

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY**

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA: 5.B.3
AGENDA DATE: March 31, 2026

SUBJECT:

Approval to Find a Demonstrated Need for a New Driving Under the Influence Program; Recommend Program Licensure for The Safety Center Incorporated to Provide Driving Under the Influence Program Services at 809 West Hawkeye Avenue in Turlock; and Related Actions

BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2026-0130

On motion of Supervisor Withdraw Seconded by Supervisor B. Condit
and approved by the following vote,

Ayes: Supervisors: B. Condit, Withdraw, Grewal, C. Condit, and Chairman Chiesa

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: MARY E. HARTSFIELD, Clerk of the Board of Supervisors

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:5.B.3
AGENDA DATE: March 31, 2026

CONSENT: ☒

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Find a Demonstrated Need for a New Driving Under the Influence Program; Recommend Program Licensure for The Safety Center Incorporated to Provide Driving Under the Influence Program Services at 809 West Hawkeye Avenue in Turlock; and Related Actions

STAFF RECOMMENDATION:

1. Find that there is a demonstrated need for a new Driving Under the Influence (DUI) program, and the establishment of an additional program will not jeopardize the fiscal integrity of existing licensed DUI programs.
2. Approve the recommended DUI program licensure for The Safety Center Inc. (SCI) to increase services to a new location at 809 W. Hawkeye Ave., Turlock, California.
3. Direct the Behavioral Health Director, or designee, to submit SCI's application to the State for final approval of licensure.

DISCUSSION:

As the contracted Behavioral Health Plan (BHP) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health system for Specialty Mental Health Services and Substance Use Disorder (SUD) treatment. BHRS provides integrated mental health care to adults and older adults with serious mental illness (SMI), to children and youth with serious emotional disturbance (SED), and substance use services for adults and adolescents. In addition, BHRS offers supportive housing, prevention and early intervention programs, and serves as the County's Public Guardian.

The BHRS Director serves as the County Alcohol and Other Drug Administrator and is responsible for monitoring state-licensed Driving Under the Influence (DUI) programs. The objectives of a DUI program are to (1) reduce repeat DUI offenses among participants who complete a state-licensed program and (2) provide individuals with the opportunity to address substance use issues. These programs also support participants in regaining driving privileges and connecting them to ancillary services throughout Stanislaus County. Safety Center Incorporated (SCI) is a 501(c)(3) nonprofit organization established in 1934 with a mission to reduce injuries and save lives by empowering individuals to make positive, life-changing decisions. SCI fulfills this mission through a variety of community and professional safety and health programs. SCI launched the first DUI program in the State of California in 1971 and has provided

First Offender DUI program services in Stanislaus County since 1982. SCI currently operates a licensed DUI program at its Modesto location under the Department of Health Care Services DUI Program license #5000201100.

SCI is now requesting approval to add a second DUI program location in the City of Turlock at 809 W. Hawkeye Avenue, Turlock, CA 95380. Expanding DUI services to Turlock will improve access for participants residing in the southern region of Stanislaus County. Many DUI program participants have suspended or restricted driver's licenses, and travel to the sole provider location in Modesto, presenting a barrier to the timely completion of court-mandated services. The proposed site in Turlock is in close proximity to the Turlock Regional Transit Center, to support ease of access for participants.

DUI Program Enrollment Trends

Prior to the COVID-19 pandemic, SCI reported 1,321 DUI program enrollments in 2019. During the pandemic, DUI enrollments declined across the system. In September 2020, the County's second DUI provider closed operations, resulting in SCI absorbing the remaining caseload and becoming the sole licensed DUI program provider in Stanislaus County.

The table below depicts the number of individuals that enrolled in SCI's program. As the table reflects, SCI enrollments have steadily increased since that time. Enrollments grew from 1,321 in 2019 to 2,096 in 2025, representing a 59% increase over pre-pandemic levels. Overall, current enrollment trends demonstrate sustained growth in DUI program utilization across the County. The trend supports the need for expanded service capacity and the establishment of an additional program site to meet continued demand in the County.

Year	Stanislaus County	Total Enrollments
2019	1,164	1,321
2020	811	894
2021	1,116	1,236
2022	1,532	1,725
2023	1,895	2,121
2024	1,804	2,014
2025	1,873	2,096

On December 8, 2025, representatives from BHRS, SCI, and the City of Turlock met to discuss the proposed expansion and address questions. Subsequently, on December 16, 2025, BHRS received written confirmation from Anthony Sims, Communications Officer for the City of Turlock, stating that on behalf of Interim City Manager Susan E. Borrego, the City of Turlock does not oppose the proposed expansion of the SCI DUI Program.

County Review Process

California law establishes a defined process for the licensure and establishment of Driving Under the Influence (DUI) programs. The regulatory framework is outlined in

Title 9, Division 4, Chapter 3 of the California Code of Regulations (commencing with Section 9795) and Health and Safety Code (HSC), Chapter 9 (commencing with Section 11836). A new DUI program may be established when the County determines there is a demonstrated need.

Pursuant to CCR § 9810, applications for DUI program licensure must first be reviewed by the County Alcohol Program Administrator and the County Alcohol Advisory Board. Stanislaus County has a Behavioral Health Board, which includes both the Mental Health Board and Alcohol Advisory Board. These entities evaluated the application and are submitting their recommendations to the Board of Supervisors in this staff report.

Under CCR § 9801.5, the Board of Supervisors is responsible for:

- Reviewing applications for new or expanded DUI program licensure;
- Determining and confirming that a need exists for the proposed program;
- Determining that the establishment of the program will not jeopardize the fiscal integrity of existing licensed DUI programs;
- Providing written assurance to DHCS regarding the programmatic and fiscal integrity of the recommended program; and
- Forwarding recommended applications, along with comments from the County Alcohol Advisory Board, to the Department of Health Care Services (DHCS) for final approval.

The final licensure authority rests with DHCS.

Fiscal Integrity of Existing Licensed DUI Programs

The attached application and required budget documents indicate a projected \$87,000 operational deficit in the initial year of operation for the proposed Turlock site. This projected deficit reflects the start-up phase of the program, during which operating costs are incurred prior to the program reaching full client enrollment and revenue levels. Rent payments for the facility began in October 2025, while the anticipated program opening is projected between May and July 2026, resulting in several months of facility-related expenses prior to the receipt of program revenue. Additionally, the operator plans to hire and train three full-time staff prior to accepting clients in order to establish program operations, implement required procedures, and ensure compliance with State Title 9 program requirements.

Revenue projections assume a gradual ramp-up of participants as awareness of the new location increases among DUI program participants. As a result, enrollment and associated program revenue are expected to grow over time rather than immediately reaching steady-state levels. Together, the timing of start-up expenses and the phased growth in client participation, contribute to a temporary operational deficit in the first year, which is expected to decrease as the program reaches stable operating capacity in subsequent years. SCI has reviewed this projected deficit and, based on the operator's experience in administering licensed DUI programs and its overall fiscal position, has determined that the initial operating deficit associated with the Turlock site is not expected to jeopardize the fiscal integrity of their existing licensed DUI programs.

Based on the required annual financial data and the attached fiscal report submitted as part of the application, the Department has determined that the DUI programs

demonstrate programmatic and fiscal integrity.

Current Request

Given that SCI is the sole licensed DUI provider in the County, the expansion represents an operational growth of its existing program rather than the introduction of a competing entity. SCI has affirmed that the additional site is financially sustainable and supported by current enrollment trends and service demand.

The Behavioral Health Board reviewed the expansion request at its meeting on January 22, 2026, and determined that:

1. There is a demonstrated need for expanded DUI services in the County; and
2. The proposed expansion will not jeopardize the fiscal integrity of existing licensed DUI programs.

Board of Supervisors approval is required prior to forwarding the application to DHCS for final licensure consideration.

Approval of this item will allow the County to fulfill its statutory responsibilities under Title 9 CCR and the Health and Safety Code and will support continued access to court-ordered DUI services for residents of Stanislaus County.

POLICY ISSUE:

Under Title 9, Division 4, Chapter 3 of the California Code of Regulations (commencing with § 9795) and Health and Safety Code Chapter 9 (commencing with § 11836), the Board of Supervisors serves a defined policy and oversight role in the licensure of DUI programs. After review by the County Alcohol Program Administrator and the County Alcohol Advisory Board pursuant to CCR § 9810, the Board is responsible under CCR § 9801.5 for determining whether a demonstrated need exists for a new or expanded DUI program and confirming that its establishment will not jeopardize the fiscal integrity of existing licensed programs. The Board must then provide written assurance to the Department of Health Care Services (DHCS) regarding the program's fiscal and operational integrity and forward recommended applications to DHCS for final licensure approval.

FISCAL IMPACT:

Program operations are fully funded through fees charged to program participants. Costs associated with the review of the application and monitoring of the program are already included in the Department's budget. There is no additional fiscal impact associated with the recommended actions.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board of Supervisors' priorities of *Supporting a Healthy Community* and *Delivering Efficient Public Services* by providing mental health and substance use disorder services in the community through vendor partnerships.

STAFFING IMPACT:

Existing BHRS staff are available to oversee this agreement. There is no additional staffing impact associated with the recommended actions.

CONTACT PERSON:

Ruben Imperial
Behavioral Health Director

(209) 525-6222

ATTACHMENT(S):

1. License Application Packet



August 6, 2025

Board of Supervisors
Stanislaus County
1010 10th Street
Modesto, CA 95354

Regarding: Approval to Expand DUI Program License

Dear Members of the Board:

Safety Center Incorporated is requesting your written approval to add the provision of services for the First Offender and Multiple Offender Driving Under the Influence Programs (DUI) to add a Turlock location at 809 W. Hawkeye Ave., Turlock, CA 9538. Safety Center currently provides DUI programs at our Modesto location (under the Department of Health Care Services (DHCS) DUI Program license #5000201100).

Your timely response will support Safety Center's efforts to gain DHCS approval to increase access to program services across Stanislaus County. The expansion of DUI Program services is vital to the protection of public safety as well as the provision for the DUI offender to regain their driving privileges.

Attached you will find the information required to support this request in accordance with *California Code of Regulation, Title 9, Division 4, Chapter 3, Programs for Alcohol and Drug Impaired Driver, Section 9805*. In addition to our application documents, in accordance with Title 9 Section 9805 (a) (1), your written approval must be included with our application submission to DHCS.

Section 9805 (a) (1): A county board of supervisors' resolution or minute order recommending licensure, including a statement from the board indicating there is a demonstrated need for a new DUI program and the establishment of an additional program will not jeopardize the fiscal integrity of existing licensed DUI programs. Such need shall be based on objective measurable criteria including, but not limited to:

- (A) Increased population in the county as a whole or in specific regions;*
- (B) Increases in DUI convictions;*
- (C) The voluntary or involuntary de-licensure of an existing program;*
- (D) An identified demographic segment or population of the county that is not served by the existing licensed programs.*

Safety Center Incorporated is a 501(c)(3) organization founded in 1934 whose mission is to reduce injuries and save lives by empowering our community to make positive life changing decisions. We accomplish this mission by promoting lifelong safety and health through a variety of community and professional programs. In 1971 Safety Center Incorporated offered the first DUI program in the state of California.

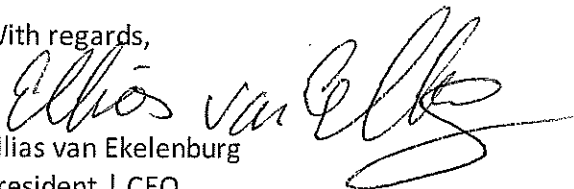
Our professional experience and reputation are unparalleled. Safety Center has provided quality programming to support public safety to First and Multiple DUI Offenders in multiple counties, as well as other drug and alcohol services, including Drug Diversion (PC-1000), and Department of Traffic and Safety Assessments (DOT SAP).

Safety Center promotes professionalism within the field by providing DUI Program Curriculum to DUI Programs in California and other states. Safety Center has a continuous and active membership in the California Association of DUI Treatment Programs (CADTP) and the Strategic Highway Safety Program (SHSP).

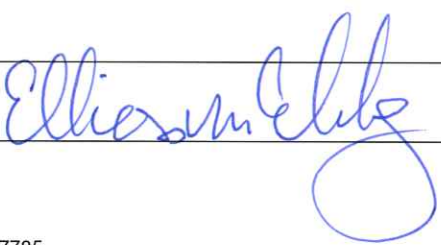
Thank you for your consideration of this request. Safety Center Incorporated knows that DUI Program services protect the public safety; we look forward to providing our high-quality DUI services to the First and Multiple DUI offenders of Stanislaus County.

If you have any questions or need further information or clarification, please contact me at 916.438.3365 or by email at ellias.vanekelenburg@safetycenter.org.

With regards,


Elias van Ekelburg
President | CEO

APPLICATION FOR LICENSURE

County <u>Stanislaus</u> License Number <u>TBD</u>	FOR DHCS USE ONLY Rec'd _____ Analyst _____ Renewal Issued _____
APPLICATION INFORMATION	
Applicant(s) Name: <u>Safety Center Incorporated</u> Telephone: <u>800-825-7262</u>	
Application Filed By: ☐ Individual Ownership ☐ Corporation ☐ County Operated ☐ Other _____ ☐ Partnership ☒ Non Profit ☐ Profit _____	
Applicant Mailing Address: <u>3909 Bradshaw Road</u>	
City: <u>Sacramento</u> State: <u>CA</u> Zip Code: <u>95827</u>	
Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years:	
<u>Modesto in Stanislaus County; Bradshaw, Citrus Heights, and North Highlands in Sacramento County; and Woodland in Yolo County.</u>	
PROGRAM INFORMATION	
Program Type(s): ☒ W&R ☒ First Offender ☒ 6-Month ☒ 9-Month ☒ 18-Month ☐ 30-Month	
Program Name: <u>Safety Center DUI Program, Turlock</u>	
Program Address: <u>809 W. Hawkeye Ave.</u>	
City: <u>Turlock.</u>	State: <u>CA</u>
Zip Code: <u>95382</u>	
Program Director: <u>Ellias van Ekelenburg</u>	Telephone: <u>916-438-3365</u>
Note any fee, program, staff or other changes since last application submission.	
Signed: 	Date: <u>8/6/25</u>

ADMINISTRATIVE INFORMATION

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

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

CORPORATION				
(Attach a copy of approved incorporation papers from the Secretary of State)				
Name (as listed with the Secretary of State) <u>Safety Center Incorporated</u>				
Chief Executive Officer <u>Ellias van Ekelenburg</u>				
Incorporation Date <u>1934</u>				
Place of Incorporation <u>Sacramento, CA</u>				
Principal office of business: <u>Safety Center Incorporated</u>				
Address <u>3909 Bradshaw Road</u>				
City <u>Sacramento</u>	State <u>CA</u>	Zip Code <u>95827</u>	Telephone <u>916.366.7233</u>	
Contact Person <u>Ellias van Ekelenburg</u>		Title <u>President/CEO</u>	Telephone <u>916.366.7233</u>	
Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.				
N/A				
Governing Board of Directors				
a. Number of Board Members <u>F/Y 2025-26: 11</u>		b. Term of Office <u>Exec Comm 1 yr / Board 3 yrs</u>		
c. Frequency of Meetings <u>4 per year</u>		d. Method of Selection <u>nomination/Board vote</u>		
Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES				
Office	Name	Business Address, City, Zip Code	Telephone #	Term Expiration
President	Ellias van Ekelenburg	3909 Bradshaw Rd., Sacramento, CA 95827	916.366.7233	n/a
Chair	Yves Mombeleur	6351 Preston Rd., Suite 355, Frisco, TX 75034	909.742.5877	6/2028
Secretary	Michael Williams	555 Capitol Mall 15th Floor Sacramento CA 95814	916.321.4444	6/2026
Treasurer	Eric Grotte	3909 Bradshaw Rd., Sacramento, CA 95827	916.366.7233	6/2028
Other				

County: _____

Date: _____

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

PUBLIC AGENCY1. Check type of public agency: ☐ County ☐ City ☐ Other, specify below _____

2. Agency providing service

Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Title _____ Telephone _____

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

PARTNERSHIPS

1. Attach a copy of the partnership agreement

2. Partners	Type of Partnership	Name	Business Address City, State, Zip Code
1st Partner	☐ General ☐ Limited		
2nd Partner	☐ General ☐ Limited		
3rd Partner	☐ General ☐ Limited		
4th Partner	☐ General ☐ Limited		

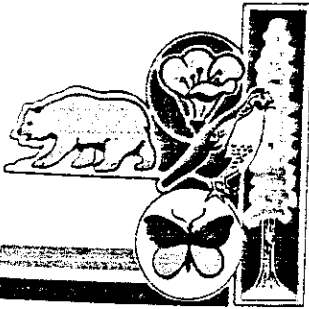
Contact Person _____ Title _____ Telephone _____

OTHER ASSOCIATIONS

Other associations must also provide a list of all persons legally responsible for the organization, the contact person, and appropriate legal documents which set forth legal responsibility of the organization and accountability for opening the program.

USE THIS SPACE OR ATTACH A SEPARATE SHEET

Office	Name	Business Address – City, State, Zip	Telephone	Term Expiration
Member	Michael Alvarez	8970 Wood Lily Wy., Elk Grove, CA 95757	916.612.2809	6.30.2027
Member	Liz Arioto	932 Paloma Ave., Stockton, CA 95209	916.826.3974	6.30.2027
Member	Cara Chatfield	6201 S St., Mail Stop A352, Sacramento, CA 95817	916.732.5145	6.30.2028
Member	Eduardo Pagliere	433 Anchor Ln., #201, W. Sacramento, CA 95605	916.806.6789	6.30.2028
Member	Rhitishah Yuva Raju	133 John Henry Cir., Folsom, CA 95630	916.260.9698	6.30.2027
Member	Terrence Shelton	8945 Cal Center Dr., Sacramento, CA 95826	916.834.8573	6.30.2026
Member	Louis Stewart	2788 San Tomas Expy., Santa Clara, CA 95051	916.949.2078	6.30.2028



State
of
California
SECRETARY OF STATE

A456995

CORPORATION DIVISION

I, *BILL JONES*, Secretary of State of the State of California,
hereby certify:

That the annexed transcript has been compared with
the corporate record on file in this office, of which it
purports to be a copy, and that same is full, true and
correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

FEB - 7 1995



Bill Jones

Secretary of State

A456995

ENDORSED
FILED

In the office of the Secretary of State
of the State of California

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

JAN 19 1995


BILL JONES, Secretary of State

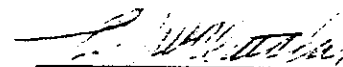
Elizabeth V. McClatchy and Al Livingston certify that:

1. They are the president and the secretary, respectively, of Safety Center Inc., a California nonprofit public benefit corporation.
2. Article ONE of the articles of incorporation of this corporation is amended to read as follows:

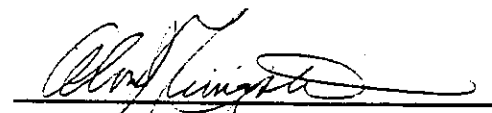
"ONE: The name of this corporation is Safety Center Incorporated."
3. The foregoing amendment of articles of incorporation has been duly approved by the board of directors.
4. The corporation has no members.

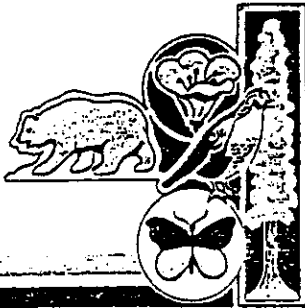
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: 2/15/95


Elizabeth V. McClatchy, President

Dated: 1/9/95


Al Livingston, Secretary



State of California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

APR 20 1982



March Fong Eu

Secretary of State

1109096

ARTICLES OF INCORPORATION
OF
SAFETY CENTER INC.

ENDORSED
FILED

In the office of the Secretary of State
of the State of California

APR 13 1982

MARCH FONG EU, Secretary of State

Leslie Glenn
Deputy

ONE: The name of this corporation is SAFETY CENTER INC.

TWO: This corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. Such purposes for which this corporation is organized are exclusively charitable, testing for public safety and education within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954, and are more specifically as follows:

(a) To determine and evaluate methods and procedures that prevent accidents and mitigate injury and economic loss resulting from accidents;

(b) To provide leadership to accelerate the adoption and use of those methods and procedures that best serve the public interest;

(c) To carry on public educational work in all fields of safety, including, but not limited to, the fields of industrial, home, traffic, school, and general public safety;

(d) To print, publish, and distribute, or cause to be printed, published, and distributed, safety literature of every kind and character;

(e) To help citizens and public authorities reduce the number of deaths and injuries resulting from accidents;

(f) To employ qualified persons to make surveys and studies regarding the causes of accidents and to publish the results thereof;

(g) To cooperate with public authorities charged with responsibilities relating to accident prevention and reduction in the various fields in which accidents occur and to cooperate with other agencies, organizations and individuals having aims similar to those of this corporation;

(h) To purchase, or produce, or otherwise acquire and to distribute and exhibit motion pictures, sound slide productions and other types of visual safety educational material for the education of the general public in all fields of safety; and

(i) Generally to do all acts and things, not inconsistent with the above purposes, necessary or expedient for the administration of the affairs of the corporation and the attainment of its objects and purposes.

THREE: The name and address in this State of the corporation's initial agent for service of process is Kenneth B. Brown, 3909 Bradshaw Road, Sacramento, California 95827.

FOUR: (a) In the event that the corporation's charter is surrendered to, taken away by, or revoked by Sacramento Safety Council, Inc., the corporation shall dissolve.

(b) In the event of the dissolution of this corporation for any reason, any assets of the corporation remaining after

compliance with Chapters 15, 16 and 17 of the California Nonprofit Public Benefit Corporation Law shall be distributed to Sacramento Safety Council, Inc.; provided, however, that Sacramento Safety Council, Inc. qualifies as a distributee of the assets of the corporation pursuant to ARTICLE FIVE (b) hereof.

(c) The provisions of this ARTICLE FOUR may not be amended without, in addition to other approvals required by law, the prior written consent of Sacramento Safety Council, Inc.

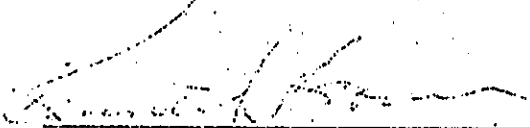
FIVE: (a) The property, assets, profits and net income of this corporation are irrevocably dedicated to the charitable purposes described in ARTICLE TWO hereof, and no part of the net income or profits of this organization shall ever inure to the benefit of any director, officer, trustee or member of this corporation, or to the benefit of any private individual.

(b) Upon the winding up and dissolution of this corporation, and after paying or adequately providing for the debts and obligations of the corporation, the remaining assets of this corporation shall be distributed to a nonprofit fund, foundation, or corporation that is organized and operated exclusively for charitable purposes and that has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Such nonprofit fund, foundation or corporation shall be Sacramento Safety Council, Inc. if it qualifies as a distributee pursuant to the foregoing provisions of this ARTICLE FIVE.

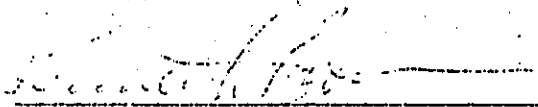
SIX: (a) This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of

the Internal Revenue Code and shall not be operated for pecuniary gain or profit. Notwithstanding any other provisions of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (ii) by a corporation contributions to which are deductible under 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

(b) No substantial part of the activities of this corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall this corporation participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of any candidate for political office.


Kenneth B. Brown, Incorporator

I declare that I am the person who executed the above Articles of Incorporation, and that this instrument is my act and deed.

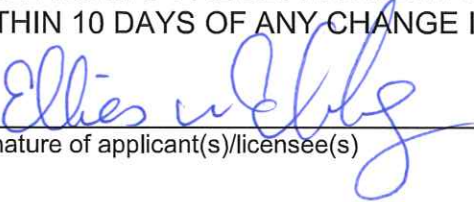

Kenneth B. Brown,
Feb 11, 1982

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

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

1. Applicant Name: Safety Center Incorporated
2. Program Name: Safety Center ADP Program - Turlock
3. Program Address: 809 W. Hawkeye Ave.
4. City: Turlock County: Stanislaus Zip Code: 95382
5. Telephone: (916) 438-3365
6. Ellias van Ekelenburg
(Name of person(s) authorized by applicant/licensee)

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

I WILL NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.
7. 
Signature of applicant(s)/licensee(s)
8. Title: President and Chief Executive Officer
9. Address: 3909 Bradshaw Road
10. City: Sacramento County: Sacramento Zip Code: 95827

IDENTIFYING INFORMATION

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS UNITS		DEGREE OBTAINED	DATE COMPLETED

NO

Page 11 of 26

Verify Details

Client ID	1502
Client Name	Hendrix, Karla J
Status	Certified
Cert Type	SUDCC III-CS
Valid From	11/16/2023
Cert Type Expiration Date	11/16/2025
Disciplinary Action	None

Verify Notes

Specialty Credentials Date

Specialty Credentials Expire

[Privacy Policy and Terms of Service](#)



© 2019-2025 California Association of DUI Treatment Programs • All Rights Reserved

STAFF INFORMATION

IDENTIFYING INFORMATION					
NAME Alina Yelets					
TITLE Assistant Program Director and Program Administrator			TELEPHONE NUMBER (916) 438-3360		
ADDRESS 3909 Bradshaw Rd Sacramento, CA 95827					
OTHER NAME(S) USED					
EDUCATION					
CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12					
HIGH SCHOOL GRADUATE ☒ YES ☐ NO					
GED HIGH SCHOOL EQUIVALENCY TEST ☐ YES ☐ NO					
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER QUARTER UNITS		DEGREE OBTAINED	DATE COMPLETED
Vision In Education	Highschool Diploma			GED	05/2008
CARR	SUD			Certificate	05/2014
WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).					
DATES	Name and Address of Employer	Duties		Reason for Leaving	
FROM 01/2007	Safety Center Inc.	Oversee the Program		Present	
TO Present					
FROM					
TO					
FROM					
TO					

Completed by: Alina Yelets Date: 5/16/25County Where Signed Sacramento

California Substance Use Disorder Certified Counselor

The CADTP Certification Board Hereby Acknowledges that

Alina Yelets

has satisfied the requirements for certification, having the experience, knowledge, & attitudinal skills to serve in all modalities of substance use disorder treatment as established in the California Code of Regulations, Title 9, Section 13040, holding the position of

Substance Use Disorder Certified Counselor II- Clinical Supervisor

SUDCC II-CS

Demonstrated Education and Advanced Field Experience

December 23, 2024

Valid From

December 23, 2026

Valid To

5318

Certificant Number



Christina Gonzales

Christina Gonzales

Certification Board Chair

Jeff Davied

Jeff Davied

Certification Board Co-Chair

Recorded On December 27, 2024



The Substance Use Disorder Certified Counselor credential is accredited by the National Commission for Certifying Agencies and is recognized by the State of California, Department of Health Care Services, Substance Use Disorder Compliance Division as an approved California SUD Certifying Agency. Those holding this credential are authorized to work in any substance use disorder (SUD) treatment modality.

STAFF INFORMATION

IDENTIFYING INFORMATION				
NAME: Elva Ochoa				
TITLE: Program Administrator			TELEPHONE NUMBER (209) 526-9393	
ADDRESS: 2005 Evergreen Avenue, Modesto, CA 95350				
OTHER NAME(S) USED				
EDUCATION				
CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12				
HIGH SCHOOL GRADUATE ☒ YES ☐ NO				
GED HIGH SCHOOL EQUIVALENCY TEST ☐ YES ☐ NO				
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED
Heald College	AA in Accounting			July 2002
University of Pacific	SUD Certification			February 2018
WORK EXPERIENCE – BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).				
DATES	Name and Address of Employer	Duties		Reason for Leaving
FROM 2021	Safety Center 2005 Evergreen Avenue Modesto, CA 95350	Program Administrator: Oversee and coordinate specific activities of the Alcohol and Drug Programs under the guidance of the Vice President of Alcohol & Drug Programs. Trainings, Counseling, Recruitment and Development		NA
TO present				
FROM 9/16	OHS 2260 Floyd Avenue Modesto, CA 95355	Operations Supervisor: Supported the program manager in our daily operations, overseeing the administrative staff, and coordinated the substance abuse counselor's matrix schedule. Attended the Strategic Completed the programs monthly census report, accounts receivable report, and quarterly county reports		Office closed due to Covid
TO 12/20				
FROM 11/09	OHS 2260 Floyd Avenue Modesto, CA 95355	Accounts Receivable Clerk: Responsible for all financial and accounting services, day to day responsibility for all activities involving revenue collection and reporting, including computerized ledger maintenance and preparation of reports, provide on-going financial quality control of all client files, aid clients, counselors, management, and administrative staff in financial audits		Promoted to Operations Supervisor
TO 09/16				

Completed by: Elva Ochoa Date: 7/14/25County Where Signed Stanislaus County

California Substance Use Disorder Certified Counselor

The CADTP Certification Board Hereby Acknowledges that

Elva G. Ochoa

has satisfied the requirements for certification, having the experience, knowledge, & attitudinal skills to serve in all modalities of substance use disorder treatment as established in the California Code of Regulations, Title 9, Section 13040, holding the position of

Substance Use Disorder Certified Counselor

SUDCC

Demonstrated Education and Field Experience

August 5, 2024

Valid From

August 5, 2026

Valid To

6634

Certificant Number



Christina Gonzales

Christina Gonzales

Certification Board Chair

Jeff Davied

Jeff Davied

Certification Board Co-Chair

Recorded On

August 5, 2024



The Substance Use Disorder Certified Counselor credential is accredited by the National Commission for Certifying Agencies and is recognized by the State of California, Department of Health Care Services, Substance Use Disorder Compliance Division as an approved California SUD Certifying Agency. Those holding this credential are authorized to work in any substance use disorder (SUD) treatment modality.

FINANCIAL STATEMENTAs of June 30 DRAFT, 2025

PROGRAM NAME

ASSETS

Cash on hand	\$ 600.
Checking accounts	\$ 2,458,357
Savings accounts	\$
Time deposits	\$
Notes and receivables (identify source)	\$ 203,665
Inventory	\$ 17,613
Real Estate (at market value):	\$
Land	\$
Buildings and Improvement	\$
Equipment, Furniture and Furnishings	\$ 990,333
Other Investments or Assets (describe)	\$ 72,056
land leasehold	\$ 47,669
right to use assets	\$ 318,554
A. Total Assets	\$ 4,108,847

LIABILITIES

Accounts Payable (include installment contracts and balance due)	\$ 988,611
Salaries and Wages Payable	\$ 231,544
Payroll Taxes Payable	\$
Notes Payable (include personal notes). Show source and balance due.	\$ 140,328
	\$
Real Estate Loans or Mortgages (balance due):	\$
Other debts (describe):	\$ 171,199
B. Total Liabilities	\$ 1,531,683

OWNERSHIP (Equity)**C. Total Ownership (difference between A and B)** \$ 2,577,164

COMPLETED BY <u>ERIK GLOTTE</u>	TITLE <u>CFO</u>	DATE <u>8/7/25</u>
	<u>CFO</u>	

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

Safety Center Incorporated has the capability and agrees to comply with the following
(Name of Applicant)

Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.
2. The program will be self-supporting from participant fees.
3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.
4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.
5. The program will pay State licensing fees in accordance with instructions issued by the Department of Health Care Services.
6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.
7. The program will forward all substantive program changes, or changes to this application to the county alcohol and drug program administrator (CADPA) for review and to the Department of Health Care Services (DHCS) for approval.
8. The program will provide the CADPA and representatives from DHCS with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.
9. The program will comply with all laws and regulations governing DUI programs.
10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

Statement of Compliance/Nondiscrimination/Truth

11. The program will not accept any participant until licensure is granted to the program by the Department of Health Care Services as stated in Title 9, Section 9802 of the CCR.
12. The program will maintain participant files including completed copies of all required forms and records, for a minimum of 48 months after completion of services as stated in Title 9, Section 9866 of the CCR.
13. The program shall employ staff who meet the minimum qualifications as stated in Title 9, Section 9846 of the CCR.
14. The program will maintain confidentiality of participant records and information in accordance with Title 42, Code of Federal Regulations. A copy of the above regulations will be available at each program facility as stated in Title 9, Section 9866 (c), of the CCR.

The applicant declares under penalty of perjury that all information submitted to the Department of Health Care Services for the purpose of licensure is true and correct to the best of the applicant's knowledge.

Karla Hendrix, Vice President of Alcohol & Drug Programs

Type or Print Name of Authorized Representative and Title


Signature

____ Date 5/27/2025

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET SUMMARY

DATE: 8/6/25 COUNTY: Stanislaus

Driving-Under-the-Influence Program Name: Turlock License #: TBD

Address: 809 W. Hawkeye Ave., Turlock CA 95382

Corporate Name: Safety Center, Inc.

Fiscal Year: 2025 / 2026

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients	0	79	161	240
3) % of Total Clients	0	33%	67%	100%
4) Total Amount to be Collected	0	92,809	216,555	309,364
5) Average Fee to be Collected		1,175	1,345	1,289
6) ESTIMATED GROSS REVENUE				\$ 309,364

Cost Summary:

	Amounts
7) PERSONAL SERVICES (from line 5, DHCS/DUI 7825)	\$ 191,105
8) OPERATING EXPENSES (from DHCS/DUI 7830)	\$ 204,091
9) EQUIPMENT DEPRECIATION (from line 2, DHCS/DUI 7835)	\$ 1,683
10) FACILITY DEPRECIATION (from line 4, DHCS/DUI 7835)	\$ 0
11) ESTIMATED GROSS BUDGET	\$ 396,879
12) Profit/Surplus	\$ - 87,515

=====

Bookkeeper: Erik Grotte Auditor: Gilbert Associates, Inc.

Telephone: 916-438-3366 Telephone: 916-646-6464

Accountant: Erik Grotte Telephone: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM PERSONAL SERVICES BUDGET

1) PERSONAL SERVICES:

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE HOURLY	# OF MONTH/ WEEKS/ HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
Program Manager	\$ <u>25</u> - \$ <u>35</u>	40 hrs/week	58,240.	100%	58,240.
Admin Support Staff	\$ <u>16.50</u> - \$ <u>24</u>	40 hrs/week	43,680.	100%	43,680.
DUI Counselor	\$ <u>24</u> - \$ <u>32</u>	40 hrs/week	54,080.	100%	54,080.
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
2) TOTAL SALARIES			\$ <u>156,000.00</u>		

3) STAFF BENEFITS

a) Social Security (OASDI)	\$ <u>11,934.00</u>
b) Unemployment Insurance	\$ <u>796.00</u>
c) Health Insurance	\$ <u>19,258.00</u>
d) Worker's Compensation	\$ <u>1,320.00</u>
e) Other (specify) <i>Disability Insurance and retirement plan contribution</i>	\$ <u>1,797.00</u>

4) TOTAL STAFF BENEFITS

(please indicate the %, if used) 22.5 % 19% \$ 35,105.00

5) TOTAL PERSONAL SERVICES

\$ 191,105.00

(Enter on DHCS/DUI 7820R, Line 7)

NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.

DRIVING-UNDER-THE-INFLUENCE PROGRAM OPERATING EXPENSES BUDGET

ANNUAL COST

Rental of Space = \$ <u>2.20</u> /sq. ft. x <u>2,088</u> sq. ft. x <u>12</u> (time)	\$ <u>55,123</u>
(If owned, use Depreciation Schedule instead)	
Utilities (Gas, Elec., Water, Scavenger)	\$ <u>12,000</u>
Telephone	\$ <u>12,360</u>
Insurance	\$ _____
Overhead	\$ <u>89,707</u>
Maintenance & Repair of Buildings (Routine)	\$ _____
Maintenance & Repair Office Equipment	\$ <u>960</u>
Maintenance of Automobile Equipment	\$ _____
Maintenance & Repair other Equipment	\$ _____
Cleaning & Janitorial Supplies/Services	\$ <u>5,142</u>
Contractor:	\$ _____
Service :	\$ _____
Contractor:	\$ _____
Service :	\$ _____
Printing & Reproduction Services	\$ <u>500</u>
Postage	\$ <u>525</u>
Stationery & Office Supplies	\$ <u>2,700</u>
Rental of Equipment	\$ <u>1,392</u>
Educational Materials	\$ <u>2,040</u>
Travel	\$ <u>1,080</u>
Staff Education/Training	\$ <u>915</u>
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ _____
County Program Monitor Costs	\$ <u>15,703</u>
State Program Monitor/Approval Costs	\$ <u>3,944</u>
Interest Paid	\$ _____
Property Taxes	\$ _____
Other Taxes (specify)	\$ _____
Other (specify)	\$ _____

TOTAL OPERATING EXPENSES:\$ 204,091

(enter on DHCS/DUI 7820, line 8)

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

1) EQUIPMENT:

A	B	C	D	E	F	G	H
TOTAL NO	ITEM	NEW/ USED	COST EACH	TOTAL COST	LIFE YEARS	YEAR OF DEPRE. LIFE	TOTAL YEAR DEP. \$
	computer FFE						
	estimate full yr				1,683		

2) TOTAL EQUIPMENT (DEPRECIATION) COSTS:\$ 1,683

(Enter on DHCS/DUI 7820, Line 9)

3) FACILITY DEPRECIATION:

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

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

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION
SAFETY CENTER INCORPORATED
BUDGET JUSTIFICATION (DHCS/DUI 7840)

DHCS/DUI 7820

Number of Clients (Total)

- Estimates based on past enrollment in our Woodland and Citrus Heights DUI/Drug Diversion programs and the estimated number enrolling in the Multiple Offender programs.

Total Amount to be Collected

- Estimates based on the experience of revenue/client from other DUI programs that we operate.

DHCS/DUI 7825

Salaries

- We have based this schedule on:
 - 30% of the Vice President, DUI Programs position, oversight of the program
 - 20% of the Program Administrator position, coordinating telehealth processes
 - Program Manager, overseeing daily operations, staffing, and contract compliance
 - 1 full-time counselor and one part-time counselor to facilitate groups and individual counseling, and monitor progress and completion of all activities required for program compliance
 - 1 full-time program staff to input data, make sure all paperwork is complete and filed in compliance with program standards, and prepare files for counselors to update participants' progress

Benefits

- Social Security includes FICA and Medicare at a total of 7.4% of salaries
- Unemployment Insurance is based on 1.6% of salaries
- Health Insurance is based on the selected health insurance 18.2% of salaries with Safety Center paying 90% of the premium for employees and 60% for covered family members for Kaiser or Western Health Advantage, dental insurance and a vision plan
- Workers' Compensation is 1.9% of salaries
- Disability Insurance 1.0% of salaries

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION SAFETY CENTER INCORPORATED

- Total is 22.5%

DHCS/DUI 7830

Fixed Cost

- Rental expense is \$4,593/month based on \$2.20/square feet of office space with an annual increase after 18 months. % Increase has not been determined yet.
- Utility expense is \$1,000/month as a place holder. Some of the costs will be covered in the rent figure.
- Telephone expenses are estimated at \$1,030/month based on the current service provided to our Woodland and Citrus Heights which includes upgrades to telecommunications equipment and bandwidth to support telehealth services
- Overhead expense covers the cost of Safety Center Administration
 - Staff – CEO, COO, CFO, Executive Assistant, HR, Administrative staff, and IT staffing. Payroll, taxes and benefits.
 - Operational Expenses – annual audit and 990 filing, legal expenses, insurance, administrative office expenses, computer equipment, mileage, server maintenance, software licensing, building and ground maintenance, utilities of headquarters.
 - Overhead allocation to each program is based on a revenue produced ratio. We used a lower 21% (average % between Woodland and Cirtus Heights was 30%) of gross revenue.

Maintenance & Repair of Buildings

- Routine maintenance and cleaning of the building is \$428/month to ensure a safe and healthy work environment for staff.

Printing, Postage & Equipment

- Printing expense represents the cost of producing monthly statements for clients.
- Postage expense represents the cost of mailing monthly statements for clients, plus other client communication
- Stationery & Office Supplies represents the cost of stationery, pens, paper, file folders, etc.
- Rental Equipment represents the cost of rental for a copier.

DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE APPLICATION SAFETY CENTER INCORPORATED

Program Expense

- Educational Materials represents the cost of producing Participant Study Guides \$7/each and Counselor Manuals \$30/each
- Travel expense represents the cost of trips between the Bradshaw and Turlock location and attendance at professional conferences
- Staff education/training supplies for professional development, orientation for new employees and annual all-day in-service training.

Program Monitoring Cost

- Monitoring fees are an estimate based on revenue of \$309,364 in client fees for the year, less state fee (net revenue) at 5%.
- State Program Monitoring fees are an estimate based on 232 clients at \$17/client

Other

- Bad Debt is estimated at 4% of revenue for the year.

AGREEMENT

This Agreement is made and entered into in the City of Modesto, State of California, by and between the **County of Stanislaus**, through **Behavioral Health and Recovery Services**, hereinafter referred to as "**County**", and **Safety Center, Inc., a California Non-Profit Corporation with its principle place of business located at 3909 Bradshaw Rd., Sacramento, CA 95827**, hereinafter referred to as "**Contractor**", for and in consideration of the mutual promises, covenants, terms, and conditions hereinafter contained.

WHEREAS, County, through Behavioral Health and Recovery Services, has authorized Contractor to operate a Wet and Reckless Twelve-Hour Education Program and a First and Multiple Offender Driving-under-the-Influence Program for Stanislaus County, hereinafter referred to as "**Program**"; and

WHEREAS, Contractor has agreed to operate Program according to the provisions of Section 11837 et. seq. of Chapter 9, Division 10.5 of the California Health and Safety Code and guidelines developed, mandated, and/or promulgated by the California Department of Health Care Services for such driving-under-the-influence programs; and

WHEREAS, it is the responsibility of the Stanislaus County Substance Use Disorder (SUD) Program Administrator to oversee and monitor Contractor's adherence to said provisions and standards in the operation of Program;

NOW, THEREFORE, the parties hereby agree as follows:

1. COUNTY RESPONSIBILITIES

County shall monitor the operation of the Program by Contractor to assure adherence to the provisions Sections 11837 et. seq. of Chapter 9, Division 10.5 of the California Health and Safety Code and all program standards promulgated by the California Department of Health Care Services for such driving under the influence programs. County monitoring services shall provide for:

- 1.1 Program compliance with county standards and state guidelines.
- 1.2 Adherence to provisions of current Program protocols.
- 1.3 Assurance of programmatic and fiscal integrity.
- 1.4 Assurance that client fees are not used for purposes other than providing program services.

2. CONTRACTOR RESPONSIBILITIES

- 2.1 Work cooperatively with County staff assigned to monitor Program to assure that all aspects of Program comply with established guidelines.

- 2.2 Make available information related to Program operation, Program accounting, and client participation to the appropriate County personnel upon request and subject to applicable confidentiality laws and regulations.
- 2.3 Provide driving-under-the-influence services pursuant to Health and Safety Code, Chapter 9 (commencing with Section 11836) and Title 9, California Code of Regulations, Division 4, Chapter 3 (commencing with Section 9795).
- 2.4 Attend 80% of the Stanislaus County Opioid Safety Coalition meetings, held the 2nd Thursday of each month from 9:00am-10:30am.

3. BILLING AND PAYMENT

- 3.1 Contractor shall pay for monitoring services provided by County. The payment shall be equal to five percent (5%) of the net participant revenues collected each quarter.
- 3.2 Contractor shall submit the current Administrative Fee Reporting form (see Attachment A) on a quarterly basis, listing participant fees collected, minus the following, each identified separately: (1) state pass through of a “per enrollment” fee; (2) participant refunds; (3) the DL 101 Certificate Fee; (4) NSF checks. The remainder (net participant revenues) shall be multiplied by five percent (5%), and that amount considered County’s monitoring fee.
- 3.3 Contractor shall submit the Administrative Fee Reporting form and make payment in full to County within thirty (30) calendar days after the end of each quarter. Forms and payment shall be addressed to the attention of “BHRS Business Office” and sent to the following address:

Stanislaus County Behavioral Health & Recovery Services
Attention: Business Office
PO Box 3211
Modesto, CA 95350

4. RECORDS

- 4.1 Contractor shall maintain statistical records in such a manner as to enable County to monitor services rendered.
- 4.2 Contractor shall maintain financial records according to requirements set forth in California Code of Regulations, Title 9, Article 9, Sections 640, 641, and 642 and standard accounting practices, which shall be kept in such detail so as to verify all expenditures and disbursements.
- 4.3 Contractor shall maintain all Program records as prescribed by the aforementioned code sections, federal law, and program standards. County’s Behavioral Health

and Recovery Services Director, or his designee, shall have the right to review and investigate records, programs, or procedures with reasonable notice to Contractor in order to monitor the operation of Program.

5. REPORTS

5.1 Contractor shall provide County with such statistical information as may be requested, including, but not limited to, monthly reports on admissions, discharges, number of re-referrals, transfers in and transfers out, number of graduates, number of client contacts by type of service, and number of hours provided by type of service.

5.2 Contractor shall provide County a year-end financial report, including all program revenues and expenditures for each fiscal year by September 1st.

6. EVALUATION

Contractor shall continuously assess its effectiveness in meeting stated objectives. Evidence to the contrary shall be discussed promptly with authorized County monitoring representatives. Meetings between representatives of County and Contractor will be conducted periodically to assure that all aspects of Program are within established guidelines.

7. RELATIONSHIP OF PARTIES

This is an Agreement by and between two independent contractors and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or any other similar association.

8. PERSONNEL

All personnel rendering services under this Agreement shall be employed by Contractor or shall be members of Contractor's staff. Staff shall follow required counselor certification regulations set forth in Title 9, Division 4, Chapter 8 of the California Code of Regulations. All non-licensed or non-certified individuals providing counseling services in a substance use disorder program must be registered to obtain certification as an alcohol and other drug counselor by one of the DHCS-approved certifying organizations (Health and Safety Code section 11833(b)(1)). Registrants are required to complete certification as a substance use disorder counselor within 5 years from the date of initial registration with any DHCS-approved certifying organization (9 C.C.R. 13035(f)(1)). Services provided shall be under the supervision of Contractor's director.

9. INDEMNIFICATION

Contractor shall indemnify, defend, and hold harmless County, its officers, agents, and employees, from liability or loss resulting from the negligent acts or omissions, or willful

misconduct, of Contractor, its officers, agents, or employees pertaining to the activities to be carried out pursuant to the obligations of this Agreement. County shall indemnify, defend, and hold harmless Contractor, its officers, agents, and employees from liability or loss resulting from the negligent acts or omissions, or willful misconduct, of County, its officers, agents, or employees pertaining to the activities to be carried out pursuant to the obligations of this Agreement. "Liability or loss" means claims, damages, judgments, expenses, and other costs, including litigation costs and attorney fees.

10. INSURANCE

Coverage required: Contractor shall obtain, and maintain at all times during the term of this Agreement, insurance coverage in the amounts and coverage specified in the attached "Exhibit B."

11. REFERENCES TO LAWS AND RULES

In the event any law, regulation or policy referred to in this Agreement is amended during the term hereof, the parties agree to comply with the amended provisions as of the effective date of such amendment. Contractor shall comply with all applicable local, state, and federal laws, rules, and regulations.

12. VENUE

This Agreement shall be deemed to be made under and shall be governed by and construed in accordance with the laws of the State of California without regard to its conflict-of-laws provisions. Any action brought to enforce the terms or provisions of this Agreement shall have venue in the County of Stanislaus, State of California.

13. CONFIDENTIALITY

Contractor and its officers, employees, agents, representatives, subcontractors, and all others acting on behalf of Contractor shall comply with confidentiality requirements as specified in the Code of Federal Regulations, Sub Chapter A of Chapter I, Title 42, Section 2.1, et. seq., and other applicable federal or state requirements.

14. NO THIRD-PARTY BENEFICIARY

Nothing in this Agreement is intended to be construed or deemed to create any rights or remedies in any third-party beneficiary, including a participant.

15. ENTIRE AGREEMENT

This Agreement contains the entire agreement of the parties and no representations, inducements, promises, or agreements otherwise between the parties not embodied herein or incorporated herein by reference, shall be of any force, or effect. Further, no term or provision hereof may be changed, waived, discharged, or terminated unless the same be in writing by the parties hereto.

16. NOTICES

16.1 Any notice, communication, amendments, additions, or deletions to this Agreement, including change of address of either party during the term of this Agreement which Contractor and County shall be required or may desire to make, shall be in writing and may be personally served, or sent by prepaid first class mail, to the respective parties as follows:

TO COUNTY: County of Stanislaus
Behavioral Health and Recovery Services
Attention: Contract Manager
PO Box 3211
Modesto, California 95350
Email: CBHRS@stancounty.org

TO CONTRACTOR: Safety Center, Inc.
Attention: Karla Hendrix, AVP Alcohol & Drug Programs
2005 Evergreen Ave, Ste. 350
Modesto, California 95350-3786

16.2 Where circumstances necessitate the prompt exchange or presentation of information of date, the parties shall employ electronic mail communications, with confirmation by mail as appropriate, so as to provide maximum time for the presentation and review of the information or data. Such use of electronic mail communications will constitute proper notice under this provision only if the receipt of such communication is confirmed telephonically by the sending party with the recipient's office, or if the recipient acknowledges receipt by replying via electronic mail.

17. ASSIGNMENT

County has relied upon the skills, knowledge, experience, and training presented by Contractor, as an inducement to enter into this Agreement. Contractor shall not assign or subcontract this Agreement, either in whole or in part, without prior written consent of County. Contractor may assign to an affiliate successor without consent, provided operations are not materially adversely impacted thereby.

18. AMENDMENT

This Agreement may be modified, amended, changed, added to, or subtracted from by mutual consent of the parties hereto if such amendment or change is in written form and executed with the same formalities as this Agreement and attached to the original Agreement to maintain continuity.

19. SEVERABILITY

If any portion of the Agreement or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal, state, or county statute, ordinance, or regulation, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of the Agreement are severable.

20. TERM

This Agreement shall commence on July 1, 2025 and continue through June 30, 2026. Either party may terminate this Agreement, with or without cause, by giving thirty (30) calendar days written notice to the other party, provided that Program participants who have already begun their wet reckless or DUI program are permitted to complete their program after the termination of this Agreement. In the event of termination, Contractor agrees to submit any eligible participant fees to County within thirty (30) calendar days.

21. SURVIVAL

Notwithstanding any other provision of this Agreement, the following clauses shall remain in full force and effect and survive the expiration or termination of this Agreement: Paragraph 3, "Billing and Payment"; Paragraph 4, "Records"; Paragraph 9, "Indemnification"; Paragraph 13, "Confidentiality"; and Paragraph 17, "Assignment".

22. DUPLICATE COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

23. ELECTRONIC SIGNATURES

Each party agrees that the electronic signatures (whether digital or encrypted) of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record (including facsimile or email electronic signatures) pursuant to the California Uniform Electronic Transaction Act (Cal. Civ. Code § 1633.1 et seq.) as amended from time to time .

24. CERTIFICATION REGARDS ECONOMIC SANCTIONS PURSUANT TO CALIFORNIA STATE EXECUTIVE ORDER N-6-22

24.1 Contractor shall review their investments and contracts to ensure their compliance with economic sanctions imposed by the U.S. government in response to Russia's

actions in Ukraine, as well as any sanctions imposed under state law (collectively, economic sanctions), and to take actions to support the Ukrainian government and people, including by refraining from new investments in, and financial transactions with, Russian institutions or companies that are headquartered or have their principal place of business in Russia (Russian entities), not transferring technology to Russia or Russian entities, and by directly providing support to the government and people of Ukraine.

- 24.2 County shall terminate any contract with any individual or entity that is in violation of Executive Order N-6-22 or that is subject to economic sanctions therein, and shall not enter a contract with any such individual or entity while the Order is in effect.
- 24.3 For contracts valued at \$5 million or more, Contractor shall provide a written report to the County regarding compliance with economic sanctions and steps taken in response to Russia's action in Ukraine, including but not limited to, desisting from making new investments in, or engaging in financial transactions with Russia or Russian entities, and directly providing support to Ukraine, while the Order is in effect.

{SIGNATURES SET FORTH ON FOLLOWING PAGE}

IN WITNESS WHEREOF, the parties or their duly authorized representatives have executed this Agreement on the day and year first hereinabove written.

**COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES**

SAFETY CENTER, INC.

By: 
Ruben Imperial (Apr 10, 2025 13:30 PDT)

Ruben Imperial, MBA
Behavioral Health Director

"County"

By: 
Ellias van Ekelenburg (Apr 4, 2025 09:53 PDT)

Ellias van Ekelenburg
CEO

"Contractor"

APPROVED AS TO FORM
Thomas E. Boze, County Counsel

By: 
Marc Hartley (Mar 19, 2025 09:39 PDT)

Marc Hartley
Chief Deputy County Counsel

ATTACHMENT A

**STANISLAUS COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES
DRIVING UNDER THE INFLUENCE PROGRAM(S)
Fiscal Year 2025-2026**

QUARTERLY ADMINISTRATIVE FEE REPORTING

NAME OF PROVIDER: **SAFETY CENTER, INC.**

FOR THE QUARTER ENDING: _____ Date: _____

TOTAL REVENUE: \$ _____

NUMBER OF NEW ENROLLEES THIS QTR: _____

LESS: REFUNDS TO PARTICIPANTS (\$ _____)

LESS: DL 101 CERTIFICATE (\$3.00 PER COMPLETION (\$ _____)

LESS: NSF CHECKS (\$ _____)

NET REVENUE: \$ _____

COUNTY ADMINISTRATIVE FEE = 5% OF NET REVENUE \$ _____

PLEASE SUBMIT TO:

**Stanislaus County
Behavioral Health and Recovery Services
Attention: Business Office
PO Box 3211
Modesto, CA 95350**

PREPARED BY:

Phone # _____

Email Address: _____

Date _____

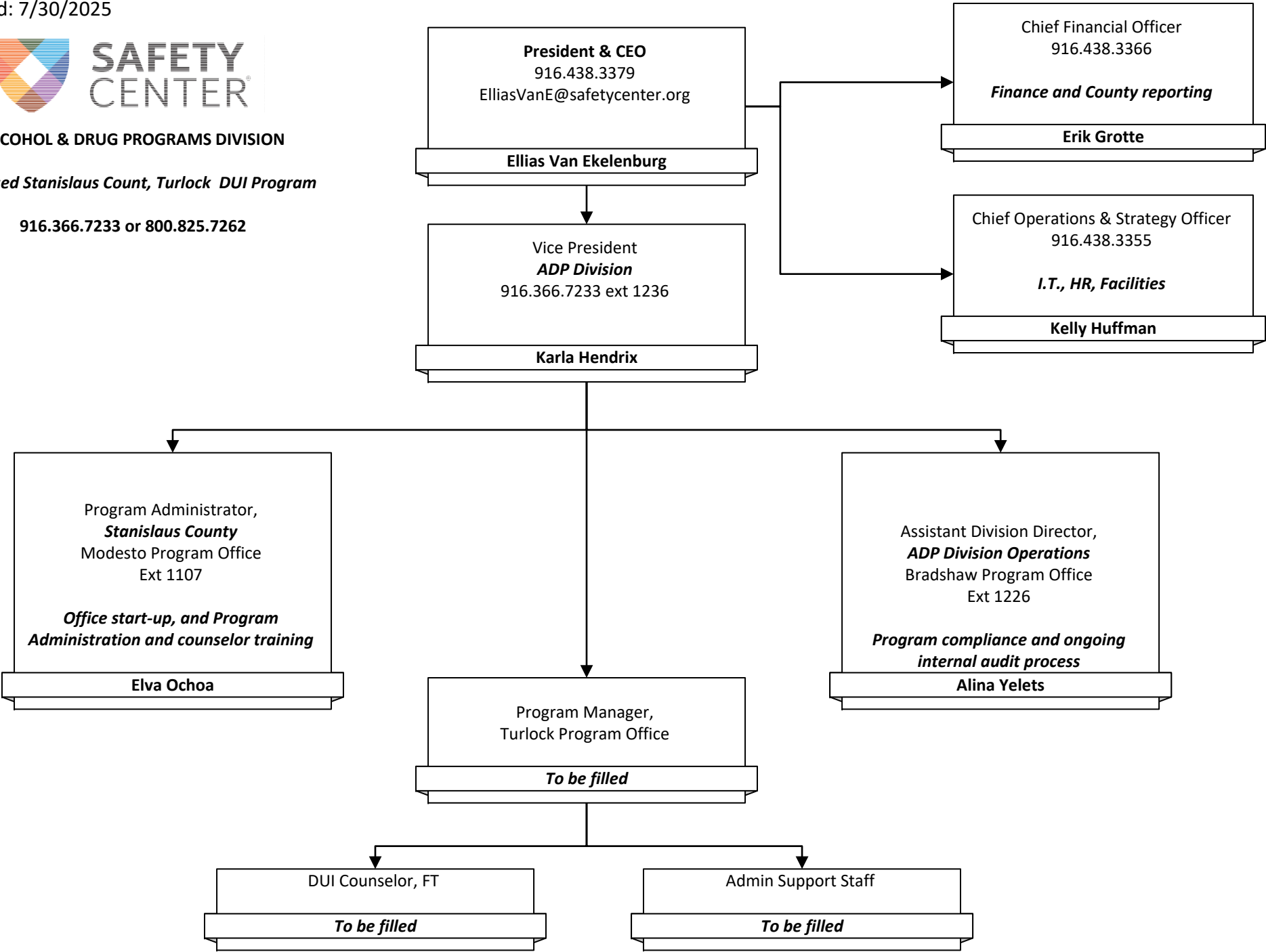
Fund Org. Account
1502.6511330.34040



ALCOHOL & DRUG PROGRAMS DIVISION

Proposed Stanislaus Count, Turlock DUI Program

916.366.7233 or 800.825.7262



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

A description of the services (face-to-face interviews, educational sessions, group and individual counseling sessions) to be provided by the program, including the frequency, duration, and number of hours for each program service.

1. Location and Services to be Provided.

[Provide the address, hours of operation, and program services, e.g., 3-mo, 9-mo, etc., to be provided at each location.] Please refer to Title 9, 9805(a)(9) (B-C) for requirements.

Program Address	Hours of Operation
809 W. Hawkeye Ave. Turlock, CA 95382	Monday through Thursday, 8:30 AM to 5:30 PM. Friday, closes at 5:00 PM Saturday, 8:00 AM to 4:30 PM
License Package Submission to Add Service to Current License	Current Services Provided by License
12 Hours Wet Reckless 3 Month First Offender 6-Month First Offender 9 Month First Offender 18 Month Multiple Offender	In Stanislaus County, Safety Center provides First and Multiple Offender Programs at 2005 Evergreen #350, Modesto, CA 95350. It is also licensed to provide DUI Programs in Sacramento and Yolo County.

2. Participant Contract

[Provide a copy of the contract and all documents that require participant signature, in all languages in which the DUI program provides services.]

Part III Attachment 1 – Driving Under the Influence Program Participant Contract, English

Part III Attachment 2 – Driving Under the Influence Program Participant Contract, Spanish

Part III Attachment 3 – Release of Information/Confidentiality, English

Part III Attachment 4 – Release of Information/Confidentiality, Spanish

Part III Attachment 5 – Payment Schedule, English

Part III Attachment 6 – Payment Schedule, Spanish

Part III Attachment 7 – Financial Assessment (Policy and Procedure, Appointment and Verification of Income, Assessment Worksheet, and Fee Adjustment/Extended Payment Agreement – English/Spanish)

Part III Attachment 8 – Behavioral Health Information Notice No. 24-012 (Live Virtual Remote Services Participant Screening, Program Contract and Consent, and Email Consent – English/Spanish)

Part III Attachment 9 – In- Person Email Consent – English

Part III Attachment 10– In- Person Email Consent – Spanish

3. All Other Forms to Be Used

[Provide copies of all forms, including the fee payment agreement, notice of confidentiality, etc.]

Part III Attachment 11 – Client information

Part III Attachment 12 – New Pending DUI form (English/Spanish)

Part III Attachment 13 – Client Activity Schedule

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

Part III Attachment 14 – Activity Roster

Part III Attachment 15 – Participant Records (Wet Reckless, 3-Month, 6 Month, 9 Month & 18 Month)

Part III Attachment 16 – Progress Notes - Education/Group Sessions and Re-Entry (English/Spanish)

Part III Attachment 17– Face-to-Face Notes

Part III Attachment 18 – Leave of Absence Request Form (English/Spanish)



Safety Center, Inc.
Driving Under the Influence Programs

Welcome to Safety Center Driving Under the Influence (DUI) Program. Safety Center DUI Programs understand that getting a DUI and the subsequent consequences can be overwhelming. The Safety Center staff are committed to providing you with a positive DUI program experience, we hope you take advantage of the time you will have with us and work towards making this DUI your last DUI.

DUI Programs are governed by the California Code of Regulations Title 9, Division 4, Chapter 3 and DUI Program Standards. This contract is designed to ensure you are aware of these regulations and standards to assist you to successfully complete the DUI Program and comply with your court order and/or regain your full driving privileges.

What to Expect: Program Activities

Group Sessions: Group sessions are facilitated by a California Registered or Certified Substance Use Disorder Counselor. Our groups are structured to allow the participants to talk and share ideas and information in order to identify and resolve alcohol or drug related problems; provide an opportunity for participants to examine their own personal attitudes and behavior; and provide support for positive changes in life style to facilitate reduction or elimination of alcohol or drug problems.

Education: Educational topics will focus on: The use and effects of alcohol and other drugs, the nature of addiction to alcohol and other drugs, impairment of driving abilities, skills, and judgment caused by consumption of alcohol or other drugs, alternatives to the abuse of alcohol and the use of illicit drugs, including discussion of how abstinence, additional county requirements, ancillary services, and participation in self-help groups, assist the participant to recognize the effects of chemical dependency and understand the recovery process and, the effects of alcohol or other drug use on the individual, the family, and society.

Face to Faces: The DUI program participant will meet with a counselor individually to discuss their attendance in educational sessions and counseling sessions; identify problems which may be barriers to program completion, including progress in group and other counseling sessions; and evaluate the participant's need for referral to ancillary services.

Alcohol and Drug Use Assessment: Within the first 60 days of participation each participant will complete an assessment of their alcohol and/or drug use. The assessment will be conducted by a California Registered or Certified Substance Use Disorder Counselor. The counselor conducting the assessment will discuss the results of the alcohol and/or drug assessment with the participant and recommend any ancillary services he/she thinks would be potentially beneficial to the participant.

Program Structure

	Wet Reckless	3 Month First Offender	6 Month First Offender	9 Month First Offender	18 Month Multiple Offender
Alcohol & Drug Assessment 1 - 45 Minutes	1	1	1	1	1
Education 2-hour sessions	6	6	6	6	6
Group 2-hour sessions	0	9	16	24	26
Face to Face 15-minute sessions	0	3	6	9	26
Re-Entry 1-hour sessions	0	0	0	0	6

***If the participant in the 18-month program takes longer than 12 months to complete the education and group counseling sessions stated in this program structure, the DUI Program will charge for any additional face to face interviews provided based on the approval cost per unit services for face to face interviews.**

Confidentiality: DUI program participant records are confidential under 42CFR and HIPAA and cannot be disclosed without a release signed by the participant, or as otherwise provided by the law. Furthermore, this consent to release will expire or may be revoked as specified in the Consent to Release form provided at intake. The DUI Program has a legal obligation to report suspected child or elderly abuse/neglect (PC-11166), imminent intent to harm self or other, or an act of crime against the program property or personnel. The confidentiality of other program participants is the responsibility of each participant. A violation of another participants program attendance is taken seriously and is grounds for dismissal from the program.

Attendance: Title 9 regulations are very specific regarding DUI program attendance. Attendance at the DUI program must be given a priority.

Late to Activities: Title 9 does not allow for a grace period and those arriving late to activities will not be allowed to stay. This will be considered an absence and will incur an Absence Fee. The missed activity must be made up prior to program completion.

Missed Activity Absence: Last minute emergencies may arise, and the participant may not be able to provide the DUI program with advance notice of their inability to attend a scheduled activity, this is an absence. Absences must be made up prior to program completion and each absence will incur an Absence Fee. Title 9 imposes the following absence regulations by program level, if a participant exceeds the allowable absence for their program level they must be dismissed from the program:

	Wet Reckless	3 Month	6 Month	9 Month	18 Month
Number of Allowable Absences	2	5	7	7	10

Missed Activity Reschedule: When the participant notifies the DUI Program **24 hours in advance** that they will miss a scheduled activity this is a reschedule and does not count towards the allowable absences. Participants are required to make up the rescheduled activity within seven days from the originally scheduled activity date. Reschedules must be made up prior to program completion and each rescheduled activity will incur a Reschedule Fee. You must call the office **24 hours in advance** of missing the activity to receive a reschedule.

Twenty-One Day Attendance Regulation: Participants in the DUI program are required to request a leave of absence if they are unable to attend any scheduled program activities for 21 days or longer. Participants may request a leave of absence for less than 21 days. Participants who miss program activities for longer than 21 days in a row without an approved leave of absence will be dismissed from the program.

Leave of Absence: A leave of absence (LOA) is available for participants who are unable to attend program activities for a period of time. To request a leave of absence, the participant shall submit to the DUI program a written request for a leave of absence, and any documentation substantiating the need for a leave of absence. The written request shall specify: the name of the participant; the reason for requesting the leave of absence; and the dates of the requested leave of absence. LOA's must be requested in advance and each LOA will incur a LOA Fee. LOA's are granted for:

- Military personnel whose orders or responsibilities require an extended absence.
- Work requires travel for an extended period.
- Extended illness or medical treatment or that of a family member.
- Incarceration or participating in a residential alcoholism or drug abuse recovery or treatment program.
- Extreme personal hardship or family emergency.
- Vacation. A LOA for vacation can only be granted if the participant has made up all absences and paid all outstanding fees.

Payments: DUI programs are regulated to set participant fees at a level sufficient to cover the cost of program services, including each participant's share of personnel and operating expenses incurred by the DUI program in providing program services. DUI program fees are reviewed and approved by the County and State.

Late Payment: The monthly payment is due on the 1st or 15th of each month as specified in the Payment Contract. Monthly payments not received 4 days after the due date will incur a Late Payment Fee.

Payment Options: Payments can be made by cash, check, money order, cashier's check or credit/debit card. Participants will receive a receipt for payments made onsite at Safety Center DUI Program.

Financial Assessment: If a participant feels they are unable to make the monthly payment they must request a financial assessment to determine if they qualify for an extended payment plan or if their income is at the General Assistance level. A financial reassessment will be conducted if my scheduled payment is delinquent 30 days or more; or prior to dismissal from the program for failure to pay the program fee.

Failure to Pay: If a participant fails to make monthly payments including any additional fees incurred, including but not limited to those for late payments, rescheduling, absences, and leaves of absence (LOA) in full and on time without requesting or attending a financial assessment, it is considered failure to pay and will result in dismissal from the program.

Program Sobriety: Title 9 mandates that participants enrolled in the DUI program must maintain program sobriety. Program sobriety means that participants shall not attend program services or activities or be on the DUI program premises while under the influence of any amount of alcohol or drugs. It also mandates that DUI program participants shall not be convicted of a subsequent DUI offense while enrolled in a DUI program. Violation of the program sobriety regulation is grounds for program dismissal.

Program Abstinence: During the time period of participant enrollment, Safety Center would like to encourage complete abstinence from the use of alcohol and/or illicit drugs as a goal during the duration of participation in the program. Abstinence allows the participant to fully engage in the self-assessment process; to identify areas in the participant's life that may contribute to high-risk use of alcohol or other drugs and encourages the participant

to create strategies to address these areas. The assessment of the personal use of alcohol and/or illicit drugs leads to a healthy lifestyle and reduces the risk of driving under the influence and other consequences of use.

Program Dismissal: Title 9 dictates that DUI programs must dismiss a participant from the program for the following reasons. Upon dismissal, the DUI program must notify the court of referral and the Department of Motor Vehicles of the dismissal.

- Fails to participate in required program activities within 21 days of transfer to another DUI program licensed by the Department,
- Fails to maintain program sobriety,
- Fails to comply with DUI program rules,
- Fails to comply with additional county requirements which have been established by the county alcohol and drug program administrator,
- Fails to attend program services for 21 days or longer without obtaining a leave of absence,
- Exceeds the number of absences allowed in their program level,
- Fails to resume attending program activities within 21 days of the scheduled return from a leave of absence,
- Is physically or verbally abusive, or acts in a threatening manner to DUI program staff or DUI program participants,
- Fails to pay his/her program fee assessed, fails to reschedule, and attend a financial assessment.

Program Rules:

- Respect other participants confidentiality,
- Treat other participants and staff with respect; understand that inappropriate behavior and uncooperative performance is grounds for program dismissal,
- Be on time for all activities,
- Smoking is not allowed on the premises and food and drinks allowed only in designated areas,
- Visitors or children are not allowed in program activities,
- Children are not to be left unattended on the premises at any time,
- No part of the building shall be modified or defaced,
- You MUST adhere to the Dress Code established by Safety Center ADP DUI Program. Appropriate attire is required for all program activities. **Dress Code for DUI Program Clients** (In accordance with applicable laws, we will reasonably accommodate clients with disabilities or religious beliefs that make it difficult for them to fully comply with the dress code.) Unacceptable attire includes Sunglasses; Hats/Beanies; Gang-related attire; Revealing outfits including shorts, dresses, or skirts more than 3 inches above the knee, half-shirts (showing midriff), and spaghetti-strap tops; Clothing displaying alcohol, drugs, or controversial words or images; Any perceptible odor of drugs or alcohol, such as marijuana, tobacco, alcohol, methamphetamine, etc.
- Sleeping or closing eyes during program activities may result in an absence,
- All participants are expected to participate in group discussions and respect other participants by listening while they speak,
- Participants who appear to be under the influence agree to submit to breath/drug test or face dismissal,
- Cell phones are to be turned off or put in silence mode while in sessions,
- Please arrange transportation prior to coming to the program.

Reinstatement Following Dismissal: If a participant is dismissed from the program they may reinstate and receive credit for all activities attended and fees paid if that reinstatement occurs no later than two years from the dismissal date. The reinstatement will incur a reinstatement fee at the time of reinstatement and any money owed for services received prior to dismissal will be due at reinstatement.

Program Enrollment Level: When enrolling in a DUI program following arrest for a DUI offense prior to a conviction, the DUI program will enroll the participant in the most appropriate program type based on the information contained in the enrollment documents presented. Safety Center encourages you to contact the DMV-MAU at (916) 657-6525 if you have questions/concerns specific to the type of DUI program you will ultimately be required to complete.

Following the initial DUI program enrollment there may be instances in which DMV's MAU review of the DUI offense/driving history and/or court proceeding may necessitate a modification of the program type initially enrolled in. In all instances, the participant is financially responsible for all DUI program services received and/or incurred during the enrollment in a DUI program. If allowed by regulations the participant may be able to apply services received from enrollment in one program level into a different program enrollment level.

Program Transfer: Participants who are moving to another area within California may transfer credit for activities completed to another California State approved DUI Program if they are current in fees and pay the required transfer fee. Individuals planning to transfer must schedule an individual appointment to complete the transfer paperwork. Participants who are moving out of State cannot officially transfer to an out of state program and will be dismissed from this DUI Program. It is recommended that participants contact the Court and DMV regarding their out-of-state relocation. If requested, a summary of activities completed at Safety Center DUI Program will be provided if fees are current.

Program Completion: Upon completion of all program activity requirements and all fees owed for services received as well as any additional fees incurred during enrollment, Safety Center DUI program will submit completion documentation to the Department of Motor vehicles and if required to the court of referral.

Grievance Procedures: I fully understand that Safety Center reserves the right to terminate my participation in the program for violations of these obligations. In case of termination, I reserve the right to request an appeal by contacting the Safety Center Executive Director. If I am unable to resolve the issue, I may submit a written request for a hearing to the Department of Health Care Services Substance Use Disorder Services P.O. Box 997413 MS# 2601 Sacramento, CA 95899-7413 by mail or online at dhcs.ca.gov.

Watson Admonition: Your complete understanding that future DUI events bring you the possibility of injuring and killing others is important for public safety as well as the knowledge that more often County prosecutors bring charges of vehicular manslaughter or murder in DUI fatality cases. The following notice, known as a Watson admonition, states this very clearly.

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

I have read this document and agree to attend the DUI Program level I am enrolling in today. I have received a copy of this signed document for my records. I understand that Safety Center DUI program will submit enrollment documentation to the Department of Motor Vehicles and if appropriate the court of referral.

Participant's Printed Name: _____

Participant's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____



Centro de Seguridad, Inc.
Programas de Conducir Bajo la Influencia

Bienvenido al Programa de Conducir Bajo la Influencia (DUI) del Centro de Seguridad. Los programas de DUI del Centro de Seguridad entienden que obtener un DUI y las consecuencias posteriores pueden ser abrumadoras. El personal del Centro de Seguridad está comprometido a brindarle una experiencia positiva en el programa de DUI, esperamos que aproveche el tiempo que tendrá con nosotros y trabaje para hacer de este DUI su último DUI.

Los programas de DUI se rigen por el Código de Regulaciones de California, Título 9, División 4, Capítulo 3 y los Estándares del Programa de DUI. Este contrato está diseñado para garantizar que usted esté al tanto de estas regulaciones y estándares para ayudarlo a completar con éxito el Programa de DUI y cumplir con su orden judicial y / o recuperar todos sus privilegios de conducir.

Qué esperar: Actividades del programa

Sesiones grupales: Las sesiones grupales son facilitadas por un consejero de trastornos por uso de sustancias registrado o certificado en California. Nuestros grupos están estructurados para permitir que los participantes hablen y compartan ideas e información con el fin de identificar y resolver problemas relacionados con el alcohol o las drogas; proporcionar una oportunidad para que los participantes examinen sus propias actitudes y comportamientos personales; y proporcionar apoyo para cambios positivos en el estilo de vida para facilitar la reducción o eliminación de los problemas de alcohol o drogas.

Educación: Los temas educativos se centrarán en: el uso y los efectos del alcohol y otras drogas, la naturaleza de la adicción al alcohol y otras drogas, el deterioro de las habilidades para conducir, las habilidades y el juicio causados por el consumo de alcohol u otras drogas, alternativas al abuso del alcohol y el uso de drogas ilícitas, incluida la discusión de cómo la abstinencia, Los requisitos adicionales del condado, los servicios auxiliares y la participación en grupos de autoayuda, ayudan al participante a reconocer los efectos de la dependencia química y comprender el proceso de recuperación y los efectos del consumo de alcohol u otras drogas en el individuo, la familia y la sociedad.

Cara a cara: El participante del programa de DUI se reunirá con un consejero individualmente para discutir su asistencia a las sesiones educativas y sesiones de asesoramiento; identificar problemas que pueden ser barreras para la finalización del programa, incluido el progreso en el grupo y otras sesiones de asesoramiento; y evaluar la necesidad del participante de ser referido a servicios auxiliares.

Evaluación del consumo de alcohol y drogas: Dentro de los primeros 60 días de participación, cada participante completará una evaluación de su consumo de alcohol y/o drogas. La evaluación será realizada por un Consejero de Trastornos por Uso de Sustancias registrado o certificado en California. El consejero que lleva a cabo la evaluación discutirá los resultados de la evaluación de alcohol y/o drogas con el participante y recomendará cualquier servicio auxiliar que considere potencialmente beneficioso para el participante.

Estructura del programa

	Wet and Reckless	3 Meses Primer infractor	6 Meses Primer infractor	9 Meses Primer infractor	18 Meses Delincuente múltiple
Evaluación de Alcohol y Drogas 1 - 45 minutos	1	1	1	1	1
Educación Sesiones de 2 horas	6	6	6	6	6
Grupo Sesiones de 2 horas	0	9	16	24	26
Cara a cara Sesiones de 15 minutos	0	3	6	9	26
Reingreso Sesiones de 1 hora	0	0	0	0	6

***Si el participante en el programa de 18 meses tarda más de 12 meses en completar las sesiones de educación y asesoramiento grupal establecidas en esta estructura del programa, el Programa de DUI cobrará por cualquier entrevista cara a cara adicional proporcionada en función del costo de aprobación por unidad de servicios para entrevistas cara a cara.**

Confidencialidad: Los registros de los participantes del programa de DUI son confidenciales bajo 42CFR e HIPAA y no pueden divulgarse sin una autorización firmada por el participante, o según lo dispuesto por la ley. Además, este consentimiento para la divulgación expirará o puede ser revocado según lo especificado en el formulario de consentimiento para la divulgación que se proporciona en la admisión. El Programa de DUI tiene la obligación legal de denunciar sospechas de abuso/negligencia de niños o ancianos (PC-11166), intento inminente de hacerse daño a sí mismo o a otros, o un acto delictivo contra la propiedad o el personal del programa. La confidencialidad de los demás participantes del programa es responsabilidad de cada participante. Una violación de la asistencia al programa de otros participantes se toma en serio y es motivo de expulsión del programa.

Asistencia: Las regulaciones del Título 9 son muy específicas con respecto a la asistencia al programa de DUI. Se debe dar prioridad a la asistencia al programa de DUI.

Llegar tarde a las actividades: El Título 9 no permite un período de gracia y aquellos que lleguen tarde a las actividades no podrán quedarse. Esto se considerará una ausencia e incurrirá en una tarifa de ausencia. La actividad perdida debe recuperarse antes de la finalización del programa.

Ausencia de actividad perdida: Pueden surgir emergencias de último minuto y es posible que el participante no pueda proporcionar al programa de DUI un aviso anticipado de su incapacidad para asistir a una actividad programada, esto es una ausencia. Las ausencias deben compensarse antes de la finalización del programa y cada ausencia incurrirá en una tarifa de ausencia. El Título 9 impone las siguientes regulaciones de ausencia por nivel de programa, si un participante excede la ausencia permitida para su nivel de programa, debe ser expulsado del programa:

	Wet and Reckless	3 Meses	6 Meses	9 Meses	18 Meses
Número de ausencias permitidas	2	5	7	7	10

Reprogramación de actividades perdidas: Cuando el participante notifica al Programa de DUI con **24 horas de anticipación** que se perderá una actividad programada, esto es una reprogramación y no cuenta para las ausencias permitidas. Los participantes deben completar la actividad reprogramada dentro de los siete días posteriores a la fecha de la actividad programada originalmente. Las reprogramaciones deben realizarse antes de la finalización del programa y cada actividad reprogramada incurrirá en una tarifa de reprogramación. Debe llamar a la oficina **24 horas antes** de perderse la actividad para recibir una reprogramación.

Regulación de asistencia de veintiún días: Los participantes en el programa de DUI deben solicitar una licencia de ausencia si no pueden asistir a ninguna actividad programada del programa durante 21 días o más. Los participantes podrán solicitar una excedencia inferior a 21 días. Los participantes que falten a las actividades del programa durante más de 21 días seguidos sin un permiso de ausencia aprobado serán expulsados del programa.

Permiso de ausencia: Un permiso de ausencia (LOA) está disponible para los participantes que no pueden asistir a las actividades del programa durante un período de tiempo. Para solicitar un permiso de ausencia, el participante deberá presentar al programa de DUI una solicitud por escrito de permiso de ausencia y cualquier documentación que justifique la necesidad de un permiso de ausencia. En la solicitud escrita se especificará: el nombre del participante; el motivo por el que se solicita la excedencia; y las fechas de la excedencia solicitada. Las LOA deben solicitarse con anticipación y cada LOA incurrirá en una tarifa de LOA. Las LOA se otorgan para:

- Personal militar cuyas órdenes o responsabilidades requieran una ausencia prolongada.
- El trabajo requiere viajar por un período prolongado.
- Enfermedad prolongada o tratamiento médico o el de un miembro de la familia.
- Encarcelamiento o participación en un programa residencial de recuperación o tratamiento de alcoholismo o abuso de drogas.
- Dificultades personales extremas o emergencia familiar.
- Vacaciones. Solo se puede conceder una LOA para vacaciones si el participante ha compensado todas las ausencias y pagado todas las cuotas pendientes.

Pagos: Los programas de DUI están regulados para establecer las tarifas de los participantes a un nivel suficiente para cubrir el costo de los servicios del programa, incluida la participación de cada participante en los gastos operativos y de personal incurridos por el programa de DUI en la prestación de servicios del programa. Las tarifas del programa de DUI son revisadas y aprobadas por el Condado y el Estado.

Pago atrasado: El pago mensual vence el día 1 o 15 de cada mes según lo especificado en el Contrato de Pago. Los pagos mensuales que no se reciban 4 días después de la fecha de vencimiento incurrirán en un cargo por pago atrasado.

Opciones de pago: Los pagos se pueden realizar en efectivo, cheque, giro postal, cheque de caja o tarjeta de crédito / débito. Los participantes recibirán un recibo por los pagos realizados en el sitio en el Programa de DUI del Centro de Seguridad.

Evaluación financiera: Si un participante siente que no puede realizar el pago mensual, debe solicitar una evaluación financiera para determinar si califica para un plan de pago extendido o si sus ingresos están en el nivel de Asistencia General. Se llevará a cabo una reevaluación financiera si mi pago programado está atrasado 30 días o más; o antes de ser expulsado del programa por falta de pago de la cuota del programa.

Falta de pago: Si un participante no realiza los pagos mensuales, incluidos los cargos adicionales incurridos, incluidos, entre otros, los pagos atrasados, la reprogramación, las ausencias y los permisos de ausencia (LOA) en su totalidad y a tiempo sin solicitar o asistir a una evaluación financiera, se considera falta de pago y resultará en la expulsión del programa.

Sobriedad del programa: El Título 9 exige que los participantes inscritos en el programa de DUI deben mantener la sobriedad del programa. La sobriedad del programa significa que los participantes no asistirán a los servicios o actividades del programa ni estarán en las instalaciones del programa de DUI mientras estén bajo la influencia de cualquier cantidad de alcohol o drogas. También ordena que los participantes del programa de DUI no sean condenados por un delito de DUI posterior mientras estén inscritos en un programa de DUI. La violación de la regulación de sobriedad del programa es motivo de despido del programa.

Abstinencia del programa: Durante el período de tiempo de inscripción de los participantes, Safety Center desea fomentar la abstinencia completa del uso de alcohol y / o drogas ilícitas como objetivo durante la duración de la participación en el programa. La abstinencia permite que el participante se involucre plenamente en el proceso de autoevaluación; Identificar áreas en la vida del participante que pueden contribuir al uso de alto riesgo de alcohol u otras drogas y alienta al participante a crear estrategias para abordar estas áreas. La evaluación del consumo personal de alcohol y/o drogas ilícitas conduce a un estilo de vida saludable y reduce el riesgo de conducir bajo los efectos del alcohol y otras consecuencias del consumo.

Despido del programa: El Título 9 dicta que los programas de DUI deben despedir a un participante del programa por las siguientes razones. Al momento de la desestimación, el programa de DUI debe notificar al tribunal de remisión y al Departamento de Vehículos Motorizados de la desestimación.

- No participa en las actividades requeridas del programa dentro de los 21 días posteriores a la transferencia a otro programa de DUI con licencia del Departamento,
- No logra mantener la sobriedad del programa,
- No cumple con las reglas del programa de DUI,
- No cumple con los requisitos adicionales del condado que han sido establecidos por el administrador del programa de alcohol y drogas del condado,
- No asiste a los servicios del programa durante 21 días o más sin obtener un permiso de ausencia,
- Excede el número de ausencias permitidas en su nivel de programa,
- No reanuda la asistencia a las actividades del programa dentro de los 21 días posteriores al regreso programado de una licencia de ausencia,
- Es física o verbalmente abusivo, o actúa de manera amenazante hacia el personal del programa de DUI o los participantes del programa de DUI,
- No paga la cuota del programa evaluada, no reprograma ni asiste a una evaluación financiera.

Reglas del programa:

- Respetar la confidencialidad de los demás participantes,
- Tratar a los demás participantes y al personal con respeto; entiende que el comportamiento inapropiado y el desempeño no cooperativo es motivo de despido del programa,
- Llegar a tiempo a todas las actividades,

- No se permite fumar en las instalaciones y solo se permiten alimentos y bebidas en las áreas designadas.
- No se permiten visitantes ni niños en las actividades del programa,
- Los niños no deben quedar desatendidos en las instalaciones en ningún momento,
- Ninguna parte del edificio será modificada o desfigurada,
- DEBE cumplir con el código de vestimenta establecido por el programa de DUI ADP del Centro de Seguridad. Se requiere vestimenta apropiada para todas las actividades del programa. **Código de vestimenta para clientes del programa de DUI** (De acuerdo con las leyes aplicables, acomodaremos razonablemente a los clientes con discapacidades o creencias religiosas que les dificulten cumplir plenamente con el código de vestimenta). La vestimenta inaceptable incluye gafas de sol; sombreros/gorros; Vestimenta relacionada con pandillas; Atuendos reveladores que incluyen pantalones cortos, vestidos o faldas de más de 3 pulgadas por encima de la rodilla, medias camisas (que muestran el abdomen) y blusas de tirantes finos; Ropa que muestre alcohol, drogas o palabras o imágenes controvertidas; Cualquier olor perceptible a drogas o alcohol, como marihuana, tabaco, alcohol, metanfetamina, etc.
- Dormir o cerrar los ojos durante las actividades del programa puede resultar en una ausencia,
- Se espera que todos los participantes participen en las discusiones grupales y respeten a los demás participantes escuchando mientras hablan.
- Los participantes que parezcan estar bajo la influencia del alcohol aceptan someterse a una prueba de aliento/drogas o enfrentar el despido.
- Los teléfonos celulares deben apagarse o ponerse en modo de silencio durante las sesiones,
- Por favor, organice el transporte antes de venir al programa.

Restablecimiento después de la expulsión: Si un participante es despedido del programa, puede reincorporarse y recibir crédito por todas las actividades a las que asistió y las tarifas pagadas si esa reincorporación ocurre a más tardar dos años después de la fecha de despido. La reincorporación incurrirá en una tarifa de restablecimiento en el momento de la reinstalación y cualquier dinero adeudado por los servicios recibidos antes del despido se deberá pagar en el momento de la reincorporación.

Nivel de inscripción en el programa: Al inscribirse en un programa de DUI después de un arresto por un delito de DUI antes de una condena, el programa de DUI inscribirá al participante en el tipo de programa más apropiado según la información contenida en los documentos de inscripción presentados. El Centro de Seguridad le anima a que se comunique con el DMV-MAU al (916) 657-6525 si tiene preguntas o inquietudes específicas sobre el tipo de programa de DUI que finalmente deberá completar.

Después de la inscripción inicial en el programa de DUI, puede haber casos en los que la revisión de MAU del DMV de la ofensa/historial de manejo de DUI y/o el procedimiento judicial pueden requerir una modificación del tipo de programa en el que se inscribió inicialmente. En todos los casos, el participante es financieramente responsable de todos los servicios del programa de DUI recibidos y/o incurridos durante la inscripción en un programa de DUI. Si las regulaciones lo permiten, el participante puede aplicar los servicios recibidos de la inscripción en un nivel de programa a un nivel de inscripción de programa diferente.

Transferencia del programa: Los participantes que se mudan a otra área dentro de California pueden transferir crédito por las actividades completadas a otro programa de DUI aprobado por el estado de California si están al día con las tarifas y pagan la tarifa de transferencia requerida. Las personas que planean transferirse deben programar una cita individual para completar la documentación de transferencia. Los participantes que se mudan fuera del estado no pueden transferirse oficialmente a un programa fuera del estado y serán expulsados de este programa de DUI. Se recomienda que los participantes se comuniquen con el Tribunal y el DMV con respecto a

su reubicación fuera del estado. Si se solicita, se proporcionará un resumen de las actividades completadas en el Programa de DUI del Centro de Seguridad si las tarifas están al día.

Finalización del programa: Una vez completados todos los requisitos de actividades del programa y todas las tarifas adeudadas por los servicios recibidos, así como cualquier tarifa adicional incurrida durante la inscripción, el programa Safety Center DUI presentará la documentación de finalización al Departamento de Vehículos Motorizados y, si es necesario, al tribunal de referencia.

Procedimientos de quejas: Entiendo completamente que Safety Center se reserva el derecho de terminar mi participación en el programa por violaciones de estas obligaciones. En caso de rescisión, me reservo el derecho de solicitar una apelación poniéndome en contacto con el Director Ejecutivo del Centro de Seguridad. Si no puedo resolver el problema, puedo presentar una solicitud por escrito para una audiencia al Departamento de Servicios de Atención Médica, Servicios de Trastornos por Uso de Sustancias, P.O. Box 997413 MS# 2601 Sacramento, CA 95899-7413 por correo o en línea en dhcs.ca.gov.

Advertencia de Watson: Su completa comprensión de que los futuros eventos de DUI le brindan la posibilidad de lesionar y matar a otros es importante para la seguridad pública, así como el conocimiento de que más a menudo los fiscales del condado presentan cargos de homicidio vehicular o asesinato en casos de muertes por DUI. El siguiente aviso, conocido como una advertencia de Watson, dice esto muy claramente.

Entiendo que el alcohol y/o las drogas afectan mi capacidad para conducir y entiendo las consecuencias peligrosas de beber y/o usar drogas y conducir. Si elijo ignorar esta advertencia, y conducir bajo la influencia del alcohol/drogas o ambos, y alguien es asesinado, entiendo que puedo ser acusado de homicidio vehicular o asesinato, los elementos de malicia en un cargo de asesinato pueden estar implícitos porque tengo conocimiento del peligro de la conducta y el riesgo que dicha conducta representa para el público. (People vs. Watson 30 Cal 3d. 290,179 Cal Rptr. 43.)

He leído este documento y acepto asistir al nivel del Programa DUI en el que me estoy inscribiendo hoy. He recibido una copia de este documento firmado para mis registros. Entiendo que el programa de DUI del Centro de Seguridad presentará la documentación de inscripción al Departamento de Vehículos Motorizados y, si corresponde, al tribunal de referencia.

Nombre en letra de imprenta del participante: _____

Firma del participante: _____ Fecha: _____

Firma del Consejero: _____ Fecha: _____



**Statement of Confidentiality &
Consent to Release Information**

Information about you is confidential, as is information received about you from the court or Department of Motor Vehicles. The Safety Center is not allowed, by law to release information about you without your written consent, except in cases of medical emergency or by court order.

In order to release information to the Department of Motor Vehicles, the Court of Conviction, State Department Health Care Services and for monitoring purposes, the County Alcohol and Drug Programs Administrator, this consent must be signed by you. If you wish any other person to receive information about your participation, their name must be written on the "Other" line.

I, _____, hereby authorize the Safety Center Incorporated and its agents to release information about my participation and progress in the program to the following named entities or persons:

Court of Conviction: _____

DMV Office: _____

State of California: **Department of Health Care Services(DHCS)**

County: **Alcohol & Drug Programs**

Other: Name: _____

Relationship: _____ Phone #: _____

The purpose for such disclosure is to provide the Court of Conviction, the Probation Department, or the DMV with my compliance with program requirements.

The extent of the information to be disclosed will concern my participation, attendance, attitude, progress and behavioral lifestyle changes.

I understand that I may revoke this consent at any time, in writing, except to the extent that action has previously been taken in reliance on it. This consent automatically expires one (1) year from the successful completion date of the Program or discharge date.

Participant Signature

Date

Staff/Witness Signature

Date



Declaración de Confidencialidad

y

La información sobre usted es confidencial, al igual que la información recibida sobre usted del tribunal o del Departamento de Vehículos Motorizados. Por ley, Safety Center no está autorizado a divulgar información sobre usted sin su consentimiento por escrito, excepto en casos de emergencia médica o por orden judicial.

Para poder divulgar información al Departamento de Vehículos Motorizados, al Tribunal de Condena, al Departamento Estatal de Servicios de Salud y, con fines de supervisión, al Administrador de Programas de Alcohol y Drogas del Condado, este consentimiento debe ser firmado por usted. Si desea que cualquier otra persona reciba información sobre su participación, su nombre debe escribirse en la línea de "Otro".

Yo, _____, por la presente autorizo a Safety Center Incorporated y a sus representantes a divulgar información sobre mi participación y progreso en el programa a las siguientes entidades o personas indicadas:

Tribunal de condena: _____

Oficina del DMV: _____

Estado de California: Departamento de Servicios de Salud (DHCS)

Condado: **Programas de Alcohol y Drogas**

Otros: _____ **Nombre:** _____

Parentesco: _____ **Teléfono:** _____

El propósito de dicha divulgación es informar al Tribunal de Condena, al Departamento de Libertad Condicional o al DMV sobre mi cumplimiento con los requisitos del programa.

La extensión de la información que se divulgará se referirá a mi participación, asistencia, actitud, progreso y cambios en mi estilo de vida y comportamiento.

Yo entiendo que puedo revocar este consentimiento en cualquier momento, por escrito, excepto en la medida en que se hayan tomado acciones previamente basadas en él. Este consentimiento expirará automáticamente un (1) año después de la fecha de finalización exitosa del programa o de la fecha de alta.

Firma del participante

Fecha

Firma del Consejero

Fecha

Fecha de Revisión: 08/01/25

Safety Center, Inc. – Turlock, Stanislaus County
Driving Under the Influence Programs Payment Contract

Participant Printed Name: _____ Client ID: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Social Security: _____ Date of birth: _____ GA: ☐

Late Payment: The monthly payment is due on the 1st or 15th of each month as specified in this Payment Contract. Monthly payments not received 4 days after the due date will incur a Late Payment Fee.

Payment Options: Payments can be made by cash, check, money order, cashier's check, credit/debit card or online at www.safetycenter.org/dui. Participants will receive a receipt for each cash or card payment received onsite at Safety Center DUI Program.

Financial Assessment: If a participant feels they are unable to make the monthly payment they must request a financial assessment to determine if they qualify for an extended payment plan or if their income is at the General Assistance level. I understand that a financial reassessment will be conducted if my scheduled payment is delinquent 30 days or more; or prior to dismissal from the program for failure to pay the program fee.

Failure to Pay: If a participant fails to make monthly payments including any additional fees incurred, in full and on time without requesting or attending a financial assessment, it is considered a failure to pay and will result in dismissal from the program.

Payment Structure

	☐ Wet Reckless	☐ 3 Month	☐ 6 Month	☐ 9 Month	☐ 18 Month
Down Payment	\$ 390	\$ 300	\$ 300	\$ 300	\$ 300
Monthly	\$ 240 x 1	\$ 250 x 3	\$ 220 x 5	\$ 185 x 7 \$ 190 x 1	\$ 145 x 16 \$ 130 x 1
Total	\$ 630	\$ 1050	\$ 1400	\$ 1785	\$ 2750

Additional Fees: Charged and due when incurred.

Absence	Reschedule	Reinstatement	Transfer Out	LOA	NSF	Late Payment	Duplicate DMV Certificate	Alcohol Drug Screening
\$ 50	\$25	\$ 105	\$ 65	\$ 45	\$ 61	\$ 45	\$ 25	\$85

Payment Schedule

Total Program Fee	\$
Re-instatement Balance from Previous	\$
Down Payment Paid	\$
Balance Due	\$
Monthly Payment Amount	\$

Payment Type:

- ☐ Cash
☐ Credit Card
(Include last 4) _____
☐ Check
☐ Money Order
☐ Online

Monthly payments begin the month of _____, due by the _____ and each month for _____ months and one final monthly payment of \$_____.

- I have read this document and agree to attend and provide payment as outlined in the above payment schedule for the DUI Program that I am enrolling in _____ Program today.
- The Program allows a participant to pay in advance of services to be provided. Refunds shall be provided for any fees paid in advance for services not provided.
- I have received a copy of this signed document for my records.
- I am liable for the total program fee, as well as any additional fees, which the program is approved to assess.
- I understand that if I fail to pay for program services received the amount of money owed may be sent to a collection agency.
- I understand and agree that the Department of Motor Vehicles completion certificate will not be issued until all program fees and any additional fees accrued during my enrollment have been paid in full.

Participants Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Safety Center, Inc. – Turlock, Stanislaus County
Contrato de pago de los programas "Driving Under the Influence"

Nombre del participante (en letra de molde): _____ Número de cuenta: _____

Domicilio: _____ Ciudad: _____ Estado _____ Código Postal: _____

Numero de Teléfono : _____ Seguro Social : _____ Fecha de Nacimiento: _____

Pago atrasado: El pago mensual vence el día 1 o el día 15 de cada mes, tal como se especifica en este Contrato de pago. Se aplicará un cargo por pago atrasado a todos pagos mensuales no recibidos pasados 4 días de la fecha de vencimiento.

Opciones de pago: Los pagos pueden realizarse en efectivo, con cheque, giro postal, cheque de caja o tarjeta de débito o crédito. A los participantes se les entregará un recibo por cada pago efectuado en las oficinas del programa DUI (Conducción bajo los efectos del alcohol o las drogas) de Safety Center.

Evaluación financiera: Si un participante cree que no puede hacer el pago mensual, debe solicitar una evaluación financiera para determinar si cumple con los requisitos para un plan de pago extendido o si sus ingresos están dentro del nivel de asistencia general. Entiendo que se llevará a cabo una reevaluación financiera si me atraso 30 días o más en mi cronograma de pagos, o antes de darme de baja del programa por no pagar los cargos del programa.

Falta de pago: Si un participante no realiza los pagos en su totalidad y a tiempo sin solicitar ni asistir a una evaluación financiera, se considerará una falta de pago y, por lo tanto, se le dará de baja del programa.

Estructura de pagos

	☐ Wet Reckless	☐ 3 meses	☐ 6 meses	☐ 9 meses	☒ 18 meses
Pago Inicial	\$390	\$300	\$300	\$300	\$300
Pago	\$ 240 x 1	\$ 250 x 3	\$ 220 x 25	\$ 185 x 7 \$ 190 x 1	\$ 145 x 16 \$ 130 x 1
Total	\$ 630	\$ 1050	\$ 1400	\$ 1785	\$ 2750

Cargos adicionales: Se cobran y deben abonarse al momento.

Falta	Reprogración	Reinscribimie-nto	Transfe-rencia de salida	Permiso de ausencia	NSF	Pago atrasado	Certificado del DMV duplicado	Prueba de alcohol y/o drogas
\$ 50	\$ 25	\$ 105	\$ 65	\$ 45	\$ 61	\$ 45	\$ 25	\$ 85

Cronograma de pagos

Cargos totales del programa	\$
Reinscribimiento / Cuenta anterior	\$
Pago inicial pagado	\$
Saldo adeudado	\$
Monto del pago mensual	\$

Tipo de pago:

Efectivo _____
Tarjeta # _____
Cheque _____
Por Línea _____

Los pagos mensuales comienzan el mes de _____, del día _____ de cadames por _____ meses con un ultimo pago mensual de \$_____.

1. Leí este documento y acepto asistir y realizar los pagos tal como se describe en el cronograma de pagos anterior del nivel del programa DUI en el que me inscribo hoy, el Programa _____.
2. El programa permite que los participantes paguen por adelantado por los servicios que se prestarán. Se ofrecerán reembolsos de todos los cargos pagados por adelantado por servicios que no se presten.
3. Recibí una copia de este documento firmado para conservar en mis registros.
4. Soy responsable de los cargos totales del programa, y todos los cargos adicionales, que el programa puede cobrar.
5. Entiendo que, si no pago los servicios del programa ya recibidos, se podrá recurrir a una agencia de cobro para cobrar el monto adeudado.
6. Entiendo y acepto que no se emitirá el certificado de finalización del Departamento de Vehículos Motorizados (Departamento of Motor Vehicles) hasta que se hayan pagado la totalidad de los cargos del programa y todos los cargos adicionales incurridos durante mi participación en el programa.

Firma del participante: _____ Fecha: _____

Firma del empleado del programa: _____ Fecha: _____

DUI FINANCIAL ASSESSMENT POLICY AND PROCEDURE



Contents

1	PURPOSE.....	1
2	SCOPE.....	1
3	DEFINITIONS.....	1
	3.1 Financial Assessment.....	1
	3.2 Participant.....	1
4	FINANCIAL ASSESSMENT.....	2
	4.1 Written Request for a Financial Assessment.....	2
	4.2 Scheduling a Financial Assessment Interview.....	2
	4.3 Conducting a Financial Assessment Interview.....	3
	4.4 Finalizing a Financial Assessment.....	4

1 PURPOSE

- 1.1 This policy and procedure establishes an effective, accountable and transparent framework for delivering Driving-Under-the-Influence (DUI) Program Financial Assessment Services within Safety Center Inc. Alcohol and Drug Programs (ADP): DUI Program. This policy and procedure ensures compliance with the provision of financial assessment services in DUI programs pursuant to California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services, Division 4, Department of Alcohol and Drug Problems, Chapter 3, Programs for Alcohol and Drug Impaired Drivers, Subchapter 4, Participant Standards, Section 9879, Financial Assessment to Determine Participant's Ability to Pay Program Fees.

2 SCOPE

- 2.1 Safety Center Inc. ADP DUI Programs Financial Assessment policy outlines our expectations regarding the manner in which financial assessments will be provided to participants by Safety Center Inc. and by Safety Center Inc. staff. This policy also outlines our expectation regarding staffs' behavior and professionalism towards participants while providing a financial assessment. This policy applies to the entire ADP DUI Program staff (intern, registered, or certified counselors and program staff) at Safety Center Inc. regardless of employment agreement or rank.

3 DEFINITIONS

- 3.1 **Financial Assessment.** "Financial Assessment" as used herein, is a term that encompasses a systematic evaluation of a participant's financial situation, conducted by Safety Center ADP DUI Program staff. Safety Center ADP DUI Program financial assessment involves analyzing key financial metrics such as participant income and/or general assistance (GA) benefits to determine the participant's ability to pay for their Safety Center ADP DUI Program.

- 3.2 **Participant.** "Participant" for the purpose of this policy is a term that includes both program participants and potential who have not yet been enrolled in Safety Center's ADP DUI Program in accordance with § 9848 of California Code of Regulations (CCR), Title 9. Rehabilitative and Developmental Services, Division 4. Department of Alcohol and Drug Problems, Chapter 3. Programs for Alcohol and Drug Impaired Drivers, Subchapter 3. Program Standards, Article 2. Program Services.

4 Financial Assessment

4.1 Written Request for a Financial Assessment:

- a. Per CCR Title 9, Div. 4, Chapter 3, § 9879 (b)(1) A participant may request Safety Center ADP DUI Program to conduct a financial assessment to determine his/her ability to pay the Safety Center ADP DUI Program fee.
- b. Per CCR Title 9, Div. 4, Chapter 3, § 9879 (h)(1)(B) Participant shall provide a written statement, to Safety Center ADP DUI Program, describing the need for a financial assessment utilizing Safety Center ADP DUI Program **Financial Assessment Written Request** form.

4.2 Scheduling a Financial Assessment Interview:

- Per CCR Title 9, Div. 4, Chapter 3, § 9879 (h) When Safety Center receives the participant's Financial Assessment Written Request form, the participant needs to come in person to request a financial appointment by signing the **Financial Assessment Appointment and Verification of Income** form.
 - a. Safety Center ADP DUI Program shall provide a date for participant to attend the Financial Assessment within **5 days** of this request.
 - b. Inform participant of the need to provide documentation of his/her income, as specified in subdivisions (e) and (f) of CCR Title 9, Div. 4, Chapter 3, § 9879, at the time of the financial assessment interview.
 - c. Inform the participant they will be assessed the full program fee, as shown on the standardized payment schedule, if he/she fails to provide documentation of income at the time of the financial interview as specified in subdivision (d)(B) of CCR Title 9, Div. 4, Chapter 3, § 9879.
- Per CCR Title 9, Div. 4, Chapter 3, § 9879 (c) (d) The Safety Center shall conduct a financial assessment interview within five calendar days, assess the program fee, and set the payment schedule based on the participant's documentation of income and a standardized fee adjustment or extended payment schedule.
 - a. Per CCR Title 9, Div. 4, Chapter 3, § 9879 (e) Safety Center shall consider as income any of the following, when earned or received by the participant or any person legally required to support the participant:
 - i. Personal Income:
 - ii. Gross wages, salaries, bonuses, commissions, and tips;
 - iii. Pay vouchers or pay stubs documenting salary for the prior two months
 - iv. Compensation for work-related expenses in excess of the actual expense;
 - v. Net profits from self-employment;
 - vi. Net income from real or personal property;
 - vii. Spousal support;
 - viii. Regular payments from Social Security;
 - ix. Retirement;

- x. Unemployment compensation; Employment Development Department (EDD) wage verification. A release of information may be required to obtain income and wage verification from EDD.
 - xi. Strike benefits from union funds;
 - xii. Worker's compensation;
 - xiii. Veterans benefits;
 - xiv. Educational grants;
 - xv. Training stipends;
 - xvi. Gross personal income as reported on the federal tax return for the prior calendar year.
 - xvii. Public Assistance:
 - 1. General Assistance (GA) award letter. If provided, **no further documentation will be required.**
 - xviii. If a GA award letter is not provided, the following Public Assistance documentation shall be provided (if received):
 - 1. CalWORKs – Aid to Families with Dependent Children (county award letter indicating the income level on which eligibility was based);
 - 2. Emergency assistance money;
 - 3. Non-federally funded general assistance or general relief money payments.
- Per CCR Title 9, Div. 4, Chapter 3, § 9879 (f)(4) The Safety Center ADP DUI Program may accept other documentation of income at its option.

4.3 Conducting a Financial Assessment Interview:

- Safety Center ADP DUI Programs will financially assess participant based on documents provided by participant and will fill out **Safety Center ADP DUI Program Financial Assessment Worksheet** form
 - a. Make sure to note all dollar amounts
 - b. Calculate Total Monthly Income for all sources
 - i. If the income documentation the participant provides shows weekly income rather than monthly income, Safety Center ADP DUI program shall compute the participant's monthly income by multiplying the weekly income by 4.33 weeks per month. If the income documentation the participant provides shows annual income rather than monthly income, Safety Center ADP DUI program shall compute the participant's monthly income by dividing the annual income by 12 months per year.
 - ii. Circle **YES** or **NO** if Verification of Income was provided
 - iii. Circle **YES** or **NO** if Eligible for Waiver of Program Fees
 - 1. If participant is eligible for Fee Waiver (GA) then fill out the **GA Client Agreement** form.
 - iv. Circle **YES** or **NO** if Eligible for Extended Payment Schedule
 - 1. If participant is eligible for fee waiver or extended payment plan, then fill out the Fee Adjustment/Extended Payment Agreement form (see below).
 - 2. Ensure the participant acknowledges the document by signing and dating it. Afterward, staff will sign and date the document.
 - c. Completing the **Fee Adjustment/Extended Payment Agreement** form.
 - i. Fill out the top portion of the form completely (Participant name; Participant #, and Payment Effective [Starting] Date)
 - 1. If participant is eligible for Fee Waiver (GA), participant's payment is due on the 1st of every month.

2. If a participant is eligible for Extended Payments, participant's payment is due on their scheduled payment due date.
3. Use Safety Center **DUI EXTENDED PAYMENT SCHEDULE** form to fill out the # of monthly payments, the monthly payment amount, and the amount of final payment (if applicable) on the Fee Adjustment/Extended Payment Agreement if the participant is a **New Enrollment**. If participant is an **Existing Participant**, you will need to calculate how many remaining monthly payments the participant will need to make by dividing the cost of how many services they still need to attend (using the Services Not Rendered Report in CMS) by the cost of their extended monthly payment.
 - i. **Example:** Participant is in an 18-month DUI Program, participant has qualified for extended payments, participant has a balance of total services not rendered of \$970.00. The participant will need to make 6 monthly payments of \$145 and a final monthly payment of \$100. (6 monthly payments of \$145= \$870 + 1 final monthly payment of \$100= \$970)
4. Explain to participant when payment is due and amount due.
5. Ensure the participant acknowledges the document by printing their name, signing, and dating it. Afterward, staff will print their name, sign, date the document, and provide a copy to the participant.

4.4 Finalizing a Financial Assessment:

- When all forms are completed and signed, attach forms (in filled out order with the FEE ADJUSTMENT/EXTENDED PAYMENT AGREEMENT on top) to the Regular Driving Under the Influence Programs Payment Contract in the participant's file.
- Update Participant's new payments on CMS Client Installment Manager; reflecting on the CMS Client Installment Manager that the participant is now paying Extended Payments or GA Payments.



Financial Assessment Appointment and Verification of Income

Financial Assessment appointment is scheduled on:

Date: _____ Time: _____

The DUI program shall require any participant, who has requested a financial assessment, to provide the following documentation of income. If you fail to attend your appointment as scheduled, you will be required to wait 30 days before scheduling a subsequent appointment and you will be assessed the full program fee.

Public Assistance:

General Assistance (GA) award letter. If provided, no further documentation will be required.

If a GA award letter is not provided, the following Public Assistance documentation shall be provided (if received):

CalWORKs – Aid to Families with Dependent Children (county award letter indicating the income level on which eligibility was based);

Emergency assistance money;

Non-federally funded general assistance or general relief money payments;

The DUI Program shall consider as income any of the following when earned or received or, any person legally required to support you.

Personal Income:

Gross wages, salaries, bonuses, commissions, and tips;

Pay vouchers or pay stubs documenting salary for the prior two months

Compensation for work-related expenses in excess of the actual expense;

Net profits from self-employment;

Net income from real or personal property;

Spousal support;

Regular payments from Social Security;

Retirement;

Unemployment compensation; Employment Development Department (EDD) wage verification. A release of information may be required to obtain income and wage verification from EDD.

Strike benefits from union funds;

Worker's compensation;

Veterans benefits;

Educational grants;

Training stipends;

Gross personal income as reported on the federal tax return for the prior calendar year.

The DUI Program may accept other documentation of income at its option.

Participant First and Last Name: _____ Phone number: _____

Participant Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____



**SAFETY
CENTER**

Evaluación Financiera y

Verificación de Ingresos

La cita de evaluación financiera está programada para el:

Fecha: _____ Hora: _____

El programa de DUI requerirá que cualquier participante que haya solicitado una evaluación financiera presente su documentación de ingresos. Si no asiste a su cita tiene que esperar 30 días antes de reprogramar una nueva cita financiera y se le cobrará la tarifa completa del programa.

Asistencia pública:

Carta de Asistencia General (GA). Si la presenta, no se requerirá más documentación.

Si presenta la carta de GA, presente la siguiente documentación de Asistencia Pública (si la recibe):

CalWORKs – Ayuda a familias con hijos dependientes (carta del condado que indica el nivel de ingresos en el que se basó la elegibilidad);

Dinero de Asistencia de Emergencia;

Asistencia general no financiada por el gobierno federal o pagos de dinero de ayuda general;

El Programa de DUI considerará como ingreso cualquiera de los siguientes: si se gana, se recibe, o cualquier persona legalmente obligada a mantenerlo/a.

Ingresos personales:

Sueldos brutos, salarios, bonificaciones, comisiones y propinas;

Dos meses de comprobantes de pago recibidos que documenten su salario

Compensación por gastos relacionados con el trabajo que excedan del gasto real;

Ganancias del trabajo por cuenta propia;

Ingresos de bienes muebles o inmuebles;

Manutención conyugal;

Pagos regulares del Seguro Social;

Jubilación;

Compensación por desempleo; Verificación del Departamento de Desempleo (EDD). Es posible que se requiera que firme una carta de confidencialidad para obtener la verificación de ingresos y salarios del EDD.

Beneficios de huelga

Compensación laboral (Workers Compensation);

Beneficios para veteranos;

Becas educativas;

Ingreso personal en bruto según lo informado en la declaración de impuestos federales del año calendario anterior.

El Programa de DUI puede aceptar otra documentación de ingresos a su elección.

Nombre y apellido del participante: _____ Numero de Telefono: _____

Firma del participante: _____ Fecha: _____

Firma del funcionario: _____ Fecha: _____



Financial Assessment Worksheet

Participant Name: _____

Account #: _____

Date of Assessment: _____

Monthly Income Amounts:

Public Assistance Verification:

General Assistance.....\$ _____

Cal Works – Aid to Families with Dependent Children.....\$ _____

Personal Income Verification:

Pay vouchers or pay stubs for prior two months.....\$ _____

Gross wages, salaries, bonuses, commissions, tips:\$ _____

Compensation for work-related expenses in excess of the actual expense:.....\$ _____

Net profits from self-employment:\$ _____

Net income from real or personal property:\$ _____

Spousal support:\$ _____

Regular payments from social security.....\$ _____

Retirement:\$ _____

Unemployment compensation:\$ _____

Strike benefits from union funds:\$ _____

Worker's compensation:\$ _____

Veterans benefits:\$ _____

Educational grants:\$ _____

Training stipends:\$ _____

Gross personal income as reported on the prior year tax return.....\$ _____

Other income.....\$ _____

TOTAL MONTHLY INCOME (ALL SOURCES):\$ _____

Verification of Income Provided: Yes No

Eligible for Waiver of Program Fees: Yes No

Eligible for Extended Payment Schedule: Yes No

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

VERIFICACION DE EVALUACIÓN



TRABAJO FINANCIERA

Nombre del Participante: _____

Numero de cuenta: _____

Fecha de Evaluación: _____

Ingresos Mensuales:

Verificación de Asistencia Pública:

Asistencia general.....\$ _____

Cal Works - Ayuda a familias con hijos dependientes.....\$ _____

Verificación de ingresos personales:

Comprobantes de pago o talones de pago de los dos meses anteriores.....\$ _____

Sueldos brutos, salarios, bonificaciones, comisiones, propinas:\$ _____

Compensación por gastos relacionados con el trabajo que excedan del gasto real:..\$ _____

Beneficios netos del trabajo por cuenta propia:\$ _____

Ingresos netos de bienes muebles o inmuebles:\$ _____

Manutención del cónyuge:\$ _____

Pagos regulares de la seguridad social.....\$ _____

Jubilación:.....\$ _____

Compensación por desempleo:\$ _____

Beneficios de huelga con cargo a los fondos sindicales:\$ _____

Compensación laboral:\$ _____

Beneficios para veteranos:\$ _____

Becas educativas:\$ _____

Estipendios de entrenamiento:\$ _____

Ingreso personal bruto según lo informado en la declaración de impuestos del año anterior \$ _____

Otros ingresos.....\$ _____

INGRESOS MENSUALES TOTALES (TODAS LAS FUENTES):\$ _____

Verificación de ingresos proporcionada: Sí No

Elegible para la exención de tarifas del programa: Sí No

Elegible para Pagos Extendido: Sí No

Participante Firma: _____ Fecha: _____

Firma del personal: _____ Fecha: _____



STANISLAUS COUNTY FEE ADJUSTMENT OR EXTENDED PAYMENT AGREEMENT

PARTICIPANT NAME:	PARTICIPANT #:	PAYMENT EFFECTIVE DATE:
-------------------	----------------	-------------------------

This agreement modifies certain provisions of the Participant Contract and Fee Payment Agreement between Safety Center DUI Program and the above named individual as they relate to program fee amounts and schedule of payments. All other provisions of the Participant Contract and Fee Payment Agreement shall remain in full force and effect. Based on information provided by participant in the financial assessment interview (completion of the Financial Assessment Worksheet) the participant has been determined to be eligible for a waiver of fees, or for extended payments as listed below.

ELIGIBLE FOR FEE WAIVER:

☐ General assistance recipient AND/OR ☐ Monthly income less than \$300

For the reason(s) identified above, participant is eligible for and agrees to, a waiver of program fees and agrees to pay \$5.00 monthly for the extent of program, pending monthly confirmation of continued eligibility. Participant agrees to pay \$5.00 for each missed activity, reschedule and/or transfer out and \$10.00 for each reinstatement while on fee waiver. Participant is aware and agrees that documentation verifying income must be submitted monthly by the 5th to maintain fee waiver. Participant agrees to inform staff within no more than three (3) days of any change in income and if desired, request a Financial Assessment. In the event participant fails to submit verification of income by the 5th and/or is determined no longer eligible, program fees will be reassessed based on completed and remaining activities, and payments and ancillary fees will be returned to original contract amount, effective immediately.

ELIGIBLE FOR EXTENDED PAYMENTS:

☐ Monthly income is more than \$300 but less than 35% of Family Median Income (FMI). The FMI in Stanislaus County is \$2,183.76 per month. (Note: Stanislaus County Household Median Income level is subject to change.)

For the reason indicated above, participant is eligible for and agrees to an extended payment plan as outlined in the Extended Payment Schedule Form.

PROGRAM & PROGRAM COST: 3M = \$1050 / 6M = \$1400 / 9M = \$1785 / 18M = \$2750

DOWN PAYMENT: \$300.00 + MONTHLY PAYMENTS: _____ @ \$ _____ + FINAL PAYMENT: \$ _____

In addition, participant agrees to pay all ancillary fees (missed activity, reschedule, etc.) as defined in participant contract and is aware that such fees are due the following month after they are accrued and are not eligible for reduction or extension.

By signing below, I agree to abide by all terms of this agreement as well as the Fee Payment Agreement. I understand I am responsible for and agree to inform Safety Center DUI Program within no more than three (3) days of any changes in my monthly income level or source of income. Additionally, I understand that monthly verification is required for fee waiver and that Safety Center DUI Program may conduct a financial assessment to determine my eligibility and/or may reassess my eligibility for fee waiver on a monthly basis.

PARTICIPANT NAME:	PARTICIPANT SIGNATURE:	DATE SIGNED:
PROGRAM STAFF NAME:	PROGRAM STAFF SIGNATURE:	DATE SIGNED:



AJUSTE DE TARIFAS DEL CONDADO DE STANISLAUS O ACUERDO DE PAGO EXTENDIDO

NOMBRE DEL PARTICIPANTE:		PARTICIPANTE #:	FECHA DE VIGENCIA DEL PAGO:
--------------------------	--	-----------------	-----------------------------

Este acuerdo modifica ciertas disposiciones del Contrato del Participante y el Acuerdo de Pago de Tarifas entre el Programa de DUI de Safety Center y la persona mencionada anteriormente en lo que respecta a los montos de las tarifas del programa y el cronograma de pagos. Todas las demás disposiciones del Contrato del Participante y del Acuerdo de Pago de Honorarios permanecerán en pleno vigor y efecto. Con base en la información proporcionada por el participante en la entrevista de evaluación financiera (completar la Hoja de trabajo de evaluación financiera), se ha determinado que el participante es elegible para una exención de tarifas o para pagos extendidos como se indica a continuación.

ELEGIBLE PARA LA EXENCIÓN DE TARIFAS:

- ☐ **Beneficiario de Asistencia General Y/O** ☐ **Ingresos mensuales de \$300 o menos**

Por las razones identificadas anteriormente, el participante es elegible y acepta una exención de las tarifas del programa y acepta pagar \$5.00 mensuales por el alcance del programa, pendiente de la confirmación mensual de la elegibilidad continua. El participante acepta pagar \$5.00 por cada actividad perdida, reprogramar y/o transferir y \$10.00 por cada reinscripción. El participante acepta que la documentación que verifica los ingresos debe presentarse mensualmente antes del día 5 para mantener la exención de tarifas. El participante acepta informar al personal no más tardar de tres (3) días de cualquier cambio en los ingresos y, si lo desea, solicitar una evaluación financiera. En caso de que el participante no presente la verificación de ingresos antes del 5º se determine que ya no es elegible, las tarifas del programa se reevaluarán en función de las actividades completadas y restantes, y los pagos y las tarifas auxiliares se devolverán al monto original del contrato, con efecto inmediato.

ELEGIBLE PARA PAGOS EXTENDIDOS:

- ☐ **El ingreso mensual es superior a \$300 pero inferior al 35% del ingreso medio familiar (FMI). El FMI en el condado de Stanislaus es de \$2,183.76 por mes. (Nota: El nivel de Ingresos medios de los hogares del condado de Stanislaus está sujeto a cambios).**

Por la razón indicada anteriormente, el participante es elegible y acepta un plan de pago extendido como se describe en el Formulario de cronograma de pagos extendido.

PROGRAMA Y COSTO DEL PROGRAMA: 3M = \$1050 / 6M = \$1400 / 9M = \$1785 / 18M = \$2750

PAGO INICIAL: \$300.00 + PAGOS MENSUALES: @ \$ + PAGO FINAL: \$

Además, el participante acepta pagar todas las tarifas auxiliares (actividad perdida, reprogramación, etc.) según se define en el contrato del participante y es consciente de que dichas tarifas vencen el mes siguiente después de que se acumulen y no son elegibles para reducción o extensión.

Al firmar a continuación, acepto cumplir con todos los términos de este acuerdo, así como con el Acuerdo de pago de tarifas. Entiendo que soy responsable y acepto informar al Programa de DUI del Safety Center dentro de no más de tres (3) días de cualquier cambio en mi nivel de ingresos mensuales o fuente de ingresos. Además, entiendo que se requiere una verificación mensual para la exención de tarifas y que el Programa de DUI Safety Center puede realizar una evaluación financiera para determinar mi elegibilidad y / o puede reevaluar mi elegibilidad para la exención de tarifas mensualmente.

NOMBRE DEL PARTICIPANTE:	PARTICIPANTE FIRMA:	FECHA DE FIRMA:
NOMBRE DEL PERSONAL DEL PROGRAMA:	FIRMA DEL PERSONAL DEL PROGRAMA:	FECHA DE FIRMA:



August 11, 2025

California Department of Health Care Services

Deputy Director's Office, Behavioral Health

P.O. Box 997413

MS 2710

Sacramento, CA 95899-7413

Re: Behavioral Health Information Notice No: 24-012

Driving-Under-the-Influence (DUI) Program Services in Virtual Settings Documents

Enclosed is Safety Center Inc. Alcohol and Drug Programs amended DUI Live Virtual Remote Services Policy and Procedure as well as supporting documents to ensure compliance with the provision of virtual services in DUI programs pursuant to, subdivision (e) of Section 11836 of the Health and Safety Code (HSC), as amended by Assembly Bill (AB) 118 and California Code of Regulations (CCR), Title 9, Chapter 8, Certification of Alcohol and Other Drug Counselors.

Enclosures:

- DUI Live Virtual Remote Services Policies and Procedures Safety Center Inc.
- Safety Center DUI Program Locations and Hours
- Safety Center Inc. Turlock Location: Weekly Class Schedule
- Safety Center Inc. Turlock Location: Live Virtual Remote Services Participant Screening
- Safety Center Inc. Turlock Location: Live Virtual Remote Services Program Contract and Consent

Karla Hendrix

Karla Hendrix

Vice President

Alcohol & Drug Program Division

916/438-3360

916/416-7102

DUI LIVE VIRTUAL REMOTE SERVICES POLICY AND PROCEDURE



Contents

1	PURPOSE	1
2	SCOPE	1
3	DEFINITIONS	1
	3.1 Live Virtual Remote Services	1
	3.2 Electronic Signature	2
4	PROVISION OF VIRTUAL SERVICES	2
	4.1 Participant Screening	2
	4.2 Sign-In Rosters	2
	4.3 Confidentiality	2
	4.4 Connectivity Issues/Disconnection	3
	4.5 Program Sobriety	3
	4.6 Counselor Code of Conduct	3

1 **PURPOSE**

- 1.1 This policy and procedure establishes an effective, accountable and transparent framework for delivering Driving-Under-the-Influence (DUI) Program Services in virtual settings within Safety Center Inc. Alcohol and Drug Programs (ADP): DUI Program. This policy and procedure ensures compliance with the provision of virtual services in DUI programs pursuant to California Code of Regulations (CCR), Title 9, Chapter 8, Certification of Alcohol and Other Drug Counselors, subdivision (e) of Section 11836 of the Health and Safety Code (HSC), as amended by Assembly Bill (AB) 118 (Budget Act of 2023: Health).

2 **SCOPE**

- 2.1 Safety Center Inc. ADP DUI Programs Virtual Services policy outlines our expectations regarding the manner in which virtual services will be provided to participants by Safety Center Inc. and by Safety Center Inc. counseling staff. This policy also outlines our expectation regarding counselors' behavior and professionalism towards participants while providing live virtual remote services. This policy applies to the entire ADP DUI counseling staff (intern, registered, or certified) at Safety Center Inc. regardless of employment agreement or rank.

3 **DEFINITIONS**

- 3.1 **Live Virtual Remote Services.** "Live Virtual Remote Services" is a term that encompasses one of the various ways Safety Center Inc. ADP DUI Programs deliver DUI Program services to participants. Safety Center ADP DUI Programs Live Virtual Remote Services utilizes interactive technology (Zoom) between a certified/registered/intern counselor and a participant, who are not in the same location. This can include, but is not limited to intake/enrollment sessions, educational classes, process groups, face-to-face sessions, and counseling sessions.

- 3.2 **Electronic Signature.** “Electronic Signature” is a term that means a digital version of a conventional handwritten signature. Safety Center ADP DUI Programs electronic signature requires a digital certificate that verifies the identity of the signer, ensuring that the signature is authentic and not forged. Safety Center ADP DUI Programs use electronic signatures to record relevant information such as the date and time the document was signed.

4 PROVISION of VIRTUAL SERVICES

4.1 Participant Screening:

- Each participant will be screened, utilizing Safety Center’s Live Virtual Remote Services Participant Screening form, to determine if virtual services are appropriate. Screening criteria shall include but is not limited to:
 - Participant’s access to email account and ability to receive encrypted emails.
 - Participant’s access to computer, phone, or tablet with video and audio capabilities.
 - Participant’s access to stable internet.
 - Participant’s ability to download Virtual Service software onto compute, tablet, or phone.
 - Participant’s ability to digitally sign and submit an electronic signature.
 - Participant’s ability to enable internet browser pop-up blockers.
 - Participant’s understanding and agreement of DUI Program policy for participants who experience connectivity issues or are disconnected from the virtual service and the consequences of such experiences taking place.

4.2 Sign-in Roster:

- Safety Center ADP DUI Programs and DUI counseling staff shall maintain sign-in rosters for all live virtual remote educational classes and process groups ensuring electronic signatures for each participant in attendance is captured.
- In utilizing electronic signatures to have participants sign the roster, Safety Center ADP DUI Programs ensure compliance with applicable laws and regulations governing digital transactions and electronic signatures ensuring both confidentiality and the security of the document signing software.
- Counselors must utilize the chat box in the Live Virtual Remote Services session to provide participants the needed information to submit digital signatures on the session sign-in roster.

4.3 Confidentiality:

- Safety Center ADP DUI Programs provide Live Virtual Remote Services utilizing the Zoom Virtual Meeting HIPAA Compliant Platform.
- Safety Center ADP DUI Programs safeguard all participant information and records in compliance with federal law Confidentiality of Substance Use Disorder Records (42 CFR Part 2) and HIPAA for In-Person and Live Virtual Remote Services and cannot be disclosed without a release signed by the participant.
- Safety Center ADP DUI Programs do not allow recordings of any Live Virtual Remote Services session.
- Safety Center ADP DUI counselors must attend all Live Virtual Remote Services sessions in a private setting to ensure participants confidentiality.

4.4 Connectivity Issues/Disconnection from Virtual Session

- If a participant experiences any unexpected interruptions or connectivity issues due to technical difficulties or experiences disconnection from the Live Virtual Remote Services session for any reason (internet issues, power outage, etc.), the participant will be marked absent, will not receive credit for the session, and will incur an absence fee.
- If a participant experiences connectivity issues or is disconnected from a Live Virtual Remote Services session, it is the participant's responsibility to call the office and re-schedule the session.
- If a participant experiences connectivity issues or is disconnected from a Live Virtual Remote Services session, the participant can utilize the DUI Program email address and/or phone number provided in the Live Virtual Remote Services Program Contract and Consent form to notify the Safety Center ADP DUI Program of the issue they encountered while attending the Live Virtual Remote Service session.

4.5 Program Sobriety

- Safety Center ADP DUI Programs, in alignment with Title 9, require all participants attending Live Virtual Remote Service sessions maintain program sobriety. As used in this regulation, "program sobriety" means that participants shall not attend any Safety Center ADP DUI Program service, including Live Virtual Remote Services or In-Person Services, while under the influence of any amount of alcohol or drugs, or be convicted of a subsequent DUI offense while enrolled in Safety Center's ADP DUI Program. Participant violation of the program sobriety regulation is grounds for program dismissal.
- If a participant is sleeping, disruptive, belligerent, appears to be under the influence, or otherwise appears unable to pay attention and participate in the Live Virtual Remote Services session, the counselor will remove them from the session.
- Safety Center ADP DUI Program counselor shall determine whether the participant is under the influence of alcohol and/or drugs by having another staff member observe and document, in writing, in the participant's program record of observations made to determine that the participant appears to be under the influence of alcohol and/or drugs, or otherwise appears unable to pay attention and participate in the Live Virtual Remote Services session.
- If it is determined that the participant appears to be under the influence, the counselor will contact the participant via confidential private chat to inform the participant of the determination, session removal, and inform the participant the DUI Program Office will be contacting them the next business day,
- Safety Center ADP DUI counselor will then remove the participant immediately from the Live Virtual Remote Services session.
- Safety Center ADP DUI Program office will contact the participant, the next business day, to discuss participant's session removal due to program insobriety and discuss rescheduling options.

4.6 Counselor Code of Conduct

- Safety Center ADP DUI Program counselors are required to comply by both Safety Center's ADP DUI Program Counselor Behavior and Professionalism Code of Conduct as well as with all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice while providing Live Virtual Remote Services, including,

but not limited to, Section 4992.3 of the Business & Professions Code, and Section 13060 of Title 9 of the CCR, as applicable.

- Safety Center ADP DUI Program Counselor Behavior and Professionalism Code of Conduct:
 - Counselor must maintain confidentiality of participant information and records in compliance with federal law Confidentiality of Substance Use Disorder Records (42 CFR Part 2) and HIPAA for In-Person and Live Virtual Remote Services.
 - Counselor must attend all Live Virtual Remote sessions in a private setting to ensure participants confidentiality.
 - Counselor must monitor session sign-in rosters for all Live Virtual Remote Service sessions to ensure electronic signatures for each participant in attendance is captured.
 - Counselor must ensure compliance with applicable laws and regulations governing digital transactions and electronic signatures ensuring both confidentiality and the security of the document signing software.
 - Counselor must conduct Live Virtual Remote Services educational classes or process groups utilizing Safety Center's Curriculum in accordance with Title 9 Programs or Drug Diversion Standards to assist clients in overcoming barriers to alcohol and drug dependency.
 - Counselor must compile and maintain accurate records of Live Virtual Remote Services sessions to assure the positive outcomes of internal audits as well as audits conducted by county and/or state officials related to the Live Virtual Remote Services provided by Safety Center.
 - Counselor will continuously monitor all Live Virtual Remote session participants to ensure participants are complying with Safety Center's Live Virtual Remote Services client participation requirements as well as Safety Center's Program Sobriety regulations.
 - Counselor must review rules for Live Virtual Remote Services at the beginning of each session.
 - Counselor must log into the Live Virtual Remote session 15 minutes early to allow ample time for session participants to join the session.
 - Counselors must utilize the chat box in the Live Virtual Remote Services session to provide participants the needed information to submit digital signatures on the session sign-in roster.
 - Counselors shall conduct themselves in an ethical, honest, forthright and professional manner, at all times, while providing Live Virtual Remote Services.
 - Counselors shall maintain professionally appropriate boundaries with clients and shall conduct themselves in a professional, non-exploitive and lawful manner, at all times, while providing Live Virtual Remote Services.



Safety Center Incorporated - First & Multiple Offender DUI Program Locations and Hours:

Sacramento*

3909 Bradshaw Road

Sacramento, CA 95827

English, Spanish & Russian

Phone: (916)438-3360

Fax: (916)438-2872

Office Hours:

8:00am-5:30pm

Monday-Thursday

(Close @ 5pm Fri)

Program Hours:

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Sat: 8:00am-4:30pm

Lic#34-002-01-120

Alina@safetycenter.org

North Highlands*

4704 Roseville Rd #102

North Highlands, CA 95660

English & Spanish

Phone: (916) 394-2320

Fax: (916)359-1277

Office Hours:

8:30am-5:30pm

Mon-Thursday

(Close @ 5pm Fri)

Program Hours:

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Sat: 8:00am-4:30pm

Lic#34-002-03-120

Karla@safetycenter.org

Modesto*

2005 Evergreen Ave. Suite 350

Modesto, CA 95350

English & Spanish

Phone: (209) 526-5493

Fax : (209) 526-5060

Office Hours:

8:30am-5:30pm

Mon-Thursday

(Close @ 5pm Fri)

Program Hours

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Sat: 8:00am-4:30pm

Lic#50-002-01-123

Elva.ochoa@safetycenter.org

Citrus Heights

6060 Sunrise Vista Dr, Ste 1625

Citrus Heights, CA 95610

English

Phone: (916)721-3748

Fax: (916)721-3903

Office Hours:

8:30am-5:30pm

Mon-Thursday

(Close @ 5pm Fri)

Program Hours:

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Lic#34-002-02-020

Karla@safetycenter.org

Woodland

520 Cottonwood St, Ste B

Woodland, CA 95695

English & Spanish

Phone: (530)406-2298

Fax : (530) 406-2202

Office Hours:

8:30am-5:30pm

Mon-Thursday

(Close @ 5pm Fri)

Program Hours

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Lic#57-002-01-120

Karla@safetycenter.org

Turlock* **

809 W. Hawkeye Ave.

Turlock, CA 95382

English & Spanish

Phone: TBD

Fax : TBD

Office Hours:

8:30am-5:30pm

Mon-Thursday

(Close @ 5pm Fri)

Program Hours

8:00-9:30pm

Monday-Thursday

(Close @ 5pm Fri)

Sat: 8:00am-10:15am

Lic# Pending

Karla@safetycenter.org



Safety Center Incorporated First & Multiple Offender DUI Program Class Schedule:
Tentative Turlock
License # TBD

*IP= In-Person Class

MONDAY	
Group Time	Location
Education	
1:00pm-3:00pm	Virtual
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	IP
7:30pm-9:30pm	Virtual
First Process	
5:15pm-7:15pm	IP
5:15pm-7:15pm	IP
7:30pm-9:30pm	IP
7:30pm-9:30pm	IP
TUESDAY	
Group Time	Location
Education	
5:15pm-7:15pm	Virtual
7:30pm-9:30pm	IP
First Process	
10:00am-12:00pm	IP
2:00pm-4:00pm	Virtual
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	Virtual
7:30pm-9:30pm	Virtual
7:30pm-9:30pm	Virtual
7:30pm-9:30pm	IP
7:30pm-9:30pm	Virtual
7:30pm-9:30pm	Virtual
WEDNESDAY	
Group Time	Location
Education	
2:00pm-4:00pm	IP
7:30pm-9:30pm	Virtual
First Process	
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	IP
7:30pm-9:30pm	Virtual
Multi Process	
10:00am-12:00pm	Virtual
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	Virtual
7:30pm-9:30pm	Virtual
Multi Re-Entry	
3:00pm-4:00pm	Virtual



Safety Center Incorporated First & Multiple Offender DUI Program Class Schedule:
Tentative Turlock
License # TBD

THURSDAY	
Group Time	Location
Education	
5:15pm-7:15pm	Virtual
First Process	
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	IP
7:30pm-9:30pm	Virtual
Multi Process	
5:15pm-7:15pm	Virtual
5:15pm-7:15pm	Virtual
7:30pm-9:30pm	IP
Multi Re-entry	
7:30pm-8:30pm	IP
FRIDAY	
Group Time	Location
First Process	
1:00pm-3:00pm	Virtual
Multi Process	
10:00am-12:00pm	IP
SATURDAY	
Group Time	Location
Education	
8:15am-10:15am	Virtual
First Process	
8:15am-10:15am	IP



Date: _____

Dear Client,

Safety Center DUI Program offers both In-person and Live Virtual Remote Services to provide additional modes of delivering our educational classes, process groups, and counseling sessions. (Please check or place an **X** in a checkbox below to select your preferred service delivery mode):

- ☐ In-Person Services (attending all services in-person at Safety Center location)
- ☐ Live Virtual Remote Services (attending all services virtually via Zoom)
- ☐ Hybrid Services (attending services virtually via Zoom and In-Person; example- attend face-to-face sessions with counselor in-person and attend educational classes and process groups virtually via Zoom **or** attend face-to-face sessions virtually via Zoom and attend educational classes and process groups in-person.)

****If selecting Live Virtual Remote Services or Hybrid Services please make sure you have the ability to meet the following requirements.****

Participating in Live Virtual Remote Services means you will attend classes via a virtual meeting with a certified/registered counselor. To do this you **MUST** meet the following requirements (Write your **INITIALS** on each line below to acknowledge you meet each requirement):

1) Familiarity and access to the appropriate technology:

- _____ I confirm that I have an email account, and the ability to receive encrypted emails from Safety Center.
- _____ I confirm that I have a computer, tablet, or phone with a working microphone, speakers, and a camera.
- _____ I confirm that I have access to stable broadband internet.
- _____ I confirm that I am able to download the free Zoom software onto a computer or download the Zoom APP on a tablet or smart phone.
- _____ I agree to enable my internet browser pop-up blocker to block all pop-ups while attending Live Virtual Remote Sessions to reduce potential connectivity and technical issues.
- _____ I confirm that I have the ability to digitally sign and submit my electronic signature through Zoom during my Live Virtual Remote Services session to receive credit for session attendance.*
- _____ I agree that I am able to maintain privacy and confidentiality by attending the Live Virtual Remote Session in a private room, free of distractions and no other persons will be allowed within hearing or viewing distance of my electronic device.
- _____ I understand and agree that if I am dropped from the Live Virtual Remote Session for any reason (internet issues, power outage, etc.); I will not receive credit for the session and will be considered absent.*
- _____ I understand that if I am dropped from the Live Virtual Remote Session for any reason (internet issues, power outage, etc.), I will incur an absence fee and it is my responsibility to call the office and re-schedule the session.*

Cc: Client file
Rev. 8/1/2025

_____ I understand and agree that if I connect to the Live Virtual Remote Session from more than one device,
I will be removed from the session and considered absent.

AND

2) Agree to and sign the following attached forms:

- Live Virtual Remote Services Informed Consent and Client Participation Requirements
- Email Consent form.

*No-liability Disclaimer- Safety Center Inc. Alcohol and Drug Programs Division: DUI Program assumes no responsibility or liability for any issues experienced while attending Live Virtual Remote Services, including but not limited to submitting electronic signatures, internet connectivity issues, power outages, etc.

Client Printed Name

Client Signature

Date

Counselor Signature

Date

**INFORMED CONSENT**

- **Live Virtual Remote Services**

Live Virtual Remote Services is the delivery of DUI Program services using interactive technology (Zoom) between a certified/registered counselor and a client who are not in the same location. Live Virtual Remote Services are being offered as an option for program participation.

- **Voluntary/ Self-Termination**

Participation in Live Virtual Remote Services is voluntary, and you may decline or terminate Live Virtual Remote Services without jeopardizing your access to future DUI Program services.

- **Laws and Standards**

The laws and professional standards that apply to in-person DUI Program services also apply to Live Virtual Remote Services including mandated abuse reporting. This document does not replace other agreements, contracts, or documentation of informed consent.

- **Privacy Protections**

- Zoom: The Safety Center DUI Program provides Live Virtual Remote Services utilizing the Zoom Virtual Meeting HIPAA Compliant Platform. Zoom does not have access to your personal information protected by privacy law. Zoom transmits your personal information but does not have access to the transmitted information. Zoom is also required to use network and software security protocols to protect your information including encrypting all audio, video and screen sharing data.
- DUI Program: The DUI Program safeguards all your personal information in compliance with federal law Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2) for in-person and Live Virtual Remote Services alike. See the Safety Center of Privacy Practices provided at enrollment. The Safety Center DUI Program does not allow recordings of any Live Virtual Remote Services session.

- **Benefits and Limitations of Live Virtual Remote Services**

Benefits:

- Avoid health risks related to contagious illnesses.
- Allows clients to keep their DUI Program services on track during times when it is challenging to travel.
- Convenience of eliminating travel time and costs to a facility.

Limitations:

- Possible breaches of confidentiality even though the transmission is encrypted.
- Your First/Last name will appear on the screen.
- Disruption of Live Virtual Remote Services session due to technical difficulties.
- Provider unable to render emergency assistance if the client experiences a crisis.

- **Technology Requirements**

- Personal email account and ability to receive encrypted email from Safety Center.
- Computer, tablet or phone with working microphone, speaker, and camera.
- Broadband internet connection; and
- Ability to download the free Zoom software onto a computer or download the Zoom APP on a tablet or smart phone.
- Ability to digitally sign and submit my electronic signature through Zoom at the time of my Live Virtual Remote Services session to receive credit for session attendance.



- **Client Participation Requirements**

- You understand that all terms in your original contract and the rules/regulations remain in effect and Live Virtual Remote Services is a privilege.
- **To receive credit for Live Virtual Remote Services sessions, you must:**
 - To find your Zoom link or the Zoom Meeting ID and Passcode needed to register for your Live Virtual Remote Services session, please open the schedule that was emailed to you from NoReplyMail@GDCDatabaseServices.com.
 - If you haven't received your schedule, contact the DUI Program office to request that a copy be emailed to you.
 - Register in advance for the session via the Zoom link or Zoom meeting ID and Passcode provided to you on your group/class schedule.
 - You will need to register in advance for every single session.
 - After registering for the Zoom meeting, you will receive a Registration Confirmation email from ZOOM (Counselor – *counselor name*, no-reply@zoom.us)
 - Promote to being a panelist when prompted by the group facilitator.
 - Digitally sign and submit your electronic signature through Zoom during your Live Virtual Remote Services session.
- Maintain privacy on your end of communication by attending the session in a private room free of distractions (distractions may include, but are not limited to, driving, having TV on in the background, going on walks or being at a park/lake etc., cooking, or exercising).
- Maintain confidentiality, in accordance with 42 CFR Part 2, including confidentiality of other participants in virtual services, no other persons are allowed within hearing or viewing distance of your electronic device.
- Be prepared to verify your identity if requested by the counselor.
- Log-in on **only one device, on time, and stay for the entire session**. No late admittance will be allowed.
- Do not leave meeting at any time, raise hand to request bathroom break.
- **You MUST adhere to the Dress Code established by Safety Center ADP DUI Program** The purpose of this dress code is to ensure a safe, distraction-free, and effective learning environment for all participants, whether attending in-person or online. **Failure to adhere to the dress code may result in being sent home to change clothes or be removed from the Live Virtual Remote Services session which will result in a program absence.**
 - **Dress Code for DUI Program Clients** (In accordance with applicable laws, we will reasonably accommodate clients with disabilities or religious beliefs that make it difficult for them to fully comply with the dress code.)
 - **Unacceptable Clothing includes:**
 - Sunglasses
 - Hats/Beanies
 - Gang-related attire
 - Revealing outfits, including shorts, dresses, or skirts more than 3-inches above the knee, half-shirts (showing midriff), and spaghetti-strap tops
 - Clothing displaying alcohol, drugs, or controversial words or images
 - Any perceptible odor of drugs or alcohol, such as marijuana, tobacco, alcohol, methamphetamine, etc.

- Your camera **MUST** be on at all times and for the entire duration of the scheduled session.
- Virtual and blurred backgrounds are **NOT ALLOWED**, to ensure you are attending the session alone and are in an appropriate setting.
- Be engaged and participate fully; you must be looking at your screen and we must be able to see your entire face at all times in a well, lit room. Your cellphone/laptop/tablet must be in a stationary position.
- No texting or cellphone use during the zoom session. (Your phone must be placed on **Silent** or **Do Not Disturb** mode while in zoom session)
- Please sit up (no laying down or laying head down on table).
- Sobriety is strictly enforced, **NO** alcohol and/or drugs can be used within 24 hours of any program activity.
- Attending any activity while under the influence of any amount of alcohol and/or drugs is grounds for dismissal.
- You will **NOT** be able to eat, drink, vape/smoke during the Zoom session.
- Please do not discuss sports, politics, or religion. No racist, sexist, or hurtful jokes. No foul language is permitted.
- No children are allowed during zoom sessions, you must arrange for childcare needs prior to session.
- If you are being disruptive, you will not be eligible to participate in Zoom meetings.
- If you do not attend the Zoom meeting you are scheduled for, you will receive a missed activity/absence.
- If you do not have your Zoom registration/meeting link by *the day before your scheduled session*, call your program office: **XXX.XXX.XXXX**.
- If a session is unexpectedly interrupted due to technical difficulties, you will receive a missed activity/absence, and no credit will be given. It is your responsibility to reach out and schedule a make-up session.
- If there are issues with attendance/connectivity please contact your program office: **XXX.XXX.XXXX** or at [\(E-mail Address TBD\)](#).
- Failure to Comply with Requirements:
 - Clients allowing another person to overhear and/or see the DUI Live Virtual Remote Services meeting is a violation of privacy law and will result in immediate removal from Live Virtual Remote Services.
 - Failure to conform to requirements may result in a progressive warning and/or removal from Live Virtual Remote Services depending on circumstances.

*No-liability Disclaimer- Safety Center Inc. Alcohol and Drug Programs Division: DUI Program assumes no responsibility or liability for any issues experienced while attending Live Virtual Remote Services, including but not limited to submitting electronic signatures, internet connectivity issues, power outages, etc.

ACKNOWLEDGEMENT OF INFORMED CONSENT AND PARTICIPATION REQUIREMENTS:

I, _____ have read and understood the information above and certify I am willing and able to meet all the requirements to participate in Live Virtual Remote Services.

Client Signature

Date

Counselor Signature

Date

Cc: Client File
Rev. 8/1/2025

www.safetycenter.org/dui | 1.800.825.7262

The Mission of Safety Center is to reduce injuries and save lives by empowering our community to make positive life-changing decisions.

EMAIL CONSENT

The **Safety Center DUI Program** must protect all your personal information in accordance with federal privacy law-Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2). Even acknowledging you are a client is protected.

To comply with this law, all client information on DUI Program computers is secured by the most advanced technology including encryption. Encryption converts plain text into a secret code that hides the information's true meaning.

Email is a very convenient way to communicate. But most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email. In order for you to communicate with the DUI Program using unencrypted email, we must inform you of the risks and get your written consent.

- Unencrypted Email Risks: When you send an email to the DUI Program, the information that you send to Safety Center is not encrypted. This means an unauthorized person may be able to access the information (hack the email) and read it since it is transmitted over the Internet.
- Encrypted email sent by Safety Center to you:
 - When Safety Center uses email to communicate your personal program enrollment details, such as payment information, attendance record information, and DMV/ court information, encryption is utilized. Please follow the necessary prompts and links to access the information.
- Unencrypted Email sent by Zoom: Confirmation of your Zoom meeting registration will come through an unencrypted email from no-reply@zoom.us.
- You will receive your program schedule via email from NoReplyMail@GDCDatabaseServices.com.
- If you have not received your program schedule or need a new copy, please contact the DUI Program office to request that it be emailed to you.

Acknowledgement of Email security practices by Safety Center:

- You must be able to receive ENCRYPTED EMAIL from Safety Center to participate in the Live Virtual Remote Sessions.
- While all Zoom sessions (meetings/webinars) are end-to-end encrypted and hosted using Zooms HIPPA compliant software, the Zoom registration confirmation email from no-reply@zoom.us is not encrypted.
- Any emails you send to Safety Center are not encrypted.

Client Printed Name

Print email address

Client Signature

Date

Counselor Signature

Date

Cc: Client File
Rev. 8/1/2025

www.safetycenter.org/dui | 1.800.825.7262

The Mission of Safety Center is to reduce injuries and save lives by empowering our community to make positive life-changing decisions.



The **Safety Center DUI Program** must protect all your personal information in accordance with federal privacy law-Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2). Even acknowledging you are a client is protected.

To comply with this law, all client information on DUI Program computers is secured by the most advanced technology including encryption. Encryption converts plain text into a secret code that hides the information's true meaning.

Email is a very convenient way to communicate. But most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email.

In order for you to communicate with the DUI Program using email, we must inform you of the risks and get your written consent.

- **Unencrypted Email Risks:**
When you send an email to the DUI Program, the information that you send to Safety Center is not encrypted. This means an unauthorized person may be able to access the information (hack the email) and read it since it is transmitted over the Internet.
- **Encrypted email sent by Safety Center to you:**
When Safety Center uses email to communicate your personal program enrollment details: such as payment information, attendance record information and DMV/ court information, encryption is utilized. You will need to follow the necessary prompts and links to access the information.
- You will receive your program schedule via email from NoReplyMail@GDCDatabaseServices.com.
- If you have not received your program schedule or need a new copy, please contact the DUI Program office to request that it be emailed to you.

Please let us know if you **DO** or **DO NOT** want the DUI Program to communicate with you via email by completing either Option 1 OR Option 2 below.

☐ **OPTION 1 – Acknowledgement of Email security practices by Safety Center**

- **You will RECEIVE ENCRYPTED EMAIL from Safety Center**

Signature

Date

Printed Name

Print email address

☐ **OPTION 2 - NO EMAIL Communication**

- **I do not wish to communicate with the Safety Center DUI Program via email.**

Signature

Date

Printed Name



Fecha: _____

Estimado cliente,

El programa de DUI del Centro de Seguridad ofrece servicios remotos virtuales en persona y en vivo para proporcionar modos adicionales de impartir nuestras clases educativas, grupos de procesos y sesiones de asesoramiento. (Por favor marque o coloque una **X** en una casilla de verificación a continuación para seleccionar su modo de prestación de servicios preferido):

- ☐ **Servicios en persona** (asistir a todos los servicios en persona en la ubicación del Centro de Seguridad)
- ☐ **Servicios Remotos Virtuales en Vivo** (atendiendo todos los servicios virtualmente a través de Zoom)
- ☐ **Servicios híbridos** (asistir a servicios virtualmente a través de Zoom y en persona; ejemplo: asistir a sesiones presenciales con el consejero en persona y asistir a clases educativas y grupos de proceso virtualmente a través de Zoom **o** asistir a sesiones presenciales virtualmente a través de Zoom y asistir a clases educativas y grupos de proceso en persona).

****Si selecciona Servicios remotos virtuales en vivo o Servicios híbridos, asegúrese de cumplir con los siguientes requisitos.****

Participar en los Servicios Remotos Virtuales en Vivo significa que asistirá a clases a través de una reunión virtual con un consejero certificado/registrado. Para hacer esto, **DEBE** cumplir con los siguientes requisitos (escriba sus **INICIALES** en cada línea a continuación para reconocer que cumple con cada requisito):

1) Familiaridad y acceso a la tecnología adecuada:

- _____ Confirmo que tengo una cuenta de correo electrónico y la capacidad de recibir correos electrónicos cifrados del Centro de seguridad.
- _____ Confirmo que tengo una computadora, tableta o teléfono con un micrófono, parlantes y una cámara que funcionen.
- _____ Confirmo que tengo acceso a Internet de banda ancha estable.
- _____ Confirmo que puedo descargar el software gratuito de Zoom en una computadora o descargar el software de Zoom APP en una tableta o teléfono inteligente.
- _____ Acepto habilitar el bloqueador de ventanas emergentes de mi navegador de Internet para bloquear todas las ventanas emergentes mientras asisto a Live Virtual Sesiones remotas para reducir posibles problemas técnicos y de conectividad.
- _____ Confirmo que tengo la capacidad de firmar digitalmente y enviar mi firma electrónica a través de Zoom durante mi sesión de Servicios Remotos Virtuales en Vivo para recibir crédito por la asistencia a la sesión.*

- _____ Acepto que puedo mantener la privacidad y confidencialidad asistiendo a la Sesión Remota Virtual en Vivo en una sala privada, libre de distracciones y no se permitirá que otras personas se acerquen a una distancia de audición o visualización de mi dispositivo electrónico.
- _____ Entiendo y acepto que si me dan de baja de la sesión remota virtual en vivo por cualquier motivo (problemas de Internet, corte de energía, etc.); No recibiré crédito por la sesión y seré considerado ausente.*
- _____ Entiendo que si me dan de baja de la sesión remota virtual en vivo por cualquier motivo (problemas de Internet, corte de energía, etc.), incurriré en una tarifa de ausencia y es mi responsabilidad llamar a la oficina y reprogramar la sesión.*
- _____ Entiendo y acepto que si me conecto a la sesión remota virtual en vivo desde más de un dispositivo, seré eliminado de la sesión y se me considerará ausente.

Y

2) Acepte y firme los siguientes formularios adjuntos:

- Servicios Remotos Virtuales en Vivo Consentimiento Informado y Requisitos de Participación del Cliente
- Formulario de consentimiento por correo electrónico.

*Descargo de responsabilidad sin responsabilidad: la División de Programas de Alcohol y Drogas de Safety Center Inc.: El Programa DUI no asume ninguna responsabilidad por los problemas experimentados al asistir a los Servicios Remotos Virtuales en Vivo, incluidos, entre otros, el envío de firmas electrónicas, problemas de conectividad a Internet, cortes de energía, etc.

Firma del cliente_____
Fecha_____
Nombre impreso del cliente_____
Firma del Consejero_____
Fecha

CONSENTIMIENTO INFORMADO

- **Servicios remotos virtuales en vivo**

Los servicios remotos virtuales en vivo son la prestación de servicios del Programa de DUI utilizando tecnología interactiva (Zoom) entre un consejero certificado/registrado y un cliente que no se encuentran en el mismo lugar. Los servicios remotos virtuales en vivo se ofrecen como una opción para participar en el programa.

- **Voluntaria / Autoterminación**

La participación en los Servicios Remotos Virtuales en Vivo es voluntaria, y usted puede rechazar o cancelar los Servicios Remotos Virtuales en Vivo sin poner en peligro su acceso a futuros servicios del Programa de DUI.

- **Leyes y normas**

Las leyes y los estándares profesionales que se aplican a los servicios del Programa de DUI en persona también se aplican a los Servicios Remotos Virtuales en Vivo, incluida la denuncia obligatoria de abuso. Este documento no reemplaza otros acuerdos, contratos o documentación de consentimiento informado.

- **Protecciones de privacidad**

- Zoom: El programa de DUI del Centro de Seguridad proporciona servicios remotos virtuales en vivo utilizando la plataforma que cumple con la HIPAA de Zoom Virtual Meeting. Zoom no tiene acceso a su información personal protegida por la ley de privacidad. Zoom transmite su información personal, pero no tiene acceso a la información transmitida. Zoom también debe utilizar protocolos de seguridad de red y software para proteger su información, incluido el cifrado de todos los datos de audio, vídeo y uso compartido de pantalla.
- Programa de DUI: El Programa de DUI salvaguarda toda su información personal de conformidad con la ley federal Confidencialidad de los registros de pacientes con trastornos por uso de sustancias (42 CFR Parte 2) para servicios remotos virtuales en persona y en vivo por igual. Consulte el Centro de Prácticas de Privacidad de Seguridad que se proporciona en el momento de la inscripción. El Programa de DUI del Centro de Seguridad no permite grabaciones de ninguna sesión de Servicios Remotos Virtuales en Vivo.

- **Beneficios y limitaciones de los servicios remotos virtuales en vivo**

Beneficios:

- Evite los riesgos para la salud relacionados con las enfermedades contagiosas.
- Permite a los clientes mantener sus servicios del Programa de DUI en orden durante los momentos en que es difícil viajar.
- Conveniencia de eliminar el tiempo de viaje y los costos de una instalación.

Limitaciones:

- Posibles violaciones de la confidencialidad aunque la transmisión esté encriptada.
- Su nombre/apellido aparecerá en la pantalla.
- Interrupción de la sesión de Servicios Remotos Virtuales en Vivo debido a dificultades técnicas.
- El proveedor no puede brindar asistencia de emergencia si el cliente experimenta una crisis.

- **Requisitos tecnológicos**

- Cuenta de correo electrónico personal y capacidad para recibir correo electrónico cifrado desde el Centro de seguridad.
- Computadora, tableta o teléfono con micrófono, altavoz y cámara que funcionen.
- Conexión a Internet de banda ancha; y
- Posibilidad de descargar el software gratuito de Zoom en una computadora o descargar la aplicación Zoom en una tableta o teléfono inteligente.
- Posibilidad de firmar digitalmente y enviar mi firma electrónica a través de Zoom en el momento de mi sesión de Servicios Remotos Virtuales en Vivo para recibir crédito por la asistencia a la sesión.

- **Requisitos de participación del cliente**

- Usted entiende que todos los términos de su contrato original y las reglas/regulaciones permanecen vigentes y que los Servicios Remotos Virtuales en Vivo son un privilegio.
- **Para recibir crédito por sesiones de Servicios Remotos Virtuales en Vivo, debe:**
 - Para encontrar su enlace de Zoom o el ID y la contraseña de la reunión de Zoom necesarios para registrarse en su sesión de Servicios Remotos Virtuales en Vivo, abra el horario que le fue enviado por correo electrónico desde NoReplyMail@GDCDatabaseServices.com.
 - Si no ha recibido su horario, comuníquese con la oficina del Programa de DUI para solicitar que se le envíe una copia por correo electrónico.
 - Regístrese con anticipación para la sesión a través del enlace de Zoom o el ID y la contraseña de la reunión de Zoom que se le proporcionaron en su horario de grupo/clase (si no tiene un horario, llame a la oficina del Programa de DUI y solicite una copia de su horario).
 - Tendrás que registrarte con antelación para cada sesión.
 - Después de registrarse para la reunión de Zoom, recibirá un correo electrónico de confirmación de registro de ZOOM (Consejero: *nombre del consejero*, no-reply@zoom.us)
 - Promueva a ser panelista cuando se lo indique el facilitador del grupo.
 - Firme digitalmente y envíe su firma electrónica a través de Zoom durante su sesión de Servicios Remotos Virtuales en Vivo.
- Mantenga la privacidad en su extremo de la comunicación asistiendo a la sesión en una sala privada libre de distracciones (las distracciones pueden incluir, entre otras, conducir, tener la televisión encendida de fondo, salir a caminar o estar en un parque/lago, etc., cocinar o hacer ejercicio).
- Mantener la confidencialidad, de acuerdo con 42 CFR Parte 2, incluida la confidencialidad de otros participantes en servicios virtuales, no se permite que otras personas se acerquen a una distancia de audición o visualización de su dispositivo electrónico.
- Esté preparado para confirmar su identidad mostrando una identificación con foto.
- Inicie sesión en **un solo dispositivo, a tiempo, y permanezca durante toda la sesión.** No se permitirá la entrada tardía.
- No abandone la reunión en ningún momento, levante la mano para solicitar un descanso para ir al baño.



- **DEBE cumplir con el código de vestimenta establecido por el programa de DUI ADP del Centro de Seguridad** El propósito de este código de vestimenta es garantizar un entorno de aprendizaje seguro, libre de distracciones y efectivo para todos los participantes, ya sea que asistan en persona o en línea. **El incumplimiento del código de vestimenta puede resultar en que lo envíen a casa para cambiarse de ropa o ser eliminado de la sesión de Servicios Remotos Virtuales en Vivo, lo que resultará en una ausencia del programa.**
 - **Código de vestimenta para clientes del programa de DUI** (De acuerdo con las leyes aplicables, acomodaremos razonablemente a los clientes con discapacidades o creencias religiosas que les dificulten cumplir plenamente con el código de vestimenta).
 - **La ropa inaceptable incluye:**
 - Gafas de sol
 - Sombreros/Gorros
 - Vestimenta relacionada con pandillas
 - Atuendos reveladores, como pantalones cortos, vestidos o faldas de más de 3 pulgadas por encima de la rodilla, medias camisas (que muestran el abdomen) y blusas de tirantes finos
 - Ropa que muestre alcohol, drogas o palabras o imágenes controvertidas
 - Cualquier olor perceptible a drogas o alcohol, como marihuana, tabaco, alcohol, metanfetamina, etc.
- Su cámara **DEBE** estar encendida en todo momento y durante toda la sesión programada.
- **NO SE PERMITEN fondos virtuales y borrosos**, para asegurarse de que asiste solo a la sesión y se encuentra en un entorno adecuado.
- Estar comprometido y participar plenamente; Debes estar mirando tu pantalla y debemos ser capaces de ver toda tu cara en todo momento en una habitación bien iluminada. Su teléfono celular / computadora portátil / tableta debe estar en una posición estacionaria.
- No se permiten mensajes de texto ni uso del teléfono celular durante la sesión de zoom. (Su teléfono debe estar colocado en **Modo silencioso** o **No molestar** durante la sesión de zoom)
- Por favor, siéntese (no se acueste ni se acueste con la cabeza hacia abajo sobre la mesa).
- La sobriedad se aplica estrictamente, **NO** se puede usar alcohol y / o drogas dentro de las 24 horas posteriores a cualquier actividad del programa.
- Asistir a cualquier actividad bajo la influencia de cualquier cantidad de alcohol y/o drogas es motivo de despedido.
- **NO** podrá comer, beber, vapear/fumar durante la sesión de Zoom.
- Por favor, no hable de deportes, política o religión. Nada de chistes racistas, sexistas o hirientes. No se permite el lenguaje soez.
- No se permiten niños durante las sesiones de zoom, debe organizar las necesidades de cuidado de los niños antes de la sesión.



- Si está siendo disruptivo, no será elegible para participar en las reuniones de Zoom.
- Si no asiste a la reunión de Zoom para la que está programado, recibirá una actividad/ausencia perdida.
- Si no tiene su enlace de registro/reunión de Zoom para *el día antes de su sesión programada*, llame a la oficina de su programa: XXX.XXX.XXXX
- Si una sesión se interrumpe inesperadamente debido a dificultades técnicas, recibirá una actividad perdida/ausencia y no se le otorgará ningún crédito. Es tu responsabilidad comunicarte y programar una sesión de maquillaje.
- Si hay problemas con la asistencia/conectividad, comuníquese con la oficina de su programa: XXX.XXX.XXXX o al [\(E-mail Address TBD\)](#).
- Incumplimiento de requisitos:
 - Los clientes que permiten que otra persona escuche y/o vea la reunión de Servicios Remotos Virtuales en Vivo de DUI es una violación de la ley de privacidad y resultará en la eliminación inmediata de los Servicios Remotos Virtuales en Vivo.
 - El incumplimiento de los requisitos puede dar lugar a una advertencia progresiva y/o a la eliminación de los servicios remotos virtuales en vivo, según las circunstancias.

*Descargo de responsabilidad sin responsabilidad: la División de Programas de Alcohol y Drogas de Safety Center Inc.: El Programa DUI no asume ninguna responsabilidad por los problemas experimentados al asistir a los Servicios Remotos Virtuales en Vivo, incluidos, entre otros, el envío de firmas electrónicas, problemas de conectividad a Internet, cortes de energía, etc.

RECONOCIMIENTO DEL CONSENTIMIENTO INFORMADO Y REQUISITOS DE PARTICIPACIÓN:

Yo, _____ he leído y entendido la información anterior y certifico que estoy dispuesto y soy capaz de cumplir con todos los requisitos para participar en los Servicios Remotos Virtuales en Vivo.

Firma del cliente

Fecha

Firma del Consejero

Fecha

**CONSENTIMIENTO POR CORREO ELECTRÓNICO**

El **Programa de DUI del Centro de Seguridad** debe proteger toda su información personal de acuerdo con la ley federal de privacidad: Confidencialidad de los Registros de Pacientes con Trastornos por Uso de Sustancias (42 CFR Parte 2). Incluso reconocer que eres un cliente está protegido.

Para cumplir con esta ley, toda la información del cliente en las computadoras del Programa DUI está protegida por la tecnología más avanzada, incluido el cifrado. El cifrado convierte el texto sin formato en un código secreto que oculta el verdadero significado de la información.

El correo electrónico es una forma muy conveniente de comunicarse. Pero los servicios de correo electrónico más populares (por ejemplo, Hotmail®, Gmail®, Yahoo®) no utilizan correo electrónico cifrado. Para que pueda comunicarse con el Programa de DUI utilizando correo electrónico no cifrado, debemos informarle de los riesgos y obtener su consentimiento por escrito.

- Riesgos de correo electrónico no cifrado: Cuando envía un correo electrónico al Programa de DUI, la información que envía al Centro de seguridad no está cifrada. Esto significa que una persona no autorizada puede acceder a la información (hackear el correo electrónico) y leerla, ya que se transmite a través de Internet.
- Correo electrónico cifrado enviado por el Centro de seguridad a usted:
 - Cuando Safety Center utiliza el correo electrónico para comunicar los detalles personales de su inscripción en el programa, como la información de pago, la información del registro de asistencia y la información del DMV/tribunal, se utiliza el cifrado. Siga las indicaciones y los enlaces necesarios para acceder a la información.
- Correo electrónico no cifrado enviado por Zoom: La confirmación de su registro en la reunión de Zoom llegará a través de un correo electrónico no cifrado de no-reply@zoom.us.
- Recibirá su horario del programa por correo electrónico desde NoReplyMail@GDCDatabaseServices.com.
- Si no ha recibido su horario del programa o necesita una nueva copia, comuníquese con la oficina del Programa de DUI para solicitar que se le envíe por correo electrónico.

Reconocimiento de las prácticas de seguridad del correo electrónico por parte del Centro de seguridad:

- Debe poder recibir CORREO ELECTRÓNICO CIFRADO del Centro de seguridad para participar en las sesiones remotas virtuales en vivo.
- Si bien todas las sesiones de Zoom (reuniones/seminarios web) están encriptadas de extremo a extremo y se alojan con el software compatible con HIPAA de Zoom, el correo electrónico de confirmación de registro de Zoom de no-reply@zoom.us no está encriptado.
- Los correos electrónicos que envíe al Centro de seguridad no están cifrados.

Firma del cliente

Fecha

Nombre impreso del cliente

Imprimir dirección de correo electrónico

Firma del Consejero

Fecha

cc: Archivo del cliente
Rev. 08/01/25



The **Safety Center DUI Program** must protect all your personal information in accordance with federal privacy law- Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2). Even acknowledging you are a client is protected.

To comply with this law, all client information on DUI Program computers is secured by the most advanced technology including encryption. Encryption converts plain text into a secret code that hides the information's true meaning.

Email is a very convenient way to communicate. But most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email.

In order for you to communicate with the DUI Program using email, we must inform you of the risks and get your written consent.

- **Unencrypted Email Risks:**
When you send an email to the DUI Program, the information that you send to Safety Center is not encrypted. This means an unauthorized person may be able to access the information (hack the email) and read it since it is transmitted over the Internet.
- **Encrypted email sent by Safety Center to you:**
When Safety Center uses email to communicate your personal program enrollment details: such as payment information, attendance record information and DMV/ court information, encryption is utilized. You will need to follow the necessary prompts and links to access the information.
- You will receive your program schedule via email from NoReplyMail@GDCCDatabaseServices.com.
- If you have not received your program schedule or need a new copy, please contact the DUI Program office to request that it be emailed to you.

Please let us know if you **DO** or **DO NOT** want the DUI Program to communicate with you via email by completing either Option 1 OR Option 2 below.

☐ **OPTION 1 – Acknowledgement of Email security practices by Safety Center**

- **You will RECEIVE ENCRYPTED EMAIL from Safety Center**

Signature

Date

Printed Name

Print email address

☐ **OPTION 2 - NO EMAIL Communication**

- **I do not wish to communicate with the Safety Center DUI Program via email.**

Signature

Date

Printed Name



El Programa de DUI de Safety Center debe proteger toda su información personal de acuerdo con la ley federal de privacidad: Confidencialidad de los Registros de Pacientes con Trastornos por Uso de Sustancias (42 CFR Parte 2). Incluso reconocer que usted es un cliente está protegido.

Para cumplir con esta ley, toda la información de los clientes en las computadoras del Programa de DUI está protegida por la tecnología más avanzada, incluyendo el cifrado. El cifrado convierte el texto en un código secreto que oculta el significado real de la información.

El correo electrónico es una forma muy conveniente de comunicarse. Pero la mayoría de los servicios de correo electrónico populares (por ejemplo, Hotmail®, Gmail®, Yahoo®) no utilizan correo electrónico cifrado.

Para que usted pueda comunicarse con el Programa de DUI por correo electrónico, debemos informarle sobre los riesgos y obtener su consentimiento por escrito.

- **Riesgos del Correo Electrónico No Cifrado:**

Cuando usted envía un correo electrónico al Programa de DUI, la información que envía a Safety Center no está cifrada. Esto significa que una persona no autorizada podría acceder a la información (piratear el correo electrónico) y leerla, ya que se transmite a través de Internet.

- **Correo electrónico cifrado enviado por Safety Center a usted:**

Cuando Safety Center utiliza el correo electrónico para comunicar detalles personales sobre su inscripción en el programa, como la información de pagos, el registro de asistencia y la información del DMV o del tribunal, se utiliza cifrado. Usted deberá seguir las indicaciones y los enlaces necesarios para acceder a la información.

- Recibirá su horario del programa por correo electrónico desde NoReplyMail@GDCDatabaseServices.com.
pción 2 a continuación.

Por favor, infórmenos si DESEA o NO DESEA que el Programa de DUI se comunique con usted por correo electrónico, completando la Opción 1 O la Opción 2 a continuación.

☐ **OPCIÓN 1 – Reconocimiento de las prácticas de seguridad del correo electrónico por parte de Safety Center**

- Usted RECIBIRÁ CORREO ELECTRÓNICO CIFRADO de Safety Center

Firma

Fecha

Nombre impreso

Escriba su dirección de correo electrónico

☐ **OPCIÓN 2 – SIN comunicación por correo electrónico**

- No deseo comunicarme con el Programa de DUI de Safety Center por correo electrónico.

Firma

Fecha

Nombre impreso

Cc: Client File

Fecha de Revisión: 08/01/25

www.safetycenter.org/dui | 1.800.825.7262

La misión de Safety Center es reducir las lesiones y salvar vidas al empoderar a nuestra comunidad para que tome decisiones positivas que cambien su vida.

SAFETY CENTER INCORPORATED
CLIENT INFORMATION

W/R	☐
3M	☐
6M	☐
9M	☐
18M	☐

NAME: _____

ADDRESS: _____

PHONE: (____) _____ ALTERNATE PHONE: (____) _____

GENDER: ☐ MALE ☐ FEMALE (check one) BIRTHDATE: _____

DL#: _____ 1st DUI: ☐ YES ☐ NO (check one) # of DUI's in last 10 years: _____

REFERRED BY: _____ VIO DATE: _____

CONVICTION DATE: _____ CASE/DOCKET #: _____

CHARGES: ☐ 23152 ☐ 23103 ☐ 23140 BAC: _____ REF ☐ W/MEDS ☐ W/DRUGS

Language Preferred - ☐ English ☐ Spanish ☐ Russian ☐ Other: _____

Email Address: _____

DATE CALLED: _____ APPOINTMENT DATE: _____

DATE CALLED: _____ APPOINTMENT DATE: _____

DATE CALLED: _____ APPOINTMENT DATE: _____

DATE CALLED: _____ APPOINTMENT DATE: _____

DATE CALLED: _____ APPOINTMENT DATE: _____

NOTES: _____

LOCATION: ☐ Sacramento ☐ Citrus Heights ☐ North Highlands ☐ Woodland ☐ Stanislaus ☐

REFERRAL TYPE: ☐ Court ☐ DMV ☐ Pre-Conviction/Admin per se ☐ Probation ☐ OS

W/R	☐
3M	☐
6 M	☐
9 M	☐
18 M	☐

TIPO DE REFERENCIA: ☐ Tribunal ☐ DMV ☐ Pre-Condena/Admin per sé ☐ Libertad condicional ☐ Sistema operativo



**SAFETY
CENTER®**

New Pending DUI

I _____ (DUI #) _____ was
arrested for a subsequent DUI on (Date) _____.

I choose to:

- ☐ Voluntary dismiss myself from the program with the understanding that
DMV and/or Courts will be notified.
- ☐ Remain in the program and continue with my schedule with the understanding
that I will be responsible for services rendered, and will not receive credit
toward new conviction.

Client Signature: _____ Date: _____

Office Staff: _____ Date: _____

www.safetycenter.org/dui | 1.800.825.7262

The Mission of Safety Center is to reduce injuries and save lives by empowering our community to make positive life-changing decisions.



Nuevo DUI Pendiente

Yo _____ (DUI #) _____
fui arrestado por un DUI Nuevo en la (Fecha) _____.

Elijo lo siguiente:

- ☐ Darme de baja voluntariamente del programa con el entendimiento de que se notificará al DMV y/o a los tribunales.
- ☐ Permanecer en el programa y continuar con mi horario con el entendimiento de que seré responsable de los servicios prestados y no recibiré crédito para una nueva condena.

Firma del cliente: _____ Date: _____

Personal de oficina: _____ Date: _____

www.safetycenter.org/DUI | 1.800.825.7262

La misión de Safety Center es reducir las lesiones y salvar vidas al empoderar a nuestra comunidad para que tome decisiones positivas que cambien la vida.

SAFETY CENTER

EXAMPLE

CLIENT ACTIVITY SCHEDULE

Client ID#	First Name	Last Name	Program DUI	Program Level
Primary Counselor		Counselor Ph#	Phone Ext	Counselor E-Mail

ACTIVITY SCHEDULE DETAILS

Activity Date	Service	Service Name	Weekday	Time	Room	SUD Counselor	Activity Status
	Assessment	INI-Tue-C7	Tuesday		103		
	Intake	ENR-Tue-C4	Tuesday		104		
	Education	61	Monday	1:00 PM	N/A		
	Education	61	Monday	1:00 PM	N/A		
	Face To Face	F2F-Mon-C6	Monday	3:15 PM	zoom		
	Education	61	Monday	1:00 PM	N/A		
	Education	61	Monday	1:00 PM	N/A		
	Education	61	Monday	1:00 PM	N/A		
	Education	61	Monday	1:00 PM	N/A		

ZOOM INVITE

Topic/Activity Name
BRADSHAW EDU #61

Greeting: Hi there, You are invited to a Zoom webinar.(#61)

Time: 1:00pm-3:00pm

Join Zoom Meeting Web-Link: https://safetycenter.zoom.us/webinar/register/WN_HTKugo76ScSbh-DtrieA

Meeting ID: 862 1689 0369

Passcode: 3909

Dial-In Phone Number:

ZOOM INVITE

Topic/Activity Name
Individual - 15 minutes

Greeting: Hi there

Time: (Counselor Robert)

Join Zoom Meeting Web-Link: <https://safetyncnter.zoom.us/j/73950994\6v011iJWFhUFsf641aap3VGepysu0.1>

Meeting ID: 739 509 9408

Passcode: 39

Dial-In Phone Number:

SAFETY CENTER**EXAMPLE****ACTIVITY ROSTER****Service Name:****Activity Date:****Service:**

Counselor / Associate	Weekday	Start Time	End Time	Gender	Room
Topic:					Topic Number
Written Exercise:					Time Allowed
Purpose:					
Outcome:					
1) Client Name / ID# :			Activity Status:		
Primary Activity:		Program Level:		Client Signature: _____	

☐ Live Virtual Services Via A Secure Platform**Counselor Signature:** _____☐ eSignature ☐ In Office Services**Roster Note**

SAFETY CENTER INCORPORATED CLIENT PARTICIPATION RECORD

Name: _____ DOB: _____

DL #: _____ Case #: _____ Violation Date: _____

Conviction Date: _____ Enrollment Date: _____ Exit Date: _____

EDUCATION (2 HOUR SESSIONS)	
Present	Absent
1	
2	
3	
4	
5	
6	

ASSESSMENT (30 MIN SESSION)	
Present	Absent
1	

Comments: _____



SAFETY CENTER INCORPORATED CLIENT PARTICIPATION RECORD

Name: _____ DOB: _____

DL #: _____ Case #: _____ Violation Date: _____

Conviction Date: _____ Enrollment Date: _____

EDUCATION (2 HOUR SESSIONS)

Present	Absent
1	
2	
3	
4 SCHED PRO GROUP	
5	
6	

GROUP PROCESS (2 HOUR SESSIONS)

Present	Absent
1	
2 SCHED 2 ND P2P	
3	
4	
5	
6	
7	
8	
9	

ASSESSMENT (30 MIN SESSION)

Present	Absent
1	

INDIVIDUAL (15 MIN SESSION)

Present	Absent
1	
2	
3-EXIT	

Madd: _____

Exit date: _____

Comments: _____

SAFETY CENTER INCORPORATED CLIENT PARTICIPATION RECORD

Name: _____ DOB: _____

DL #: _____ Case #: _____ Violation Date: _____

Conviction Date: _____ Enrollment Date: _____

EDUCATION (2 HOUR SESSIONS)

Present	Absent
1	
2	
3	
4	
5	
6 SCHED PRO GROUP	

GROUP PROCESS (2 HOUR SESSIONS)

Present	Absent
1 SCHED 2ND F2P	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

ASSESSMENT (30 MIN SESSION)

Present	Absent
1	

INDIVIDUAL (15 MIN SESSION)

Present	Absent
1	
2	
3	
4	
5	
6 EXIT	

MADD Date: _____

EXIT Date: _____

Comments: _____

SAFETY CENTER INCORPORATED CLIENT PARTICIPATION RECORD

Name: _____ DOB: _____

DL #: _____ Case #: _____ Violation Date: _____

Conviction Date: _____ Enrollment Date: _____

EDUCATION (2 HOUR SESSIONS)

Present	Absent
1	
2	
3	
4	
5	
6 SCHED PRO GROUPS	

GROUP PROCESS (2 HOUR SESSIONS)

Present	Absent
1 SCHED 2 ND F2F	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

ASSESSMENT (30 MIN SESSION)

Present	Absent
1	

INDIVIDUAL (15 MIN SESSION)

Present	Absent
1	
2	
3	
4	
5	
6	
7	
8	
9- EXIT	

MADD Date: _____

Exit Date: _____

SAFETY CENTER INCORPORATED CLIENT PARTICIPATION RECORD

Name: _____ DOB: _____

DL #: _____ Case #: _____ Violation Date: _____

Conviction Date: _____ Enrollment Date: _____

EDUCATION (2 HOUR SESSIONS)

Present	Absent
1	
2	
3	
4	
5	
6	

RE-ENTRY (1 HOUR MONTHLY)

Present	Absent
1	
2	
3	
4	
5	
6	

GROUP PROCESS (2 HOUR SESSIONS)

Present	Absent
1	
2 SCHD PERM F2F	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15 EDUCATION	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	

ASSESSMENT (30 MIN SESSION)

Present	Absent
1	

INDIVIDUAL (30/15 MIN SESSION)

Present	Absent
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26 RE-ENTRY	

Madd: _____

Exit Date: _____

July 17, 2019

Safety Center Incorporated
Progress Notes

Date: _____ Start Time: _____ End Time: _____ Group #: _____

Client Name: _____ Counselor Name: _____

Group Topic: _____

Client's comments regarding this group topic: _____

Counselor observation of client participation in group: **ATTENTIVE INVOLVED DEFENSIVE WITHDRAWN**

(circle one)

Safety Center Incorporated

Notas del Grupo

Fecha: _____ Hora que empieza: _____ termina: _____ # de grupo: _____

Nombre de cliente: _____ Nombre de consejero: _____

Tema de grupo: _____

Comentarios del cliente sobre este tema de grupo: _____

Consejero, el cliente estuvo: **ATTENTO PARTICIPANDO DEFENSIVO DISTANCIADO**

(marquee uno)

RE-ENTRY PROGRESS NOTE

NAME: _____ **DATE:** 8/28/23

TOPIC: LIFE STRESSORS _____ **TIME IN:** 6:00pm _____ **TIME OUT:** 7:00pm _____

GOALS

1. EMPLOYMENT ☐ Employed ☐ Unemployed ☐ Interviewing ☐ Mailing Resumes ☐ Newspaper

Progress and Participation: _____

2. FAMILY RELATIONSHIP ☐ No Improvement ☐ Same ☐ Improving ☐ Increased Communication ☐ Identifying Problems

Progress and Participation: _____

3. COMMUNITY RESOURCES ☐ EDD Office ☐ Church ☐ County Programs ☐ Work/Education ☐ Other

Progress and Participation: _____

4. SELF-HELP GROUPS ☐ Not Attending ☐ Attending AA ☐ CA ☐ CODA ☐ Other ☐ Weekly ☐ Bi-Weekly

Progress and Participation: _____

5. PERSONAL GOALS ☐ No Improvement ☐ Improving In-Behavior ☐ Attitude ☒ Sober Lifestyle

Progress and Participation: _____

6. RELAPSE PREVENTION ☐ Identifying Risks ☐ Lifestyle Changes ☐ Recognizing Symptoms

Progress and Participation: _____

CLIENT SIGNATURE _____ **DATE** _____

Counselor observation of client participation in group (circle one): **ATTENTIVE** **INVOLVED** **DEFENSIVE** **WITHDRAWN**

Counselor Signature _____ **Date** _____

NOTAS DE RE-ENTRADA

NOMBRE: _____ **FECHA:** _____
TEMA: Balance en Vida **TIEMPO DE ENTRADA:** 7:30PM **TIEMPO DE SALIDA:** 8:30PM

METAS

1. TRABAJO

☐ Empleado ☐ Desempleado ☐ Entrevistando ☐ Enviando Resumes ☐ Periódicos

Progreso y Participación: _____

2. RELACIONES FAMILIARES

☐ Sin Mejorar ☐ Igual ☐ Mejorando ☐ Mas Comunicación ☐ Identificando problemas

Progreso y Participación: _____

3. RECURSOS COMUNITARIOS

☐ Oficina del Desempleo ☐ Iglesia ☐ Programas del Condado ☐ Trabajo/Entrenamiento ☐ Otros

Progreso y Participación: _____

4. GRUPOS DE APOYO

☐ Sin Atender ☐ Atendiendo AA ☐ CA ☐ CODA ☐ Otros ☐ Cada Semana ☐ 2 x Semanas

Progreso y Participación: _____

5. METAS PERSONALES

☐ Sin Mejorar ☐ Mejorando en-Comportamiento ☐ Actitud ☐ Sobriedad

Progreso y Participación: _____

6. PREVENCIÓN DE RECAÍDA

☐ Identificando Riesgos ☐ Cambios en Estilo de Vida ☐ Reconociendo Síntomas

Progreso y Participación: _____

FIRMA DEL CLIENTE

FECHA

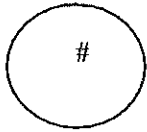
Observaciones del consejero sobre la participación del cliente en el grupo (circule uno):

ATENTO PARTICIPÓ DEFENSIVO RETRAÍDO

FIRMA DE CONSEJERO

Víctor Díaz

FECHA



Date: _____ Time In: _____ Time Out: _____

1) Date of Last Payment: _____ Amount: \$ _____ Balance Due: \$ _____

Client Comments Regarding Payments: _____

2) Client Comments Regarding Last Attended Grp/Ed: _____

3) Encouraged attendance and Participation in group ☐ YES ☐ NO (circle one)

4) Problems which may cause client to not complete program: _____

5) Evaluate client's need for referral to ancillary services: _____

6) MADD Completion Date: _____ (if applicable) # of Progress Notes on File: _____

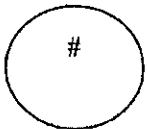
Counselor Comments: _____

Counselor Signature: _____ Next Appointment: _____

Exit Only:

1) Re-Entry assigned: ☐ YES ☐ NO
(if applicable)

2) Evaluation Completed: ☐ YES ☐ NO
(if applicable)



Date: _____ Time In: _____ Time Out: _____

1) Date of Last Payment: _____ Amount: \$ _____ Balance Due: \$ _____

Client Comments Regarding Payments: _____

2) Client Comments Regarding Last Attended Grp/Ed: _____

3) Encouraged attendance and Participation in group ☐ YES ☐ NO (circle one)

4) Problems which may cause client to not complete program: _____

5) Evaluate client's need for referral to ancillary services: _____

6) MADD Completion Date: _____ (if applicable) # of Progress Notes on File: _____

Counselor Comments: _____

Counselor Signature: _____ Next Appointment: _____

Exit Only:

1) Re-Entry assigned: ☐ YES ☐ NO
(if applicable)

2) Evaluation Completed: ☐ YES ☐ NO
(if applicable)



LEAVE OF ABSENCE REQUEST FORM

PROGRAM: ☐ 1st Offender ☐ 2nd Offender ☐ DD

Client Name: _____ Client ID #: _____

Date of LOA Request: _____ Request Received by: _____

REASON FOR A LEAVE OF ABSENCE

START DATE: _____ END DATE: _____

If you do not participate in a program activity
by the LOA end date without being granted an extension
your account will automatically be dismissed and/or Returned To Court.

NOTE: Payments must stay current during the LOA

CLIENT SIGNATURE: _____ DATE: _____

IF YOU ARE UNABLE TO PROVIDE A SIGNATURE, PLEASE EXPLAIN WHY: _____

FOR OFFICE USE ONLY

Approval granted only upon receipt of verification

APPROVED: YES _____ NO _____ BY: _____ DATE: _____

www.safetycenter.org/dui | 1.800.825.7262

The Mission of Safety Center is to reduce injuries and save lives by empowering our community to make positive life-changing decisions.



FORMULARIO DE SOLICITUD DE EXCEDENCIA

PROGRAM

☐

1° Infractor

☐

2° Infractor

☐

DD

Nombre del cliente: _____ ID de cliente #: _____

Fecha de la solicitud de LOA: _____ Solicitud recibida por: _____

MOTIVO DE UNA EXCEDENCIA

FECHA DE INICIO: _____ FECHA FINAL: _____

Si no participa en una actividad del programa
antes de la fecha de finalización de la LOA sin que se le conceda una
prórroga
su cuenta será automáticamente descartada y/o devuelta a los

FIRMA DEL CLIENTE: _____ FECHA: _____

SI NO PUEDE PROPORCIONAR UNA FIRMA, EXPLIQUE POR QUÉ: _____

SOLO PARA USO EN OFICINA

La aprobación sólo se concede una vez recibida la verificación

APROBADO: SÍ _____ NO _____ POR: _____ FECHA: _____

www.safetycenter.org/DUI | 1.800.825.7262

La misión de Safety Center es reducir las lesiones y salvar vidas al empoderar a nuestra comunidad para que tome decisiones positivas que cambien la vida.

PART V – PROGRAM INFORMATION

1. Intake Interview/Enrollment Process

[Provide a narrative of the procedure for the enrollment/intake interview, including staff responsible, and copies of intake forms.]

Following Title 9 Section 9848 for the DUI offender intake/enrollment, Safety Center will accept court documents indicating a need to attend a DUI Program or Department of Motor Vehicles (DMV) documents indicating a need for a DUI Program to reinstate driving privileges. The participant will be enrolled in the appropriate program level depending on the documents provided for enrollment. Out-of-state referred participants will be required to present the relevant documentation, which indicates the level or number of hours of the DUI Program required by the State of the conviction court, DMV, or probation.

During the intake/enrollment process, the Substance Use Disorder (SUD) Counselor (counseling staff meeting T9 Section 9846 (3) (c) requirements) will review the DUI Program contract with the participant. Once the participant agrees to the contract requirements, the SUD Counselor and participant will sign and date the document. The participant will be provided with a copy for their records, and the original will be placed in the participant's file. The Driving Under the Influence Program Participant. The contract includes all the requirements stated in T9 Section 9848 (1) (A-D).

- Goals and objectives to be achieved through attending the DUI Program
- The benefits of abstinence and the goals of abstinence for the duration of program attendance
- Attendance requirements
- Process for requesting a leave of absence (LOA)
- Reasons for dismissal from the program, program rules, grievance procedures
- Program fee for the level of enrollment, including additional fees
- Explanation of payment schedule, including the right to request a financial assessment if the participant is unable to pay full program fees

The remaining intake/enrollment documents are completed, including:

- Schedule of education, group, and face-to-face sessions
- Release of Information/Confidentiality
- DMV DL804
- Participants accessing classes remotely complete a Screening form and sign a Virtual Services Program contract and Consent.

Following the intake/enrollment staff will:

- Process the down payment
- Create a participant account in the database
- Create a participant file
- If required, staff will send a notification of enrollment to the referring court

The Safety Center Site Manager monitors enrollment forms and ensures T9 requirements are met.

PART V – PROGRAM INFORMATION

2. Face-to-Face Interviews

[Describe how face-to-face interviews will be conducted, including the topics to be covered, the length of interviews to be provided, and how documentation of such will be made.]

Per T9 Section 9851, participants are provided a scheduled Face-to-Face session with an SUD Counselor. Face-to-Face sessions are conducted for a minimum of 15 minutes following T9 Section 9858 (b). In each Face-to-Face session, the SUD Counselor will:

- Monitor the progress of clients in the education and group sessions
- Monitor payment of fees
- Review and encourage client attendance
- Discuss any barriers to program completion
- Evaluate the client's need for referral to ancillary services

The SUD Counselors will note any issues and provide feedback to help connect participants with resources to help them complete the program.

Administrative staff will pull participant files before the Face-to-Face sessions to ensure all previous attendance is entered and input attendance in the database post-face-to-face.

The Site Manager monitors compliance with T9 and evaluates the SUD Counselor staff member by conducting random file reviews and competency evaluations.

3. Educational Sessions

[Identify the number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session.]

Following T9 Section 9852 (a), the Educational Sessions are two hours in length, and the content of the educational curriculum meets the required topics outlined in 9852 (c) (1-5) through the six sessions.

Videos are used during the twelve hours of the educational curriculum to enhance program content.

The two-hour Education Classes have a maximum of 35 clients. The education instruction is provided by a staff member with the required qualifications per T9 Section 9846 (3) (b). Safety Center provides training for the Education Counselor before delivering the Educational Sessions solo.

Participants are required to sign the attendance roster at the beginning of each in-person session. Virtual participants send an electronic signature, and the administrative staff verify the signature and print out a Zoom report to document attendance during the two-hour session. The Counselor will note attendance in participant files. Staff will pull the participant's file before the session, print out a class roster, and input attendance in the database post-session.

The Site Manager monitors compliance with T9 and evaluates the Counselor staff member by conducting random file reviews and competency evaluations.

Part V Attachment #1 Educational Curriculum Outline

4. Group Counseling

[Identify the number of group counseling hours to be provided, the process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session.]

PART V – PROGRAM INFORMATION

Safety Center's DUI Curriculum provides interactive discussions and exercises to help clients change behavior related to their DUI. The two-hour Group Sessions have a maximum of 15 scheduled participants, except for emergencies when 17 are allowed. The reason for the emergency allowance of 17 members in a Group Counseling session will be noted on the roster and in the participant's file.

Three-Month First Offenders will attend 9 Group Counseling sessions scheduled weekly. The Group Counseling sessions are facilitated by counseling staff who meet T9 Section 9846 (3) (c) requirements.

Initial and ongoing SUD Counselor training is required to be effective at facilitating Group Process Sessions. Safety Center provides regular monthly staff meetings, some of which will include Continuing Education for SUD Counselors. Safety Center is an approved Continuing Education provider by CADTP, an approved DHCS SUD Counselor certifying agency.

Participants are required to sign the attendance roster at the beginning of each in-person session. Virtual participants send an electronic signature, and the administrative staff verify the signature and print out a Zoom report to document attendance during the two-hour session. The SUD Counselor will note attendance, participation, and progress in the participant's file. Staff will pull the participant files before the group, print out a session roster, and input attendance in the database post-session.

The Site Manager monitors compliance with T9 and evaluates the Counselor staff member by conducting random file reviews and competency evaluations.

Part V Attachment #2 Group Counseling Curriculum Outline

5. Individual Counseling Sessions

[Identify the process for providing or referring participants to individual counseling if the participant is unable to benefit from group counseling sessions.]

Per T9 Section 9856, if a participant self-identifies or is identified by staff as not able to benefit from Group Counseling sessions, the Site Manager or Supervisor will meet with the participant to assess an appropriate schedule for individual sessions. The schedule of the session is noted in the file. An SUD Counselor will be assigned to (counseling staff with the required T9 Section 9846 (3) (c) qualifications), and the participant will receive a new copy of the scheduled sessions. Each one hour of Individual sessions will be credited as two hours of a Group session. During the Individual Counseling session schedule, if the participant and SUD Counselor agree that group Sessions would be beneficial, a new schedule assignment will be created.

6. Assessment of Each Participant's Alcohol and Other Drug Problems

[Provide a narrative description of the assessment process, the staff responsible for conducting the assessment, and a copy of the assessment instrument to be used.]

SUD Counselor (counseling staff meets all T9 Section 9846 (3) (c) requirements) conducts a 45-minute Risk of Alcohol Problems (RAP) based Alcohol/Drug Assessment within 60 days of enrollment, the assessment includes the participant's history of substance use, addiction treatment history, gender, age, work status, family history of substance use, legal history, and current health status. The SUD Counselor notes pertinent information, discusses the assessment results with the participant, and recommends ancillary services as needed. assessment results, discussion with the participant, and any referral to ancillary services are noted in the participant's file.

Part V Attachment #3 Alcohol and Drug Assessment

PART V – PROGRAM INFORMATION

7. Referral to Ancillary Services

[Provide a detailed description of the process to refer participants to ancillary services.]

Per T9 Sections 9849 and 9862, referrals to ancillary services are a function of the SUD Counselor during the assessment process and the face-to-face sessions. The SUD Counselor will note the specific referral in the session notes and provide the participant with the contact information of the referred agency. The community resource list provides local agencies for multiple issues. The referral provided is voluntary, and there is no consequence if the participant chooses not to follow through on the referral provided.

8. Inter-Program Transfer

[Describe the procedures for transferring participants to and receiving participants who transfer from another state-licensed DUI Program. The description must address both the transfer in and transfer out process.]

Upon participant notification of a desired transfer out to another California licensed DUI Program, staff and the Site Manager will review the file and complete a reconciliation of services rendered to determine on a fee-for-service basis if the participant owes for services rendered or the participant is owed a refund. Staff will complete the transfer document, update the participant information in the database, and mail the approved transfer form to the receiving agency and the court of conviction. Staff will monitor the transfer to ensure the participant transfers into the receiving program within 21 days in compliance with T9 Section 9884 (b) (3); if the participant fails to complete the transfer within the 21 days, they are moved into the dismissal process and the participant and court of conviction are notified of the dismissal and DL101(a) is filed with the DMV via the online reporting portal.

Upon transfer in from another California licensed DUI Program, staff will ensure the transfer in the process is completed within 21 days from the sending program's transfer out date, in compliance with T9 Section 9884 (a), that a program activity consisting of a Face-to-Face, Group or Education is attended by the 21st day. The staff will reconcile the previous program activities, and the remaining activities needed to meet the requirements of the program level the participant is transferring into, and a schedule of activities will be created. A fee for service for the activities to be received at Safety Center, is calculated, and a payment schedule is created. The Driving Under the Influence Program Participant Contract is reviewed with the transfer in, and they are provided copies of the Driving Under the Influence Program Contracts, payment, and activity schedules. When the transfer process is completed, staff will send a confirmation to the sending program, and the court of conviction is notified by submitting a DL101 or a DL101(a) to DMV via the online reporting portal.

If Safety Center receives a transfer in form and the participant fails to complete the transfer process within 21 days, staff will notify the sending program of the failure to transfer.

9. Participant Dismissal Policy

[Describe the policy and procedures for dismissing a participant.]

Upon recognition that the participant has failed to comply with the DUI Program regulations or program rules as outlined in the Driving Under the Influence Program Participant Contract and following requirements of T9 Section 9886, the staff will initiate the dismissal process:

- Dismissal will be validated to ensure it complies with T9 and Program Rules.
- Dismissal paperwork will be generated, including:

PART V – PROGRAM INFORMATION

- Notification to participant
- Notification to court/referral source, as applicable
- DL101(a) submitted to the DMV via online reporting portal

10. Re-Entry Activities

(Provide a detailed description of the re-entry phase for the 18-month program participants.)

After completion of the core program requirement of the first 12 months of the 18-month program and within the final six months of the 18-Month Multiple Offender Program, the participant will attend monthly Re-Entry Sessions for a total of 6 hours. The Re-Entry Sessions are designed to provide a phase-out of the DUI program with monitoring and specific topics for participant reflection, providing the opportunity to make any additional changes needed to eliminate alcohol and drug use in high-risk situations, such as driving. The purpose of the Re-Entry phase is to reinforce effective strategies for changing behavior causing repeated DUIs and to encompass reflection on the following topics:

1. Employment
2. Family Relationships
3. Self-Help Groups
4. Personal Goals
5. Community Resources

Part IV Attachment # 4 Re-Entry Curriculum Outline

11. Description of Additional County Requirements – N/A

12. Program Fee Requirements

[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided, i.e., enrollment, group counseling session, face-to-face interview, etc. For each additional fee requested, identify the service provided, the unit cost breakdown, including associated tasks, and the responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee, e.g., the county general assistance benefit level, the county's median family income level, and the income level at which the participant will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments, and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.)]

Part V Attachment #5 – Program Fee Requirements

Part V Attachment #6 – Program Fee for Service Contract Breakdown

Part V Attachment #7 – Additional Fee for Service

- Description of how fees are assessed and collected.
 - Payment Schedule: Safety Center provides each participant with a standard payment schedule at enrollment reflecting a down payment due at intake/enrollment, and monthly payments are due on the 1st or 15th of each month, as noted in the Standard Payment Schedule.

PART V – PROGRAM INFORMATION

- Late Payment: The monthly payment is due on the 1st or 15th of each month as specified in the Payment Contract. Monthly payments not received by four (4) days following the due date will incur a Late Payment Fee the following day.
 - Payment Options: Payment can be made by cash, check, money order, cashier's check, or credit/debit card. Participants will receive a receipt for on-site payments made at the Safety Center DUI Program.
 - Financial Assessment: If a participant feels unable to make the monthly payment, they must request a financial assessment to determine if they qualify for an extended payment plan or if their income is at the General Assistance level as described within the Driving Under the Influence Program Contract.
 - Failure to Pay: If a payment is more than ten days delinquent, the participant's Group and Education Session will be suspended for 15 days. Payment must be made within 15 days of the date on the suspension letter to lift the suspension. During the time of a program suspension, participants are informed they must still attend any scheduled Face-to-Face Sessions. If a participant fails to make payment in full and on time without requesting and attending a financial assessment, this is considered failure to pay and will result in dismissal from the Program.
- The income level for General Relief (GA) in Stanislaus County is \$300, in compliance with T9 Section 9878 (f) (1) if the participant provides documentation of income that meets the Stanislaus County GA income level they will be assessed a program fee of \$5.00 for each month of participation that documents the GA income level. The median family income for Stanislaus County is \$74,872 per T9 Section 9878 (2). The participant will be allowed to be placed on an extended payment plan if they provide documentation of income at 35% of the median family income, \$74,872 (\$2,183.76 monthly).

Part V Attachment #8 Standardized Payment and Extended Payment Schedule

- Procedure for conducting financial assessments:
 - Upon request by the participant or when past due on the monthly program contract fee the participant will be offered a financial assessment.
 - Participant is informed of the GR or income documents required, and an appointment is set.
 - Upon appointment and proper documentation, the participant will receive a new payment schedule reflecting either the GR payment schedule of \$5.00 per month or the extended payment plan outlined in the Extended Payment Schedule.
- Safety Center Refund Policy:
 - Upon Dismissal, Transfer, and Completion, a reconciliation of the participant's file is conducted to determine if, on a fee-for-service basis, including additional fees assessed, the participant has paid all fees in full or has overpaid.
 - Refunds will be issued within ninety (90) days following dismissal, transfer out, and completion in compliance with T9 Section 9878 (k).



EDUCATION GUIDELINES

GROUP: _____ DAY: _____ TIME IN: _____ TIME OUT: _____ COUNSELOR: _____

Education Session 1: Introduction and Effects of Alcohol & Drugs on Driving Date: _____ Initials: _____

Part One: Introduction

- Introduce Yourself
- Review Program Rules & Regulations
- Answer Questions - Clarify Face-to-Face & Class Procedures

VIDEO SHOWN

☐ **Make This One Your
Last One (19 min)**

Part Two: Effects of Alcohol and Drugs on Driving

- DUI Experience
- What is a Standard Drink?
- Effects of Blood Alcohol Concentration (BAC) & Drugs on Driving
- Alternatives to Driving Under the Influence

Education Session 2: Impairment of Driving Abilities, Skills & Judgment Date: _____ Initials: _____

- NHTSA DUI Injury and Fatality Statistics
- Impairment of Driving Abilities, Skills, and Judgment
- Synergistic Effect of Alcohol, Drugs & Prescription Medication
- Effects of Marijuana and Other Drugs on Driving Behavior
- Strategies for Preventing Another DUI

VIDEO SHOWN

☐ **None**

Education Session 3: Substance Use Disorders Date: _____ Initials: _____

- Definition of Substance Use Disorder
- Vulnerability to Substance Use Disorders
- Iceberg Concept & Disease Concept
- Bell Curve & Cycle of Addiction
- SAMSHA Definition of Recovery Process

VIDEO SHOWN

☐ **Roots of Addiction
(32 min)**

Education Session 4: Effects on Body and Health Date: _____ Initials: _____

- Influences on Perceptions About Substance Use
- Short-Term & Long-Term Effects
- How it Affects the Health of Others
- Strategies for Reducing Substance Use
- Nutrition Quiz

VIDEO SHOWN

☐ **Medical Consequences of
Addiction (36 min)**

Education Session 5: Effects of DUI on Individual, Family & Society Date: _____ Initials: _____

- Tragic Consequences of DUIs
- Impact of DUI on Family and Daily Activities
- Pain Cycle
- Building Positive Relationships

VIDEO SHOWN

☐ **Choices (32 min)**

Education Session 6: Change Plan to Prevent Impaired Driving Date: _____ Initials: _____

- Changing Patterns of Behavior Leading to Driving Under the Influence
- Stages of Change
- Change Plan Worksheet
- Resources and Support Networks

VIDEO SHOWN

☐ **None**

GROUP: _____ DAY: _____ TIME IN: _____ TIME OUT: _____ COUNSELOR: _____

Process Session 1: Thoughts and Feelings Affect Actions

Date: _____

Initials: _____

- Introduce Counselor and Clients
- Review Class Rules
- Feelings about DUI
- How Emotions Affect Actions
- Positive and Negative Emotional Reactions
- Using Emotions to Motivate Positive Change

Process Session 2: Effects of Alcohol and Drugs on Driving Behavior

Date: _____

Initials: _____

- Situation: When Arrested for DUI
- Financial Consequences – Exercise (10 minutes)
- How Alcohol & Drugs Affect Ability to Drive Safely
- Avoiding Risky Driving Behavior

Process Session 3: Changing Decisions Leading Up to Your DUI

Date: _____

Initials: _____

- Decisions Leading Up to Your DUI
- Positive and Negative Influences on Behavior
- Evaluating Consequences to Reinforce Positive Decision-Making – Exercise (10 minutes)
- Avoiding “Triggers” that Could Lead to Driving Under the Influence

Process Session 4: Coping with Stress

Date: _____

Initials: _____

- Stress Created by DUI Experience
- Conflicts Between Needs and Where You Are Now
- Using DUI as a Positive Motivator for Change
- Coping Strategies for Reducing Stress

Process Session 5: Values and Decision-Making

Date: _____

Initials: _____

- Life, Safety, and Responsibility – Exercise (5 minutes)
- Identifying Personal Values
- Important Value You Want Others to See – Exercise (5 minutes)
- Making Responsible Driving Decisions

Process Session 6: Effective Communication

Date: _____

Initials: _____

- Communicating to Connect and Build Trust
- Roadblocks to Effective Communication
- Effects of Body Language, Tone and Words
- Using Listening Skills to Improve Communications

Process Session 7: Developing Resilient Relationships

Date: _____

Initials: _____

- Life as an Upward Spiral
- Building Resiliency Through Supportive Relationships
- Recognizing Emotions and the Impact of DUI on Others
- Using Empathy to Rebuild Relationships

Process Session 8: Setting Goals for the Future

Date: _____

Initials: _____

- DUI as a “Wake-Up” Call
- Setting Goals to Match Priorities in Life – Exercise (10 minutes)
- SMART Goal Planning Guide - Exercise (10 minutes)
- Sharing Milestones and Celebrating Successes

Process Session 9: Sustaining Change

Date: _____

Initials: _____

- Balancing Negative and Positive Experiences
- Using Strengths to Overcome Obstacles – Exercise (5 minutes)
- Developing a Positive Vision for the Future - Exercise (10 minutes)
- Using Positive Emotions to Help Achieve Your Vision

PROCESS GUIDELINES

GROUP: _____ DAY: _____ TIME IN: _____ TIME OUT: _____ COUNSELOR: _____

Process Session 10: Overcoming Obstacles to Changing Behavior

Date: _____

Initials: _____

- 11 Symptoms of Substance Abuse Disorders
- Positive and Negative Effects of These Behaviors
- Obstacles in Moving to the Next Stage in the Change Cycle - Exercise (5 minutes)
- Overcoming Obstacles to Changing Behavior

Process Session 11: Strengthening Your Social Support Network

Date: _____

Initials: _____

- Questions We Can Ask to Get Past the Denial Stage
- Creating a Strong Social Support Network - Exercise (10 minutes)
- Strategies for Expanding this Network
- Evaluating the Quality and Quantity of Your Network

Process Session 12: Using Family Strengths for Problem-Solving

Date: _____

Initials: _____

- Substance Use Disorder as a Progressive Pattern of Behavior
- Recognizing Family Problems Caused by Substance Use
- Identifying Family and Personal Strengths - Exercise (10 minutes)
- Using Problem-Solving Process to Develop an Effective Solution

Process Session 13: Reconnecting with Your Family

Date: _____

Initials: _____

- Identifying feelings related to DUI and substance use
- Experiencing Negative and Positive Emotions
- Steps to Rebuilding Positive Relationships
- Using Boundaries to Rebuild Trust in Family Relationships

Process Session 14: Listening with Empathy

Date: _____

Initials: _____

- Emotions Create Roadblocks to Effective Communication
- Using "I" Statements to Describe Behavior and Feelings
- Demonstrating Effective Listening Skills
- Listening with Empathy and Asking Questions to Clarify Understanding

Process Session 15: Cultivating a Positive View of the Future

Date: _____

Initials: _____

- Drawing a Lifeline of Significant Events in Your Life - Exercise (10 minutes)
- Describing an Important Event and Its Impact on You
- Identifying the Influence of Inspiring Role Models - Exercise (5 minutes)
- Cultivating 6 Positive Habits that Feed our Sense of Well-being

Process Session 16: Focusing on Your Vision for the Future

Date: _____

Initials: _____

- Identifying Your Current Stage in the Change Process
- Building on Strengths - Exercise (15 minutes)
- Vision of the Future
- Becoming Closer to Your Ideal Self

Process Session 17: Making Decisions to Prevent Driving Under the Influence

Date: _____

Initials: _____

- Perception of Risks Related to DUI
- Responsibility in the Decision to Drive
- External Triggers Influencing Substance Use
- Choosing Alternatives to Driving Under the Influence

Process Session 18: Coping with Triggers and Cravings

Date: _____

Initials: _____

- Recognizing Internal Thoughts and Emotions that Cause Cravings
- Using Decision Balance Model – Exercise (5 minutes)
- Making Lifestyle Changes
- Strategies for Implementing Change

Session 19: Gaining Support of Family and Friends

Date:

Initials:

- DUI Relapse as a Process
- Three Stages of a Relapse
- Changing Situations That Trigger Substance Use
- Using Assertiveness Skills to Gain Support for Changes

Session 20: Problem Solving in Relationships

Date:

Initials:

- Problems DUI Has Created in Your Relationships
- Looking at the Situation for Other Points of View – Exercise (5 minutes)
- Letting Go of Negative Emotions and Resentment
- Taking Action to Solve Problems

Session 21: Creating a Recovery Plan

Date:

Initials:

- Where Are You in Four Dimensions Supporting a Person in Recovery (SAMHSA)
- Focusing Attention on Areas Important to You - Exercise (5 minutes)
- Demonstrating Commitment to Change
- Rebuilding Trust After a Lapse

Session 22: Building Personal Resilience

Date:

Initials:

- Reasons for Lapses
- How Resilient Are You? - Exercise (5 minutes)
- Improving Ability to Bounce Back
- Developing Strategies Building Resilience and Maintaining Realistic Optimism

Session 23: Becoming Your Ideal Self

Date:

Initials:

- Who You Are and What Do You Value in Life
- Motivators for Preventing Driving Under the Influence
- Changing Patterns of Behavior - Exercise (5 minutes)
- Experimenting to Achieve Positive Outcomes That Match Values

Session 24: Developing Resources for Sustaining Changes

Date:

Initials:

- Accepting Things You Cannot Change and Changing the Things You Can
- Benefits of Living in the Present
- Tool Kit and Resources For Sustaining Positive Changes
- Reinforcing Commitment to Prevent Driving Under the Influence

Session 25: Making Safe Driving Decisions

Date:

Initials:

- What Do Statistics Tell Us?
- Using the Past as Motivation for Changing Behavior
- Making the Need for Safety a Priority
- Plan to Prevent Driving Under the Influence

Session 26: Learning from Relapses

Date:

Initials:

- Consequences of Your DUI
- Plan to Become Closer to Your Ideal Self – Exercise (5 minutes)
- Learning from the Relapse Process
- Motivation and Plan for Not Driving Under the Influence - Exercise (5 minutes)

MAST

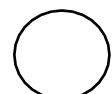
Client Name: _____

Date: _____

Please mark either Yes or No for each item, as it applies to you.

#	Question	Answer	
1.	Do you feel you are a normal drinker or drug user? (By normal we mean you drink or use drugs less than or as much as most other people.)	Yes	No
2.	Have you ever awakened the morning after some drinking or drug use the night before and found that you could not remember a part of the evening?	Yes	No
3.	Does your spouse, partner, a parent, or other near relative ever worry or complain about your drinking or drug use?	Yes	No
4.	Can you stop drinking or using drugs without a struggle after one or two?	Yes	No
5.	Do you ever feel guilty about your drinking or drug use?	Yes	No
6.	Do your friends or relatives think you are a normal drinker or drug user?	Yes	No
7.	Can you limit the amount of alcohol or drugs you consume on certain days or certain occasions?	Yes	No
8.	Are you able to stop drinking or using drugs when you want to?	Yes	No
9.	Have you ever attended a meeting of Alcoholics or Narcotics Anonymous?	Yes	No
10.	Have you ever gotten into physical fights when drinking or using drugs?	Yes	No
11.	Has your drinking or drug use ever created problems between you and your spouse, partner, a parent, or other relative?	Yes	No
12.	Has your spouse, partner, or other family member ever gone to anyone for help about your drinking or drug use?	Yes	No
13.	Have you ever lost friends because of drinking or drug use?	Yes	No
14.	Have you ever gotten into trouble at work or school because of drinking or drug use?	Yes	No
15.	Have you ever lost a job because of drinking or drug use?	Yes	No
16.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking or using drugs?	Yes	No
17.	Do you drink or use drugs before noon fairly often?	Yes	No
18.	Have you ever been told you have liver trouble? Cirrhosis?	Yes	No
19.	After heavy drinking have you ever had Delirium Tremens (DTs) or severe shaking, or heard voices or seen things that were not there?	Yes	No
20.	Have you ever gone to anyone for help about your drinking or drug use?	Yes	No
21.	Have you ever been in a hospital because of drinking or drug use?	Yes	No
22.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking or drug use was part of the problem that resulted in hospitalization?	Yes	No
23.	Have you ever been seen at a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergyman for help with an emotional problems, where drinking or drug use was part of the problem?	Yes	No
24.	Have you ever been arrested, charged, convicted, or cited for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? If YES, how many times? _____	Yes	No
25.	Have you ever been arrested, or taken into custody even for a few hours, because of other intoxicated behavior, such as public intoxication? If YES, how many times? _____	Yes	No

MAST Score:



Demographics

Please mark the answer that best applies to you:

1. Background Information

a Age: _____

b Gender: _____

2. Employment Status

a. Do you receive a pension for disability? ☐ Yes ☐ No

If yes, please describe: _____

b. Usual (or last) occupation: _____

c. Salary: _____ ☐ per week ☐ per month

3. Usual employment pattern over the past three years:

☐ Full Time

☐ Retired/disabled

☐ Part time (regular)

☐ Unemployed

☐ Part time (irregular)

☐ In a controlled environment

☐ Student

☐ Unknown

☐ Military

4. Household

a. Marital status? ☐ Married ☐ Remarried ☐ Widowed
☐ Separated ☐ Divorced ☐ Never Married

b. Are you related to or live with anyone who has a substance abuse problem?

☐ Yes ☐ No

5. Medical Status

a. Do you have any chronic medical problems which continue to interfere with your life?

☐ Yes ☐ No

If yes, specify: _____

b. Are you taking any prescribed medication on a regular basis for a physical problem?

☐ Yes ☐ No

If yes, specify: _____

c. Do you receive a pension for physical disability? ☐ Yes ☐ No

d. Have you or are you taking any medication that is not prescribed for you?

☐ Yes ☐ No

If yes specify: _____

Results of the assessment, the follow-up discussion & recommendations for ancillary services:

Results: (circle one) LOW MED HIGH

Check all that apply:

- | | | |
|---|-------------------------------------|--|
| ☐ Additional SUD Treatment | ☐ Budgeting | ☐ Personal Counseling |
| ☐ Education | ☐ Employment | ☐ Family Counseling |
| ☐ Housing | ☐ Legal | ☐ Online Resources_____ |
| ☐ Recovery Resources | ☐ Relapse | ☐ Referred to DMV-MAU |
| ☐ Self-Help | ☐ NA | ☐ AA |
| ☐ DECLINED | | |

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Additional Counselor Comments:

Nombre: _____

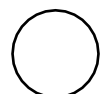
MAST

Fecha: _____

Por favor marque Sí o No en cada pregunta si le aplica

#	Preguntas	Respuesta	
1.	¿Se considera un bebedor de alcohol o consumidor de drogas normal ? (Normal : Bebe o consume menos drogas que la mayoría de la gente)	Sí	No
2.	¿Se ha despertado en alguna ocasión por la mañana, después de beber o consumir drogas la noche anterior, y se ha dado cuenta de que no puede recordar parte de lo ocurrido esa noche?	Sí	No
3.	¿Su familia o amigos se preocupan por lo que bebe o cantidad de drogas que consume?	Sí	No
4.	¿Puede dejar de beber alcohol o consumir drogas sin dificultad después de una o dos porciones?	Sí	No
5.	¿Alguna vez se ha sentido culpable por lo que bebe o drogas que consumo?	Sí	No
6.	¿Piensan sus amigos o familiares que usted bebe o consume drogas de una cantidad normal ?	Sí	No
7.	¿Ha intentado limitar su consumo de alcohol o drogas a algunos momentos del día o algunos lugares?	Sí	No
8.	¿Es siempre capaz de parar de beber o consumir drogas cuando se lo propone?	Sí	No
9.	¿Ha ido a alguna ocasión de reunión de Alcohólicos/Narcóticos Anónimos o cualquier otro grupo de ayuda?	Sí	No
10.	¿Alguna vez se ha metido en peleas cuando ha bebido o consumido drogas?	Sí	No
11.	¿Ha tenido problemas con sus amigos o familiares a causa de la bebida o por consumir drogas?	Sí	No
12.	¿Sus amigos o familiares han buscado ayuda para solucionar su consumo?	Sí	No
13.	¿Alguna vez ha perdido un trabajo o ha sido expulsado del colegio por motivos relacionados con el alcohol o drogas?	Sí	No
14.	¿Se ha metido en problemas en el trabajo por haber bebido o consumir drogas?	Sí	No
15.	¿Ha perdido algún trabajo por motivo de su consumo de alcohol o de drogas?	Sí	No
16.	¿Alguna vez por haber bebido o consumir drogas no ha cumplido con sus obligaciones, su familia, o su trabajo, durante dos o más días consecutivos?	Sí	No
17.	¿Bebe o consume drogas antes de mediodía?	Sí	No
18.	¿Le han diagnosticado algún problema de hígado, como por ejemplo cirrosis?	Sí	No
19.	¿Alguna vez ha tenido un Deliriums Tremens, convulsiones o alucinaciones?	Sí	No
20.	¿Ha solicitado ayuda en relación de lo que toma o consume?	Sí	No
21.	¿Ha necesitado atención hospitalaria urgente por motivos relacionados con el alcohol o drogas?	Sí	No
22.	¿Ha estado ingresado como paciente en algún hospital psiquiátrico en el que la bebida o drogas fuera uno de los problemas tratados?	Sí	No
23.	¿Ha recibido atención médica ambulatoria, o de algún trabajador social o confesor, por problemas emocionales que estuvieran relacionados de algún modo con el alcohol o las drogas?	Sí	No
24.	¿Ha sido arrestado, detenido, convicto, o multado por conducir bajo los efectos del alcohol o drogas? ¿Sí es cierto, cuantas veces? _____	Sí	No
25.	¿Alguna vez ha sido arrestado, a un que se a unas horas, debido a su conducta como consecuencia del alcohol o drogas? Por ejemplo, intoxicación pública. ¿Sí es cierto, cuantas veces? _____	Sí	No

Resultado de la MAST:



Datos Demográficos

Por favor marque en cada pregunta si le aplica:

1. Información de antecedentes

a. Edad: _____

b. Género: _____

2. Situación laboral

a. ¿Recibe usted una pensión por invalidez? ☐ Sí ☐ No

En caso afirmativo, describa: _____

b. Ocupación habitual (o última): _____

c. Salario: _____ ☐ por semana ☐ por mes

3. Patrón de empleo habitual en los últimos tres años:

- | | | |
|--|---|---|
| ☐ Tiempo completo | ☐ Jubilado/Discapacitado | ☐ Tiempo parcial (regular) |
| ☐ Desempleado | ☐ Tiempo parcial (irregular) | ☐ En un entorno controlado |
| ☐ Estudiante | ☐ Desconocido | ☐ Militar |

4. Familiar

a. ¿Estado civil?

- | | | |
|-------------------------------------|---|---|
| ☐ Casado/da | ☐ Vuelto/a casar | ☐ Viudo/a |
| ☐ Separado/a | ☐ Divorciado/a | ☐ Nunca casado/a |

b. ¿Está usted relacionado o vive con alguien que tiene un problema de abuso de sustancias?

☐ Sí ☐ No

5. Estado médico

a. ¿Tiene algún problema médico crónico que continúe interfiriendo con su vida?

☐ Sí ☐ No

En caso afirmativo, especifique: _____

b. ¿Está tomando regularmente algún medicamento recetado para algún problema físico?

☐ Sí ☐ No

En caso afirmativo, especifique: _____

c. ¿Recibe usted una pensión por invalidez? ☐ Sí ☐ No

d. ¿Ha tomado o está tomando algún medicamento recetado que no le hayan recetado?

☐ Sí ☐ No

En caso afirmativo, especifique: _____

Resultados de la evaluación, la discusión de seguimiento y recomendaciones para los servicios auxiliares:

Resultados: (encierre en un círculo uno): **BAJO** **MEDIO** **ALTO**

Marque todo lo que corresponda:

- | | | |
|---|--|--|
| ☐ Tratamiento adicional de SUD | ☐ Presupuestación | ☐ Consejería personal |
| ☐ Educación | ☐ Empleo | ☐ Consejería familiar |
| ☐ Vivienda | ☐ Legal | ☐ Recursos en línea _____ |
| ☐ Recursos de recuperación | ☐ Recaída | ☐ Referido al DMV-MAU |
| ☐ Ayuda alternativa | ☐ NA | ☐ AA |
| ☐ DISMINUIDO | | |

Firma del cliente: _____

Fecha: _____

Firma del consejero: _____

Fecha: _____

Comentarios adicionales del consejero:



RE-ENTRY GUIDELINES

GROUP: _____ DAY: _____ TIME IN: _____ TIME OUT: _____ COUNSELOR: _____

SESSION 1: PROBLEM SOLVING

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "PROBLEM SOLVING" EXERCISE.
- WRAP UP.

APR/OCT

SESSION 2: GOALS & VALUES

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "GOALS & VALUES" EXERCISE.
- WRAP UP.

MAY/NOV

SESSION 3: NEGATIVE Vs. POSITIVE THINKING

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "WHAT'S ON MY MIND" EXERCISE.
- WRAP UP.

JUN/DEC

SESSION 4: BALANCE IN LIFE

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "PERSONAL BALANCE INVENTORY" EXERCISE.
- WRAP UP.

JAN/JUL

SESSION 5: LIFE STRESSORS

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "MY BIGGEST CONCERN" EXERCISE.
- WRAP UP.

FEB/AUG

SESSION 6: DUI IMPACT

DATE: _____ INITIALS: _____

- ATTENDANCE & MONTHLY PROGRESS NOTES.
- "DUI IMPACT" EXERCISE.
- WRAP UP.

MAR/SEP



Safety Center ADP Program

Program Fee Requirements

Program	Fee
Wet & Reckless	\$630
1 st Offender – 3 months	\$1,050
1 st Offender – 6 months	\$1,400
1 st Offender – 9 months	\$1,785
Multiple Offender – 18 months	\$2,750

Service	Fee
Intake Process	\$290
Alcohol/Drug Assessment	\$100
Education Class	\$40
Group Process Session	\$35
Face-to-Face Session	\$35
Re-Entry Groups	\$50

INTAKE PROCESS

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 120 \text{ minutes} =$	\$290.00 \$49.26
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 120 \text{ minutes} =$	\$64.52
Counselor Prep	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 60 \text{ minutes} =$	\$34.63
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 120 \text{ minutes} =$	\$112.50
State Fee	\$17.00 per person	\$17.00
County Fee	$5\% \times \$300.00 =$	<u>\$15.00</u>
		\$309.04

ALCOHOL/DRUG ASSESSMENT

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 15 \text{ minutes} =$	\$100.00 \$6.16
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 60 \text{ minutes} =$	\$32.26
Counselor Prep	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 10 \text{ minutes} =$	\$5.77
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 60 \text{ minutes} =$	\$56.40
County Fee	$5\% \times \$100.00 =$	<u>\$5.00</u>
		\$121.72



Program Fee Requirements

EDUCATION CLASSES

\$40.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 45 \text{ minutes} =$	\$18.45
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 120 \text{ minutes} =$	\$64.52
Counselor Prep	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 60 \text{ minutes} =$	\$56.40
County Fee	$5\% \times \$40 =$	<u>\$2.00</u>
		\$157.50

GROUP PROCESS SESSIONS **\$35.00**

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 45 \text{ minutes} =$	\$18.45
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 120 \text{ minutes} =$	\$64.52
Counselor Prep	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 60 \text{ minutes} =$	\$56.40
County Fee	$5\% \times \$35.00 =$	<u>\$1.75</u>
		\$157.25

FACE-TO-FACE SESSIONS

\$35.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 45 \text{ minutes} =$	\$18.45
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 20 \text{ minutes} =$	\$10.80
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 45 \text{ minutes} =$	\$42.30
County Fee	$5\% \times \$35.00 =$	<u>\$1.75</u>
		\$73.30

RE-ENTRY GROUPS

\$50.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 45 \text{ minutes} =$	\$18.45
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 60 \text{ minutes} =$	\$32.26
Counselor Prep	$\$32.26 \div 30 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Indirect Costs	$\$56.25 \div 30 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$50.00 =$	<u>\$2.50</u>
		\$97.54



Placer County

Program for Service Contract Breakdown

WET/RECKLESS	Units	Per Unit	Total
Intake Fee	1	\$290	\$290
Assessment	1	\$100	\$100
Education Classes	6	\$40	\$240
Total Cost			\$630
3-MONTH PROGRAM			
Intake Fee	1	\$290	\$290
Assessment	1	\$100	\$100
Education Classes	6	\$40	\$240
Process Classes	9	\$35	\$315
15- min Face/ Face	3	\$35	\$105
Total Cost			\$1050
6-MONTH PROGRAM			
Intake Fee	1	\$290	\$290
Assessment	1	\$100	\$100
Education Classes	6	\$40	\$240
Process Classes	16	\$35	\$560
15-min Face/Face	6	\$35	\$210
Total Cost			\$1400
9-MONTH PROGRAM			
Intake Fee	1	\$290	\$290
Assessment	1	\$100	\$100
Education Classes	6	\$40	\$240
Process Classes	24	\$35	\$840
15-min Face/Face	9	\$35	\$315
Total Cost			\$1785

Program for Service Contract Breakdown

18-MONTH PROGRAM

Intake Fee	1	\$290	\$290
Assessment	1	\$100	\$100
Education Classes	6	\$40	\$240
Process Classes	26	\$35	\$910
15-min Face/Face	26	\$35	\$910
Re-Entry Groups	6	\$50	\$300
Total Cost			\$2750



Safety Center ADP Program

Additional Fee for Service

Activity	Fee
Missed Activity	\$50
Reschedule - 24-Hour Notice	\$25
Leave of Absence	\$45
Late Payment	\$45
Reinstatement	\$105
Transfer Out	\$65
Duplicate DL-101	\$25
Returned Check/Dispute	\$61
Alcohol/Drug Screening	\$85

TRANSFER-IN

\$0.00

Safety Center will opt out of a Transfer-In fee for participants changing programs or for those who enroll pre-convicted and are then elevated to a higher-level program (post-conviction). An intake fee will be assessed for transfer-ins; the State fee and assessment fee will not apply (if already assessed by the sending program).

MISSED ACTIVITY

\$50.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 50 \text{ minutes} =$	\$20.25
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 15 \text{ minutes} =$	\$8.10
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 50 \text{ minutes} =$	\$47.00
County Fee	$5\% \times \$50.00 =$	<u>\$2.50</u>
		\$77.85

RESCHEDULE with 24-HOUR NOTICE

\$25.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 20 \text{ minutes} =$	\$8.20
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 15 \text{ minutes} =$	\$8.10
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 20 \text{ minutes} =$	\$18.80
County Fee	$5\% \times \$25.00 =$	<u>\$1.25</u>
		\$36.35

LEAVE OF ABSENCE

\$45.00

Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 30 \text{ minutes} =$	\$12.30
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 20 \text{ minutes} =$	\$10.80
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$45.00 =$	<u>\$2.25</u>
		\$53.55



Additional Fee for Service

LATE PAYMENT

		<u>\$45.00</u>
Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 60 \text{ minutes} =$	\$24.60
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 10 \text{ minutes} =$	\$5.80
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 60 \text{ minutes} =$	\$56.40
County Fee	$5\% \times \$45 =$	<u>\$2.25</u>
		\$89.05

REINSTATEMENT

		<u>\$105.00</u>
Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 60 \text{ minutes} =$	\$24.60
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 60 \text{ minutes} =$	\$34.63
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 60 \text{ minutes} =$	\$42.56
County Fee	$5\% \times \$105 =$	<u>\$5.00</u>
		\$106.82

TRANSFER OUT

		<u>\$65.00</u>
Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 30 \text{ minutes} =$	\$12.30
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 60 \text{ minutes} =$	\$34.63
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$65.00 =$	<u>\$3.25</u>
		\$73.38

DUPLICATE DL-101

		<u>\$25.00</u>
Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 30 \text{ minutes} =$	\$12.30
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$25.00 =$	<u>\$1.25</u>
		\$40.75

RETURNED CHECK/DISPUTE FEE

		<u>\$61.00</u>
Administrative Staff	$\$24.63 \div 60 \text{ minutes} = \$.41 \times 30 \text{ minutes} =$	\$12.30
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 30 \text{ minutes} =$	\$17.40
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$61.00 =$	<u>\$3.05</u>
		\$60.95

ALCOHOL/DRUG SCREENING

		<u>\$85.00</u>
Counselor	$\$32.26 \div 60 \text{ minutes} = \$.54 \times 30 \text{ minutes} =$	\$16.13
Site Manager	$\$34.63 \div 60 \text{ minutes} = \$.58 \times 120 \text{ minutes} =$	\$69.60
Indirect Costs	$\$56.25 \div 60 \text{ minutes} = \$.94 \times 30 \text{ minutes} =$	\$28.20
County Fee	$5\% \times \$85.00 =$	\$ 4.25
Oral Swab		<u>\$24.00</u>
		\$142.18

Safety Center DUI - EXTENDED PAYMENT SCHEDULE (Stanislaus County)

EFFECTIVE 8/1/2025

Wet & Reckless		
Extended Payments are not available for Wet & Reckless participants in Accordance with CCR Title 9.		

<i>First Offender – 3 Month</i>		
Down Payment	1@\$300	\$300
Monthly Payments	5@\$150	\$750
Program Fee Total		\$1,050

<i>First Offender – 6 Month</i>		
Down Payment	1@\$300	\$300
Monthly Payments	7@\$140	\$980
	1@\$120	\$120
Program Fee Total		\$1,400

<i>First Offender –9 Month</i>		
Down Payment	1@\$300	\$300
Monthly Payments	11@\$135	\$1,485
Program Total Fee		\$1,785

<i>Multiple Offender- 18 Month</i>		
Down Payment	1@\$300	\$300
Monthly Payments	16@\$145	\$2,320
	1@\$130	\$130
Program Fee Total		\$2,750

Revised 8/1/25

