATION (Name, Age, Sex and Admission Date):

Complete in report Sections I, II and/or III as appropriate.

I. UNUSUAL EVENT OR INCIDENT: Unusual incidents include resident abuse, unexplained absences, or anything that affects the physical or emotional health or safety of any resident and epidemic outbreaks, poisonings, catastrophes, facility fires or explosions. Describe event or incident including date, time, location and nature of event. List what immediate action was taken (include persons contacted and if injury occurred complete Section II). Describe what follow-up action is planned (include steps taken to prevent reoccurrence).

II. INJURY REQUIRING MEDICAL TREATMENT. Describe how and where injury occurred. What appears to be the extent of the injuries? List persons who observed the injury. Name the attending physician, findings, and treatment.

III. DEATH REPORT. Date and time of death. Place of death. Describe immediate cause of death (if coroner report was made, send copy within 30 days). What were conditions contributing to death? What actions were taken?

● Name of Attending Physician

● Name of Mortician

PERSONAL RIGHTS - ALCOHOL RECOVERY AND DRUG TREATMENT FACILITIES

C-9

In accordance with Title 9, Chapter 4, Section 10569, of the California Code of Regulations, each person receiving services from a residential alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

The right to confidentiality as provided for in Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations.

To be accorded dignity in personal relationships with staff and other individuals.

To be accorded safe, healthful, and comfortable accommodations to meet his or her needs.

To be free from intellectual, emotional and/or physical abuse.

To be informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the Department of Alcohol and Drug Programs.

To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor, provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only.

COMPLAINTS

In accordance with Title 9, Chapter 4, Section 10541(a), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

***Department of Alcohol and Drug Programs
Licensing and Certification Division
Attention: Complaint Coordinator
1700 K Street
Sacramento, CA 95811-4037***

***(916) 324-4505
FAX (916) 322-2658
TDD: (916) 445-1942***

Acknowledgement

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to:

(Name of Facility)

(Resident's Signature)

(Date)

APPLICATION FOR LICENSE

DERECHOS PERSONALES - FACILIDADES DE RECUPERACIÓN Y TRATAMIENTO

C-9 (S)

En conformidad con el Título 9, Capítulo 4, Sección 10569, del Código de Regulaciones de California, cada persona que recibe servicios en una facilidad residencial de recuperación o tratamiento para el alcoholismo o abuso de drogas tendrá derechos, los cuales incluyen, pero no son limitados a, los siguientes:

De ser otorgado confidencialidad de acuerdo con Título 42, Secciones 2.1 a 2.67-1, Código de Regulaciones Federales.

De ser otorgado dignidad en sus relaciones con el personal y con otras personas;

De ser otorgado hospedaje que es sano y cómodo de acuerdo con sus necesidades;

De quedar libre de abuso intelectual, emocional y/o físico;

De ser informado por el director de la facilidad de las estipulaciones de la ley con respeto a quejas, incluyendo, pero no limitado al domicilio y número telefónico del Department of Alcohol and Drug Programs.

De ser libre a asistir a servicios religiosos o actividades de su preferencia y de recibir visitas de un consejero espiritual de su preferencia con la provisión que estos servicios o actividades no entren en conflicto con los requisitos del programa de la facilidad. La asistencia a servicios religiosos, sean dentro o fuera de la facilidad, será completamente por su propia voluntad.

QUEJAS

En conformidad con el Título 9, Capítulo 4, Sección 10543(a), del Código de Regulaciones de California, cualquier individuo puede solicitar una inspección de una facilidad de recuperación o tratamiento para el alcoholismo o abuso de drogas. Favor de dirigir sus quejas a:

***Department of Alcohol and Drug Programs
Licensing and Certification Division
Attention: Complaint Coordinator
1700 K Street
Sacramento, CA 95811-4037***

***Numero Telefonico: (916) 324-4505
FAX: (916) 322-2658
TDD: (916) 445-1942***

Reconocimiento

He sido notificado y he recibido una copia de mis derechos personales y he sido informado de las estipulaciones para registrar quejas al ser admitido a:

(Nombre de la Facilidad)

(Firma del Residente)

(Fecha)

CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

**DATA REPORT REQUIREMENTS
(FACILITIES AND PROGRAMS)
ADDENDUM TO LICENSING AND CERTIFICATION APPLICATION**

April 2006

CALIFORNIA ALCOHOL AND OTHER DRUG SERVICE PROVIDERS WHO ARE PUBLICLY-FUNDED, OR ARE LICENSED BY THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP) SHALL REPORT DATA IN A MANNER, FORMAT, AND UNDER A SCHEDULE PRESCRIBED BY ADP.

- **CALIFORNIA HEALTH AND SAFETY CODE (HSC) SECTIONS 11755 (O) (1,2,&9) AND (P), AND SECTION 11758.29 (E)**
- I. Alcohol and other drug treatment/recovery providers who receive any public funding (including Medi-Cal) or are licensed Narcotic Treatment Programs, shall report data that shall include admission, discharge and other data as required on all of their treatment/recovery participants (not just those actually served using public funds), along with **Provider Summary** data, to the **California Outcomes Measurement System (CalOMS)**.
- II. Any facility in California which provides treatment/recovery services for alcohol and/or drug abuse (including driving-under-the-influence programs) shall report required information to the annual Federal **Drug and Alcohol Services Information System Uniform Facility Data Set (UFDS)** survey.
- III. All programs licensed by ADP as Narcotic Treatment Programs shall report requested information on the **Annual Maintenance Report (AMR)** (formerly the Semi-Annual and Annual Methadone Report) and shall respond as prescribed by Title 9 regulations (Section 10220(d)) to the **Narcotic Maintenance Multiple Registration Detection Report (NMMRDR)**.
- IV. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration regulation (45 CFR 96, Section 96.126) requires a Capacity Management Program and Waiting List Program. This requirement is met through the **Drug and Alcohol Treatment Access Report (DATAR)**. All treatment/recovery providers who receive public funds and all licensed Narcotic Treatment Programs (regardless of funding) are to submit the **DATAR** on a monthly basis.

ADDITIONAL REPORTS MAY ALSO BE REQUIRED.

**FOR INFORMATION CONCERNING THE REPORTS DESCRIBED ABOVE,
PLEASE CALL DATA MANAGEMENT SERVICES AT (916) 327-8627.**

CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

| PROVIDER PROGRAM | REQUIRED DATA REPORTS | | | | | | |
|--|-----------------------|-------|------|--------|-----|--------|-------------------------|
| | CalOMS | DATAR | UFDS | NMMRDR | AMR | Dosing | Injury/ Death/ Disaster |
| Narcotic Detoxification | Yes | Yes | Yes | No | No | No | Yes |
| Narcotic Maintenance | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Medi-Cal Certified (other than Narcotic Maintenance) | Yes | Yes | Yes | No | No | No | No |
| Residential/ Recovery Home | | \$ | Yes | No | No | No | Yes |
| Certified Non-Residential | | \$ | Yes | No | No | No | No |
| DUI | No | No | Yes | No | No | No | No |

NOTES:

CalOMS = California Outcomes Measurement System

DATAR = Drug and Alcohol Treatment Access Report

UFDS = Uniform Facility Data Set (formerly NDATUS, annual survey)

NMMRDR = Narcotic Maintenance Multiple Registration Detection Report

AMR = Annual Maintenance Report (formerly Semi-Annual Methadone Report)

Dosing = (1) Take-Home Dose Over 80 Milligrams, (2) Notification of Program Exceptions

Injury/Death/Disaster = Injury, Death, Disaster Report

\$ = Requirement for reporting depends on funding: If a facility receives any public monies, CalOMS and DATAR reporting is required. "Public monies" include Federal Substance Abuse Prevention and Treatment Block Grant funds, State funds for treatment and recovery, Center for Substance Abuse Treatment grants, and any other funds which are routed through the California Department of Alcohol and Drug Programs (ADP). All programs certified for Drug Medi-Cal are considered publicly-funded as of the date of certification, regardless of billing or reimbursement. **For clarification on fund sources, contact your county alcohol and drug program administration office.**



Application Supplement

FOR SOLE PROPRIETORS ONLY

This supplement is to be completed by all sole proprietors who are applying for licensure or alcohol and drug program certification with the Department of Alcohol and Drug Programs.

The information requested is necessary to assist the Department in implementing the federal mandate under Section 411 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193). Licensing and certification are considered public benefits. Therefore, under this federal law, persons who are not citizens and are not described in the federal law as qualified aliens, nonimmigrant aliens under the Immigration and Nationality Act (INA), or aliens paroled into the United States for less than one year under Section 212(d)(5) of the INA are ineligible to receive state public benefits.

Sole proprietors are required to complete the attached Statement of Citizenship, Alienage, and Immigration Status for State Public Benefits [Form ADP 10045 (new 1/98)] and return with your completed application.

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR STATE PUBLIC BENEFITS

| | |
|---|---------------------------|
| Print Name of Applicant (the applicant is the person who wants to be licensed or certified) | Date |
| Print Name of Person Acting for Applicant, if any | Relationship to Applicant |

STATE PUBLIC BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States, who meet all eligibility requirements, may receive public benefits, and must fill out Sections A and D.

Aliens, who meet all eligibility requirements, may also receive public benefits and must complete Sections A, B, C, and D of this form.

SECTION A: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes ☐ No ☐

If the answer to the above question is yes, where was he/she born? _____
(City/State)

2. To establish citizenship or nationality, please submit one of the documents on List A (attached hereto), which is legible and unaltered.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, AND, IF NECESSARY, SECTION C.

SECTION B: ALIEN STATUS DECLARATION

IMPORTANT: Please indicate the applicant's alien status below and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94.

- ☐ 2. An alien, who is granted asylum under section 208 of the INA. Evidence includes:

- INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(5)";
- INS Form I-766 (Employment Authorization Document) annotated "A5";

- Grant letter from the Asylum Office of INS; or
- Order of an immigration judge granting asylum.

- ☐ 3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document).
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
- ☐ 6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3".
- ☐ 7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, a CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
- ☐ 8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes INS Form I-94 showing this status.
- ☐ 9. An alien not in Categories 1 through 8, who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. Evidence includes INS Form I-94 showing this status.

SECTION C: DECLARATION FOR BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.

- ☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicants child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes of the documents on List B (attached hereto).
- ☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

SECTION D:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Signature of Person
Acting for Applicant: _____ Date: _____

LIST A

A person who is a citizen or national of the United States.

A. Primary Evidence

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen--see Paragraph C below.

- United States passport (except limited passports, which are issued for periods of less than five years);
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- Evidence of civil service employment by the U.S. government before June 1, 1976;

- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth and the name(s) and place(s) of birth of the parent(s);
- Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;
- Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (NOTE: the source of the information must be an original birth certificate and must be indicated in the statement); or
- Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction)).

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take the oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

D. Derivative Citizenship

If the applicant cannot present one of the documents listed in A or B above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

- Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:

- Evidence that one parent is a U.S. citizen and that the other is a U.S. non - citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother:

- Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

- If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship;
- If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

E. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. cites, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

F. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for : Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

A. Documentation Evidencing an Approved Petition or Application

- INS Form I-551 ("Resident Alien Card" or "Alien Registration Receipt Card". commonly known as a "green card") with one of the following INS class of admission ("COA") codes printed on the front of a white card or the back of a pink card : AR1, AR6, C20 through C29, CF1, CF2, CR1 , CR2, CR6, CR7, CX1 through CX3, CX6 through CX8, F20 through F29, FX1 through FX3, FX6 through FX8, IF1, IF2, IR1 through IR4, IR6 through IR9, IW1 , IW2, IW6, IW7, MR6, MR7, P21 through P23, or P26 through P28.

If an alien claiming approved status presents a code different than those enumerated, or if you cannot determine the class of admission from the I-551 stamp, you should file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of an law permanent resident.

- INS Form I-551 with one of the following COA codes stamped on the lower left side of the back of a pink card: IB1 through IB3, IB6 through IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, or BX6 through BX8.
- INS Form I-551 with COA code Z13.
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94 with one of the COA codes specified in the Subsections (1)-(3), above.
- INS Form I-797 indicating approval of an INS I-130 petition (only I-130 petitions describing the following relationships may be accepted: husbands or wives of U.S. citizens or LPRs, unmarried children under 21 years old of U.S. citizens or LPRs, or unmarried children 21 or older of LPRs), or approval of an I-360 petition (only I- 360 approvals based on status as a widow/widower of a U.S. citizen or as a self-petitioning spouse or child of an abusive U.S. citizen or LPR may be accepted).
- A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

B. Documentation Demonstrating that the Applicant has Established a Prima Facie Case

- INS Form I-797 indicating that the applicant has established a prima facie case; or
- An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

C. Documentation Indicating that the Applicant has Filed a Petition or that a Petition has been Filed on the Applicant's Behalf, as Applicable, but with no Evidence of Approval of the Petition or Establishment of a Prima Facie Case

The benefit provider should determine from the documentation when the petition was filed and take the actions set forth below:

- Applicants with petitions filed before June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse [or child] of abusive U.S.C. or LPR, "a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).
- Applicants with petitions filed after June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition.

D. Documentation Indicating that the Applicant has filed a Petition or that a Petition was filed on His or Her Behalf, as Applicable

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. Citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

- For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130) (a sample copy of Form I-130 is attached to this Exhibit).
- For self-petitioning widows a widowers: a file -stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

E. Documentation Indicating that the INS has Initiated Deportation or Removal Proceedings in which Relief may be Available

- an "Order to Show Cause";
- a "Notice to Appear"; or
- a "Notice of Hearing in Deportation Proceedings."

F. Minimal or no Documentation Regarding the Claimed Filing

If the applicant has some documentation, but it is insufficient to demonstrate filing, establishment of prima facie case or approval of a petition, you should fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant's status. If the applicant has no documentation but is certain that a petition has been filed by his or her spouse or parent, you should fax the INS Request Form to the INS Vermont Service Center.

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
ADDITIONAL INSTRUCTIONS FOR COMPLETING
FIRE SAFETY INSPECTION REQUEST FORM

A complete license application requires a valid fire clearance for the facility to be licensed. The applicant is responsible for acquiring the fire clearance from the local fire authority. If you have questions regarding how to fill out the form, please call the Department of Alcohol and Drug Programs (ADP), Licensing and Certification Division at **(916) 322-2911**.

The following are instructions for completing the Fire Safety Inspection Request Form (STD 850):

1. Fill in the "Request Date" on the upper right hand side of the form.
2. Fill in the "total capacity" you are requesting in your facility. The "total capacity" requested should equal to "total occupancy" of the facility requested in Item 2B on portion A-1 of the application for licensure in the Initial Licensing Application Booklet. You and the fire inspector should discuss the ambulatory and nonambulatory capacities of the facility and complete those items on the request.
It is also important to note the following:
 - a) "Total occupancy" includes residents receiving recovery, treatment or detoxification services, children of the residents, and staff living at the facility.
 - b) If the "total occupancy" includes children of the residents, the maximum number of the children and their age limit shall be specified on the fire clearance (e.g., total occupancy may include up to 6 children under 10 years of age).
3. Fill in the facility name, street address(s), number of buildings, city (state and zip code), contact person and special conditions. If you are requesting one license for more than one address, list each address and capacity on the STD 850 form under the box titled "Special Conditions." Please note that multiple addresses may require more than one license which would also require more than one fire clearance.
4. The lower part of the form will be completed by the Fire Department.
5. Also attached is an Information Bulletin (SFM 94-1) issued by the State Fire Marshal which can be shown to fire inspection authorities, if they question the inspection request procedure.
6. Contact your local fire authority to schedule the inspection. Ensure they have jurisdiction for the address of the facility to be licensed.

(Note: This form should not be submitted to the local fire inspector unless the applicant intends to submit a complete license application booklet to ADP.)

7. A completed licensing application must include an approved fire clearance prior to mailing the application to the ADP.

FIRE SAFETY INSPECTION REQUEST

STD. 850 (REV. 10-94)

See instructions on reverse.


| | | | |
|-----------------------|-----------------------------------|--------------|--------------|
| AGENCY CONTACT'S NAME | TELEPHONE NUMBER () | REQUEST DATE | PROGRAM |
| EVALUATOR'S NAME | REQUESTING AGENCY FACILITY NUMBER | | REQUEST CODE |

| | | |
|--|--|----------------------------------|
| LICENSING AGENCY NAME AND ADDRESS | | CODES |
| | | 1. ORIGINAL A. FIRE CLEARANCE |
| | | 2. RENEWAL B. LIFE SAFETY |
| | | 3. CAPACITY CHANGE |
| | | 4. OWNERSHIP CHANGE |
| | | 5. ADDRESS CHANGE |
| | | 6. NAME CHANGE |
| 7. OTHER | | |

| AMBULATORY | | NONAMBULATORY | | BEDRIDDEN | | TOTAL CAPACITY |
|----------------------------------|-------------------|---------------|-------------------|-----------|-------------------|---------------------|
| CAPACITY | PREVIOUS CAPACITY | CAPACITY | PREVIOUS CAPACITY | CAPACITY | PREVIOUS CAPACITY | |
| FACILITY NAME | | | | | | LICENSE CATEGORY |
| STREET ADDRESS (Actual Location) | | | | | | NUMBER OF BUILDINGS |
| CITY | | | | | | RESTRAINT |
| FACILITY CONTACT PERSON'S NAME | | | | | | HOURS |
| SPECIAL CONDITIONS | | | | | | |

TO BE COMPLETED BY INSPECTING AUTHORITY

| | | | |
|--|--|---------------------------|--|
| FIRE AUTHORITY NAME AND ADDRESS | | CLEARANCE/DENIAL CODE | |
| | | CODES | |
| | | 1. FIRE CLEARANCE GRANTED | |
| | | 2. FIRE CLEARANCE DENIED | |
| | | A. EXITS | |
| | | B. CONSTRUCTION | |
| | | C. FIRE ALARM | |
| D. SPRINKLERS | | | |
| E. HOUSEKEEPING | | | |
| F. SPECIAL HAZARD | | | |
| G. OTHER | | | |

| | | | |
|---|--|--------------|-----------------|
| INSPECTOR'S NAME (Typed or Printed) | TELEPHONE NUMBER () | CFIRS NUMBER | OCCUPANCY CLASS |
| INSPECTION DATE | INSPECTOR'S SIGNATURE  | | |
| EXPLAIN DENIAL OR LIST SPECIAL CONDITIONS | | | |

FIRE SAFETY INSPECTION REQUEST

STD. 850 (REV. 10-94) (REVERSE)

INSTRUCTIONS

This form is designed for use with a window envelope
**Licensing or Requesting Agencies--Complete the following 19 sections on this form
 before submitting it to the fire authority having jurisdiction.**

- 1. AGENCY CONTACT, 2. TELEPHONE NUMBER, 5. EVALUATOR.** Enter the name and telephone number of agency contact person.
- 3. PROGRAM.** Licensing agency use.
- 4. REQUEST DATE.** Enter date request was prepared.
- 6. REQUESTING AGENCY FACILITY NUMBER.** This is the file number assigned by the licensing agency.
- 7. REQUEST CODE.** Use the seven codes shown and insert the appropriate number in the box following "Request Code". If NAME CHANGE, please list previous name. Insert date of original request is other than an original.
- 8. AGENCY NAME AND ADDRESS.** Enter the name and address of the licensing facility requesting the inspection.
- 9. AMBULATORY--NONAMBULATORY--BEDRIDDEN.**
 Capacity: Insert in the appropriate section, the capacity of licensed ambulatory or nonambulatory occupants covered by this request.
 Previous Capacity: If request is for renewal or capacity change, insert capacity of previous clearance.
 Total Capacity: Show total licensed capacity. If the facility is intended to house part ambulatory, nonambulatory, and part bedridden, show the total of the three types of occupants.
- 10. FACILITY NAME.** Insert the name of the facility as it will appear on the license. List identifying sub name if known (i.e., Hacienda Corp/Medina Lodge).
- 11. LICENSE CATEGORY.** Insert the category of license being sought as it will appear on the license certificate.
- 12. ADDRESS.** Insert street address and city only. A post office box is not acceptable as only location.
- 13. NUMBER OF BUILDINGS.** Insert the total number of buildings to be used for housing of the occupants covered by the license.
- 14. RESTRAINT.** Indicate if physical restraint (locked in a room or the building) is to be used in the housing of the occupants.
- 15. FACILITY CONTACT PERSON--TELEPHONE NUMBER.** Indicate the name and telephone number of the responsible individual at the facility to be contacted by the fire authority.
- 16. HOURS.** Indicate the number of hours the occupants are housed at the facility (less than 24 or 24+).
- 17. SPECIAL CONDITIONS.** Indicate any conditions unique to this request. As an example, if the inspection request is for one building in a multi-building facility.

FIRE AUTHORITY CONDUCTING THE INSPECTION--COMPLETE THE FOLLOWING:

- 18. FIRE AUTHORITY, NAME AND ADDRESS.** Insert the name and address of the fire authority where the facility is located.
- 19. CLEARANCE/DENIAL CODE.** Use the two codes: 1 for clearance granted, and 2 for clearance denied. If denied, also include the appropriate letter code. As an example, Denial based upon exiting would be coded 2A.
- 20. INSPECTOR'S NAME.** Print the initial of the inspector's first name and full last name; insert the telephone number where the inspector may be contacted.
- 21. CFIRS I.D. NUMBER.** Insert the fire department's number assigned by California Fire Incident Reporting System.
- 22. OCCUPANCY CLASSIFICATION.** Use California Building Code occupancy classifications and insert the occupancy determined by the inspector.
- 23. INSPECTION DATE.** Enter the actual date of the inspection.
- 24. INSPECTOR'S SIGNATURE.** To be signed by the inspector conducting the inspection.
- 25. EXPLAIN DENIAL OR SPECIAL CONDITIONS.** If clearance code #2 is used, briefly explain reason. This space is also to be used to specify any additional limitations placed by the fire authority, such as the use of certain floors or sleeping rooms approved for nonambulatory clients.

FIRE CLEARANCE REQUESTS FOR ALCOHOLISM OR DRUG ABUSE RECOVERY TREATMENT FACILITIES (R-6'S)

There are two recent changes in State law which affect your procedures in processing a fire clearance, (Standard Form 850, Fire Safety Inspection Request) from the Department of Alcohol and Drug Programs (ADP) for licensed Alcoholism or Drug Abuse Recovery Treatment Facilities. The first involves how you will be receiving inspection requests. The second, on how to fill out the fire clearance form.

In the past, when a prospective licensee submitted a licensing application, ADP in turn requested a fire clearance from you, the local fire authority. An inspection was then conducted relative to the number and ambulatory status of the clients, based upon the information the provider submitted on their application. However, Assembly Bill 2160 (Chapter 741, Statutes of 1993) changed Section 11834.03 of the Health and Safety Code. This section deals with the documentation to be submitted by the prospective licensee to ADP.

Now, a person or entity applying for licensure must submit to ADP a Standard Form 850 approved by the local fire authority with their application. In other words, it is up to the provider to obtain an approved fire clearance before submitting the licensing package to ADP. You will now be contacted directly by the provider to obtain an approved fire clearance.

The Department of Alcohol and Drug Programs is also requesting that local fire inspectors indicate the maximum allowable capacity, **including dependent children**, in the "Total Capacity" block on the Standard Form 850. Approving the maximum acceptable occupancy of the facility will help assure the safety of children residing in ADP licensed facilities. Children residing in ADP facilities are under the supervision of their parent(s) and are not receiving recovery services as defined in ADP's licensing regulations.

When filling out the Fire Safety Inspection Request, you must specify on the form the number of beds for ambulatory residents and the number of beds for nonambulatory clearances, such as limitation to specific bedrooms or the use of only certain floors. As a reminder, a local jurisdiction may not enforce any fire and panic safety regulation in an ADP facility unless the regulation has been adopted by the State Fire Marshal.

If you have any questions regarding the processing of the Fire Safety Inspection Request form for ADP facilities, please contact.

**Department of Alcohol and Drug Programs
Licensing and Certification Branch
1700 K Street
Sacramento, CA 95814
(916) 322-2911**

If you have any questions regarding application of any State Fire Marshall regulations, please contact the Regional Office serving your area:

**Northern Region
1131 "S" Street
Sacramento 95814
(916) 445-8200**

**Coastal Region
135 Bridgeway Ave.
Santa Rosa 95401
(707) 576-2993**

**Southern Region
1501 W. Cameron Ave.
West Covina 91790
(626) 960-6441**

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 327-3722



TO: PROSPECTIVE ALCOHOL OR OTHER DRUG
LICENSURE/CERTIFICATION APPLICANT

SUBJECT: DATA COLLECTION REQUIREMENTS

The purpose of this letter is to inform you that you must collect and report treatment data to the Department of Alcohol and Drug Programs (ADP), if you are a licensed Narcotic Treatment Program (NTP), or other program licensed or certified by ADP that receives at least one dollar (\$1.00) of public alcohol or other drug treatment funding.

The California Outcomes Measurement System (CalOMS) is a statewide client/customer based data collection and outcomes measurement system for Alcohol and Other Drug (AOD) treatment services. Counties and direct contract providers are required to collect and submit client information to ADP. Licensed NTPs, and other AOD treatment programs that receive public monist, should contact their county for detailed information regarding data collection and reporting requirements following licensure or certification.

Enclosed is additional information that provides a more detailed description of CalOMS, a data collection guide, IT requirements, etc.

Please contact the ADP Program Services Division, CalOMS Treatment Program at calomshelp@adp.ca.gov, if you have any questions regarding these requirements.

Enclosure



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the Flex Your Power website at
<http://www.fypower.org>

What is CalOMS?

On January 1, 2006, a new required reporting system for treatment providers, CalOMS, was implemented. CalOMS treatment will collect data on all treatment clients/participants served in publicly funded alcohol and other drug (AOD) programs and in all licensed Narcotic Treatment Provider (NTP) programs.

Reporting entities, which are the county AOD treatment services, or subcontracted AOD treatment providers, DMC direct contract providers and all licensed NTPs, must submit CalOMS treatment data electronically to ADP. Reporting entities may build their own data collection system, or use a data reporting service vendor.

CalOMS will help ADP identify AOD trends, risks, effective practices/outcomes, demonstrate services are cost effective, and meet federal reporting requirements. CalOMS system will help ADP understand the effectiveness of services provided and help identify ways to improve AOD service delivery in California. CalOMS objectives are to gather, track, and report process and outcomes measurement information on programs serving clients in the publicly-funded AOD treatment system. Treatment data will be collected from clients at up to three collection points which include admission, discharge/administrative discharge, and annual updates for clients in treatment more than 12 months.

The counties and AOD direct contract providers will collect the required CalOMS data and send that data to ADP at least monthly in the form of electronic data files. The data must be submitted to ADP electronically, ADP will not accept paper submission. AOD treatment providers that contract with county AOD offices must check with the county of location for CalOMS reporting requirements and local processes, and any additional county requirements.

Important CalOMS Information

CalOMS IT Requirements:

The CalOMS IT requirements are delineated in the following documents on ADP's website and they provide information on CalOMS Data Dictionary, CalOMS Requirements Specification, CalOMS Input System Screen Images, CalOMS System User Documentation, CalOMS Data Elements and Data Collection Points, and more.

CalOMS Data Collection Guide:

The Data Collection Guide is for county and direct provider staff reporting information to ADP through CalOMS. Information about CalOMS business needs and step-by-step instructions for how to collect, update, and submit CalOMS data to ADP is provided in this guide.

Data Standards Requirements:

CalOMS Treatment has set data standards for accuracy, completeness and timeliness. The Treatment Data Compliance Standards can be accessed on the ADP website.

Additional CalOMS – Treatment information can be found on ADP's website at www.adp.ca.gov

Good Neighbor Guidelines

Establishing and Maintaining
Positive Relationships in the Community

A Guidebook for Residential Alcohol and
Drug Abuse Facilities



Acknowledgments

Good Neighbor Guidelines was developed in response to recommendations from the Care Facilities Task Force which was established by Senate Concurrent Resolution 27 (Senator Quentin L. Kopp, 1997).

The Department of Alcohol and Drug Programs (ADP) is very grateful to the California Association of Services for Children and the California Association of Children's Homes for allowing us to paraphrase their "A Guidebook for Group Home Providers." We borrowed much of their fine work and made it appropriate to residential alcohol and drug abuse (AOD) facilities.

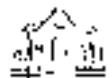
This adaptation of *Good Neighbor Guidelines* was written by the California Association of Addiction Recovery Resources under subcontract with the Social Model Recovery Services, through its contract with ADP. The information expressed herein is to assist AOD facilities in establishing and maintaining positive relationships in the community. Questions or comments regarding this document should be directed to:

Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814
(800) 879-2772 (California only)
(916) 327-3728 FAX (916) 323-1270
TTY: (916) 445-1942
<http://www.adp.state.ca.us>



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Introduction

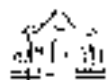


What makes a good neighbor? From personal experiences in our own homes, we all have a pretty clear idea of neighborliness. Good neighbors are people we can rely on to keep an eye on our house when we're away, people we can rely on to give us a hand if we need a little extra help, people we can depend on to help keep the street looking good by keeping their lawns mowed, their yards neat and free of litter, and houses painted. Good neighbors are the folks that we're glad bought the house next door and that we miss when they move away.

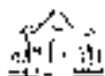
When you open a residential alcohol and drug abuse facility (hereafter referred to as an AOD facility) in a residential community, you become the new neighbor on the block and the neighborhood's expectations about you are the same as they would be about any new neighbor moving in. Because there have been instances where AOD facilities unfortunately have not practiced good neighbor principles, community residents may become suspicious or hostile when they learn that an AOD facility has opened or is about to open in their neighborhood.

As a licensee of an AOD facility, what can you do to turn this attitude around and promote AOD facilities as being good neighbors? This booklet can help. It contains ideas, suggestions and tips, identified by experienced providers and licensing reviewers, for establishing and maintaining positive relationships in the community. It also includes some examples of protocols and communications that you may wish to adapt for use in your own AOD facility.

We hope that you will find the suggestions contained in this booklet helpful and consider incorporating them into your AOD facility. Those of us who are committed to providing neighborhood-



based treatment services for individuals suffering from alcohol or other drug problems must make sure that our residents are committed to being good neighbors, our homes are maintained and our staff conduct themselves in a responsible, positive, professional manner that contributes to the quality of our communities and enhances the AOD facility's efforts to be a good neighbor. In short, we must be good neighbors!

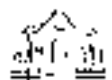


Site Selection



AOD facilities need to:

- Anticipate potential problems.
- Choose a location most appropriate for your services and clientele.
- Review the neighborhood composition of possible sites. Find out who lives there, what schools, businesses, or organizations are located there.
- Anticipate questions and be prepared to answer them. For instance, locating too near a school, playground or liquor store often raises community concerns.
- Contact local zoning or planning boards early in your planning to identify regulations.
- Make it a priority to find space that meets existing zoning requirements.
- Assemble a group of expert and lay persons who support your cause and who would be willing to testify on your behalf should public hearings on siting issues be needed.
- Choose a residential facility which will require minimal renovations. It should have sufficient bedrooms, bathrooms, meeting space and office space; provide a safe environment for staff and residents; meet the Americans With Disabilities Act requirements (especially if you are interested in public funding), and be accessible and appropriate for the target population(s).



Before You Move In



Even before you begin services at your AOD facility, there is work to do to reassure your new neighbors that you will be a positive addition to their community. The old maxim “you never get a second chance to make a good first impression” applies here. Do your homework so that you can anticipate and prevent problems before they occur. Consider the following:

- Know your neighborhood and make sure you have a legal right to be there—is the zoning appropriate; do you need a conditional use permit (which may be required of facilities with more than six residents)?
- Make sure that you have secured all the required fire permits, licenses, business licenses, and permits.
- Be sure your home purchase agreement or lease has an escape clause releasing you if you are unable to open the AOD facility.
- Develop a neighbor introduction letter and prepare written materials about your program that can be shared with neighbors; be clear, factual and straightforward. (See “Samples and Examples”—Page 17 for an example of a “Neighbor Introduction.”)
- Have a good-neighbor plan ready in advance and put it into effect as soon as you move in.



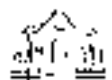
Maintenance



Maintenance is the essence of “good neighborliness.” Neighbors appreciate neighbors who keep up their property. In your case, good maintenance of the AOD facility may also act to reassure neighbors that your program and the residents served are a valued addition to the neighborhood.

Each AOD facility should be physically maintained in a manner that does credit to the neighborhood. The objective should be to be “the best looking place in the neighborhood.”

- Conduct monthly inspections of the agency’s AOD facility and recognize or reward the staff and clients for their efforts.
- Adhere to community standards for landscaping, painting and décor.
- Keep the exterior free of old furniture, appliances or cars.
- Do not allow residents or visitors to litter.

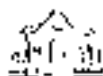


Law Enforcement



It is important to develop a relationship with local law enforcement, or with any local response agencies. You need their understanding and support. A “bunker” mentality on your part will mean that law enforcement will only hear a one-sided accounting of any situation. Make their jobs as easy for them as you can. Consider the following:

- Get to know the local police, sheriff and fire department. Invite them to become familiar with the program and facility, and orient them to your mission and goals.
- If possible, recruit a law enforcement officer for your Board of Directors.
- Discuss the Code of Federal Regulations, Title 42, Chapter 1, Part 2, Confidentiality Rules. If possible, work with all law enforcement agencies on a plan for how to cooperate with their requests for information on individuals without violating individual rights to confidentiality.
- Develop a back-up system of support within the AOD facility to minimize your reliance on law enforcement in crisis situations.



Complaints



Complainants will find a listener somewhere. If it's not you, it will be local government, local media or a State licensing agency. The involvement of any of these entities can start a series of processes over which you have little direct control. Wouldn't you be in a better position if you had the first opportunity to respond to concerns? Consider the following:

- Make sure the neighbors know who to contact in the AOD facility if they have a complaint or a question, and how to contact that person. Periodically visit neighbors and leave your business card.
- Select a staff member to represent the AOD facility and ask the neighbors to appoint a representative as well. Ask them to be available to one another to discuss any neighborhood issues that may arise.
- Provide mediation crisis intervention training to the person assigned to deal with complaints.
- Develop a written protocol or procedures for staff to follow when a complaint is received. (See "Samples and Examples"—Page 18 for an example of a "Complaint Protocol.")
- Learn to field complaints in a positive way. Even if it appears that the AOD facility is unfairly criticized, the response should be one of acceptance and understanding.



- Respond to any complaints whether legitimate or not. If the complaint does not concern your facility, say so. However, if you are able to remedy the problem, offer to help. If the problem stems from your facility, correct it and assure the complainant that it won't happen again. Then, take appropriate measures so that the problem is not repeated.
- Keep your Board of Directors informed about neighborhood issues; you never know when the support of the Board will be needed to handle a problem in the community. Ideally, you will have representatives of the community serving on your Board of Directors, and this might be the time to call upon their services.



Communication



AOD facilities often fare very differently in their relationships with neighbors and the community in general. Sometimes this is because of local circumstances beyond the control of the licensee. More often, however, this is because of differences in approach to local communication. Public relations are very important! Consider some of the following approaches:

- Hold periodic open houses; invite the neighbors in now and then. Without violating confidentiality, show off your AOD facility; show your neighbors your successes to help them buy into the need for your AOD facility.
- When someone moves into the neighborhood, have a staff member visit the neighbor. Welcome your neighbor to the neighborhood, acquaint them with the program and give them the name and phone number of the administrator or agency liaison, should concerns arise.
- If you plan to make significant improvements to your property, it is wise to inform your neighbors of the changes before the work is commenced. The more your neighbors know, the less concerns they will have.

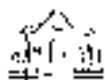


Client Conduct



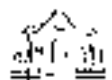
Regardless of the number of residents served in your AOD facility, it is your responsibility to assure that residents of your program are conducting themselves in such a way as to respect the neighborhood and honor the AOD facility. The following are some suggested rules to ensure your residents are also good neighbors:

- Residents should not loiter in the front yard. Designate outdoor smoking areas that will not interfere with your neighbors. Use the back yard or park for outdoor activities.
- Restrict radios, stereos and television to indoor use and keep the volume of stereos and television at a level that does not disturb the neighbors.
- Residents should dress appropriately and use appropriate language.
- Residents should not engage in any aggressive confrontation with each other or the neighbors.
- Residents should not cut across or walk on neighbors' property.
- If your program does not have "off street" parking, or if multiple vehicles are unsightly, make provisions for residents to leave their vehicles somewhere other than at the house. Use your best judgment, and be consistent



with other homes in the neighborhood, but be aware that one of the most frequent complaints is the number of cars parked at and coming to and from the AOD facility.

- Prohibit any auto maintenance in the driveways/front yards.
- Keep the garage door closed when possible.
- Make a wall hanging or poster and place it where residents and staff can see it daily. (See “Samples and Examples”—Page 19 for an example of a “Wall Hanging.”)



Staff Conduct



Your staff represents your AOD facility. They are also role models to your residents and community. Consider some of the following rules for staff conduct:

- Staff should observe all rules set for residents. (See “Client Conduct”—Page 12.)
- The agency should have a “Code of Ethics” for all staff and it should be reviewed by staff on a regular basis. Each staff person and volunteer should be required to sign this code of ethics. (See “Samples and Examples”—Page 20 for an example of a “Code of Ethics.”)
- All staff and volunteers shall be aware of the Code of Federal Regulations, Title 42, Chapter 1, Part 2 Confidentiality Rules and shall maintain them at all times.
- Be an overall good neighbor. See the neighbors and let them see you. Build relationships on a personal level as much as your time allows.



Join, Join, and Join!



Belonging to local groups and community service organizations is a great way to “walk the walk” as a member of the community. The following are some suggestions for getting involved in the community:

- Participate in the neighborhood watch program.
- Participate in homeowners and apartment associations.
- Encourage staff to get involved in community organizations (e.g., as board members of other community nonprofit organizations, volunteers with police or fire auxiliaries, etc.) so that you will be known and seen as people who are actively involved in the betterment of the community.
- Belong everywhere: Chamber of Commerce, Rotary, Lions, Kiwanis, etc. You are a member of the community and should act like one.

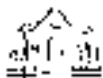


Community Service



Community service activities are wonderful opportunities to demonstrate your commitment to the neighborhood and your concern for the good citizenship of your residents. Following is a list of community service activities you could undertake, and add to the list those activities that would be appropriate in your neighborhood and community:

- Offer to remove and replace garbage cans for the disabled or elderly on trash day.
- Offer to mow lawns, make home repairs or do yard work for neighbors who are incapacitated or elderly.
- Help clean up the neighborhood in the aftermath of storms, floods, etc.
- Patrol for and remove litter.
- Participate in local community special events.
- Purchase goods and services from local merchants.
- Participate in the adopt-a-highway program.
- Participate in the neighborhood watch program.
- If graffiti appears in the neighborhood, help to remove it.
- Offer to paint street numbers on curbs.



Samples and Examples
Neighbor
Introduction

Easy Does It Recovery Home

Dear Neighbor,

I would like to introduce myself. My name is John/Mary Smith and I am the Director of The Easy Does It Recovery Home. Our organization has been incorporated since 1982 and has been successfully serving recovering alcoholics and drug addicts since that time. We have 12 male residents in this AOD facility.

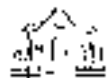
It is our agency's mission to assist these men in their journey to sobriety and recovery by offering them a safe, nurturing environment and skills to function as nondrinking or nonusing citizens in an alcohol- and drug-free environment. Our residential facility provides 24-hour staff supervision, which means there is always someone in charge of the home whom you can reach should you have a question or concern. The State of California Department of Alcohol and Drug Programs licenses us as a Residential Nonmedical Alcoholism and Drug Abuse Recovery or Treatment Facility.

It is important that our men live in a community like this since it is in such an environment where they will live when they complete their recovery and treatment services. We take this responsibility very seriously. Our residents learn the importance of being a good neighbor and a positive asset to this community. Please help us to become better neighbors and consider us for involvement or help in any community projects.

If you have any questions or concerns, you may contact my staff or me at 555-4444.

Sincerely,

John/Mary Smith
Director



Samples and Examples

Complaint Protocol

Although there are no requirements in regulation that AOD facilities develop a neighborhood complaint process, it is highly recommended that each AOD facility do so and inform the staff as to the procedure to take should a neighbor complain to the AOD facility. The following is an example:

Easy Does It Recovery Home

To: All Staff
From: Mary Smith, Director
Subject: Neighbor Complaints

Should anyone come to the door with a concern or complaint, please follow these instructions:

1. You are allowed to let him/her know we are The Easy Does It Recovery Home, an AOD facility for recovering alcoholics and drug addicts. You are not allowed to give him/her any specific information about our residents.
2. If he/she asks, you may give your name.
3. Ask for his/her name and phone number—if he/she is unwilling to give this information, that is fine—please only ask once.
4. If he/she does give you a name and phone number, tell him/her that Mary Smith, Director will give him/her a call to discuss any concerns he/she may have.
5. Give him/her a copy of the Neighbor Introduction Letter and let him/her know if he/she has any questions, to please call Mary Smith at the number on the letter.
6. Once you have asked for a name and number, and given him/her a copy of the Neighbor Introduction Letter, you are instructed to politely excuse yourself, letting him/her know you need to return to your duties. At no time are you to engage in a discussion or debate about the validity or invalidity of his/her concern or complaint.
7. If you have been through these steps and the person is refusing to leave or is trying to force his/her way into the AOD facility, page me or the designated staff person in charge. As a last resort you should call the local authorities.



Samples and Examples

Wall Hanging

Create a wall hanging that can be displayed in a central location where all staff and residents can see it on a regular basis.

Easy Does It Recovery Home

- This is our home.
- Always treat it with respect.
- Remember that you and your actions reflect on our home.
- We are happy to be in this neighborhood.
- Always think of what you can do to make this home and our community better.



Samples and Examples Code of Ethics

Staff of the Easy Does It Recovery Home is dedicated to the belief in the dignity and worth of all human beings.

Staff will promote and assist in the recovery or treatment of all persons regardless of the ability to pay, without regard to ethnic group identification, religion, age, sex, color or disabilities.

Staff will maintain an appropriate supportive relationship with all persons served, and not become personally, socially, sexually or romantically involved with a resident while the resident is in a professional relationship with the program.

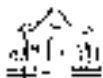
Staff will not commit any act of violence or threats of violence against residents or other staff.

Staff will not become financially involved with residents served.

Staff will strictly adhere to established rules of confidentiality regarding all records, materials and knowledge concerning persons served in accordance with all current government and program regulations.

Staff will respect organizational policies and procedures, along with the rights of other staff members, cooperating with management both on the job and in association with other agencies with which he/she may come in contact in his/her job.

Staff will regularly evaluate their own skills, strengths and limitations, striving always for self-improvement, personal growth and increased knowledge through further education and training.



NATIONAL INSTITUTE ON DRUG ABUSE

***HOW TO SUCCEED
IN SITING A DRUG ABUSE
TREATMENT CENTER***



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Alcohol, Drug Abuse, and Mental Health Administration

Some words to the wise

Drug abuse treatment is important to the community. This booklet is a collection of basic principles gleaned from providers who have sited new drug abuse treatment facilities successfully. It is an overview of the steps you need to take if you are moving into or establishing a new center. Research conducted by the National Institute on Drug Abuse, as well as experience in the field, shows that most successful providers act on the same basic principles. Whether you implement them or not, it pays to *consider* all of the following suggestions. Much of it may be obvious, but it is exactly the obvious that people forget or ignore in the excitement of a startup situation.

Of course, you will tailor local solutions for each community. In all instances, though, it is critical that you do some amount of assessment to determine your community's needs and resources. And you will need help from others—one or two people can not do it alone.

The best way to win support is not to create opposition. You will need to develop a siting strategy which will help you avoid actions that generate unnecessary resistance. When you think through your situation armed with this guide, you are likely to discover that you have more contacts than you realize and can tap into your resources to develop support.

And finally, getting sited is not the end. Opposition can appear anytime. Stay aware by keeping your assessment of the community up to date from day one. Even a good relationship with the community needs maintenance.

FIVE TIPS FOR ASSESING YOUR SITUATION

1. **Identify people most and least likely to support.** Historically, who has supported or opposed community facilities for drug treatment? Who is most likely to understand the need for your facility and be of help to you? Physicians, social service providers, police, ministers, and teachers may be natural supporters, although not necessarily. It all depends on local circumstances.
2. **Identify key people who can affect your success.** Who has formal power (zoning board members) or informal power (heads of neighborhood organizations) to make or break your siting effort?
3. **Identify the community's need for treatment.** Document information and statistics from local law enforcement agencies and medical and treatment programs. Use it to demonstrate the extent of the community's drug abuse problem and need for treatment. Look for numbers of drug-related arrests, emergency room admissions, and treatment waiting lists.
4. **Check out prevailing attitudes about drug abuse and treatment.** They are often based on inaccurate beliefs. Review local newspapers and talk with treatment and service program providers who have attempted to site or who are already in the community. Half-way houses for the mentally retarded and other community-based facilities may have information to offer.
5. **Plug into community networks.** Understand how things work in your community: how can local politics affect your facility? Is the local city council member running for reelection? Find out customs, courtesies, and sensitivities among people who live and work in the community.



HOW TO DEVELOP SUPPORTERS IN THE COMMUNITY

Make key contacts. Schedule meetings with community leaders to provide them with information and to gain their support or at least their neutrality. Find out if your board members know community leaders and can speak to them about the importance of your facility.

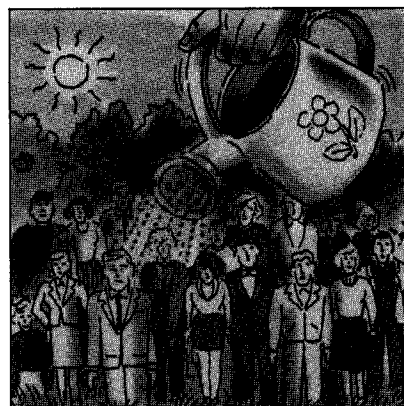
Network. Join forces with other community groups to build support and recruit volunteers to help educate the community about the need for, and benefits of treatment. Inform people in related professions about what you are trying to do. Contact civic groups, community service organizations, social services, health care organizations, and church groups. Offer to speak at their meetings. Request volunteer speakers from the recovery community, families of people in treatment, and private firms that encourage volunteerism in their corporate culture.

Build relations with local media. Introduce your organization as a source of expertise on drug abuse and treatment to local TV, radio, and print media. Offer background information about the local drug problem. Provide as much accurate information about treatment as you can. Invite radio and TV stations to air the “Drugbusters: Don’t Let Drugs Win” public service announcements developed by the National Institute on Drug Abuse (see back page for ordering information).

Be aware of barriers within the profession. Old grudges and turf struggles among treatment providers can mean trouble. Do your part to heal old wounds, support colleagues, and work together to promote treatment as a benefit to the community. The success of any treatment provider contributes to positive community regard for all.

Appoint an active board of directors or advisory board. Include influential community members willing to work as your advocates. Consider inviting someone who has opposed your facility to sit on the board.

Retain an experienced attorney. A lawyer who understands zoning, leases, real estate, and other issues related to siting will be an important member of your team.



THE ABC'S OF CHOOSING THE RIGHT LOCATION

Anticipate potential problems. Choose a location least likely to generate opposition.

Review the neighborhood composition of possible sites. Find out who lives there, what schools, businesses, or organizations are located there. Try to avoid problems such as siting too near a school, which often raises community concerns.

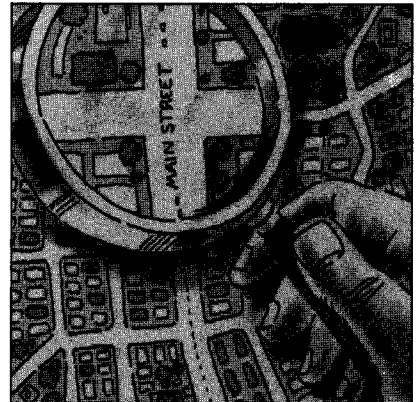
Consider whether you can locate in a nonresidential area without sacrificing accessibility to public transportation.

Beware of selecting a site for which other plans have been made. Check with the local planning board or appropriate city or county governmental agency.

Contact local zoning or planning boards early in your campaign to identify regulations. Expect delays.

Make it a priority to find space that does not need rezoning and, therefore, will not require public hearings. Assemble as many expert and lay supporters as you can to testify on your behalf at public hearings if they are required. Be ready to compromise, but know what you can and can not afford to bargain away.

Design your facility to fit in with other buildings in the neighborhood. Keep your property neat and clean.



A CHECKLIST FOR GOOD COMMUNITY RELATIONS



Listen and respond to community concerns. Community resistance usually occurs because of fears about safety and security, especially in relation to children, and about potential damage to neighborhood property values. While some fears may be irrational, others may have a basis in reality, so take measures to address people's anxieties.



Be politically and culturally sensitive to your community.



Develop and implement security procedures. Establish strict policies for client conduct (e.g., no loitering and no unnecessary noise or disruption in the neighborhood). Consider making these policies known to the community. This will reassure the community and protect its safety.



Make use of what you learned during your assessment and use community contacts.



Consider providing job and family counseling to clients. Many people feel these services help make treatment more effective. Keeping the community informed may even induce employers and business owners to come forward with job offers for your clients.

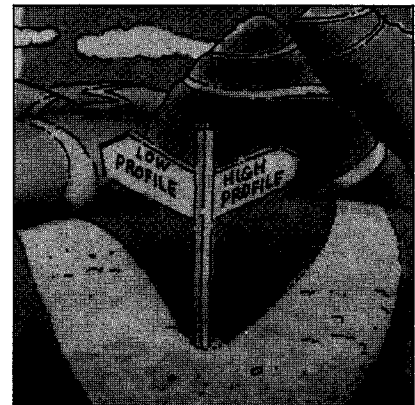


Always anticipate the potential for opposition. Protect your enterprise by planning for the worst, anticipating possible problems, and preparing responses. The earlier you plan, the better off you will be. Avoid actions that generate unnecessary opposition.



BASIC STRATEGIES FOR RELATING TO THE COMMUNITY

- 1. Select your approach for communicating with the community.**
Your strategy may lie anywhere on a continuum from high profile (full community involvement) to low profile (no community involvement).
 - a. A low-profile strategy, at first consideration, often seems appealing and sometimes does work. Evidence suggests that people may sometimes be more accepting of treatment centers once they have been located successfully in a neighborhood. This strategy is risky, however. If opposition develops, you may lose your chance to tell people the truth about your center. Rumors and suspicions are damaging even when not true.
 - b. A high-profile strategy is usually more effective and should be considered whenever possible. Gain support by: raising community awareness of treatment, educating the public about drug abuse and the need for treatment, and talking directly to community people.
- 2. Develop a media strategy even if you are not planning a media campaign.**
Once you choose an overall strategy, prepare a plan for responding to media attention in case any develops. Select credible, knowledgeable spokespeople. Develop a clear, thoughtful, and concise statement of purpose so that your communication will be consistent.



EDUCATING THE COMMUNITY IS A MUST

The more people know about drug abuse and treatment, the less likely they are to react to rumors or misinformation. Take time to prepare responses to possible questions from the community or journalists. Even though you are busy, do not procrastinate or omit this step.

Combine person-to-person interactions with the use of media materials. This is the most effective way to affect attitudes and behavior. Tailor messages to address local concerns and raise awareness about treatment.

- Use the videotape, pamphlets, and public service announcements produced by the National Institute on Drug Abuse to educate the public about the benefits of treatment, to gain community support, and to recruit volunteers.
- Speak with local opinion leaders to discuss treatment as one solution to the drug problem and to answer questions and concerns. Use the videotape documentary and pamphlets to reinforce the message.
- If you are taking the recommended high-profile approach, distribute the pamphlets around the neighborhood in person, using the opportunity to talk about your facility with neighbors, business people, and others who have vested interests in the community.
- Go public—hold an open house before your facility opens. Invite local dignitaries and other influential people (e.g. the mayor). Introduce neighbors to counselors. Invite speakers who will relate effectively to local visitors. Be prepared with good, truthful, and thorough answers to questions about safety, property values, and whether treatment works.



HINTS ABOUT PUTTING YOUR BEST FOOT FORWARD

- A. People will judge your facility on the appearance and behavior of staff and supporters, so encourage everybody on your team to maintain a “dress for success” code appropriate to the neighborhood style.
- B. Represent yourself as the competent, informed professional that you are. Learn everything you can about the effectiveness of treatment. If necessary, collect information from other providers, your State agency for substance abuse, or the National Institute on Drug Abuse. Or, bring in a treatment expert to help.
- C. Act responsibly and be beyond reproach. If people feel you are being dishonest or trying to pull the wool over their eyes, you will ruin it for yourself and anyone else who tries to site a center in the community. Comply with legal requirements, avoiding even the appearance of irregularity, conflict of interest, real estate “deals,” etc.
- D. Select your most effective spokespeople to represent you at public meetings. Consider the impression they make in terms of appearance, temperament, and professionalism. Your spokespeople should be able to relate culturally to the community, be articulate, and well informed. They should answer tough questions in a positive, accurate, and constructive way. They should be prepared to speak about the nature and scope of treatment, security procedures, parking and traffic flow, and other technical issues.
- E. Answer questions carefully and honestly. You need not share all your internal business affairs, but what you tell people must be true. Glossing over truth may work in the short run but in the long run it could discredit you.
- F. When you face opposition from community people, show respect for their points of view. Their concerns may be legitimate, and by listening carefully you may gain insight and find ways to address them.



*DO THE RIGHT THING:
MAINTAIN POSITIVE COMMUNITY RELATIONS*

Deliver on your promises. Security, facility appearance, and other issues are important to your neighbors. Keep your facility neat, clean, quiet, and in good repair.

Be a good neighbor. Participate in, or organize neighborhood events such as picnics or clean-ups. Provide services to community people where you can, such as drug prevention and drug education. Volunteer the use of your facility for community meetings. Invite neighbors to an open house, barbecue, or other appropriate activity with your clients.

Keep neighbors informed about your services and achievements. Consider developing a newsletter in which clients and neighbors might participate.

Maintain an open door policy for neighbors. Do not make it hard for people to see you. Be available to address concerns and answer questions. Show you are willing to have a dialogue with the community.

Even after siting, continue your assessment process. As neighbors come and go, support for your facility can wax and wane. It only takes one person to stir up opposition, so be aware of the potential effects of changes.



How to get more information:

The National Institute on Drug Abuse has developed a series of resource materials including a Resource Manual packed with more detailed information on siting. There is also a series of media materials available which include: *The Door to Recovery*, a video documentary and its companion presenter's guide; a series of six pamphlets; and "Drugbusters: Don't Let Drugs Win" TV and radio public service announcements, print ads, and a poster. All of these media products are especially useful in educating your community about the benefits of local drug treatment programs.

For free copies of these materials contact:

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852

In MD and DC Metro Area call

(800) 729-6686 (301) 468-2600

For more information on siting treatment centers, contact:
A. Yowell, Ph.D., (301) 443-1124.

Feel free to duplicate this pamphlet in whatever quantity you wish.

