DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

May 7, 2024

TO: County Behavioral Health Directors
County Behavioral Health Program Chiefs
County Behavioral Health Fiscal Officers

SUBJECT: State Fiscal Years 2024-25 and 2025-26 Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) Biennial Program Funding

DUE DATE: June 7, 2024

This letter transmits the documents and instructions required to complete the Biennial Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) County Application for State Fiscal Years (SFY) 2024-25 and 2025-26:

1. The General Allocation package includes:

   a) SUBG Application Letter SFY 2024-26
   b) Enclosure 1 – Funding Allocation & Application Instructions
   c) Enclosure 2 – Program Specifications
   d) Enclosure 3 – Budget Detail and Payment Provisions
   e) Enclosure 4 – Special Terms and Conditions
   f) Enclosure 5 – Syringe Services Program (SSP) Policy Overview and Instructions (NEW)
   g) Enclosure 5 – Attachment I –County SSP Attestation and Certification Form (New)
   h) Enclosure 5 – Attachment II – Program SSP Certification and Attestation Form (NEW)
   i) Enclosure 6 – Additional Data Reporting Requirements (NEW)
   j) SUBG SFY 2024-25 General County Workbook Template
   k) SUBG SFY 2025-26 General County Workbook Template
   l) SUBG Program Narrative Template
   m) SUBG Example Program Narrative

2. The Prevention Allocation package includes:

   a) SUBG Prevention Logic Model
   b) SUBG Prevention County Workbook

Community Services Division
1501 Capitol Avenue, | MS 2624
Sacramento, CA 95899-7413
www.dhcs.ca.gov

The Department of Health Care Services (DHCS) allocates SUBG funding to counties to establish or expand state and local alcohol and other drug use prevention, care, treatment, and rehabilitation programs. For DHCS to allocate the SUBG funds for these purposes, all counties receiving funds must abide by the conditions of Title XIX, Part B of the Public Health Services Act, as well as those conditions established by other federal and state laws, regulations, policies, and guidelines.

APPLICATION DEADLINE

Counties are required to prepare and submit a SUBG County Application in accordance with the enclosures and attachments accompanying this letter. Late submissions will result in the delay of funding.

The General Allocation and Prevention Allocation application packages must be zipped and submitted together electronically, as detailed in Enclosure 1, to SUBG@dhcs.ca.gov and DHCSPrimaryPvServices@dhcs.ca.gov no later than the **close of business on June 7, 2024.**

NEW UPDATES

1. **Discontinuation of Human Immunodeficiency Virus Early Intervention Services (HIV EIS) Allowance**

   The HIV EIS Allowance (Service Code 62) is no longer available for use. The State of California is not recognized as a "designated state" (10 or more cases of acquired immunodeficiency syndrome [AIDS] per 100,000 individuals) as defined in Title 42 United States Code Section 300x-24(b)(2).

   California had previously received authorization to utilize SUBG funds for this purpose for a limited time – the authorization is no longer applicable. Consequently, DHCS will not reimburse for SUBG HIV EIS expenditures for SFY 2024-25 and 2025-26. The five percent HIV EIS allowance for SUBG has been removed from the application and allocation tables.

2. **Application Process for Prevention Set-Aside**

   The SUBG application now comprises two essential components: the General Allocation Package and the Prevention Allocation Package. Both packages must be completed and submitted together.

   a) Completing the Application Packages

      Ensure the General Allocation and Prevention Allocation packages are completed and files are zipped. Check for accuracy and completeness to avoid any delays in the approval process.

b) Submitting the Application

Once both packages are completed, compile the two **zipped** application packages into a single email. Attach all relevant documents in their original format to ensure they are easily accessible and readable.

Send the completed applications (consisting of both zipped packages) to SUBG@dhcs.ca.gov and DHCSPrimaryPvServices@dhcs.ca.gov in the same email.

c) Review Process

Prevention and Youth Branch: This branch will review the Prevention Allocation package and work directly with your county to approve the SUBG Primary Prevention Set-aside services and activities. Please be responsive to any communications from this branch to expedite the review process.

Federal Grants Branch: Concurrently, the Federal Grants Branch will review the General Allocation package. They will work directly with your county to address any issues and move towards finalizing this part of the application.

d) Final Approval

Upon successfully reviewing and resolving all queries and issues in both packages, your county will receive an approval letter from DHCS for your county's SUBG allocation.

Counties may continue utilizing their Discretionary allocation to support the Primary Prevention Program. Counties intending to utilize Discretionary funds for the Primary Prevention Program must submit two budgets: one for the Discretionary allocation and another for Prevention Set-Aside, along with a single narrative. Please refer to Enclosure 1 for further detailed instructions.

3. **A New Program – Syringe Services Program**

SAMHSA has approved the State of California to utilize SUBG funds for Syringe Services Programs. For this application period, counties are allowed to use up to forty percent of their Discretionary funds to support existing Syringe Services Programs (SSPs) or to establish a new SSP.

For more information, please reference Enclosure 5 of the Biennial SUBG 2024-26 County Application. Enclosure 6 details the policies and procedures that must be followed in order to utilize SUBG funds for SSPs, including allowable expenses, monitoring and auditing information, and data reporting requirements.

Please note that federal funds may not be utilized to purchase syringes.

4. **Updated Version of the County Workbook Template**

   The County Workbook has been expanded with additional worksheets to address the new application requirements, and modifications have been made to streamline the process.

5. **Additional Data Reporting Requirements**

   Counties receiving SUBG funds that are supporting recovery support services are required to submit additional data to DHCS on a quarterly basis for recovery support services and specific harm reduction activities.

   Recovery support services are non-clinical services intended to assist individuals in their recovery journey, offering emotional or practical support to navigate care systems and sustain positive behavior change. Counties will be required to track and submit unduplicated counts of individuals by age, gender identity, and service type for all SUBG-funded recovery support services.

   The harm reduction activities reporting requirement is intended to capture the extent to which SUBG funds (other than primary prevention set-aside) are utilized to support specific harm reduction activities, focusing on naloxone kit and fentanyl test strip purchases and distribution. Counties will be required to submit data for all programs utilizing SUBG funds for these activities.

SPECIAL CONSIDERATIONS

SUBG funds cannot be used for the following:

1. To provide inpatient hospital services;
2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
5. To provide financial assistance to any entity other than a public or nonprofit private entity;
6. To purchase hypodermic needles, syringes, or any item used to prepare, ingest, or inject any illegal drug (i.e., cookers, pipes, etc.).; or
7. To purchase treatment services in penal or correctional institutions.

Additionally, the SUBG Notice of Award Special Terms and Conditions restrict funds provided under this grant to pay the salary of an individual through this grant at a rate in excess of Level II of the Executive Salary Schedule for the award year.

For definitions of Allocation, Set-Asides, and Allowances, please reference Enclosure 3, Part V - Definitions.

SUBG RECORD RETENTION

In alignment with the County Performance Contract, Welfare, and Institutions Code 14124.1, Part IV of Enclosure 3 and Section 7 of Enclosure 5 of the Biennial SUBG 2024-26 County Application, a SUBG Contractor and/or Subcontractor shall retain records for a period of ten years from the final date of the agreement.

COST-SHARING ASSISTANCE (CSA)

Counties are able to include CSA in their SUBG plans. DHCS authorizes the use of SUBG funds to help individuals satisfy cost-sharing requirements for SUBG authorized services, if cost-effective and in accordance with block grant laws and regulations. SUBG funds may be used to cover health insurance deductibles, coinsurance, copayments, or similar charges to assist eligible individuals in meeting their cost-sharing responsibilities. CSA does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

For more information, please reference Enclosure 2, Section G of the Biennial SUBG 2024-26 County Application and Behavioral Health Information Notice 21-002.

REPORTING AND FISCAL REQUIREMENTS

Counties receiving SUBG funding are required to adhere to the fiscal requirements outlined in the Budget Detail and Payment Provisions (Enclosure 3). The Quarterly SUBG invoices are due to DHCS 45 days after the end of each quarter: November 15, February 15, May 15, and August 15. The quarterly reports must be submitted electronically to SUBG@dhcs.ca.gov.

Counties must fully expend their SFY 2024-25 SUBG allocations by **June 30, 2025,** and their SFY 2025-26 SUBG allocations by **June 30, 2026.**

Please direct any inquiries regarding the SUBG General Allocation package to SUBG@dhcs.ca.gov. Any inquiries regarding the SUBG Prevention Allocation package should be directed to DHCSPrimaryPvServices@dhcs.ca.gov.

Sincerely,

Waheeda Sabah, Branch Chief
Federal Grants Branch
Community Services Division
Department of Health Care Services

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
Biennial Funding Allocation & Application Instructions
State Fiscal Years 2024-25 and 2025-26

San Bernardino	04/30/2024
County Name	**Date**

PNJMSCHTMVF7	X **Entity Data Detail.pdf document included**
Unique Entity Identifier Number	

Proposed Total Allocation

SUBG General Allocation	SFY 2024-25	SFY 2025-26
Discretionary Allocation	$7,367,898.00	$7,367,898.00
Perinatal Set-Aside	$248,296.00	$248,296.00
Adolescent/Youth Set-Aside	$312,343.00	$312,343.00
Syringe Services Program (SSP) Allowance	$2,947,159.20	$2,947,159.20

SUBG Prevention Allocation	SFY 2024-25	SFY 2025-26
Prevention Set-Aside	$2,652,846.00	$2,652,846.00

The county requests SUBG funding pursuant to the terms and conditions of this application and its associated instructions, enclosures, and attachments. These funds will be subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SUBG set forth in the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S. Department of Health and Human Services in 45 CFR Part 75.

These estimates are the proposed total allocations for State Fiscal Years (SFY) 2024-25 and 2025-26 and are subject to change based on the level of appropriation approved in the State Budget Act of 2024 and State Budget Act of 2025. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. These adjustments include but are not limited to, Federal Deficit Reduction Act reductions, prior year audit recoveries, legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected in reimbursable payments as the specific dollar amounts of adjustments become known for each county.

The county will use this estimate to build the county's SFY 2024-25 and SFY 2025-26 budget for the provision of alcohol and drug services.

DocuSigned by:
Georgina Yoshioka
7DF80077EFA674B2...

6/11/24
Date

Authorized Signature

Dr. Georgina Yoshioka, Director

Printed Name and Title

The SUBG County Application must include the following:

1. **Signed Enclosure 1- Allocation**
2. **Signed Enclosure 4 – Certification Regarding Lobbying**
3. **Enclosure 5 – Attachment I & II (If applicable)**
4. **Detailed Budget**

   a) **SUBG General Allocation**

   Please complete one detailed budget per program in the Excel County Workbook template provided. Examples of programs include the SUBG Discretionary allocation, the Perinatal Set-Aside, the Adolescent and Youth Treatment Program Set-Aside, and any other SUBG-funded programs or initiatives administered by the county. Additional information regarding other SUBG-funded programs or initiatives can be found in Enclosure 2.

   b) **SUBG Prevention Allocation**

   Counties will complete one SUBG Prevention County Workbook for prevention programs for SFY 2024-25 (Tab 1) and SFY 2025-26 (Tab 2), which will include county-level direct costs and expenses, indirect costs, itemized staffing details and total agreement amounts for Primary Prevention Set-Aside funded contractors.

   If the county elects to leverage SUBG Discretionary funds to support its comprehensive prevention program, the county is required to complete Discretionary for Pv (Tab 3) in the SUBG Prevention Allocation County Workbook. The budget details for Tab 3 can be extracted from the SUBG SFY 2024-25 General County Workbook within the SUBG General Allocation application package.

   Please note: The dollar amount indicated on Discretionary for Pv (Tab 3) must align exactly with the dollar amount listed in the SUBG General County Workbook.

5. **Program Narrative**

   a) **SUBG General Allocation**

   Each Detailed Budget must have a corresponding Program Narrative—please ensure the document and program titles of the Budget and the Narrative correspond (see DHCS Narrative Template). All Program Narratives must be completed on the DHCS Narrative Template. This template may not be altered in any way (including reordering, renumbering, or changing the formatting). Responses should be placed in the text boxes, drop-down menus, or tables as indicated.

   All Program Narratives must span the entire application period from July 1, 2024 through June 30, 2026. Each Program Narrative must identify and specify the

activities to occur within each SFY (2024-25 and 2025-26) of the biennial period. Counties should not submit separate Program Narratives for each SFY.

Each Program Narrative must include the following sections lettered and in the same order as below in bold:

- **Statement of Purpose**: reflects the principles on which the program is being implemented and the purpose or goals of the program.
- **Program Description**: specifies what is being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.
- **Evidence-Based Practices**: provide a list of evidence-based practices that will be implemented in this program.
- **Measurable Outcome Objectives:** includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.
- **Cultural Competency**: describe how the program is providing culturally appropriate and responsive services in the county; also report on advances made to promote and sustain a culturally competent system.
- **Target Population and Service Areas**: specifies the populations or service areas that your SUBG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SUBG funds. The SUBG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.
- **Staffing**: SUBG positions must be listed in this section and must match the submitted budgets, including FTE. First, identify the position title. Next, list the grant-specific duties this position will perform. Then, identify the percentage of FTE which will be funded by SUBG dollars (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE.
- **Implementation Plan**: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".
- **Program Evaluation Plan**: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, frequency of data collection and analysis, type of data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.
- **Syringe Services Program (optional)**: describe the SSP's operation model, activities to be performed, the SSP's current training and technical assistance

needs, how the SSP is authorized, and how the SSP collaborates with other healthcare providers.

b) SUBG Prevention Allocation

- **SUBG Prevention Logic Model:** Counties will complete one county-wide logic model in the Prevention Allocation application package. The logic model has been made available in Word Format to allow counties to copy existing logic models from existing DHCS-approved local Strategic Prevention Plans. Counties will asterisk (*) modifications to their problem statements, contributing factors, goals, and/or objectives from the prior county-approved prevention plan and include a brief justification for those modifications.
  For new priority areas that were not in the county's most current prevention plan, the county will create a new logic model and include a brief justification. If there are no changes besides date changes, the county will enter N/A in the justification section.
  The completed SUBG County Application must be submitted electronically in their entirety consisting of both the SUBG General Allocation package and the SUBG Prevention Allocation package.

Please ensure that the program workbooks are submitted in Excel format and that the corresponding narratives are in Word format. Both applications must be zipped and submitted in a single email to SUBG@dhcs.ca.gov and DHCSPrimaryPvServices@dhcs.ca.gov no later than the close of business on Friday, **May 31, 2024**.

Please direct any inquiries regarding the SUBG General Allocation package to SUBG@dhcs.ca.gov. Any inquiries regarding the SUBH Prevention Allocation package should be directed to DHCSPrimaryPvServices@dhcs.ca.gov.

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SAN BERNARDINO, COUNTY OF

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
PNJMSCHTMVF7	**4BSW4**	**All Awards**
Registration Status	Expiration Date	
Active Registration	**Jul 17, 2024**	
Physical Address	Mailing Address	
385 N Arrowhead AVE FL 2 **San Bernardino, California 92415-0103** **United States**	**385 N Arrowhead AVE** **4TH Floor** **San Bernardino, California 92415-0120** **United States**	

Business Information

Doing Business as	Division Name	Division Number
(blank)	**County Administrative Office**	**(blank)**
Congressional District	State / Country of Incorporation	URL
California 33	**(blank) / (blank)**	**(blank)**

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Jul 18, 2023	**Jul 18, 2023**	**Mar 3, 2006**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Apr 26, 1853	**Jun 30**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

Yes

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than $10,000,000?

Yes

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than $5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than $5,000 or reimbursement, restitution, or damages greater than $100,000, or other acknowledgment of fault?

No

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure
U.S. Government Entity

Entity Type
US Local Government

Organization Factors
(blank)

Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government
County

Other Entity Qualifiers

Hospital

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
4BSW4

Electronic Funds Transfer

Account Type
Checking

Routing Number
*******48**

Lock Box Number
(blank)

Financial Institution
WELLS FARGO BANK, NA

Account Number
*******20**

Automated Clearing House

Phone (U.S.)
2132537212

Email
(blank)

Phone (non-U.S.)
(blank)

Fax
(blank)

Remittance Address

COUNTY OF SAN BERNARDINO
ASSESSOR-RECORDER-COUNTY Clerk
222 W. Hospitality Lane
San Bernardino, California 92415
United States

Taxpayer Information

EIN
*****2748**

Type of Tax
Applicable Federal Tax

Taxpayer Name
SAN BERNARDINO COUNTY OF

Tax Year (Most Recent Tax Year)
2020

Name/Title of Individual Executing Consent
Deputy Executive Officer

TIN Consent Date
Jul 18, 2023

Address
385 N Arrowhead AVE
San Bernardino, California 92415

Signature
Robert Saldana

Points of Contact

Accounts Receivable POC

Robert Saldana, Deputy Executive Officer
robert.saldana@cao.sbcounty.gov
9093874342

Electronic Business

Robert Saldana
robert.saldana@cao.sbcounty.gov
9093874342

385 N. Arrowhead AVE
4TH Floor
San Bernardino, California 92415
United States

Government Business

Robert Saldana
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United States

Past Performance

BEATRIZ VALDEZ
BValdez@sbcounty.gov
9093875301

385 N. Arrowhead AVE.
San Bernardino, California 92415
United States

BEATRIZ VALDEZ
BValdez@cao.sbcounty.gov
9093875301

385 N. Arrowhead AVE.
San Bernardino, California 92415
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	**921110**	**Executive Offices**

Product and Service Codes

PSC	PSC Name
R405	**Support- Professional: Operations Research/Quantitative Analysis**
R431	**Support- Professional: Human Resources**
R499	**Support- Professional: Other**
R612	**Support- Administrative: Information Retrieval**
R699	**Support- Administrative: Other**
R702	**Support- Management: Data Collection**
R799	**Support- Management: Other**
S111	**Utilities- Gas**
S114	**Utilities- Water**
S216	**Housekeeping- Facilities Operations Support**

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)
$8,831,231,198.00

Number of Employees (in accordance with 13 CFR 121)
26190

Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
(blank)	**(blank)**

Industry-Specific

Barrels Capacity	Megawatt Hours	Total Assets
(blank)	**(blank)**	**(blank)**

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) State Fiscal Years 2024-25 and 2025-26 Program Specifications

I. Services

1. Formation and Purpose

Pursuant to United States Code (USC), Title 42, section 300x et seq., the State of California has been awarded the federal Substance Use Prevention, Treatment and Recovery Services Block Grant funds (known as SUBG). County Alcohol and Other Drug Programs utilize SUBG funding to provide a broad array of alcohol and other drug program treatment and prevention services within their system of care (SOC) programs.

County shall submit its Request for Application (RFA) responses and required documentation specified in Department of Health Care Services (DHCS) RFA to receive SUBG funding. County shall complete its RFA responses in accordance with the instructions, enclosures, and attachments. Revision of existing, or incorporation of new instructions, enclosures, and attachments into this Agreement shall not require a formal amendment of the county's performance contract.

If the county applies for, and DHCS approves its request to receive SUBG funds, the RFA, county's RFA responses and required documentation, and DHCS' approval constitute provisions of this Agreement and are incorporated by reference to the county's performance contract, as required and defined by Welfare and Institutions Code (WIC) sections 5650, subd. (a), 5651, 5897, and California Code of Regulations (CCR), Title 9, section 3310. County shall comply with all provisions of the RFA and the County's RFA responses.

A. Control Requirements

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SUBG allocation pursuant to Health and Safety Code (HSC) Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

    a. HSC Division 10.5, Part 2 commencing with Section 11760, State Government's Role to Alleviate Problems Related to the Inappropriate Use of Alcoholic Beverages and Other Drug Use.

    b. HSC Division 10.5, Part 2, Chapter 7.1 Certification of Alcohol and Other Drug Programs commencing with Section 11832.

    c. CCR, Title 9, Division 4, commencing with Chapter 1 (herein referred to as Title 9).

d. Government Code (GC), Title 2, Division 4, Part 2, Chapter 2, Article 1.7, Federal Block Grant Funds.

e. GC, Title 5, Division 2, Part 1, Chapter 1, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, commencing with Section 53130.

f. United State Code (USC), Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart ii, commencing with Section 300x-21, Block Grants for Prevention and Treatment of Substance Use.

g. Code of Federal Regulations (CFR), Title 45, Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

h. Title 45, CFR Part 96, Block Grants.

i. Title 42, CFR Part 2, Confidentiality of Substance Use Disorder Patient Records.

j. Title 42, CFR, Part 8, Medication Assisted Treatment for Opioid Use Disorders.

k. CFR, Title 21, Chapter II, Drug Enforcement Administration, Department of Justice.

l. State Administrative Manual (SAM), Chapter 7200, General Outline of Procedures.

County shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

2. The provisions of this Enclosure are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Agreement.

3. County shall adhere to the applicable provisions of Title 45, CFR, Part 75 and Part 96 in the expenditure of SUBG funds.

4. County and all its subcontractors that provide outpatient SUD treatment services shall obtain Alcohol and Other Drug (AOD) Program Certification by January 1, 2025 through DHCS' Licensing and Certification Division. This new requirement has been set forth in accordance with a recent update to Cal. Health & Safety Code § 11832 for all outpatient SUD treatment programs that provide SUD treatment services.

5. County and all its subcontractors shall comply with the AOD Program Certification Standards for all outpatient Substance Use Disorder (SUD) treatment programs. Alcohol and other Drug Program Certification Standards

2. General Provisions

A. Restrictions on Salaries
County agrees that no part of any federal funds provided under this Agreement shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at:
https://grants.nih.gov/grants/policy/salcap_summary.htm

B. Prevention Set-Aside
The SABG regulation defines "Primary Prevention Programs" as those programs "directed at individuals who have not been determined to require treatment for substance abuse" (45 CFR 96.121), and "a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment" (45 CFR 96.125). Primary prevention includes strategies, programs, and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic Alcohol and Other Drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families, and communities. The County shall expend not less than its allocated amount of the SABG Primary Prevention Set-Aside funds on primary prevention activities as described in the SABG requirements (45 CFR 96.125).
For the Primary Prevention portion of the SUBG Application, the county is required to submit the enclosed two-part application template that includes:

1. **Part 1**- SUBG Prevention Logic Model
The Logic Model is part of the Prevention portion of the SUBG application. The logic model must clearly describe the program's goals, or intended outcomes, and the steps necessary to achieve them under the theory of change. DHCS will only approve logic models that are complete and demonstrate that the County utilized the theory of change.

Guidance can be found at: https://www.ca-cpi.org/wp-content/uploads/2022/04/SPP-Workbook-2021.pdf
The Prevention 101 webinar on Logic Models through Advance Behavioral Health California. To register for the Logic Model webinar, please visit: https://events-na6.adobeconnect.com/content/connect/c1/1417634307/en/events/event/shared/1462546707/event_registration.html?sco-id=1714096220&_charset_=utf-8

Prevention Programs/Services list that identifies the programs and services the county plans to implement. The list should indicate the responsible agency for each program or service.

2. **Part 2**: Primary Prevention Workbook

   Tabs 1 and 2 (Primary Prevention Budget SFY 2024-25 and SFY 2025-26) – The Primary Prevention Budget must report all salaries for positions directly and indirectly supporting the county prevention program, subcontracts including those subcontracted to perform primary prevention services, and other direct and indirect costs proposed to support the county primary prevention program.

   Tab 3 (Discretionary funds for Prevention) – This tab will only be completed if the county elects to support its prevention program with SUBG Discretionary funds. The Discretionary Tab for Prevention requires the county to report a summary of all salaries for county-level prevention staff, prevention subcontractors, and other costs from the SUBG Discretionary funds proposed to support the county's prevention program. The budget details for Tab 3 can be extracted from the SUBG SFY 2024-25 and SFY 2025-26 General County Workbooks within the SUBG General Allocation application package.

   Please note: The dollar amount indicated on the Discretionary for PV (Tab 3) must align exactly with the dollar amount listed in the SUBG General County Workbooks.

C. Perinatal Practice Guidelines

   County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/individuals/Pages/Perinatal-Services.aspx

   The county shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the county exchanges perinatal funds for additional discretionary funds.

D. Funds identified in this Agreement shall be used exclusively for county alcohol and drug use services to the extent activities meet the requirements for receipt of federal block grant funds for prevention and treatment of substance use described in subchapter XVII of Chapter 6A of Title 42, the USC.

E. Room and Board for Transitional Housing, Recovery Residences, and Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment County may use SUBG discretionary funds, or SUBG perinatal funds (for perinatal beneficiaries only), to cover the cost of room and board of residents in short term (up to 24 months) transitional housing and recovery residences.

   SUBG discretionary funds, or SUBG perinatal funds (for perinatal beneficiaries only), may also be used to cover the cost of room and board of residents in DMC-ODS residential treatment facilities. For specific guidelines on the use of

SUBG funds for room and board, please refer to the SUBG Policy Manual.

F. Cost-Sharing Assistance

1. Definition

"Cost-sharing" means the share of costs paid out of pocket by an individual. Block grant funds may be used to cover health insurance deductibles, coinsurance, and copayments, or similar charges to assist eligible individuals in meeting their cost-sharing responsibilities. Cost-sharing assistance does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

2. Cost-Sharing Assistance Procedures and Policies

a. Cost-sharing assistance for private health insurance with SUBG may only be used with a DHCS-approved SUBG County Application.

b. To utilize cost-sharing assistance, providers must be a subrecipient of block grant funds, and cost sharing must be a block grant authorized service.

c. Providers must have policies and procedures for cost-sharing assistance for private health insurance, to include how individuals will be identified as eligible, how cost sharing will be calculated, and how funding for cost sharing will be managed and monitored.

d. Mechanisms must be in place to verify insurance coverage and applicable deductibles or coinsurance, or copayment parameters and amounts applicable to that policy before insurance participation.

e. Cost-sharing assistance must be authorized in the networks' provider contract, for helping individual clients pay for cost sharing for SUBG authorized services, if appropriate and cost effective.

f. Providers shall take into consideration the availability of other sources of funding for medical coverage (e.g., Medi-Cal, CHIP, workers compensation, Social Security Income (SSI), Medicare, and Veterans Affairs (VA)) and cost-sharing assistance when determining how to operationalize a cost-sharing assistance program.

g. Providers must have the ability to determine the cost-sharing amounts for deductibles, coinsurance, and copayments to assist eligible clients in meeting their cost-sharing responsibilities under a health insurance or benefits program.

h. Payments are to be made directly to the provider of service. It is prohibited to make cash payments to intended recipients of health services.

i. Providers must be able to determine if the individual is eligible for cost-sharing assistance and the allowable amount.

j. Facilities providing SUD services to individuals seeking SUBG-funded cost-sharing support must maintain a contract with county. All reimbursements to the provider are to be based on the standard contracted rate with that facility, not the rate reimbursed to the provider from the insurance carrier.

3. Individual Financial Eligibility

   a. Document the evidence that an individual's gross monthly household income is at or below 138% of the Federal Poverty Level (FPL) Guidelines.

   b. Conduct an inquiry regarding each individual's continued financial eligibility no less than once each month.

   c. Document the evidence of each financial screening in individual's records.

4. Individual Cost-Sharing Allowable Amount

   a. Individual's insurance deductible for block grant authorized services is allowable only when the provider is able to determine the balance of the deductible owed. The provider may request the individual contact their insurer uses upon check-in to confirm the deductible amount owed. Payments for an insured client are applied to the actual cost of treatment, up to, but not to exceed the amount of the deductible obligation or the treatment provided, whichever is less. Payment towards a deductible cannot be paid outside of the direct payment for treatment nor exceed the cost of treatment provided.

   b. Individual's coinsurance for block grant authorized services is allowable only when the provider is able to verify the coinsurance amount.

c. Individual's insurance copayment for block grant authorized services is allowable only when the provider is able to determine the copayment amount. The amount of the copayment shall not exceed the total cost of behavioral health service.

d. Providers must document the evidence of each deductible, coinsurance, and copayment amount in an individual's records.

e. Insurance deductibles are generally applicable to the calendar year. The potential exists for an individual to seek financial assistance from SUBG funds for deductibles applicable to two separate insurance periods during a fiscal period. All the above requirements apply to lending support for multiple requests of assistance in a fiscal period.

5. Monitoring

a. Counties will perform oversight of contracted providers to ensure compliance with the terms set forth in this Enclosure. Additionally, counties shall submit an annual report at the end of each state fiscal year in conjunction with the final quarterly invoice, which shall contain the following information:

i. A list of contracted providers who have received cost-sharing funds;
ii. The number of individuals provided cost-sharing assistance; and
iii. The total dollars paid for cost sharing.

b. DHCS will monitor the counties' corresponding policy and cost sharing records in respect to contracted provider monitoring with the appropriate recommendations, findings, or corrective action required in performance improvement projects.

G. Syringe Services Programs (SSPs)

1. Procedures and Policies

a. California permits counties to use up to forty percent of their total SFY SUBG discretionary allocation to support existing SSPs, or to establish a new SSP.

b. County use of SUBG funds to support SSPs is voluntary.

c. Participating counties must comply with all relevant block grant laws and regulations. Participating counties must submit a program narrative for the SSP. In addition, counties must submit the attestation and certification forms included in Enclosure 6, and follow all additional federal laws and regulations concerning SSPs as detailed in Enclosure 6.

2. Claiming Reimbursement for SSP Expenses

a. DHCS will provide counties service codes for SSP-related expenditures upon release of the first SUBG quarterly invoice each SFY. Counties must use SSP service codes to record all such expenditures in their quarterly invoices throughout the SFY. Note: Service Code 20 may not be used for SSP-related services. As with other SUBG service codes used in quarterly invoices, the SSP service codes must also be used in the SUD Cost Reporting System for final settlement of county SUBG costs.

3. Oversight

a. DHCS will continue to monitor counties and participating programs to ensure compliance with block grant laws and regulations, and SSP-specific requirements. These laws and regulations are inclusive of 45 CFR §96.128, 45 CFR §96.135 regarding restrictions on grant expenditures, and 45 CFR §96.137 regarding payment.

H. Restrictions on Use of SUBG Funds to Pay for Services Reimbursable by Medi-Cal

1. The county shall not utilize SUBG funds to pay for a service that is reimbursable by Medi-Cal.

2. The county may utilize SUBG funds to pay for a service included in the California State Plan or the Drug Medi-Cal Organized Delivery System (DMC-ODS), but which is not reimbursable by Medi-Cal.

3. If the county utilizes SUBG funds to pay for a service that is included in the California State Plan or the DMC-ODS, the county shall maintain documentation sufficient to demonstrate that Medi-Cal reimbursement was not available.

2. Performance Provisions

A. Monitoring

1. County's performance under the Performance Contract and the SUBG County Application shall be monitored by DHCS during the term of the Performance Contract. Monitoring criteria shall include, but not be limited to:

a. Whether the quantity of work or services being performed conforms to Enclosures 2, 3, 4, 5, and 6.

b. Whether the county has established and is appropriately monitoring quality standards.

c. Whether the county is abiding by all the terms and requirements of this Agreement.

d. Whether the county is abiding by the terms of the Perinatal Practice Guidelines.

e. Whether the county conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent via MOVEit Secure Managed File Transfer system specified by DHCS.

2. Failure to comply with the above provisions shall constitute grounds for DHCS to suspend or recover payments, subject to the county's right of appeal, or may result in termination of the Agreement, or both.

B. Performance Requirements

1. County shall provide services based on funding set forth in this application and under the terms of this agreement.

2. County shall provide services to all eligible persons in accordance with state and federal statutes and regulations. County shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:

   a. Lack of educational materials or other resources for the provision of services.

   b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.

   c. Institutional, cultural, and ethnicity barriers.

   d. Language differences.

   e. Lack of service advocates.

   f. Failure to survey or otherwise identify the barriers to service accessibility.

   g. Needs of persons with a disability.

3. County shall comply with any additional requirements of the documents that have been incorporated herein by reference, including, but not limited to, those on the list of Documents Incorporated by Reference in Enclosure 4 and, where applicable, Enclosure 6.

4. The funds described in this Enclosure shall be used exclusively for providing alcohol and drug program services.

   DHCS shall issue a report to county after conducting monitoring, utilization, or auditing reviews of the county or county subcontracted providers. When the DHCS report identifies non-compliant services or processes, it shall require a Corrective Action Plan (CAP). The county, in coordination with its subcontracted provider, shall submit a CAP to DHCS within the designated timeframe specified by DHCS. The CAP shall be sent by secure, encrypted e-mail to: SUBGCompliance@dhcs.ca.gov

5. The CAP shall:

a. Restate each deficiency.

b. List all of actions to be taken to correct each deficiency.

c. Identify the date by which each deficiency shall be corrected.

d. Identify the individual who will be responsible for correction and ongoing compliance.

6. DHCS will provide written approval of the CAP to the county within 30 calendar days. If DHCS does not approve the CAP submitted by the county, DHCS will provide guidance on the deficient areas and request an updated CAP from the county with a new deadline for submission.

7. If the county does not submit a CAP, or, does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds until the county is in compliance. DHCS shall inform the county when funds will be withheld.

C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 72.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

II. General

1. Additional Restrictions

This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

3. No Unlawful Use or Unlawful Use Messages Regarding Drugs

County agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or

alcohol (HSC, Division 10.7, Chapter 1429, Sections 11999-11999.3). By signing this Enclosure, county agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

   None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

5. Debarment and Suspension

   County shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

   The County shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

   If a county subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

6. Restriction on Purchase of Sterile Needles

   No SUBG funds made available through this Agreement shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. DHCS has allowed SUBG funds to support existing Syringe Services Programs (SSP) or to establish new SSPs; reference Enclosure 5 for allowable costs related to SSP. **No federal funds can be used to purchase sterile needles or syringes.**

7. Health Insurance Portability and Accountability Act (HIPAA) of 1996

   All work performed under this Agreement is subject to HIPAA, county shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit E, DHCS and county shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit E for additional information.

   A. Trading Partner Requirements

      1. No Changes. County hereby agrees that for the personal health information (Information), it will not change any definition, data condition, or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).

      2. No Additions. County hereby agrees that for the Information, it will not add

any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).

3. No Unauthorized Uses. County hereby agrees that for the Information, it will not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications (45 CFR 162.915 (c)).

4. No Changes to Meaning or Intent. County hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard's implementation specification (45 CFR 162.915 (d)).

B. Concurrence for Test Modifications to HHS Transaction Standards

County agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, county agrees that it will participate in such test modifications.

C. Adequate Testing

County is responsible to adequately test all business rules appropriate to their types and specialties. If the county is acting as a clearinghouse for enrolled providers, county has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

D. Deficiencies

County agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the county is acting as a clearinghouse for that provider. When county is a clearinghouse, county agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

E. Code Set Retention

Both parties understand and agree to keep open code sets being processed or used in this Agreement for at least the current billing period or any appeal period, whichever is longer.

F. Data Transmission Log

Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Agreement. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information

contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

8. Nondiscrimination and Institutional Safeguards for Religious Providers

   County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

9. Counselor Certification

   Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in CCR, Title 9, Division 4, Chapter 8.

10. Cultural and Linguistic Proficiency

    To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Agreement shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined online at: https://thinkculturalhealth.hhs.gov/clas/standards

11. Intravenous Drug Use (IVDU) Treatment

    County shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

12. Tuberculosis Treatment

    County shall ensure the following related to Tuberculosis (TB):

    A. Routinely make available TB services to individuals receiving treatment.

    B. Reduce barriers to patients' accepting TB treatment.

    C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

13. Trafficking Victims Protection Act of 2000

    County and its subcontractors that provide services covered by this Agreement shall comply with the Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239.

14. Tribal Communities and Organizations

    County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within

the county geographic area. County shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the county.

15. Marijuana Restriction

    Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 CFR. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 USC § 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under Federal law.

16. Participation of County Behavioral Health Director's Association of California

    The County AOD Program Administrator shall participate and represent the county in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

    The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

17. Adolescent Best Practices Guidelines

    County must utilize DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure The Adolescent Best Practices Guidelines can be found at: https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf

18. Byrd Anti-Lobbying Amendment (31 USC 1352)

    County certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. County shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

19. Nondiscrimination in Employment and Services

County certifies that under the laws of the United States and the State of California, county will not unlawfully discriminate against any person.

20. Federal Law Requirements:

    A. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.

    B. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

    C. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

    D. Age Discrimination in Employment Act (29 CFR Part 1625).

    E. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

    F. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

    G. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

    H. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

    I. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.

    J. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

    K. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

    L. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

21. State Law Requirements:

    A. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).

    B. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

    C. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.

D. No federal funds shall be used by the county or its subcontractors for sectarian worship, instruction, or proselytization. No federal funds shall be used by the county or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

22. Additional Restrictions

A. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

B. This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Agreement in any manner.

23. Information Access for Individuals with Limited English Proficiency

A. County shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

B. County shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, or (d) video remote language interpreting services.

24. Subcontract Provisions

County shall include all of the foregoing Part II general provisions in all of its subcontracts. These requirements must be included verbatim in contracts with subrecipients and not through documents incorporated by reference.

III. Reporting Requirements

County agrees that DHCS has the right to withhold payments until county has submitted any required data and reports to DHCS.

1. The county shall complete the following:

A. SUBG Invoice.

DHCS will distribute updated SUBG Invoice Templates, instructions and tools to counties via email at least 30 days prior to the end of each quarter throughout the state fiscal year (SFY). The county shall complete the SUBG Invoice accurately reflecting the county's actual expenditures during the quarter identified on the template, sign the certification, and submit both an excel and a PDF version of the signed SUBG Invoice to DHCS at SUBG@dhcs.ca.gov. The county shall submit a SUBG Invoice no later than 45 days after the end of each quarter.

B. SUBG Quarterly Ledger Detail

DHCS will distribute updated SUBG General Ledger Templates, instructions, and tools to Counties via email at least 30 days prior to the end of each quarter throughout the SFY. The county shall complete the SUBG General Ledger Template accurately, providing the requested information to support the SUBG Invoice totals, and submit an EXCEL version of the SUBG General Ledger to DHCS at SUBG@dhcs.ca.gov. The county shall submit a SUBG General Ledger no later than 45 days after the end of each quarter.

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

A. County shall internally comply with the CalOMS-Tx data collection system requirements for submission of CalOMS-Tx data or contract with a software vendor that does. If applicable, a Business Associate Agreement (BAA) shall be established between the County and the software vendor, and the BAA shall state that DHCS is allowed to return the processed CalOMS-Tx data to the vendor that supplied the data to DHCS.

B. County shall conduct information technology (IT) systems testing and pass State certification testing before commencing submission of CalOMS-Tx data. If the County subcontracts with a vendor for IT services, County is responsible for ensuring that the subcontracted IT system is tested and certified by the DHCS prior to submitting CalOMS-Tx data. If county changes or modifies the CalOMS-Tx IT system, then county shall re-test and pass state re-certification prior to submitting data from the new or modified system.

C. Electronic submission of CalOMS-Tx data shall be submitted by county within 45 days from the end of the last day of the report month.

D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.

E. County shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.

F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at: https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx

G. County shall participate in CalOMS-Tx informational meetings, trainings, and conference calls. County staff responsible for CalOMS-Tx data entry must have sufficient knowledge of the CalOMS-Tx Data Quality Standards. All new CalOMS-Tx users, whether employed by the County or its subcontractors, shall

participate in CalOMS-Tx trainings prior to inputting data into the system.

H. County shall implement and maintain a system that complies with the CalOMS-Tx data collection system requirement for electronic submission of CalOMS-Tx data.

I. County shall meet the requirements as identified in Exhibit E, Privacy and Information Security Provisions.

3. Primary Prevention Substance Use Disorder Data Service

The Primary Prevention Substance Use Disorder Data Service (PPSDS) business rules and requirements are:

A. Contractors and subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity and evaluation data into the service. When submitting data, County shall comply with the DHCS PPSDS Data Entry User Guide and the PPSDS Data Quality Standards. (http://www.dhcs.ca.gov/provgovpart/Documents/Substance%20Use%20Disorder-PPFD/PPSDS_Data_Quality_Standards.pdf).

B. County shall enter all data for each month no later than the 10th day of the following month.

C. County shall review and verify all data input into the PPSDS meets the DHCS PPSDS Data Entry User Guide and the DHCS Data Quality Standards. Counties shall adhere to the DHCS PPSDS Quarterly Data Review Requirements for Counties.

D. If County cannot meet the established due dates, a written request for an extension shall be submitted to DHCS Prevention Analyst 10 calendar days prior to the due date and must identify the proposed new due date. Note that extensions will only be granted due to system or service failure or other extraordinary circumstances.

E. In order to ensure that all persons responsible for prevention data entry have sufficient knowledge of the PPSDS Data Quality Standards, all new users of the service, whether employed by the County or its subcontractors, shall participate in PPSDS training prior to inputting any data.

4. System Failures and County Obligations Regarding CalOMS-Tx and PPSDS Reporting Requirements

A. If the county experiences system or service failure or other extraordinary circumstances of CalOMS-Tx, county shall report the problem in writing by secure, encrypted e-mail to DHCS at: ITServiceDesk@dhcs.ca.gov.

B. If the county is unable to submit CalOMS-Tx data due to system or service failure or other extraordinary circumstance, a written notice shall be submitted

prior to the data submission deadline at: SUDCalomssupport@dhcs.ca.gov. The written notice shall include a remediation plan that is subject to review and approval by DHCS. A grace period of up to 60 days may be granted, at the State's sole discretion, for the county to resolve the problem before SUBG payments are withheld.

C. If the county experiences system or service failure or other extraordinary circumstances of PPSDS, the county shall report the problem to the PPSDS Help Desk at (916) 552-8933 or PrimaryPvSUDData@dhcs.ca.gov.

D. If the county is unable to submit PPSDS data due to system or service failure or other extraordinary circumstance, a written notice shall be submitted to the assigned DHCS Prevention Analyst prior to the data submission deadline and must identify the proposed new due date.

E. If DHCS experiences system or service failure, no penalties will be assessed to the county for late data submission.

F. County shall comply with the treatment and prevention data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding SUBG funds.

G. If the county submits data after the established deadlines, due to a delay or problem, county is still responsible for collecting and reporting data from time of delay or problem.

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

A. The county shall be responsible for ensuring that the county-operated treatment services and all treatment providers, with whom county makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.

B. The county shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity, report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity.

C. The county shall ensure that all DATAR reports are submitted by either county-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

D. The county shall ensure that all applicable providers are enrolled in DHCS' web-based DATARWeb program for submission of data, accessible on the DHCS website when executing the subcontract.

E. If the County or its subcontractor experiences system or service failure or other extraordinary circumstances that affect its ability to submit a timely monthly DATAR report or meet data compliance requirements, the county shall report the problem in writing by secure, encrypted e-mail to DHCS at: SUDDATARSupport@dhcs.ca.gov before the established data submission deadlines. The written notice shall include a CAP that is subject to review and approval by DHCS. A grace period of up to 60 days may be granted, at DHCS' sole discretion, for the county to resolve the problem before SUBG payments are withheld pursuant to 45 CFR Section 75.371 and HSC Section 11817.8.

F. If DHCS experiences system or service failure, no penalties will be assessed to county for late data submission.

G. The county shall be considered compliant if a minimum of 95 percent of required DATAR reports from the county's treatment providers are received by the due date.

6. Charitable Choice

County shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The county shall annually submit this information to DHCS by e-mail at CharitableChoice@dhcs.ca.gov by October 1st. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS.

7. Master Provider File (MPF)

The MPF data systems retain SUD provider records for each California county. The MPF Team assists California counties in the management of their SUD provider record information. Current and accurate SUD provider records ensure successful submissions for Drug Medi-Cal (DMC) claims, monthly CalOMS submissions, monthly DATAR submissions, monthly Primary Prevention Services Data System (PPSDS) submissions, and annual fiscal Cost Reports.

The MPF Team will send each county a monthly MPF Report that identifies each county operated or subcontracted SUD provider. All entities receiving public funding must be included on the MPF. Counties are responsible for reviewing the monthly report for accuracy and providing the MPF Team with updates as needed. All updates to existing SUD provider records, or notification of contracts with new SUD providers, must be submitted in writing using the appropriate MPF Forms. Completed forms are emailed to MPF@dhcs.ca.gov.

The current MPF Forms can be obtained by emailing a request to MPF@dhcs.ca.gov.

For more information, please refer to the DHCS MPF Webpage at: https://www.dhcs.ca.gov/provgovpart/Pages/Master-Provider-File.aspx

8. Failure to meet required reporting requirements shall result in:

   A. A Notice of Deficiency (Deficiencies) issued to county regarding specified providers with a deadline to submit the required data and a request for a CAP to ensure timely reporting in the future. DHCS will approve or reject the CAP or request revisions to the CAP, which shall be resubmitted to the DHCS within 30 days.

   B. If the county has not ensured compliance with the data submission or CAP request within the designated timeline, then DHCS shall withhold funds until all data is submitted. DHCS shall inform the county when funds will be withheld.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) State Fiscal Years 2024-25 and 2025-26 Budget Detail and Payment Provisions

Part I – General Fiscal Provisions

Section 1 – General Fiscal Provisions

A. Fiscal Provisions

For services satisfactorily rendered, and upon receipt and approval of documentation as identified in Enclosure 2, the Department of Health Care Services (DHCS) agrees to compensate the county for actual expenditures incurred in accordance with the rates and/or allowable costs specified herein.

B. Funding Authorization

The county shall bear the financial risk in providing any substance use disorder (SUD) services covered by this Agreement.

C. Availability of Funds

It is understood that, for the mutual benefit of both parties, this Agreement may have been written before ascertaining the availability of congressional appropriation of funds in order to avoid program and fiscal delays that would occur if this Agreement were not executed until after that determination. If so, DHCS may amend the amount of funding provided for in this Agreement based on the actual congressional appropriation.

D. Expense Allowability / Fiscal Documentation

1. Invoices received from the county and accepted and/or submitted for payment by DHCS shall not be deemed evidence of allowable agreement costs.

2. The county shall maintain, for review, audit, and supply to DHCS, upon request, adequate documentation of all expenses claimed pursuant to this Agreement to permit a determination of expense allowability.

3. If DHCS cannot determine the allowability or appropriateness of an expense because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles, and generally accepted governmental audit standards, all questionable costs may be disallowed and DHCS may withhold payment. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.
4. Costs and/or expenses deemed unallowable shall not be reimbursed or, if mistakenly reimbursed, those costs and/or expenses shall be subject to recovery by DHCS pursuant to California Health and Safety Code (HSC) 11817.8(e).

E. Maintenance of Effort for the Substance Use Prevention, Treatment, and Recovery Services Block Grant

1. Notwithstanding any other provision in this Agreement, the Director of DHCS may reduce Federal funding allocations, on a dollar-for-dollar basis, to a county that has reduced or anticipates reduced expenditures in a way that would result in a decrease in California's receipt of Federal SUBG funds, per United States Code (USC), Title 42, Section 300x-30.

2. Prior to making any reductions pursuant to this subdivision, the Director shall notify all counties that county underspending will reduce the Federal SUBG Maintenance of Effort (MOE). Upon receipt of notification, a county may submit a revision to the budget initially submitted pursuant to HSC Section 11798 subdivision(a) to maintain the statewide SUBG MOE.

3. Pursuant to HSC Section 11814(d)(3), a county shall notify DHCS in writing of proposed local changes to the county's expenditure of funds. DHCS shall review and approve the proposed local changes depending on the level of expenditures needed to maintain DHCS-wide SUBG MOE.

F. SUBG Women Services Expenditure Requirement

Pursuant to USC Title 42 Section 300x-22(b) and Code of Federal Regulations (CFR) Title Section 45 96.124(c), for each state fiscal year (SFY), the county shall expend an amount of SUBG funds not less than the amount expended by the county in fiscal year 1994 on perinatal services, pregnant women, and women with dependent children. The county shall expend that percentage either by establishing new programs or expanding the capacity of existing programs.

G. Revenue Collection

The county shall conform to revenue collection requirements in HSC Section 11841, by raising revenues in addition to the funds allocated by DHCS. These revenues include but are not limited to, fees for services, private contributions, grants, or other governmental funds. These revenues shall be used to support additional alcohol and other drug services or facilities. Each alcohol and drug program shall set and collect client fees based on the client's ability to pay. The fee requirement shall not apply to prevention and early intervention services. The county shall not collect fees from any beneficiary when Medi-Cal is billed for the same service. The county shall identify the types and amounts of revenues collected in its annual cost report. Cost Report information can be found online at:
https://www.dhcs.ca.gov/provgovpart/Pages/Fiscal_Management.aspx

H. Cost Efficiencies

It is intended that the cost to the county in maintaining the dedicated capacity and units of service shall be met by the SUBG funds allocated to the county and other county or subcontractor revenues. Amounts awarded pursuant to Enclosure 2 shall not be used for services where payment has been made or can reasonably be expected to be made under any other state or federal compensation or benefits program or where services can be paid for from revenues.

Part II – Reimbursements

Section 1 – General Reimbursement

A. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

B. Amounts Payable

1. The amount payable under this Agreement shall not exceed the amount identified on Enclosure 1. The funds identified for the fiscal years covered by Enclosure 1 are subject to change depending on the availability and amount of funds appropriated by the Legislature and the Federal Government.

2. Reimbursement shall be made for allowable expenses up to the amount annually awarded commensurate with the SFY in which services are performed and/or goods are received.

   The funds identified for the fiscal years covered by this Section within this Enclosure are subject to change depending on the availability and amount of funds appropriated by the Legislature and the Federal Government. The amount of funds available for expenditure by the county shall be limited to the amount identified in the final allocations issued by DHCS for that fiscal year or the SUBG amount, whichever is less.

3. For each fiscal year, DHCS may settle costs for services based on the year-end cost settlement report.

Section 2 – Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

A. Payment Provisions

1. DHCS shall reimburse the county in arrears based upon quarterly invoicing.

2. Quarterly Invoicing-SUBG Invoice and Ledger

   a. The county shall complete the SUBG Invoice and Ledger as prescribed in Enclosure 2. These quarterly SUBG Invoices and Ledger serve as expenditure reports and invoices for payment. The county shall incur expenditures before receiving payment from its allocation.

   b. The county shall submit the SUBG Invoice and Ledger describing the preceding quarter's SUBG expenditure by November 15, February 15, May 15, and August 15 of each year. If the date falls on a Saturday, Sunday or holiday, the due date shall be the following business day.

   c. DHCS shall review the SUBG Invoice and Ledger to ensure that costs are reasonable and do not exceed the county's allocation. Inaccuracies in the

report shall be resolved by the county prior to receiving payment.

3. Pursuant to 45 CFR Section 75.371 and HSC Section 11817.8, DHCS may withhold SUBG payments if the county fails to:

   a. Submit any forms and reports to DHCS by each due date, including but not limited to, forms required pursuant to Enclosure 2.

   b. Submit monitoring reports and attest to the completion of Corrective Action Plans or services provided pursuant to this Agreement.

   c. Monitor its subcontractors pursuant to Enclosure 2.

4. In the event DHCS withholds SUBG payment, the county's payment shall commence with the next scheduled payment following DHCS' receipt and acceptance of complete and accurate reports, data, or executed contract. The payment shall include any funds withheld pursuant to Section 3.

   Adjustments may be made to the total Agreement amount, and funds may be withheld from payments otherwise due to the county hereunder, for nonperformance to the extent that nonperformance involves fraud, misuse, or failure to achieve the objectives of the provisions of Enclosure 2.

B. Accrual of Interest

Any interest accrued from state-allocated funds and retained by the county shall be used for the same purpose as DHCS-allocated funds from which the interest was accrued.

C. Expenditure Period

SUBG funds are allocated based upon the SFY. These funds must be expended for activities authorized pursuant to 42 USC Sections 300x-21 through 300x-66, and Title 45 CFR 96.120 et seq., within the availability period of the grant award. Any SUBG funds that have not been expended by the County at the end of the State fiscal year shall be returned to DHCS.

D. Counties receiving SUBG funds shall comply with the financial management standards contained in 45 CFR Sections 75.302(b)(1) through (6), and 45 CFR Section 96.30.

E. Non-profit subcontractors receiving SUBG funds shall comply with the financial management standards contained in 45 CFR Section 75.302(b)(1) through (4) and (b)(7), and 45 CFR Section 96.30.

F. Counties receiving SUBG funds shall track obligations and expenditures by individual SUBG award, including, but not limited to, obligations and expenditures for primary prevention, services to pregnant women and women with dependent children. "Obligation" shall have the same meaning as used in 45 CFR Section 75.2.

G. Restrictions on the Use of SUBG Funds

The county shall not use SUBG funds provided by the Agreement on the following activities:

1. Provide inpatient services.

2. Make cash payments to intended recipients of health services.

3. Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility or purchase major medical equipment.

4. Satisfy any requirement for the expenditure of SUBG funds as a condition for the receipt of federal funds.

5. Provide financial assistance to any entity other than a public or nonprofit private entity.

6. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of level II of the Executive Salary Schedule for the award year: see http://grants.nih.gov/grants/policy/salcap_summary.htm.

7. Purchase treatment services in penal or correctional institutions.

8. Supplant state funding of programs to prevent and treat substance use and related activities.

9. Carry out any program prohibited by 42 USC 300x–21 and 42 USC 300ee–5 such that none of the funds provided under this Act or an amendment made by this Act shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs unless the Surgeon General of the United States Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome.

10. Exception regarding inpatient hospital services:

    a. The county may expend a grant for inpatient hospital-based substance abuse programs subject to the limitations of paragraph (I)(10)(b) of this section only when it has been determined by a physician that:

        i. The primary diagnosis of the individual is substance use, and the physician certifies this fact;

        ii. The individual cannot be safely treated in a community-based, nonhospital, residential treatment program;

        iii. The Service can reasonably be expected to improve an individual's condition or level of functioning;

        iv. The hospital-based substance use program follows national standards of substance use professional practice.

b. In the case of an individual for whom a grant is expended to provide inpatient hospital services described above, the allowable expenditure shall conform to the following:

   i. The daily rate of payment provided to the hospital for providing the services to the individual will not exceed the comparable daily rate provided for community-based, nonhospital, residential programs of treatment for substance use and

   ii. The grant may be expended for such services only to the extent that it is medically necessary, i.e., only for those days that the patient cannot be safely treated in a residential, community-based program.

11. Provide services reimbursable by Medi-Cal:

   a. The county shall not utilize SUBG funds to pay for a service that is reimbursable by Medi-Cal.

   b. The county may utilize SUBG funds to pay for a service included in the California State Plan or the Drug Medi-Cal Organized Delivery System (DMC-ODS), but which is not reimbursable by Medi-Cal.

   c. If the county utilizes SUBG funds to pay for a service that is included in the California State Plan or the DMC-ODS, the county shall maintain documentation sufficient to demonstrate that Medi-Cal reimbursement was not available.

Part III – Financial Audit Requirements

Section 1 – General Fiscal Audit Requirements

A. In addition to the requirements identified below, the county and its subcontractors are required to meet the audit requirements as delineated in Exhibit C, General Terms and Conditions, and Enclosure 5 (Special Terms and Conditions) of this Contract.

B. All expenditures of county realignment funds, and state and federal funds furnished to the county and its subcontractors pursuant to this Agreement are subject to audit by DHCS. Such audits shall consider and build upon external independent audits performed pursuant to audit requirements of 45 CFR, Part 75, Subpart F, and/or any independent county audits or reviews. Objectives of such audits may include, but are not limited to, the following:

   1. To determine whether units of service claimed/reported are properly documented by service records and accurately accumulated for claiming/reporting.

   2. To validate data reported by the county for prospective contract negotiations.

   3. To provide technical assistance in addressing current-year activities and providing recommendations on internal controls, accounting procedures, financial records, and compliance with laws and regulations.

4. To determine the cost of services, net of related patient and participant fees, third-party payments, and other related revenues and funds.

5. To determine that expenditures are made in accordance with applicable state and federal laws and regulations and contract/agreement requirements.

6. To determine the facts in relation to analysis of data, complaints, or allegations, which may be indicative of fraud, abuse, willful misrepresentation, or failure to achieve the Agreement objectives.

C. Unannounced visits to the county and/or its subcontractors may be made at the discretion of DHCS.

D. The refusal of the county or its subcontractors to permit access to and inspection of electronic or print books and records, physical facilities, and/or refusal to permit interviews with employees, as described in this part constitutes an express and immediate material breach of this Agreement and will be sufficient basis to terminate the Agreement for cause or default.

E. Reports of audits conducted by DHCS shall reflect all findings, recommendations, adjustments, and corrective actions as a result of its findings in any areas.

Section 2 – SUBG Financial Audits

A. The county shall monitor the activities of all its subcontractors to ensure that the SUBG funds are used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the grant, and that performance goals are achieved.

B. The county may use a variety of monitoring mechanisms, including limited scope audits, on-site visits, progress reports, financial reports, and review of documentation support requests for reimbursement, to meet the county's monitoring objectives. The county may charge federal awards for the cost of these monitoring procedures if permitted under 45 CFR 75.425.

C. The county shall submit to DHCS a copy of the procedures and any other monitoring mechanism used to monitor non-profit subcontracts at the time of the county's annual desk review or site visit or within 60 days thereafter. The county shall state the frequency that non-profit Subcontracts are monitored.

D. On-site visits focus on compliance and controls over compliance areas. DHCS analyst(s) shall make site visits to the subcontractor location(s) and can use a variety of monitoring mechanisms to document compliance requirements. The county shall follow up on any findings and the corrective actions.

The county shall be responsible for any disallowance taken by the Federal Government, DHCS, or the California State Auditor as a result of any audit exception that is related to the county's responsibilities herein. The county shall not use funds administered by DHCS to repay one federal funding source with funds provided by another federal funding source, to repay federal funds with state funds, or to repay state funds with federal funds. DHCS shall invoice the

county 60 days after issuing the final audit report or upon resolution of an audit appeal. The county agrees to develop and implement any CAP in a manner acceptable to DHCS in order to comply with the recommendations contained in any audit report. Such CAP plans shall include time-specific objectives to allow for measurement of progress and are subject to verification by DHCS within one year from the date of the plan.

E. Counties that conduct financial audits of subcontractors other than a subcontractor whose funding consists entirely of non-Department funds shall develop a process to resolve disputed financial findings and notify subcontractors of their appeal rights pursuant to that process. If any fiscal adjustments remain after the county and subcontractor have exhausted the internal appeals process, any SUBG funds outstanding shall be returned to DHCS. This section shall not apply to those grievances or compliances arising from the financial findings of an audit or examination made by or on behalf of DHCS pursuant to Part III of this Enclosure.

F. If the county fails to comply with federal statutes, regulations, or the terms and conditions of the grant, DHCS may impose additional conditions on the sub-award, including:

1. Requiring additional or more detailed financial reports.

2. Requiring technical or management assistance.

3. Establishing additional prior approvals.

G. If DHCS determines that the county's noncompliance cannot be remedied by imposing additional conditions, DHCS may take one or more of the following actions:

1. Temporarily withhold cash payment pending correction of the deficiency by the county.

2. Disallow all or part of the cost of the activity or action not in compliance.

3. Wholly or partly suspend the award activities or terminate the county's subaward.

4. Recommend that the suspension or debarment proceedings be initiated by the federal awarding agency.

5. Withhold further federal awards.

6. Take other remedies that may be legally available.

Part IV – Records

Section 1 - General Provisions

A. Maintenance of Records

The county shall maintain sufficient books, records, documents, and other evidence necessary for DHCS to audit contract/agreement performance and compliance. The county shall make these records available to SAMHSA, Inspectors General, the Comptroller General, DHCS, or any of their authorized representatives upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine if costs incurred by the county are reasonable, allowable, and allocated appropriately. All records must be capable of verification by qualified auditors.

1. County and subcontractors shall include in any contract with an audit firm a clause to permit access by DHCS to the working papers of the external independent auditor and require that copies of the working papers shall be made for DHCS at its request.

2. County and subcontractors shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with DHCS. All records must be capable of verification by qualified auditors.

3. In alignment with Welfare and Institutions Code 14124.1, accounting records and supporting documents shall be retained for a 10-year period from the date DHCS approved the year-end cost settlement report for interim settlement. When an audit by the Federal Government, DHCS, or the California State Auditor has been started before the expiration of the 10-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. The final settlement shall be made at the end of the audit and appeal process. If an audit has not been completed within 10 years, the interim settlement shall be considered the final settlement.

4. Financial records shall be kept to clearly reflect the funding source for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs. All records must be capable of verification by qualified auditors.

5. County's subcontracts shall require that all subcontractors comply with the requirements of Enclosure 2.

6. Should a subcontractor discontinue its contractual agreement with the county, or cease to conduct business in its entirety, the county shall be responsible for

retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to state funds. County shall follow SAM requirements located at http://sam.dgs.ca.gov/TOC/1600.aspx.

7. The county shall retain all records in accordance with the record retention policy stipulated in Welfare and Institutions Code 14124.1.

8. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, county shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of federal and state funds.

Part V – Definitions

Discretionary Allocation: Funds are provided for needed substance use disorder (SUD) treatment, prevention, and recovery services in accordance with United States Code (U.S.C.), Title 42, Section 300x-22, SABG Discretionary funds may be spent on planning, carrying out, and evaluating activities to prevent and treat SUD. Discretionary funds are neither a set-aside nor an allowance; however, these funds can be used to supplement set-asides. In addition, the discretionary allocation is intended to be a flexible funding source for counties to support allowable programs that may not fall under the set-aside categories.

Set-Asides are defined as the reservation of a specific portion of funds for a particular purpose or program. Set-asides constitute the mandatory minimum allocation required to be expended toward the designated purpose or program.

- **Perinatal Set-Aside:** Funds are used for women-specific services for treatment and recovery from alcohol and other SUD, along with diverse supportive services for California women and their children. Perinatal programs, as part of the Perinatal Services Network, must meet the requirements set forth in the Perinatal Practice Guidelines (PPG). Counties must use these funds to increase or maintain existing perinatal treatment capacity and programs. Counties may also use these funds to add new perinatal services or programs or change existing programs. See the Perinatal Practice Guidelines.

- **Adolescent/Youth Treatment (AYT) Set-Aside:** Funds provide comprehensive, age-appropriate, SUD services to youth. The Adolescent Substance Use Disorder Best Practices Guide, revised in October 2020, is designed for counties to use in developing and implementing AYT programs funded by this allocation. Please see the Adolescent Best Practices Guide. See the Adolescent Substance Use Disorder Best Practices Guide.

- **Primary Prevention Set-Aside:** U.S.C. Title 42, Section 300x-22(a) requires the State to spend a minimum of 25 percent of the total SUBG Award to California on primary prevention services.

  A county's expenditure of allocated primary prevention funds is integral to meeting federal SUBG spending requirements and aligning with California's priorities. Counties must utilize SAMHSA's Strategic Prevention Framework in their local

decision making, prioritizing high need areas and populations, based on data and evidence where applicable, and select strategies that will best address the high need areas and populations being served. Strategies may consist of both individual- and population-based services using one or more of the Center for Substance Abuse Prevention's six prevention strategies: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental.

Allowances are defined as the maximum allocation permitted for a specified purpose or program. They are subsets of the *discretionary* allocation, meaning that when allowance expenditures are utilized, the *discretionary* allocation decreases accordingly.

- **Syringe Services Program (SSP) Allowance:** Allowance of comprehensive prevention programs for persons who inject drugs that include the provision of sterile needles, syringes and other drug preparation equipment and disposal services, etc. See the Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016. Refer to Enclosure 5 for additional information on SSP.

Special Terms and Conditions

(For federally funded service contracts or agreements and grant agreements)

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" shall also mean, "agreement", "grant", "grant agreement", "Grantee" and "Subgrantee" respectively.

The terms "California Department of Health Care Services", "California Department of Health Services", 'Department of Health Care Services", "Department of Health Services", "CDHCS", "DHCS", "CDHS", and "DHS" shall all have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount; agreement is federally funded, etc.). The provisions herein apply to this Agreement unless the provisions are removed by reference on the face of this Agreement, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

Index of Special Terms and Conditions

1. Federal Equal Opportunity Requirements

(Applicable to all federally funded agreements entered into by the Department of Health Care Services)

a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

2. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with agreement funds.)

Reimbursement for travel and per diem expenses from DHCS under this Agreement shall, unless otherwise specified in this Agreement, be at the rates currently in effect,

as established by the California Department of Human Resources (CalHR), for nonrepresented state employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. Exceptions to CalHR rates may be approved by DHCS upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California shall be reimbursed without prior authorization from DHCS. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

3. **Procurement Rules**

(Applicable to agreements in which equipment/property, commodities and/or supplies are furnished by DHCS or expenses for said items are reimbursed by DHCS with state or federal funds provided under the Agreement.)

a. **Equipment/Property definitions**

Wherever the term equipment and/or property is used, the following definitions shall apply:

(1) **Major equipment/property**: A tangible or intangible item having a base unit cost of **$5,000 or more** with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

(2) **Minor equipment/property:** A tangible item having a base unit cost of less than $5,000 with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement.

b. **Government and public entities (including state colleges/universities and auxiliary organizations),** whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 shall also apply, if equipment/property purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

c. **Nonprofit organizations and commercial businesses,** whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment/property and services related to such purchases for performance under this Agreement.

(1) Equipment/property purchases shall not exceed $50,000 annually.

To secure equipment/property above the annual maximum limit of $50,000, the Contractor shall make arrangements through the appropriate DHCS Program Contract Manager, to have all remaining equipment/property purchased through DHCS' Purchasing Unit. The cost of equipment/property

purchased by or through DHCS shall be deducted from the funds available in this Agreement. Contractor shall submit to the DHCS Program Contract Manager a list of equipment/property specifications for those items that the State must procure. DHCS may pay the vendor directly for such arranged equipment/property purchases and title to the equipment/property will remain with DHCS. The equipment/property will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the DHCS Program Contract Manager, in writing, of an alternate delivery address.

(2) All equipment/property purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 shall also apply, if equipment/property purchases are delegated to subcontractors that are either a government or public entity.

(3) Nonprofit organizations and commercial businesses shall use a procurement system that meets the following standards:

(a) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.

(b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

(c) Procurements shall be conducted in a manner that provides for all of the following:

[1] Avoid purchasing unnecessary or duplicate items.

[2] Equipment/property solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.

[3] Take positive steps to utilize small and veteran owned businesses.

d. Unless waived or otherwise stipulated in writing by DHCS, prior written authorization from the appropriate DHCS Program Contract Manager will be required before the Contractor will be reimbursed for any purchase of $5,000 or more for commodities, supplies, equipment/property, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by DHCS, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.

e. In special circumstances, determined by DHCS (e.g., when DHCS has a need to monitor certain purchases, etc.), DHCS may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of

dollar amount. DHCS reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that DHCS determines to be unnecessary in carrying out performance under this Agreement.

f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.

g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor and/or subcontractor for inspection or audit.

h. DHCS may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.

4. Equipment/Property Ownership / Inventory / Disposition

(Applicable to agreements in which equipment/property is furnished by DHCS and/or when said items are purchased or reimbursed by DHCS with state or federal funds provided under the Agreement.)

a. Wherever the term equipment and/or property is used in Provision 4, the definitions in Paragraph a of Provision 3 shall apply.

Unless otherwise stipulated in this Agreement, all equipment and/or property that is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement shall be considered state equipment and the property of DHCS.

(1) **Reporting of Equipment/Property Receipt**

DHCS requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by DHCS or purchased/reimbursed with funds provided through this Agreement.

Upon receipt of equipment and/or property, the Contractor shall report the receipt to the DHCS Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by DHCS' Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with DHCS Funds) does not accompany this Agreement, Contractor shall request a copy from the DHCS Program Contract Manager.

(2) **Annual Equipment/Property Inventory**

If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or property to the DHCS Program Contract Manager using a form or format designated by DHCS' Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of DHCS-Funded Equipment) does not accompany this Agreement, Contractor shall request a copy from the DHCS Program Contract Manager. Contractor shall:

(a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).

(b) Submit the inventory report to DHCS according to the instructions appearing on the inventory form or issued by the DHCS Program Contract Manager.

(c) Contact the DHCS Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by either the DHCS Program Contract Manager or DHCS' Asset Management Unit.

b. Title to state equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.

c. Unless otherwise stipulated, DHCS shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.

d. The Contractor and/or Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.

(1) In administering this provision, DHCS may require the Contractor and/or Subcontractor to repair or replace, to DHCS' satisfaction, any damaged, lost or stolen state equipment and/or property. In the event of state equipment and/or miscellaneous property theft, Contractor and/or Subcontractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the DHCS Program Contract Manager.

e. Unless otherwise stipulated by the Program funding this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, shall only be used for performance of this Agreement or another DHCS agreement.

f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor shall provide a final inventory report of equipment and/or property to the DHCS Program Contract Manager and shall, at that time, query DHCS as

to the requirements, including the manner and method, of returning state equipment and/or property to DHCS. Final disposition of equipment and/or property shall be at DHCS expense and according to DHCS instructions. Equipment and/or property disposition instructions shall be issued by DHCS immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, DHCS may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different DHCS agreement.

g. **Motor Vehicles**

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under this Agreement.)

(1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor and/or Subcontractor shall return such vehicles to DHCS and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to DHCS.

(2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this Agreement.

(3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.

(4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the Contractor and/or Subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

Automobile Liability Insurance

(a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, to the Contractor and/or Subcontractor.

(b) The Contractor and/or Subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the DHCS Program Contract Manager. The certificate of insurance shall identify the DHCS contract or agreement number for which the insurance applies.

(c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to DHCS.

(d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

(e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:

[1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State (California Department of Health Care Services).

[2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.

[3] The insurance carrier shall notify the California Department of Health Care Services (DHCS), in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to each agreement number for which the insurance was obtained.

(f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by DHCS, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.

(g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, DHCS may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing $5,000 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services exceeding $5,000, the Contractor shall obtain at least three bids or justify a sole source award.

(1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.

(2) DHCS may identify the information needed to fulfill this requirement.

(3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:

(a) A local governmental entity or the federal government,

(b) A State college or State university from any State,

(c) A Joint Powers Authority,

(d) An auxiliary organization of a California State University or a California community college,

(e) A foundation organized to support the Board of Governors of the California Community Colleges,

(f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522,

(g) Firms or individuals proposed for use and approved by DHCS' funding Program via acceptance of an application or proposal for funding or pre/post contract award negotiations,

(h) Entities and/or service types identified as exempt from advertising and competitive bidding in State Contracting Manual Chapter 5 Section 5.80 Subsection B.2.

b. DHCS reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.

(1) Upon receipt of a written notice from DHCS requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by DHCS.

c. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of $5,000 or more are subject to the prior review and written approval of DHCS. DHCS may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by DHCS.

d. Contractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by DHCS, make copies available for approval, inspection, or audit.

e. DHCS assumes no responsibility for the payment of subcontractors used in the performance of this Agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this Agreement.

f. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.

g. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.

h. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:
"(Subcontractor Name) agrees to maintain and preserve, until ten years after termination of (Agreement Number) and final payment from DHCS to the Contractor, to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

i. Unless otherwise stipulated in writing by DHCS, the Contractor shall be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.

j. Contractor shall, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this Exhibit: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 17, 19, 20, 24, 32 and/or other numbered provisions herein that are deemed applicable.

6. Income Restrictions

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement shall be paid by the Contractor to DHCS, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by DHCS under this Agreement.

7. Audit and Record Retention

(Applicable to agreements in excess of $10,000.)

a. The Contractor and/or Subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.

b. The Contractor's and/or subcontractor's facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

c. Contractor agrees that DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896.77)

d. The Contractor and/or Subcontractor shall preserve and make available his/her records (1) for a period of ten years from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (1) or (2) below.

   (1) If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of ten years from the date of any resulting final settlement.

   (2) If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the ten-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular ten-year period, whichever is later.

e. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

f. The Contractor shall, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 (2014).

8. Site Inspection

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

9. Federal Contract Funds

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

a. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.

b. This agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.

c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

d. DHCS has the option to invalidate or cancel the Agreement with 30-days advance written notice or to amend the Agreement to reflect any reduction in funds.

10. Termination

a. **For Cause**

The State may terminate this Agreement, in whole or in part, and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination, the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand. If this Agreement is terminated, in whole or in part, the

State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials, related to the terminated portion of the Contract, including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The State shall pay contract price for completed deliverables delivered and accepted and items the State requires the Contractor to transfer as described in this paragraph above.

b. **For Convenience**

The State retains the option to terminate this Agreement, in whole or in part, without cause, at the State's convenience, without penalty, provided that written notice has been delivered to the Contractor at least ninety (90) calendar days prior to such termination date. In the event of termination, in whole or in part, under this paragraph, the State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials related to the terminated portion of the contract including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The Contractor will be entitled to compensation upon submission of an invoice and proper proof of claim for the services and products satisfactorily rendered, subject to all payment provisions of the Agreement. Payment is limited to expenses necessarily incurred pursuant to this Agreement up to the date of termination.

11. Intellectual Property Rights

a. **Ownership**

(1) Except where DHCS has agreed in a signed writing to accept a license, DHCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

(2) For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come

into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

(a) For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

(3) In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of DHCS' Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor shall not use any of DHCS' Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHCS. Except as otherwise set forth herein, neither the Contractor nor DHCS shall give any ownership interest in or rights to its Intellectual Property to the other Party. If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to DHCS, Contractor agrees to abide by all license and confidentiality restrictions applicable to DHCS in the third-party's license agreement.

(4) Contractor agrees to cooperate with DHCS in establishing or maintaining DHCS' exclusive rights in the Intellectual Property, and in assuring DHCS' sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor shall require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or DHCS and which result directly or indirectly from this Agreement or any subcontract.

(5) Contractor further agrees to assist and cooperate with DHCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce DHCS' Intellectual Property rights and interests.

b. **Retained Rights / License Rights**

(1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Contractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

(2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHCS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

c. **Copyright**

(1) Contractor agrees that for purposes of copyright law, all works [as defined in Paragraph a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to DHCS to any work product made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

(2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, shall include DHCS' notice of copyright, which shall read in 3mm or larger typeface: "© [Enter Current Year e.g., 2010, etc.], California Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Care Services." This notice should be placed prominently on the materials and set apart from other

matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

d. **Patent Rights**

With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically included in the Agreement's scope of work, Contractor hereby grants to DHCS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Contractor agrees to assign to DHCS, without additional compensation, all its right, title and interest in and to such inventions and to assist DHCS in securing United States and foreign patents with respect thereto.

e. **Third-Party Intellectual Property**

Except as provided herein, Contractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining DHCS' prior written approval; and (ii) granting to or obtaining for DHCS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon the these terms is unattainable, and DHCS determines that the Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor shall obtain a license under terms acceptable to DHCS.

f. **Warranties**

(1) Contractor represents and warrants that:

(a) It is free to enter into and fully perform this Agreement.

(b) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.

(c) Neither Contractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

(d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.

(e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.

(f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHCS in this Agreement.

(g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

(h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.

(2) DHCS makes no warranty that the intellectual property resulting from this agreement does not infringe upon any patent, trademark, copyright or the like, now existing or subsequently issued.

g. **Intellectual Property Indemnity**

(1) Contractor shall indemnify, defend and hold harmless DHCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of DHCS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based

on a patent, trademark or copyright registration that issued after the effective date of this Agreement. DHCS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against DHCS.

(2) Should any Intellectual Property licensed by the Contractor to DHCS under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve DHCS' right to use the licensed Intellectual Property in accordance with this Agreement at no expense to DHCS. DHCS shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for DHCS to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, DHCS shall be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

(3) Contractor agrees that damages alone would be inadequate to compensate DHCS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges DHCS would suffer irreparable harm in the event of such breach and agrees DHCS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

h. **Federal Funding**

In any agreement funded in whole or in part by the federal government, DHCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the Agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

i. **Survival**

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

12. Air or Water Pollution Requirements

Any federally funded agreement and/or subcontract in excess of $100,000 must comply with the following provisions unless said agreement is exempt by law.

a. Government contractors agree to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 USC 7606) section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations.

b Institutions of higher education, hospitals, nonprofit organizations and commercial businesses agree to comply with all applicable standards, orders, or requirements issued under the Clean Air Act (42 U.S.C. 7401 et seq.), as amended, and the Clean Water Act (33 U.S.C. 1251 et seq.), as amended.

13. Prior Approval of Training Seminars, Workshops or Conferences

Contractor shall obtain prior DHCS approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under this Agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor or Subcontractor to conduct routine business matters.

14. Confidentiality of Information

a. The Contractor and its employees, agents, or subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.

b. The Contractor and its employees, agents, or subcontractors shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this Agreement.

c. The Contractor and its employees, agents, or subcontractors shall promptly transmit to the DHCS Program Contract Manager all requests for disclosure of such identifying information not emanating from the client or person.

d. The Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than DHCS without prior written authorization from the DHCS Program Contract Manager, except if disclosure is required by State or Federal law.

e. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

f. As deemed applicable by DHCS, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

15. Documents, Publications and Written Reports

(Applicable to agreements over $5,000 under which publications, written reports and documents are developed or produced. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts or agreements and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

16. Dispute Resolution Process

a. A Contractor grievance exists whenever there is a dispute arising from DHCS' action in the administration of an agreement. If there is a dispute or grievance between the Contractor and DHCS, the Contractor must seek resolution using the procedure outlined below.

(1) The Contractor should first informally discuss the problem with the DHCS Program Contract Manager. If the problem cannot be resolved informally, the Contractor shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Contractor. The Branch Chief shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.

(2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor shall include with the appeal a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Contractor to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her

designee shall be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor shall follow the procedures set forth in Health and Safety Code Section 100171.

c. Unless otherwise stipulated in writing by DHCS, all dispute, grievance and/or appeal correspondence shall be directed to the DHCS Program Contract Manager.

d. There are organizational differences within DHCS' funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Contractor shall be notified in writing by the DHCS Program Contract Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

17. Financial and Compliance Audit Requirements

a. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.

b. Direct service contract means a contract or agreement for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code Section 38020). Direct service contracts shall not include contracts, agreements, grants, or subventions to other governmental agencies or units of government nor contracts or agreements with regional centers or area agencies on aging (H&S Code Section 38030).

c. The Contractor, as indicated below, agrees to obtain one of the following audits:

(1) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives **$25,000 or more** from any State agency under a direct service contract or agreement; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(2) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives **less than $25,000** per year from any State agency under a direct service contract or agreement, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of state law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(3) ***If the Contractor is a State or Local Government entity or Nonprofit organization (as defined by 2 C.F.R. §§ 200.64, 200.70, and 200.90)*** and expends $750,000 or more in Federal awards, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in 2 C.F.R. 200.501 entitled "Audit Requirements". An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:

(a) The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or

(b) The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community based organization.

(4) If the Contractor submits to DHCS a report of an audit other than a 2 C.F.R. 200.501audit, the Contractor must also submit a certification indicating the Contractor has not expended $750,000 or more in federal funds for the year covered by the audit report.

d. Two copies of the audit report shall be delivered to the DHCS program funding this Agreement. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report shall be due within 30 days after the completion of the audit. Upon receipt of said audit report, the DHCS Program Contract Manager shall forward the audit report to DHCS' Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.

e. The cost of the audits described herein may be included in the funding for this Agreement up to the proportionate amount this Agreement represents of the Contractor's total revenue. The DHCS program funding this Agreement must provide advance written approval of the specific amount allowed for said audit expenses.

f. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.

g. Nothing in this Agreement limits the State's responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.

h. Nothing in this provision limits the authority of the State to make audits of this Agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State shall rely on those audits and any additional audit work and shall build upon the work already done.

i. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.

j. The Contractor shall include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.

k. Federal or state auditors shall have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization wide audit is being performed, but the audit report has not been issued. The federal or state auditors shall review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for *Audit of Government Organizations, Programs, Activities and Functions*, better known as the "yellow book".

18. Human Subjects Use Requirements

(Applicable only to federally funded agreements/grants in which performance, directly or through a subcontract/subaward, includes any tests or examination of materials derived from the human body.)

By signing this Agreement, Contractor agrees that if any performance under this Agreement or any subcontract or subagreement includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder

19. Novation Requirements

If the Contractor proposes any novation agreement, DHCS shall act upon the proposal within 60 days after receipt of the written proposal. DHCS may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, DHCS will initiate an amendment to this Agreement to formally implement the approved proposal.

20. Debarment and Suspension Certification

(Applicable to all agreements funded in part or whole with federal funds.)

a. By signing this Agreement, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 2 CFR 180, 2 CFR 376

b. By signing this Agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:

(1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;

(2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) violation of Federal or State antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, obstruction of justice, or the commission of any other offense indicating a lack of business integrity or business honesty that seriously affects its business honesty;

(3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and

(4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

(5) Have not, within a three-year period preceding this application/proposal/agreement, engaged in any of the violations listed under 2 CFR Part 180, Subpart C as supplemented by 2 CFR Part 376.

(6) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.

(7) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

c. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the DHCS Program Contract Manager.

d. The terms and definitions herein have the meanings set out in 2 CFR Part 180 as supplemented by 2 CFR Part 376.

e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the DHCS may terminate this Agreement for cause or default.

21. Smoke-Free Workplace Certification

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

c. By signing this Agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

22. Covenant Against Contingent Fees

(Applicable only to federally funded agreements.)

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, DHCS shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

23. Payment Withholds

(Applicable only if a final report is required by this Agreement. Not applicable to government entities.)

Unless waived or otherwise stipulated in this Agreement, DHCS may, at its discretion, withhold 10 percent (10%) of the face amount of the Agreement, 50 percent (50%) of the final invoice, or $3,000 whichever is greater, until DHCS receives a final report that meets the terms, conditions and/or scope of work requirements of this Agreement.

24. Performance Evaluation

(Not applicable to grant agreements.)

DHCS may, at its discretion, evaluate the performance of the Contractor at the conclusion of this Agreement. If performance is evaluated, the evaluation shall not be a public record and shall remain on file with DHCS. Negative performance evaluations may be considered by DHCS prior to making future contract awards.

25. Officials Not to Benefit

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

26. Four-Digit Date Compliance

(Applicable to agreements in which Information Technology (IT) services are provided to DHCS or if IT equipment is procured.)

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. "Four Digit Date compliant" Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

27. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

28. Use of Small, Minority Owned and Women's Businesses

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

a. Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.

b. Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.

c. Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

d. Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

e. Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

29. Alien Ineligibility Certification

(Applicable to sole proprietors entering federally funded agreements.)

By signing this Agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. 1601, et seq.)

30. Union Organizing

(Applicable only to grant agreements.)

Grantee, by signing this Agreement, hereby acknowledges the applicability of Government Code Sections 16645 through 16649 to this Agreement. Furthermore, Grantee, by signing this Agreement, hereby certifies that:

a. No state funds disbursed by this grant will be used to assist, promote or deter union organizing.

b. Grantee shall account for state funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.

c. Grantee shall, where state funds are not designated as described in b herein, allocate, on a pro-rata basis, all disbursements that support the grant program.

d. If Grantee makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no state funds were used for those expenditures, and that Grantee shall provide those records to the Attorney General upon request.

31. Contract Uniformity (Fringe Benefit Allowability)

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, DHCS sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

b. As used herein, fringe benefits do not include:

(1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.

(2) Director's and executive committee member's fees.

(3) Incentive awards and/or bonus incentive pay.

(4) Allowances for off-site pay.

(5) Location allowances.

(6) Hardship pay.

(7) Cost-of-living differentials

c. Specific allowable fringe benefits include:

(1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.

d. To be an allowable fringe benefit, the cost must meet the following criteria:

(1) Be necessary and reasonable for the performance of the Agreement.

(2) Be determined in accordance with generally accepted accounting principles.

(3) Be consistent with policies that apply uniformly to all activities of the Contractor.

e. Contractor agrees that all fringe benefits shall be at actual cost.

f. Earned/Accrued Compensation

(1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.

(2) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Provision f (3)(b) for an example.

(3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.

(a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.

(b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

(c) **Example No. 3:**

If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to DHCS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

32. Suspension or Stop Work Notification

a. DHCS may, at any time, issue a notice to suspend performance or stop work under this Agreement. The initial notification may be a verbal or written directive issued by the funding Program's Contract Manager. Upon receipt of said notice, the Contractor is to suspend and/or stop all, or any part, of the work called for by this Agreement.

b. Written confirmation of the suspension or stop work notification with directions as to what work (if not all) is to be suspended and how to proceed will be provided within 30 working days of the verbal notification. The suspension or stop work notification shall remain in effect until further written notice is received from DHCS. The resumption of work (in whole or part) will be at DHCS' discretion and upon receipt of written confirmation.

(1) Upon receipt of a suspension or stop work notification, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize or halt the incurrence of costs allocable to the performance covered by the notification during the period of work suspension or stoppage.

(2) Within 90 days of the issuance of a suspension or stop work notification, DHCS shall either:

(a) Cancel, extend, or modify the suspension or stop work notification; or

(b) Terminate the Agreement as provided for in the Cancellation / Termination clause of the Agreement.

c. If a suspension or stop work notification issued under this clause is canceled or the period of suspension or any extension thereof is modified or expires, the Contractor may resume work only upon written concurrence of funding Program's Contract Manager.

d. If the suspension or stop work notification is cancelled and the Agreement resumes, changes to the services, deliverables, performance dates, and/or contract terms resulting from the suspension or stop work notification shall require an amendment to the Agreement.

e. If a suspension or stop work notification is not canceled and the Agreement is cancelled or terminated pursuant to the provision entitled Cancellation / Termination, DHCS shall allow reasonable costs resulting from the suspension or stop work notification in arriving at the settlement costs.

f. DHCS shall not be liable to the Contractor for loss of profits because of any suspension or stop work notification issued under this clause.

33. Public Communications

"Electronic and printed documents developed and produced, for public communications shall follow the following requirements to comply with Section 508 of the Rehabilitation Act and the American with Disabilities Act:

a. Ensure visual-impaired, hearing-impaired and other special needs audiences are provided material information in formats that provide the most assistance in making informed choices."

34. Compliance with Statutes and Regulations

a. The Contractor shall comply with all California and federal law, regulations, and published guidelines, to the extent that these authorities contain requirements applicable to Contractor's performance under the Agreement.

b. These authorities include, but are not limited to, Title 2, Code of Federal Regulations (CFR) Part 200, subpart F, Appendix II; Title 42 CFR Part 431, subpart F; Title 42 CFR Part 433, subpart D; Title 42 CFR Part 434; Title 45 CFR Part 75, subpart D; and Title 45 CFR Part 95, subpart F. To the extent applicable under federal law, this Agreement shall incorporate the contractual provisions in these federal regulations and they shall supersede any conflicting provisions in this Agreement.

35. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded agreements in excess of $100,000 per Section 1352 of the 31, U.S.C.)

a. Certification and Disclosure Requirements

(1) Each person (or recipient) who requests or receives a contract or agreement, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds $100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.

(2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a contract, or grant or any extension or amendment of that contract, or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

(3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:

(a) A cumulative increase of $25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;

(b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or

(c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

(4) Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract or agreement, subcontract, grant or subgrant exceeding $100,000 at any tier under a contract or agreement, or grant shall file a certification, and a disclosure form, if required, to the next tier above.

(5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to DHCS Program Contract Manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement.

Attachment 1
CERTIFICATION REGARDING LOBBYING

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

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

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of $100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Name of Contractor	Printed Name of Person Signing for Contractor
San Bernardino County	Dr. Georgina Yoshioka
Contract / Grant Number	Signature of Person Signing for Contractor
	DocuSigned by: Georgina Yoshioka 7DF8077EFA674B2...
Date	Title
6/11/24	Director

After execution by or on behalf of the contractor, please return to: California Department of Health Care Services.

DHCS reserves the right to notify the contractor in writing of an alternate submission address.

Attachment 2
CERTIFICATION REGARDING LOBBYING
Approved by OMB (0348-0046)
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
_ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	_ a. bid/offer/application b. initial award c. post-award	_ a. initial filing b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
O Prime O Subawardee Tier ___, if known: Congressional District, If known:	Congressional District, If known:
6. Federal Department/Agency	7. Federal Program Name/Description:
	CDFA Number, if applicable: _____
8. Federal Action Number, if known:	9. Award Amount, if known:
10.a. Name and Address of Lobbying Registrant *(If individual, last name, first name, MI)*:	b. Individuals Performing Services *(including address if different from 10a.* *(Last name, First name, MI)*:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person that fails to file the required disclosure shall be subject to a not more than $100,000 for each such failure.

Signature:	
Print Name:	
Title:	
Telephone Number:	
Date:	

Federal Use Only	Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001".

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Syringe Services Programs (SSPs)
Program and Policy Overview, Instructions, and
Annual County Attestation and Certification Forms

The Department of Health Care Services (DHCS), with support from the California Department of Public Health (CDPH) and the Center for Disease Control (CDC), has received approval from the United States' Substance Abuse and Mental Health Services Agency (SAMHSA) to utilize federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funding to support existing Syringe Services Programs (SSPs), or to start new SSPs within the state of California.

Counties applying to utilize SUBG funding for an SSP must adhere to the following federal policies, restrictions, and requirements.

1. Definitions

   The United States Department of Health and Human Services' *Implementation Guidance to Support Certain Components of Syringe Services Programs*, 2016, defines SSPs as comprehensive prevention programs for People Who Inject Drugs (PWID) that include the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

   - Comprehensive Human Immunodeficiency Virus (HIV) risk reduction counseling related to sexual and injection and/or prescription drug misuse;
   - HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
   - Provision of naloxone to reverse opiate overdoses;
   - Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
   - Referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccinations; and
   - Referral to Substance Use Disorder (SUD) treatment and recovery services, primary medical care and mental health services.

2. Supplantation

   SAMHSA funds cannot supplant existing funding sources. In other words, SAMHSA funds may only be used to fund an existing SSP if the funds given are in addition to existing funding sources for the program. SAMHSA funds must not be used to replace existing state or other non-federal funds so that those monies may be used for another program. Counties will be monitored and must retain records proving that no supplantation has occurred.

3. Allowable Expenses for SUBG Funded SSPs

   Funds may be used to establish elements of a SSP or to establish a relationship with an existing SSP.

   NO FEDERAL FUNDS MAY BE USED TO PURCHASE SYRINGES.

   The following expenses are allowable:

   - Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
   - Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
   - Testing kits for hepatitis C virus (HCV) and HIV;
   - Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
   - Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;
   - Provision of naloxone to reverse opioid overdoses;
   - Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
   - Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
   - Communication and outreach activities; and
   - Planning and non-research evaluation activities.

4. Auditing and Monitoring Requirements

   a. Counties are required to submit an Annual Attestation and Certification form signed by the County Behavioral Health (BH) Director, which serves as the county's agreement to comply with and adhere to federal requirements and restrictions pertaining to the funding of SSPs. The county form to complete and submit is labeled **Attachment I: County-Level Certification and Attestation Form**. The county-level forms must be returned to DHCS with the SUBG Application.

Counties must also require **each** SSP agency receiving SUBG funds to complete a similar form prior to submitting the county's SUBG Application to DHCS; however, the program-level forms do not need to be returned to DHCS with the SUBG application. The SSP program-level version form is labeled **Attachment II: Program-Level SSP Certification and Attestation Form.**

Counties must keep each SSP's completed Attachment II on file for audit and monitoring purposes. DHCS may request a copy of the document at any time.

b. Counties and SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016, and must maintain supporting financial documentation demonstrating that no federal dollars were spent on needles/other drug supplies such as cookers, etc., for audit purposes.

c. Counties and SSPs must comply with requirements that funding not be used to supplant existing funding sources and must maintain financial documentation demonstrating that no supplantation of funds has occurred.

d. Counties must attest that funded SSPs have obtained authorization through the California Department of Public Health's Office of Aids (CDPH/OA), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization of the SSP or the physician's license must be kept on file by both the SSP and the county for auditing and monitoring purposes.

e. SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.

f. Counties are required to ensure that SUBG-funded SSPs are meeting the requirement to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Counties and SSPs must keep documentation of collaboration (i.e., referrals, etc.) on file for auditing and monitoring purposes.

g. SUBG-funded SSPs are required to report the following data points to DHCS on a quarterly basis to comply with federal reporting requirements. Data will be collected through a Qualtrics survey online – DHCS will email links to the reporting tool to County and SSP staff on a quarterly basis. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. Counties are required to ensure that SUBG-funded SSPs have reported the required data to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and substance use disorder treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP.

DHCS is required to report data to SAMHSA based on the FFY, which runs from October 1 to September 31. As such, the quarterly data reporting schedule is as follows:

- Year 1: FFY 2025 (October 1, 2024 – September 30, 2025)
    - FFY 2025 Quarter (Q) 1: October 1, 2024 – December 31, 2024
      Due January 31, 2025
    - FFY 2025 Q2: January 1, 2025 – March 31, 2025
      Due April 30, 2025
    - FFY 2025 Q3: April 1, 2025 – June 30, 2025
      Due July 31, 2025
    - FFY 2025 Q4: July 1, 2025 – September 30, 2025
      Due October 31, 2025
- Year 2 – FFY 2026 (October 1, 2025 – September 30, 2026)
    - FFY 2026 Q1: October 1, 2025 – December 31, 2025
      Due January 30, 2026

- FFY 2026 Q2: January 1, 2026 – March 31, 2026
  Due April 30, 2026
- FFY 2026 Q3: April 1, 2026 – June 30, 2026
  Due July 31, 2026
- FFY 2026 Q4: July 1, 2026 – September 30, 2026
  Due October 30, 2026

5. Application Instructions

Counties must submit a Program Narrative for each SSP the county proposes to fund under SUBG. All sections of the form must be filled out, including Section J, which is specific to SSP programs.

Counties are allowed to use up to forty percent of discretionary funding to fund SSPs. Alongside the Program Narrative, counties must enter corresponding budgetary information in the County Workbook.

Finally, counties are required to complete and return the Annual County Attestation and Certification Form (Attachment I). These documents must be completed according to the directions on the form and returned to DHCS as part of the County SUBG Application. The Attestation and Certification form must be completed annually – the first annual form is due with the County SUBG Application. Forms for 2025-2026 must be submitted to SUBG@dhcs.ca.gov by August 29, 2025.

DHCS is currently authorized to allow SUBG funds for SSPs for FFY 2024-2025. This authority comes from the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 [P.L. 118-47], which was signed into law on March 23, 2024. Future SUBG award years for SSP funding are contingent upon the subsequent passage of the required authorizing language in future appropriations bills. All SSPs that are funded with SUBG are subject to the current year SUBG Notice of Award (NOA) Standard Terms and Conditions, and any subsequently assigned NOA Additional Terms and Conditions received by the state. DHCS will advise counties regarding continued authorization for FFY 2025-2026 after the next appropriations bill is signed in Spring 2025.

In accordance with federal restrictions, DHCS reserves the right to deny funding for any SSP. Please direct all questions pertaining to the SSP portion of the application to SUBG@dhcs.ca.gov.

San Bernardino **County**
Syringe Services Program (SSP)
Annual County Attestation and Certification Form SFY Ch‹2024-25

To utilize Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), the Department of Health Care Services (DHCS) requires counties and SSPs receiving funds through counties to attest to and certify agreement to the following federal requirements and restrictions.

Instructions:

In the Annual Attestation section, check each box to agree to each requirement. Each item must be checked and agreed to for the State of California to consider funding the SSP.

In the Annual Certification section, provide the county's Behavioral Health (BH) Director's signature of attestation and certification, and provide the date signed.

Important Note: Only **Attachment I** (all three pages) must be submitted to DHCS with the County SUBG Application; however, counties must require each SSP agency receiving SUBG funds to complete **Attachment II** of the SUBG Application.

Attachment II is the *Program-Level SSP Certification and Attestation Form* that applies to SSPs. Counties must keep the completed Attachment II from each SSP on file for audit and monitoring purposes.

Annual County Attestation:

1. ☒ No federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Counties and SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016. Counties and SSPs must keep documentation on file for auditing purposes to demonstrate that no federal funds were used to purchase sterile needles or syringes.

2. × Federal funding must not be used to supplant existing funding sources, and counties and SSPs must maintain financial documentation demonstrating that no supplantation of funds has occurred.

3. × Counties must attest that funded SSPs have obtained authorization through the California Department of Public Health's Office of Aids (CDPH/OA), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization of the SSP or the physician's license must be kept on file by both the SSP and the county for auditing and monitoring purposes.

4. [x] SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.

5. [x] Counties are required to ensure that SUBG-funded SSPs are meeting the requirement to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Counties and SSPs must keep documentation of collaboration (i.e., referrals, etc.) on file for auditing and monitoring purposes.

6. [x] SUBG-funded SSPs are required to report the following data points to DHCS to comply with federal reporting requirements. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. Counties are required to ensure that SUBG-funded SSPs have reported the required data to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and substance use disorder treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP.

Annual County Certification

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as Syringe Services Programs [SSPs], or as syringe exchange programs) for U.S. Department of Health and Human Services (HHS) programs.

> *SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

To utilize SUBG funds to support SSPs, DHCS must certify to the Substance Abuse and Mental Health Services Agency (SAMHSA) and agree to annually certify that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. California will comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

As a pass-through requirement, DHCS requires (1) counties and SSPs receiving funds through counties to certify, and agree to annually certify, that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, and (2) to comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

County BH Director Signature of Attestation, Certification, and Agreement to Comply:

DocuSigned by:
Georgina Yoshioka
7DF8077EFA674B2...

Date Signed:

6/11/24

San Bernardino County
Syringe Services Program (SSP)
Annual County Attestation and Certification Form SFY Ch(2025-26

To utilize Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), the Department of Health Care Services (DHCS) requires counties and SSPs receiving funds through counties to attest to and certify agreement to the following federal requirements and restrictions.

Instructions:

In the Annual Attestation section, check each box to agree to each requirement. Each item must be checked and agreed to for the State of California to consider funding the SSP.

In the Annual Certification section, provide the county's Behavioral Health (BH) Director's signature of attestation and certification, and provide the date signed.

Important Note: Only **Attachment I** (all three pages) must be submitted to DHCS with the County SUBG Application; however, counties must require each SSP agency receiving SUBG funds to complete **Attachment II** of the SUBG Application.

Attachment II is the *Program-Level SSP Certification and Attestation Form* that applies to SSPs. Counties must keep the completed Attachment II from each SSP on file for audit and monitoring purposes.

Annual County Attestation:

1. ☒ No federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Counties and SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016. Counties and SSPs must keep documentation on file for auditing purposes to demonstrate that no federal funds were used to purchase sterile needles or syringes.

2. × Federal funding must not be used to supplant existing funding sources, and counties and SSPs must maintain financial documentation demonstrating that no supplantation of funds has occurred.

3. × Counties must attest that funded SSPs have obtained authorization through the California Department of Public Health's Office of Aids (CDPH/OA), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization of the SSP or the physician's license must be kept on file by both the SSP and the county for auditing and monitoring purposes.

4. [x] SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.

5. [x] Counties are required to ensure that SUBG-funded SSPs are meeting the requirement to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Counties and SSPs must keep documentation of collaboration (i.e., referrals, etc.) on file for auditing and monitoring purposes.

6. [x] SUBG-funded SSPs are required to report the following data points to DHCS to comply with federal reporting requirements. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. Counties are required to ensure that SUBG-funded SSPs have reported the required data to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and substance use disorder treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP.

Annual County Certification

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as Syringe Services Programs [SSPs], or as syringe exchange programs) for U.S. Department of Health and Human Services (HHS) programs.

> *SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

To utilize SUBG funds to support SSPs, DHCS must certify to the Substance Abuse and Mental Health Services Agency (SAMHSA) and agree to annually certify that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. California will comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

As a pass-through requirement, DHCS requires (1) counties and SSPs receiving funds through counties to certify, and agree to annually certify, that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, and (2) to comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

County BH Director Signature of Attestation, Certification, and Agreement to Comply:

DocuSigned by:
Georgina Yoshioka
7DF8077EFA674B2...

Date Signed:

6/11/24

San Bernardino **County**
Syringe Services Program
Annual Program Attestation and Certification Form SFY Ch(2024-25

To utilize Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), the Department of Health Care Services (DHCS) requires SSPs which receive SUBG funding to support program operation to attest to the following federal requirements and restrictions.

Agency/Organization Name	San Bernardino County DBH-SUDRS
Address	303 E. Vanderbilt Way. San Bernardino. CA 92415
SSP Director (Print Name)	Dr. Georgina Yoshioka

Instructions:

In the Annual Attestation section, check each box to agree to each requirement. Each item must be checked and agreed to for the State of California to consider funding the SSP.

In the Annual Certification section, provide the SSP director's signature of attestation and certification, and provide the date signed. Provide the completed and signed forms to the county and keep a copy on file for auditing and monitoring purposes.

Annual Program Attestation

1. [x] No federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016. SSPs must keep documentation on file for auditing purposes to demonstrate that no federal funds were used to purchase sterile needles or syringes.

2. [x] Federal funding must not be used to supplant existing funding sources, and SSPs must maintain financial documentation demonstrating that no supplantation of funds has occurred.

3. [x] SUBG-funded SSPs must attest that they have obtained authorization through the California Department of Public Health's Office of AIDS (CDPH/OA), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization or physician's license must be kept on file by the SSP for auditing and monitoring purposes.

4. [x] SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs

must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.

5. [x] SUBG-funded SSPs are required to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Documentation of collaboration (i.e., referrals, etc.) must be kept on file for auditing and monitoring purposes.

6. [x] SUBG-funded SSPs are required to report the following data points to DHCS to comply with federal reporting requirements. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. SSPs must also agree to notify their County Behavioral Health Department to confirm that the data has been sent to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and substance use disorder treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP

Annual Program Certification

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as SSPs, or as syringe exchange programs) for U.S. Department of Health and Human Services (HHS) programs.

> *SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

To utilize Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), DHCS must certify to the Substance Abuse and Mental Health Services Agency (SAMHSA) and agree to annually certify that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. California will comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

As a pass-through requirement, DHCS and the county require SSPs receiving funds through counties (1) to certify, and agree to annually certify, that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, and (2) to comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

SSP Director Signature of Attestation, Certification, and Agreement to Comply:

DocuSigned by:
Georgina Yoshioka
7DF8077EFA674B2...

Date Signed:

6/11/24

San Bernardino **County**
Syringe Services Program
Annual Program Attestation and Certification Form SFY Ch(2025-26

To utilize Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), the Department of Health Care Services (DHCS) requires SSPs which receive SUBG funding to support program operation to attest to the following federal requirements and restrictions.

Agency/Organization Name	San Bernardino County DBH-SUDRS
Address	303 E. Vanderbilt Way, San Bernardino, CA 92415
SSP Director (Print Name)	Dr. Georgina Yoshioka

Instructions:

In the Annual Attestation section, check each box to agree to each requirement. Each item must be checked and agreed to for the State of California to consider funding the SSP.

In the Annual Certification section, provide the SSP director's signature of attestation and certification, and provide the date signed. Provide the completed and signed forms to the county and keep a copy on file for auditing and monitoring purposes.

Annual Program Attestation

1. × No federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016. SSPs must keep documentation on file for auditing purposes to demonstrate that no federal funds were used to purchase sterile needles or syringes.

2. × Federal funding must not be used to supplant existing funding sources, and SSPs must maintain financial documentation demonstrating that no supplantation of funds has occurred.

3. × SUBG-funded SSPs must attest that they have obtained authorization through the California Department of Public Health's Office of AIDS (CDPH/OA), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization or physician's license must be kept on file by the SSP for auditing and monitoring purposes.

4. × SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs

must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.

5. [x] SUBG-funded SSPs are required to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Documentation of collaboration (i.e., referrals, etc.) must be kept on file for auditing and monitoring purposes.

6. [x] SUBG-funded SSPs are required to report the following data points to DHCS to comply with federal reporting requirements. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. SSPs must also agree to notify their County Behavioral Health Department to confirm that the data has been sent to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and substance use disorder treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP.

Annual Program Certification

On December 18, 2015, President Barack Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as SSPs, or as syringe exchange programs) for U.S. Department of Health and Human Services (HHS) programs.

> *SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

To utilize Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds to support Syringe Services Programs (SSPs), DHCS must certify to the Substance Abuse and Mental Health Services Agency (SAMHSA) and agree to annually certify that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. California will comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

As a pass-through requirement, DHCS and the county require SSPs receiving funds through counties (1) to certify, and agree to annually certify, that no federal funds shall be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, and (2) to comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016.

SSP Director Signature of Attestation, Certification, and Agreement to Comply:

DocuSigned by:
Georgina Yoshioka
7DF8077EFA674B2...

Date Signed:

6/11/24

Additional Data Reporting Requirements
For State Fiscal Years 2024-25 and 2025-26

Background

Starting on July 1, 2024, counties that receive SUBG funds will be required to submit additional data to DHCS for **recovery support services** and **harm reduction activities** on a quarterly basis.

The new recovery support services reporting requirement is a result of Congressional requirements included in the Consolidated Appropriations Act, 2023.

The harm reduction activities reporting requirement is intended to capture the extent to which SUBG funds (other than primary prevention) are used to support harm reductin activities, specifically naloxone kit and fentanyl test strip purchases and distribution.

Recovery Support Services

Recovery support services are non-clinical services intended to help individuals stay engaged in the recovery process, provide emotional or practical support to navigate care systems, and sustain positive behavior change.

SAMSHA has provided guidance for allowable recovery support service expenditures, available here:

https://www.samhsa.gov/sites/default/files/recovery-support-services-subg-mhbg.pdf

The recovery support services reporting requirement is intended for counties to track and submit unduplicated counts of individuals by age, gender identity, and service type for all SUBG-funded recovery support services.

Harm Reduction Activities

Harm reduction is an evidence-based approach that empowers people who use drugs to create positive change and potentially save their lives. An important component of a harm-reduction strategy is the distribution of naloxone and fentanyl test strips to prevent opioid-related deaths.

Starting on July 1, 2024, counties must track and submit SUBG-funded distribution of naloxone kits and fentanyl test strips for each provider/program that receives grant funding.

Reporting Information and Forms

Reporting Period	*Submission Deadline*
SFY 2024-25	
07/01/2024 - 09/31/2024	10/30/2024
10/01/2024 - 12/31/2024	01/31/2025
01/01/2025 - 03/31/2025	04/30/2025
04/01/2025 - 06/30/2025	07/31/2025
SFY 2025-26	
07/01/2025 - 09/31/2025	10/31/2025
10/01/2025 - 12/31/2025	01/30/2026
01/01/2026 - 03/31/2026	04/30/2026
04/01/2026 - 06/30/2026	07/31/2026

For each reporting period, please complete both the Recovery Support Services form and Harm Reduction Reporting form by the deadline via the online data portal. Online data portal links will be sent out to counties prior to the deadline.

Any questions regarding the reporting information and forms should be directed to SUBG@dhcs.ca.gov.

SUBG-Funded Recovery Support Services Reporting Form Instructions

The purpose of this form is to capture the aggregated, unduplicated number of persons who received recovery support services funded through SUBG by age and gender identity.

For each age group, enter the aggregated unduplicated number of persons who received services, by service received and self-reported gender identity.
Persons receiving recovery services may receive more than one type of service during the reporting period.

Note: The Age category of 0-5 years is not applicable.

Recovery Support Service Categories:

- Peer-to-Peer Support Individual
- Peer-Led Support Group
- Peer-Led Training or Peer Certification Activity
- Recovery Housing
- Recovery Support Service Childcare Fee or Family Caregiver Fee
- Recovery Support Service Transportation

- Secondary School, High School, or Collegiate Recovery Program Service or Activity
- Recovery Social Support or Social Inclusion Activity
- Other SAMHSA Approved Recovery Support Event or Activity

Recovery Support Sex and Gender Categories (Self-Reported):

- Female
- Male
- Transgender (Trans Woman)
- Transgender (Trans Man)
- Gender Non-Conforming
- Other
- Not Available

SUBG-Funded Harm Reduction Reporting Form Instructions

This form is intended to capture the extent to which SUBG funds (other than primary prevention) are used to support harm reduction activities, specifically naloxone kit and fentanyl test strip purchases and distribution.

Please complete the following columns for each SUBG-funded entity in your County:

- Provider/Program Name - For all entities (county-run or subcontracted) enter the provider's/program name.

- Main Address – Enter the provider's/program address.

- Syringe Services Program (SSP) – Designate "Yes" or "No" if the provider/program is a SSP.

- Number of Naloxone Kits Purchased – Enter the aggregate number of naloxone kits purchased with expenditures from SUBG funds during the reporting period.

- Number of Naloxone Kits Distributed – Enter the total number of naloxone kits distributed during the reporting period.

- Number of Overdose Reversals – Enter the total number of naloxone overdose reversals that occurred during the reporting period.

- Number of Fentanyl Test Strips Purchased – Enter the aggregate number of fentanyl test strips purchased with SUBG funds during the reporting periods.

- Number of Fentanyl Test Strips Distributed – Enter the total number of fentanyl test strips distributed during the reporting period.

Substance Use Prevention and Treatment Block Grant (SUBG)
Primary Prevention Set-Aside Application Logic Model
State Fiscal Year 2024-25 and 2025-26

County Name: San Bernardino

Copy and paste the logic model(s) from the county strategic prevention plan.

- **Counties will asterisk (*) modifications to their problem statements, contributing factors, goals, and/or objectives from the prior SUBG application and include a brief justification for those modifications.**
- **For new priority areas that were not in the county's most current plan, the county will create a new logic model and include a brief justification.**
- **If there are no changes besides date changes, the county will enter N/A in the justification space.**

LOGIC MODEL TEMPLATE

Priority Area: Cannabis (Marijuana)
Problem Statement: The favorable attitude towards marijuana and the ease of access of marijuana contribute to early use among youth and young adults.
Contributing Factors: Marijuana consumption is prevalent among youth (ages 12-17) and young adults (ages 18-25), which suggests that the problem of ease of access continues to exist.
Goal: Decrease marijuana use among youth and young adults (ages 18-25).

SMART Objective	**Prevention Strategies**	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**	**Indicators**
By 2025, high school students will increase their perception of harm for marijuana use by 2% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2025, young adults will increase their perception of harm for marijuana use by 2% as measured by pre-	Education Alternative (Youth Leadership/Leadership Development) Community Based Process Information Dissemination	Beginning 2021, provide at least one school-based educational program for youth highlighting the harmful effects of marijuana use as indicated in ECCO. Beginning 2021, provide at least one presentation for young adults in a community setting (e.g. town halls, world cafes, assembly presentations, web casts, speaking	By 2023, youth will increase their perception of harm for marijuana use by 1% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2023, young adults will increase	By 2025, youth will have increased their perception of harm for marijuana use by 2% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2025, young adults will have increased their perception of harm for marijuana use by	Pre-post Surveys Local Surveys EP Youth Perception Survey CHKS data ECCO

post surveys and/or local surveys.		panels) to engage young adults in learning about the harmful effects of marijuana use as indicated in ECCO.	their perception of harm for marijuana use by 1% as measured by pre-post surveys and/or local surveys.	2% as measured by pre-post surveys and/or local surveys	
By 2025, high school students reporting age of onset at age 12 will decrease by 1% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS.	Education Alternative (Youth Leadership/Leadership Development) Community Based Process Information Dissemination	Beginning 2021, provide at least one school-based educational program for youth to learn about the harmful effects of marijuana use as indicated in ECCO. Beginning 2021, provide at least one presentation for young adults in a community setting (e.g. town halls, world cafes, assembly presentations, web casts, speaking panels) to engage young adults in learning about the harmful effects of marijuana use as indicated in ECCO.	By 2023, youth will increase their decision-making skills around marijuana use as measured by the EP Youth Perception Survey and/or pre-post surveys. By 2023, young adults will increase their decision-making skills around marijuana use as measured by pre/post surveys and/or local surveys.	By 2025, high school students reporting age of onset at age 12 will have decreased by 1% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS.	Pre-post Surveys Local Surveys NSDUH Reports EP Youth Perception Survey ECCO CHKS data
By 2025, decrease youth access of marijuana from adults by 2% as measured by law enforcement records. By 2025, decrease youth access of	Environmental Community Based Process Information Dissemination	Beginning 2021, conduct at least one environmental strategy activity (i.e. community assessments, special event permits, environmental scans, collect data on local ordinances and policies,	By 2023, decrease marijuana dispensary availability by 1% as measured by dispensary statistics.	By 2025, will have decreased youth access of marijuana from adults by 2% as measured by law enforcement records. By 2025, will have decreased youth	Law enforcement records Pre-post Surveys Local Surveys

marijuana from peers by 2% as measured EP Youth Perception Survey and/or CHKS and/or CYTS.		etc.) to develop policy and ensure compliance with local ordinances and policies as indicated in ECCO. Beginning 2021, develop and implement at least one high visibility awareness campaign (i.e. social media, door hangers, Cannabis Decoded Campaign, etc.) as indicated in ECCO.	By 2023, decrease youth marijuana availability from adults by 1% as measured by law enforcement records.	access of marijuana from peers by 2% as measured EP Youth Perception Survey and/or CHKS and/or CYTS.	ECCO Dispensary statistics EP Youth Perception Survey CHKS data CYTS Data

Priority Area: Methamphetamine
Problem Statement: Early initiation of use and family history of use contributes to high frequency of methamphetamine use.
Contributing Factors: The average age of first use for young adults is 16 years old with methamphetamine as the reported primary drug of choice for this age group. Methamphetamine use for 9th and 11th graders are similar to those of the State.
Goal: Decrease methamphetamine use among families, youth, and young adults (ages 18-25).

SMART Objective	Prevention Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
By 2025, families will increase their knowledge about the causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys. By 2025, youth will increase their knowledge about the	Education Environmental Community Based Process Information Dissemination	Beginning 2021, implement at least one community based educational program for families, young adults, and youth (e.g. parenting and family management classes, meetings, etc.) to educate participants about the family history of use factors such as genetics and	By 2023, families will increase their knowledge about the causes and consequences of methamphetamine use by 1% as measured by pre-post surveys and/or local surveys.	By 2025, families will have increased their knowledge about the causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys.	SUDRS treatment data Pre-post Surveys Local Surveys ECCO

causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys. By 2025, young adults will increase their knowledge about the causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys.		environmental issues that contribute to the early onset of methamphetamine use as indicated in ECCO.	By 2023, youth will increase their knowledge about the causes and consequences of methamphetamine use by 1% as measured by pre-post surveys and/or local surveys. By 2023, young adults will increase their knowledge about the causes and consequences of methamphetamine use by 1% as measured by pre-post surveys and/or local surveys	By 2025, youth will have increased their knowledge about the causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys. By 2025, young adults will have increased their knowledge about the causes and consequences of methamphetamine use by 3% as measured by pre-post surveys and/or local surveys.	
By 2025, youth will decrease methamphetamine use by 2% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2025, young adults will decrease methamphetamine use by 2% as measured by pre-post surveys and/or local surveys.	Education Alternative (Youth Leadership/Leadership Development) Community Based Process Information Dissemination	Beginning 2021, provide at least one school-based youth presentation discussing the harmful effects of methamphetamine use as indicated in ECCO. Beginning 2021, provide at least one community-based youth presentation discussing the harmful effects of methamphetamine use as indicated in ECCO.	By 2023, youth will increase healthy decision-making skills about methamphetamine use by 1% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2023, young adults will increase healthy decision-	By 2025, youth will have decreased methamphetamine use by 2% as measured by EP Youth Perception Survey and/or CHKS and/or CYTS. By 2025, young adults will have decreased methamphetamine use by 2% as measured by pre-	SUDRS Treatment Data EP Youth Perception Survey Pre-post Surveys Local Surveys

		Beginning 2021, provide at least one college-based presentation (i.e. town halls, world cafes, assembly presentations, web casts, speaking panels) about the harmful effects of methamphetamine use as indicated in ECCO.	making skills about methamphetamine by 1%as measured by pre/post surveys and/or local surveys.	post surveys and/or local surveys.	ECCO CHKS Data CYTS Data

Priority Area: Alcohol
Problem Statement: Alcohol availability (ease of access) contributes to early onset of alcohol use and alcohol related traffic collisions among youth and young adults.
Contributing Factors: There is a lack of enforcement of local alcohol related policies and ordinances, such as the social host ordinance and RBS.
Goal: Decrease alcohol consumption among youth and young adults (ages 18-25).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
By 2025, the number of alcohol related traffic collisions involving youth and young adults will decrease by 3% as measured by law enforcement records.	Education Environmental Community Based Process Information Dissemination	Beginning 2021, provide at least one school-based campaign to increase the perception of harm and awareness associated with impaired driving as indicated in ECCO. Beginning 2021, provide at least one community-based awareness campaign for young adults to increase the perception of harm of impaired driving as indicated in ECCO. Beginning 2021, increase environmental activities (e.g. coordination with law enforcement for DUI checkpoints, etc.).	By 2023, youth will increase positive decision-making skills about drunk driving by 1% as measured by pre-post surveys and/or local surveys. By 2023, young adults will increase positive decision-making skills about drunk driving by 1% as measured by pre/post surveys and/or local surveys.	By 2025, the number of alcohol related traffic collisions involving youth and young adults will have decreased by 3% as measured by law enforcement records.	Law Enforcement Records Pre/post Surveys Local Surveys ECCO

By 2025, youth (11th grade) reporting alcohol is easy to get will decrease by 3% as measured by EP Youth Perception Survey and/or CHKS. By 2025, decrease availability of alcohol to youth from retailers by 3% as measured by ABC. By 2025, decrease availability of alcohol to youth from adults by 3% as measured law enforcement records. By 2025, high school students reporting age of onset at age 12 will decrease by 3% as measured by EP Youth Perception Survey and/or CHKS.	Education Environmental (minor decoy operations, social host ordinance citations) Community Based Process Information Dissemination	Beginning 2021, provide at least one community-based awareness campaign to increase community awareness of local policies and legalities about supplying alcohol to minors as indicated in ECCO.	By 2023, retailers and community members will increase their knowledge about the legalities of supplying alcohol to persons under 21 by 1% as measured by pre/post surveys and/or local surveys. By 2023, youth (11th grade) reporting alcohol is easy to get will decrease by 1% as measured by EP Youth Perception Survey and/or CHKS.	By 2025, youth (11th grade) reporting alcohol is easy to get will have decreased by 3% as measured by EP Youth Perception Survey and/or CHKS. By 2025, will have decreased availability of alcohol to youth from retailers by 3% as measured by ABC. By 2025, will have decreased availability of alcohol to youth from adults by 3% as measured law enforcement records. By 2025, high school students reporting age of onset at age 12 will have decreased by 3% as measured by EP Youth Perception Survey and/or CHKS.	Pre-post Surveys Local Surveys Minor Decoy Operations Social Host Ordinance Citations Community Assessments ECCO ABC Law enforcement records EP Youth Perception Survey CHKS data

Table 40: Logic Model for Opioids

Priority Area: Opioids
Problem Statement: Low perception of harm and increased availability due to over-prescribing and incorrect disposal contribute to higher prescription drug use among youth and young adults.
Contributing Factors: Incorrect disposal of opioid prescriptions in households. Youth prescription drug use is increasing.
Goal (Behavioral Change): Decrease prescription drug use/misuse among youth and young adults (ages 18-25).

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
By 2025, youth will increase their perception of harm for opioid use/misuse by 2% as measured by EP Youth Perception Survey and/or CHKS. By 2025, young adults will increase their perception of harm for opioid use/misuse by 2% as measured by pre-post surveys and/or local surveys.	Education Community Based Process Information Dissemination	Beginning 2021, provide at least one school based educational program for youth discussing the harmful effects of opioid use/misuse as indicated in ECCO. Beginning 2021, provide at least one school-based educational program discussing the harmful effects of opioid use/misuse as indicated in ECCO. Beginning 2021, provide at least one college-based presentation (i.e. town halls, world cafes, assembly presentations, web casts, speaking panels) discussing the harmful effects of opioid use/misuse as measured by ECCO.	By 2023, youth will increase their perception of harm for opioid use/misuse by 1% as measured by EP Youth Perception Survey and/or CHKS. By 2023, young adults will increase their perception of harm for opioid use/misuse by 1% as measured by pre-post surveys and/or local surveys.	By 2025, youth will have increased their perception of harm for opioid use/misuse by 2% as measured by EP Youth Perception Survey and/or CHKS. By 2025, young adults will have increased their perception of harm for opioid use/misuse by 2% as measured by pre/post surveys and/or local surveys.	Pre-post Surveys Local Surveys EP Youth Perception Survey CHKS Data ECCO

By 2025, increase the number of unused and/or expired prescription drugs collected by 3% as measured by local surveys and/or the Drug Enforcement Administration's collection statistics and the Inland Empire Opioid Crisis Coalition reports.	Environmental Community Based Process Information Dissemination	Beginning 2021, develop and implement a safe disposal awareness campaign to increase community awareness about proper and safe prescription drug disposal as indicated in ECCO. Beginning 2021, conduct two annual multi-media campaigns to increase community participation in the bi-annual National Prescription Drug Take Back Day as indicated in ECCO.	By 2023, increase the number of unused and/or expired prescription drugs collected by 1% as measured by local surveys and/or the Drug Enforcement Administration's collection statistics and the Inland Empire Opioid Crisis Coalition reports.	By 2025, will have increased the number of unused and/or expired prescription drugs collected by 3% as measured by local surveys and/or the Drug Enforcement Administration's collection statistics and the Inland Empire Opioid Crisis Coalition reports.	Local Surveys Drug Enforcement Administration's collection stats. Inland Empire Opioid Crisis Coalition reports ECCO
By 2025, pharmacists/doctors will reduce the number of opioid prescriptions they fill by 2% as measured by the California Opioid Overdose Surveillance Dashboard and Inland Empire Opioid Crisis Coalition reports.	Environmental Community Based Process Information Dissemination	Beginning 2021, educate the community on reducing opioid prescriptions by requesting non-addictive alternative pain medication as measured by qualitative data gathering. Beginning 2021, develop a year-round awareness campaign (i.e. counter advertising, warning signage, presentations etc.) to educate the medical providers on reducing opioid prescriptions by prescribing non-addictive alternative pain medication as measured by ECCO.	By 2023, the community will be aware of how to request non-addictive alternative pain medication therefore opioid prescriptions will have reduced by 1% as measured by the California Opioid Overdose Surveillance Dashboard and Inland Empire Opioid Crisis Coalition reports.	By 2025, pharmacists/doctors will reduce the number of opioid prescriptions they fill by 2% as measured by the California Opioid Overdose Surveillance Dashboard and Inland Empire Opioid Crisis Coalition reports.	California Opioid Overdose Surveillance Dashboard Inland Empire Opioid Crisis Coalition reports ECCO Qualitative data gatherings

*FNL Youth Development Survey was replaced by EP Youth Perception Survey.

*PPSDS was replaced by ECCO

*CYTS Data was added as another source of data.

*Alternative (for CL/FNL) was changed to Alternative (Youth Leadership/Leadership Development)

PROVIDERS AND PROGRAMS/SERVICES: List the county provider(s) and the programs/services they are responsible to implement. Indicate new additions with an asterisk (*).

Provider Name	Programs/Services
Institute for Public Strategies-East Valley	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.
Institute for Public Strategies-High Desert	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.
Institute for Public Strategies-Central Valley	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.
Reach Out-West End	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.
Reach Out-Low Desert	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.
Rim Family Services	Environmental Prevention: Information Dissemination; Youth, Adult, Community Education; Alternative Activities; Problem Identification and Referral Services; Community-Based Process; Environmental Activities.

State of California - Health and Human Services Agency

Department of Health Care Services
Version 1.7

Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	2024-25
COUNTY	SAN BERNARDINO		

Funding Source		
Prevention Set-Aside	$	2,652,846.00

Program Name	Prevention Set-Aside	
Summary		
Category	**Amount**	
Staff Expenses	$	214,812.99
Consultant/Contract Costs	$	2,315,243.00
Equipment	$	-
Supplies	$	5,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	633,764.00
Indirect Costs	$	117,790.01
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**2,652,846.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 64,065.35	0.750	$ 48,049.01
Staff Expenses	Staff Analyst II	$ 75,250.65	0.750	$ 56,437.99
Staff Expenses	Mental Health Program Manager I	$ 102,022.48	0.085	$ 8,671.91
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.049	$ 5,889.88
Staff Expenses	Mental Health Specialist	$ 53,106.99	0.125	$ 6,638.37
Staff Expenses	Program Specialist I	$ 70,464.86	0.023	$ 1,620.69
Staff Expenses	Program Specialist I	$ 70,464.86	0.023	$ 1,620.69
Staff Expenses	Program Specialist II	$ 80,260.27	0.023	$ 1,845.99
Staff Expenses	Secretary I	$ 48,884.41	0.036	$ 1,759.84
Staff Expenses	Program Specialist	$ 70,464.00	0.031	$ 2,184.38
Staff Expenses	Social Worker II	$ 64,065.35	0.100	$ 6,406.53
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.023	$ 1,817.71
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 71,870.00	1.000	$ 71,870.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs - Overhead	$ 117,790.01	$ 117,790.01
Supplies	Services and Supplies: General Office Expenses	$ 5,000.00	$ 5,000.00
Consultant/Contract Costs	Institute for Public Strategies	$ 1,000,579.00	$ 1,000,579.00
Consultant/Contract Costs	Rim Family Services	$ 300,000.00	$ 300,000.00
Consultant/Contract Costs	Reach Out West End	$ 497,710.00	$ 497,710.00
Consultant/Contract Costs	San Bernardino County Department of Public Health	$ 468,000.00	$ 468,000.00
Consultant/Contract Costs	California Health Collaborative-California Student Tobacco Survey Data and Reports	$ 48,954.00	$ 48,954.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency

Department of Health Care Services
Version 1.7

Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	2025-26
COUNTY	SAN BERNARDINO		

Funding Source		
Prevention Set-Aside	$	2,652,846.00

Program Name	Prevention Set-Aside	
Summary		
Category	**Amount**	
Staff Expenses	$	221,257.29
Consultant/Contract Costs	$	2,315,243.00
Equipment	$	-
Supplies	$	5,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	635,375.07
Indirect Costs	$	111,345.71
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**2,652,846.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 65,987.31	0.750	$ 49,490.48
Staff Expenses	Staff Analyst II	$ 77,508.17	0.750	$ 58,131.12
Staff Expenses	Mental Health Program Manager I	$ 105,083.16	0.085	$ 8,932.07
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.049	$ 6,066.57
Staff Expenses	Mental Health Specialist	$ 54,700.20	0.125	$ 6,837.52
Staff Expenses	Program Specialist I	$ 72,578.80	0.023	$ 1,669.31
Staff Expenses	Program Specialist I	$ 72,578.80	0.023	$ 1,669.31
Staff Expenses	Program Specialist II	$ 82,668.07	0.023	$ 1,901.37
Staff Expenses	Secretary I	$ 50,350.94	0.036	$ 1,812.63
Staff Expenses	Program Specialist	$ 72,578.80	0.031	$ 2,249.94
Staff Expenses	Social Worker II	$ 65,987.31	0.100	$ 6,598.73
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.023	$ 1,872.24
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 74,026.00	1.000	$ 74,026.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs - Overhead	$ 111,345.71	$ 111,345.71
Supplies	Services and Supplies: General Office Expenses	$ 5,000.00	$ 5,000.00
Consultant/Contract Costs	Institute for Public Strategies	$ 1,000,579.00	$ 1,000,579.00
Consultant/Contract Costs	Rim Family Services	$ 300,000.00	$ 300,000.00
Consultant/Contract Costs	Reach Out West End	$ 497,710.00	$ 497,710.00
Consultant/Contract Costs	San Bernardino County Department of Public Health	$ 468,000.00	$ 468,000.00
Consultant/Contract Costs	California Health Collaborative-California Student Tobacco Survey Data and Reports	$ 48,954.00	$ 48,954.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Perinatal

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☒	County-Run ☐ Subcontracted ☒ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

DBH offers Perinatal Treatment services to provide comprehensive intensive outpatient treatment services for pregnant, parenting women with dependent children and women attempting to regain custody of their children. Prevention, Identification, and reduction of perinatal opioid and other substance use during pregnancy and the postpartum period are critical to support the health and wellbeing of women and their children.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

DBH Perinatal services provides substance use disorder treatment services and other therapeutic interventions to women who are diagnosed with a SUD and are pregnant, parenting, or attempting to regain legal custody of her child(ren). Perinatal Services provide a planned regimen of treatment, consisting of regularly scheduled treatment sessions within a structured program, for a minimum of 9 hours of treatment per week for adults provided at minimum 3 hours per day, 3 days per week.
Priority admission for women in perinatal services is given in the following order:

- Pregnant injection drug users;
- Pregnant substance users;
- Parenting injection drug users;
- Parenting substance users.

All Perinatal Services programs comply with the most current Department of Health Care Services (DHCS) Perinatal Practice Guidelines, by providing the following:

- Outreach and engagement
- Screening
- Intervention
- Assessment and Placement
- Treatment Planning
- Referrals
- Interim Services
- Case Management
- Transportation
- Recovery Support
- Residential treatment
- Outpatient and Intensive Outpatient
- Peer Support

Supervising Social Worker provides technical assistance and training to subcontracted providers, ensures subcontractors are in compliance with federal, state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Supervising Social Workers are provided county issued equipment, such as; cellphones and vehicles to assist in the performance of their duties.

SUBG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SUBG funding is also utilized to support DBH Administrative staff by paying

for: supplies, office space and other items needed to conduct day to day business. tracking.

Perinatal Treatment services are provided by subcontracted providers

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

• Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

• Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

• Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

• Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

• Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. 100% of members provided services in their native language.
2. Increase Peer Support services by 10%
3. Increase the number of members that transition to a lower level of care (LOC) by 10%.
4.
5.

Progress Statement:

In FY 22/23, approximately 18% of members who received residential treatment transitioned to a lower level of care (LOC) within 30 days. In FY 22/23, DBH provided 100% of members services in their native languages. DBH has developed a peer support specialist career ladder. This program has successfully employeed individuals with lived experience with treatment providers. Peer providers do not need to be certified to start, and the County will pay for their training and certification.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Member/Family Member/Community committees in to the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☒ Pregnant women	☒ Women with dependent children	☐ Early intervention services for HIV/AIDS
☒ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☐ Other		

Describe:

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Supervising Social Worker	Provides technical assistance and training to subcontracted providers, ensures subcontractors are in compliance with federal, state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.050	1
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.330	2
Staff Analyst II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking. Assists with budgeting,staff supervision, data analysis.	0.330	1
Mental Health Program Manager II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.050	1
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	1

Supervising Program Specialist	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.035	1
Secretary I	Managing correspondence, scheduling meetings, maintaining records, preparing reports.	0.035	1
Behavioral Health Sr. Program Manager	Strategic planning, program oversight, staff supervision, data analysis.	0.050	1
Staff Analyst II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.050	1

Please provide any additional information regarding county staffing below:

N/A

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is full implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded).
An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

Data for each member is collected at intake and during treatment through progress notes. Admission and discharge information is reported to CALOMS monthly. Capacity

metrics are documented in DATAR monthly. The Initial Call Log (ICL) is used for recording and reporting timeliness metrics, with reports examined and presented monthly at quality improvement meetings. Level of Care (LOC) data is gathered during screening and assessment, and compiled in a web-based database, also reported monthly.

Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

NA

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Recovery Centers

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☒	County-Run ☐ Subcontracted ☒ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

The objective of Recovery Centers is to provide comprehensive efficient supportive strategies to assist in the ongoing prevention of substance use disorders and relapse. Recovery Centers provide substance-free alternative activities, information dissemination, vocational and educational opportunities, and training classes including overall wellness to the member and continuously assess, if further or a higher level of care may be required.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Recovery Centers' primary purpose is to support the recovery efforts from substance use disorders of persons in the communities of San Bernardino County. Recovery Centers provide a supportive substance free environment where persons in recovery and those seeking support in their recovery process can work with one another to secure resources that will help sustain and strengthen their wellness efforts. Recovery Center services include a wide variety of self-help groups, healthy socialization opportunities, information dissemination, vocational and educational opportunities, training classes and linkage to any other kind of necessary services. Recovery Centers provides access to services for families and significant others of persons in recovery and can serve as a focal point for prevention services.
Some of the Recovery Centers offer Drug-Medical Recovery Services to offer support for recovery and prevent relapse with the objective of restoring the member to their best possible functional level. Recovery Services are provided in the context of an individualized treatment plan that includes specific goals.
Recovery Services treatment component includes:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Recovery Monitoring
- Relapse Prevention
- Peer Support

SUBG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SUBG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

• Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.
• Administrative Staff (such as; Mental Health Program Managers I & II, Program Specialists (I & II), Program Specialist Supervisor, and Secretary I & II) QM/UM

Activities, new/enhancements for Program Development, Training, Outcome development and tracking.
• Mental Health Specialist; community engagement and education.

Recovery Center and Recovery Services are provided by subcontracted providers.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

• Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

• Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

• Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

• Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

• Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Increase Peer Support services by 10%
2. 100% of members provided services in their native language.
3. Increase attendance by 10%
4.
5.

Progress Statement:

In FY 22/23, approximately 13,000 members attended at least one (1) training, educational class, or group, and 100% of members were provided services in their native language.
DBH has developed a peer support specialist career ladder. This program has successfully employeed individuals with lived experience with treatment providers. Peer providers do not need to be certified to start, and the County will pay for their training and certification.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Member/Family Member/Community committees in to the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☐ Pregnant women	☐ Women with dependent children	☐ Early intervention services for HIV/AIDS

☐ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☒ Other Describe: Youth and Adults		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Mental Health Program Manager I	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.075	1
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.250	1
Clinic Therapist I	Crisis intervention, counseling, assessments, placements, and screenings.	0.250	1
Mental Health Program Manager II	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.170-0.330	2
Mental Health Specialist	Conducting assessments, providing placements, program support	0.250	1
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.250	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking, staff supervision.	0.250	1
Secretary II - Administration	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.250	1
Secretary I - Administration	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.250	1

Supervising Social Worker	Provides technical assistnace and training to subcontracted providers, ensures subcontractors are in compliance with federal state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.	0.250	1
Staff Analyst II	Data analysis, generate reports, process improvement, performance metrics evaluation.	0.050	1
Behavioral Health Sr. Program Manager	Strategic planning, program oversight, staff supervision, program development.	0.050	1
Supervising Program Specialist Administration	Staff supervision, staff training, policy implementation, performance monitoring.	0.035	1

Please provide any additional information regarding county staffing below:

NA

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and

included in the review report. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

DBH collects monthly data including educational classes and group meetings. The data collected includes the headcount of members who attended these sessions. This information is gathered on a monthly basis to monitor participation levels and engagement in preventive services.

Type of data collection and analysis:

The data collection for activities involves recording the attedence services such as educational classes and group meetings. This data is then analyzed by comparing headcount numbers month-to-month and year-to-year.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

NA

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Community Outreach for Recovery and Education (CORE)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☒	County-Run ☐ Subcontracted ☐ Both ☒
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

The purpose of CORE is to provide comprehensive harm reduction services, including TB and HIV screenings, and linkage to care for members with substance use disorders (SUD). By incorporating SSP components, CORE aims to reduce the transmission of HIV, hepatitis, and other blood-borne infections among people who inject drugs (PWID) and other high-risk members. The goal is to educate and improve the health and safety of PWID and the County.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

CORE leverages SUBG funds to support a range of referrals, education, and prevention services. Services include:

- HIV and tuberculosis (TB) screenings
- Counseling
- Education
- Referrals to SUD and primary care services
- Referrals to MAT and NTP
- Distribution of overdose prevention kits
- Distribution of Narcan/Kloxxado (Naloxone)
- Distribution of Fentanyl test strips

For clients with positive screening for HIV, counselors provide limited screening disclosure and linkage to the Department of Public Health (DPH).
The program will provide education on syringe use, including safe disposal locations, to ensure member and community safety. CORE also distributes Naloxone to reverse opioid overdoses, a component of harm reduction. CORE facilitates referrals and linkages to various healthcare services. These include treatment for HIV, hepatitis, and sexually transmitted diseases (STDs), as well as primary medical care and mental health services.
To improve accessibility and reach underserved populations, DBH has implemented a mobile outreach and treatment unit. This unit will travel to remote and high-need areas of the County, providing on-site HIV and TB screenings, naloxone, and offering educational sessions on safe injection practices. The mobile unit will also facilitate referrals to healthcare services, ensuring that clients in marginalized communities receive the support they need.
The goal of CORE is to create a supportive environment for members through these comprehensive activities, for improved individual and public health outcomes.
SUBG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SUBG funding is also utilized to support DBH Administrative staff by paying for; supplies, office space and other items needed to conduct day to day business.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

• Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

• Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

• Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

• Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

• Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Expand program to all county SUDRS clinics
2. Increase the amount of HIV screening trained staff to all SUDRS clinic.
3. Mobile clinic outreach to 250 members in remote areas.
4.
5.

Progress Statement:

DBH plans to implement CORE and expand SSP components to all county clinics by FY 24/25. DBH has purchased a mobile treatment and outreach unit to improve outreach, specifically in remote regions, scheduled for implementation in 2024. Currently, DBH operates nine (9) county clinics, and two of these clinics have staff trained for HIV screening and referral services. DBH aims to extend these HIV screening and referral services to all county clinics by FY 24/25.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration, and participation of Member/Family Member/Community committees into the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee (CCAC) and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations, they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☒ Pregnant women	☒ Women with dependent children	☒ Early intervention services for HIV/AIDS
☒ Injection drug users	☒ Tuberculosis services	☐ Primary prevention services
☐ Other Describe:		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)

communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Alcohol & Drug Counselor	Intake, counseling, crisis intervention, care coordination, placements, and screenings.	0.025	6

Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.025	2
Clinical Therapist II	Crisis intervention, counseling, assessments, placements, and screenings.	0.025	2
Clinical Therapist I	Crisis intervention, counseling, assessments, placements, and screenings.	0.025	1
Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.025	2
Secretary II	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.025	1
Mental Health Program Mgr II	Program development, staff supervision, budget management, policy implementation.	0.025	2
Behavl Hlth Sr Program Manager	Strategic planning, program oversight, staff supervision, program development.	0.025	1
Supervising Office Assistant	Team supervision, workflow coordination, records management, administrative support.	0.025	1

Please provide any additional information regarding county staffing below:

N/A

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

The program will be fully implemented by the end of FY 25/26. The mobile treatment and outreach unit was purchased in early 2024. Staff training and preparation for operating the mobile unit are scheduled for July 2024, with a pilot program launch planned for August 2024. Full implementation of the mobile unit serving remote regions is expected by the end of FY25/26. DBH plans to expand SSP components to all county clinics. Currently, two (2) of the nine (9) county clinics have trained staff. Initial planning

and staff training for the remaining clinics will occur in FY 24/25. By January 2025, all nine (9) county clinics will provide comprehensive SSP components and TB and HIV screening and referral services.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded).
An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

DBH will track all services provided by the CORE program, including the distribution of naloxone and overdose prevention kits, training on their use, education on safe injection practices and syringe disposal, and referrals, SUD treatment and detox services, TB screening and treatment, and HIV screening and treatment.

Type of data collection and analysis:

The data collection for TB and HIV services involves gathering multiple pieces of information, including first name, last name, and birthdate. For TB services, the DPH collects data from TB screening and chest X-ray services provided at various health centers. For HIV services, DPH collects data from HIV screenings, confirmatory screening, and follow-up appointments. DPH also offers follow-up medical appointments for individuals with positive HIV screening results. Additionally, the DBH tracks all CORE program activities, which include distributing naloxone and overdose prevention kits, providing training on their use, educating on safe injection practices and syringe disposal, and making referrals to various health services. This comprehensive approach ensures thorough monitoring and analysis of service delivery and outcomes.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

CORE will use a drop-in health model at County SUD clincs where members can access services without needing a prior appointment. Additionaly, the program will use a mobile services model to deliver its SSP components. The mobile outreach unit will travel to various regions of the county, specifically targeting remote and underserved areas, to provide harm reduction services directly to the community.

Provide an overview of activities to be performed:

The CORE program will provide several services and activities to support harm reduction and improve health outcomes for individuals with SUDs. These activities include the distribution of naloxone and overdose prevention kits, along with training on their use. The program will provide information and education on safe injection practices and syringe disposal. A mobile outreach unit will extend these services to remote and underserved areas. The program will offer referrals to medical care, SUD treatment and detox services, TB screening and treatment, and HIV screening and treatment.

Describe the SSP's current training and technical assistance (TA) needs:

N/A

Describe how the SSP is authorized (i.e., local government, state government, etc.):

SSP will be authorized through the DBH Director and the San Bernardino County Board of Supervisors.

Describe the SSP's syringe/needle disposal plan:

DBH will educate program members on safe syringe use and disposal practices. This education will include information on proper syringe handling and the locations of designated disposal sites. However, DBH will not distribute syringes or handle the disposal of used syringes directly.

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

DBH partners with DPH and managed care plans, including Inland Empire Health Plan (IEHP), Molina Healthcare, and Kaiser Permanente, through formal Memorandum of Understanding (MOUs). These partnerships facilitate referrals and coordinated care for members.
Additionally, DBH partners with the county courts, the Transitional Assistance Department (TAD), and Children and Family Services (CFS).

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☒ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Recovery Residences

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☒	County-Run ☐ Subcontracted ☒ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

DBH's Recovery Residences, formerly Transitional Housing, provides San Bernardino County residents with housing units in a sober living environment for adult and adult members with children.
The program is a structured and sober 24/7 living environment that provides necessities in a home-like atmosphere. Recovery Residences offer access to services and activities that help maintain sobriety and prepare individuals to secure permanent housing. Recovery Residences aims to support members in maintaining a drug-free lifestyle and reintegrating into their community. Members' attendance in recovery and treatment services is mandatory while they reside in a Recovery Residence. Members are free to participate in self-help meetings or other activities that help maintain sobriety, and activities are supervised within a substance-free environment. Recovery Residences do not provide treatment.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Recovery Residences are uniquely qualified to assist individuals in all recovery phases, especially those in early recovery, by furnishing social capital and recovery support.

DBH includes San Bernardino County residents who are experiencing substance use disorders and are actively engaged in medically necessary SUD treatment, or Recovery Support Services provided off-site. Recovery Residences are an essential part of a member's overall recovery process.

Recover Residences are subcontracted to provide the following services:
- Admission
- Supervised planned activities in a substance-free environment
- Random Drug Testing
- Monthly Resident Council Meetings facilitated by a House Manager
- Monitoring attendance at recovery services, treatment programs, job search, employment, or an educational program
-Provides referrals for other services to coordinate access to necessary support
Food, if necessary

Recovery Residence access necessary support services to ensure members successfully transition back to the community, assist in maintaining recovery, and help prevent relapse.
The SUBG funding is used to finance the DBH Administrative Staff assigned to this program. Additionally, the SUBG funding is utilized to support the DBH Administrative staff by paying for supplies, office space, and other necessary items for conducting day-to-day business. The DBH Administrative staff supports the program in various ways, including but not limited to:

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf

note: Members must be in SUD treatment during placement in Recovery Recidences.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Increase vocational outcomes by 5%
2. Increase bed capacity by 5%
3. Increase number of members that completes treatment by 5%
4.
5.

Progress Statement:

In fiscal year 2022-2023, with three providers and 22 beds, 38% of members were employed, 7% of members were enrolled in school, and 31% completed outpatient treatment upon discharge.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration, and participation of Member/Family Member/Community committees into the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee (CCAC) and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations, they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☒ Pregnant women	☒ Women with dependent children	☐ Early intervention services for HIV/AIDS
☒ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☐ Other Describe:		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Social Worker II	Monitors programs to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.10	2
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development, and tracking.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development, and tracking.	0.025	1
Mental Health Program Manager II	Administration, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.05	1
Mental Health Program Manager I	Administration, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.05	1
Supervising Social Worker	Administration, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.035	1
Secretary I	Managing correspondence, scheduling meetings, maintaining client records, preparing reports	0.035	1
Behavl Hlth Sr Program Manager	Administration, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	1
Supervising Program Specialist	Administration, QM/UM Activities, new/enhancements for Program Development,	0.025	1

	Training, Outcome development and tracking.		
Staff Analyst II	Administration, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	1
Mental Health Specialist	Conducting assessments, providing placements	0.025	1

Please provide any additional information regarding county staffing below:

N/A

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.
An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider.Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Frequency of data collection and analysis:

Member data is obtained upon referral during the screening process and at the time of intake at the facility. Providers submit monthly reports to the program coordinator pertaining to DBH specified outcomes and objectives of the program. This includes any modifications that occurred as a result of the outcomes evaluated, as well as members' outcomes regarding their program stay.

Type of data collection and analysis:

Data collected from programs include abstinence from drugs and alcohol, employment and income, housing status, and treatment program participation. Data is collected during intake, through progress notes, and in comprehensive monthly reports detailing outcomes, modifications, progress, urine analysis results, employment and income tracking, housing status, program participation, monthly review, outcome evaluation, and continuous improvement. The data is reviewed in quality improvement meetings to assess program effectiveness and member outcomes, and necessary modifications are made to improve program effectiveness and ensure it meets specified objectives.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Juvenile Drug Court

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☒	County-Run ☐ Subcontracted ☒ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

Juvenile Drug Court is a substance use disorder treatment program designed to address juvenile offenders' needs, ensuring consistency in judicial decision-making and enhancing coordination of agencies and resources tailored to the needs of juvenile participants with substance use disorders. Juvenile drug courts aim to reduce relapse and recidivism by assessing the needs of the juvenile offender and, through judicial interaction, monitoring, and supervision, the use of graduated sanctions and incentives for juvenile participants. The program provides juveniles and their families counseling, education, and other services to promote immediate intervention structure, improve their level of functioning, address problems that may contribute to drug use, build skills that increase the juvenile's ability to lead a drug and crime-free life; strengthen the family's capacity to offer structure and guidance; and promote accountability for all involved.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Juvenile Drug Court Program Services provides a highly structured and strictly monitored treatment alternative to prosecution for juvenile offenders admitted to the program by the Drug Court Judge based on a recommendation from the District Attorney, Legal Counsel, Probation, and the Treatment Provider.

Juvenile Drug Court utilizes a team approach consisting of a Judge, the District Attorney, Legal Counsel, Probation, Treatment Court Coordinator, the Treatment Provider, and the client. The client focuses on attempting to resolve their substance use disorder-related problems. The Treatment Provider works with the Drug Court Team and the client to develop the treatment plan and ensure the client's compliance with the program. Weekly progress reports are made by the treatment Provider to the Drug Court Team on the client's progress or lack of progress in the program. The client is required to make frequent court appearances, at which time the Drug Court Team evaluates the client's progress and decides on the client's status in the program, whether the client continues, is sanctioned or terminated from the program, and prosecuted on the original violation.

The treatment program utilizes evidence-based practices and a curriculum that is provided in phases and incorporates the Drug Court 10 Key Components into the program, such as Drug Testing (Key Component #5), Judicial Supervision (Key Component #7), Case Management (Key Component #8), Educational/Vocational Services (Key Component #10).

Each phase the client enters involves a different aspect of their recovery, such as individual and group counseling, which includes gender-specific and age-appropriate groups. They cover topics such as relapse prevention, reasoning, and anger management. The phases of treatment require random and observed drug testing and participation in self-help groups. The client must meet all program requirements to

advance to each subsequent phase of the program and eventually graduate from the program with a reduced or dismissed charge on the original violation.

SABG funding is utilized to finance the DBH administrative staff assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for supplies, office space, and other items needed to conduct day-to-day business.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

• Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

• Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

• Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

• Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

• Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Meet an overall timely access rate of 75% from intake to first services within 10 days.
2. Increase Medication Assisted Treatment services by 10%
3. Increase overall admission by 10%
4.
5.

Progress Statement:

In FY 22/23 appoximately 70% of DBH members received services within 10 days, 23% of member recevie MAT services, and 24 members received Juvenile Drug Court services.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration, and participation of Client/Family Member/Community committees into the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee (CCAC) and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations, they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☐ Pregnant women	☐ Women with dependent children	☐ Early intervention services for HIV/AIDS
☐ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☒ Other Describe: Adolescent and Youth		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all clients can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.30	2
Program Specialist I	Program monitoring to ensure adherQM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking. ence to Federal and State regulations, technical assistance and grievance investigations.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	1
Supervising Social Worker	Provides technical assistance and training to subcontracted providers, ensures subcontractors are in compliance with federal, state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.035	1
Secretary I	Managing correspondence, scheduling meetings, maintaining records, preparing reports.	0.035	1

Mental Health Program Mgr II	Strategic planning, program oversight, staff supervision, data analysis.	0.050	1
Mental Health Program Mgr I	Strategic planning, program oversight, staff supervision, data analysis.	0.050	1
Behavl Hlth Sr Program Manager	Strategic planning, program oversight, staff supervision, data analysis.	0.025	1
Supervising Program Specialist	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking, staff supervision, data analysis.	0.025	1
Staff Analyst II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	1

Please provide any additional information regarding county staffing below:

N/A

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services. An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related

correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Frequency of data collection and analysis:

Data for each member is collected at intake and during treatment through progress notes. Admission and discharge information is reported to CALOMS monthly. Capacity metrics are documented in DATAR monthly. The Initial Call Log (ICL) is used for recording and reporting timeliness metrics, with reports examined and presented monthly at quality improvement meetings. Level of Care (LOC) data is gathered during screening and assessment, and compiled in a web-based database, also reported monthly.

Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly.

Identification of problems or barriers encountered for ongoing programs:

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Providers must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Youth Residential Treatment (with Withdrawal Management)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☒	County-Run ☐ Subcontracted ☒ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

The Youth Residential Treatment provides a structured 24-hour level of care for adolescents, focusing on withdrawal management, treatment planning, therapy, family education, and relapse prevention. Our approach emphasizes personalized care and re-socialization, involving the entire community in the treatment process. We collaborate with healthcare providers, educational institutions, and community organizations to ensure comprehensive support for each participant.
The program aims to provide a safe, structured, and supportive environment for adolescents dealing with substance use disorders and related behavioral health issues. The program's goals include promoting recovery, developing life skills, fostering resilience, supporting family involvement, enhancing social integration, ensuring continuum of care, and collaborating with stakeholders.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Organized treatment services feature a planned and structured regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures and clinical protocols. They are housed in permanent facilities where clients can reside safely. (One purpose of the program is to demonstrate aspects of a positive recovery environment.) Staffing is provided 24 hours a day. Level 3 programs serve youth who need safe stable living environments and 24-hour care.

- ASAM Level 3.5 – Clinically Managed Medium-Intensity Residential Services (Youth): Level 3.5 programs serve youth who need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they don't immediately relapse or continue to use in an imminently dangerous manner when transferred to a less intense level of care. Level 3.5 assists youth whose substance use disorder is out of control and they need a supportive treatment environment to initiate or continue a recovery process that has failed to progress. The level 3.5 program relies on the treatment community as a therapeutic agent. The goal of treatment is to promote abstinence from substance use, arrest other addictive and antisocial behaviors and effect change in the youth's lifestyle, attitudes and values.

Youth Residential Treatment services provided in level 3.5 are defined as:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Psychoeducation
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge
- Peer Support

DBH also offers one Withdrawal Management ASAM level of care, and has the ability to refer to additional levels of care:

- 3.2 WM Clinically Managed Residential Withdrawal Management

The Components of ASAM level 3.2 Withdrawal Management are:

- Intake
- Observation
- Medication Services
- Discharge Services

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business.

Youth Residential Treatment services are provided by subcontracted providers.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Increase the number of members that transition to a lower level of care by 10%.
2. Increase Care Coordination services by 10%.
3. Meet an overall timely access rate of 75% from intake to first services within 10 days.
4.
5.

Progress Statement:

FY 22/23 145 members transitioned to a lower level of care.
FY 22/23 there were 4,639 Care Coordination Services.
FY 22/23 aproximately 70% of members meet the timeliness standrad of intake to first services within 10 days.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Member/Family Member/Community committees in to the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to

monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☐ Pregnant women	☐ Women with dependent children	☐ Early intervention services for HIV/AIDS
☐ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☒ Other Describe: Youth [aged thirteen (13) through seventeen (17)]		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position

will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.025	1
Staff Analyst II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking. Assists with budgeting, staff supervision.	0.025	1
Program Specailist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking, staff supervision.	0.025	1
Secretary I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.035	1
Supervising Social worker II	Provides technical assistance and training to subcontracted providers, ensures	0.025	1

	subcontractors are in compliance with federal, state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations		
Mental Health Program Manager II	Strategic planning, program oversight, staff supervision, data analysis.	0.050	1
Supervising Program Specialist	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.035	1
Behavl Hlth Senior Program Manager	Strategic planning, program oversight, staff supervision, data analysis.	0.050	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

Data for each member is collected at intake and during treatment through progress notes. Admission and discharge information is reported to CALOMS monthly. Capacity metrics are documented in DATAR monthly. The Initial Call Log (ICL) is used for recording and reporting timeliness metrics, with reports examined and presented monthly at quality improvement meetings. Level of Care (LOC) data is gathered during screening and assessment, and compiled in a web-based database, also reported monthly.

Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly.

Identification of problems or barriers encountered for ongoing programs:

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction

documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Adult Treatment [Outpatient & Intensive Outpatient Treatment (IOT)]

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☒	County-Run ☐ Subcontracted ☐ Both ☒
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

Adult Outpatient Treatment and Intensive Outpatient Treatment (IOT) services provide individual recovery/treatment planning, substance use disorder education, crisis intervention, individual and group counseling, social/recreational activities and case management. The population served are San Bernardino County adult residents, age 18 and over who have been identified as having substance use disorders.
The goal of the Outpatient Treatment and IOT is to assist members in achieving recovery from substance use disorders.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Individuals residing within the county benefit from these services when they have been identified with a substance use disorder. The DBH provides a wide range of substance use disorder treatment services and aftercare services and any necessary ancillary service referals so individuals can obtain treatment, achieve sobriety and begin the recovery process. When individuals can seek and begin to attain recovery they can work toward being productive members of the community, obtaing sustainable employment, reduce crime and live healthier lives.

Outpatient and IOT provides the following services:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Individual Treatment Planning
- Discharge Services
- Peer Support

For all levels of Outpatient Treatment and IOT services:
Two evidence-based practices are utilized for all substance use disorder treatment programs.

Outpatient Treatment and IOT program duration is up to six (6) months (on average, but is based on medical necessity and individual member needs).

SUBG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SUBG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business.

Adult Outpatient Treatment and IOT services are provided by subcontracted providers and County operated clinics.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Overall timely access rate of 75% from intake to first services within 10 days
2. Increase Peer Support services by 10%
3. Increase Medication Assisted Treatment services by 10%
4.
5.

Progress Statement:

In FY 22/23 appoximately 70% of DBH members received services within 10 days, and 23% of member recevie MAT services. DBH has developed a peer support specialist

career ladder. This program has successfully employeed individuals with lived experience with treatment providers. Peer providers do not need to be certified to start, and the County will pay for their training and certification.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Member/Family Member/Community committees in to the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☐ Pregnant women	☐ Women with dependent children	☐ Early intervention services for HIV/AIDS
☐ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☒ Other Describe: Adults (Age 18 and over)		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example:	Example:	Example:	Example:

Nurse Practitioner	Outreach, HIV testing, motivational interviewing, etc.	0.75	5
Alcohol & Drug Counselor	Perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic member care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.	0.050-0.150	10
Clinic Assistant	Member intake, appointment scheduling, medical record management, clinical support.	0.050	1
Clinical Therapist I	Assessments, individual and group therapy, treatment planning, progress documentation.	0.050	1
Addiction Med Physician 2	Perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic member care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.	0.070	1
General Services Worker II	Maintenance tasks, facility cleaning, equipment repairs, supply management.	0.150	1
Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.150-0.035	5
Mental Health Program Manager II	Program development, staff supervision, budget management, policy implementation.	0.070	2
Office Assistant III	Mariposa County Clinic	0.050-0.150	4
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development,	0.025	1

	Training, Outcome development and tracking, staff supervision.		
Secretary I	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.080	1
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.070	2
Supervising Social Work	Staff supervision, case management oversight, training and development, policy compliance.	0.20	1
Supervising Program Specialist	Staff supervision, staff training, policy implementation, performance monitoring.	0.025	1
Staff Analyst II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.050	1

Please provide any additional information regarding county staffing below:

See SUBG general allocation workbooks for complete list of staff.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded).
An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

Data for each member is collected at intake and during treatment through progress notes. Admission and discharge information is reported to CALOMS monthly. Capacity metrics are documented in DATAR monthly. The Initial Call Log (ICL) is used for recording and reporting timeliness metrics, with reports examined and presented monthly at quality improvement meetings. Level of Care (LOC) data is gathered during screening and assessment, and compiled in a web-based database, also reported monthly.

Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Adult Residential Treatment (with Withdrawal Management)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☒	County-Run ☐ Subcontracted ☒ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

Adult Residential Treatment is a structured 24-hour level of care that focuses on intensive recovery activities. Residential Treatment services include the following elements: withdrawal management, treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education, parenting and relapse prevention. These services are designed for members who have been assessed to the Residential Treatment level of care based on ASAM criteria and whose sub-acute physical health, developmental disabilities, or emotional/behavioral problems are severe enough to require residential services, and whose housing, social, familial and vocational support systems are not sufficiently in place, because of circumstances, in the absence of residential care, must live in an environment that will sabotage their recovery. Residential Treatment is structured and comprehensive to focus on the re-socilization of the member and use the programs entire community - including other residents, staff and other social context as active componets of treatment in helping the member develop personal accountability, responsibility as well as a socially productive life. Length of service is based on members individual needs.
Withdrawal management is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the member who is acutely intoxicated and/or dependent on substances of abuse. Withdrawal management seeks to minimize the physical harm caused by the substance use disorder, but is not sufficient in the treatment and rehabilitation of substance use disorders. Withdrawal management is provided in an organized residential setting delivered by appropriately trained staff that provide safe 24-hour monitoring, observation and support in a supervised environment for a member to achieve initial recovery from the effects of substance use. Withdrawal management alone does not constitute substance abuse treatment but is one part of a continuum of care for substance use disorders. The withdrawal management process consists of three sequential and essential components: evaluation, stabilization, fostering patient readiness for/and entry into the assessed level of treatment upon completion of withdrawal management services.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures and clinical protocols. They are housed in or affiliated with permanent facilities where members can reside safely. (One of the purposes of these programs is to demonstrate aspects of a positive recovery environment.) They are staffed 24 hours a day. Level 3 programs serve individuals who because of specific functional limitations, need safe stable living environments and 24-hour care.
DBH provides screening and prior-authorization for individuals in need of Residential Treatment. DBH offers three Residential Treatment ASAM levels of care:

- ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services
- ASAM Level 3.3 – Clinically Managed Population Specific High-Intensity Residential Services

- ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services

The components of ASAM level 3 Residential Treatment are:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Psychoeducation
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge
- Peer Support

DBH also offers one Withdrawal Management ASAM level of care, and has the ability to refer to additional levels of care:

- 3.2 WM Clinically Managed Residential Withdrawal Management

The Components of ASAM level 3.2 Withdrawal Management are:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD
- MAT for AUD and other non-opioid SUDs
- Observation
- Discharge/Transition Services
- Peer Support

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- Program Coordinator Staff (Supervising Social Worker & Social Worker II) monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.
- Administrative Staff (such as; Mental Health Program Manager I & 2, Clinical Therapist I, Contract Addiction Medicine Physicians 2, Program Specialists (Contract, I & II), and Secretary I); QM/UM Activities, Medical Monitoring, new/enhancements for Program Development, Training, Outcome development and tracking.
- Administrative Staff (Staff Analyst II) assists with budgeting.

Adult Residential Treatment services are provided by subcontracted providers.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Increase the number of members that transition to a lower level of care by 10%.
2. Increase Care Coordination services by 10%
3. Meet an overall timely access rate of 75% from intake to first services within 10 days.
4.
5.

Progress Statement:

In FY 22/23, approximately 18% of members who received residential treatment transitioned to a lower level of care (LOC) within 30 days.
FY 22/23 there were 4,639 Care Coordination Services.
FY 22/23 aproximately 70% of members meet the timeliness standrad of intake to first services within 10 days

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Member/Family Member/Community committees in to the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☐ Pregnant women	☐ Women with dependent children	☐ Early intervention services for HIV/AIDS
☐ Injection drug users	☐ Tuberculosis services	☐ Primary prevention services
☒ Other Describe: Adults (age 18 and over)		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of

behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5

Behavl Hlth Sr Program Manager	Strategic planning, program oversight, staff supervision, data analysis.	0.100	1
Clinical Therapist I	Assessments, individual and group therapy, treatment planning, progress documentation.	0.200	1
Addiction Med Physician 2	Perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic client care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.	0.170	1
Mental Health Program Manager I	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.050	1
Mental Health Program Manager II	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.050	2
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	3
Program Specialist II	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking, staff supervision.	0.025	1
Secretary I	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.035	1
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.025-0.070	2
Staff Analyst II	Data analysis, report generation, process improvement, performance metrics evaluation.	0.330	2

Supervising Program Specialist	Staff supervision, staff training, policy implementation, performance monitoring.	0.025	1
Supervising Social Worker	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.035	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded).
An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

Data for each member is collected at intake and during treatment through progress notes. Admission and discharge information is reported to CALOMS monthly. Capacity metrics are documented in DATAR monthly. The Initial Call Log (ICL) is used for recording and reporting timeliness metrics, with reports examined and presented monthly at quality improvement meetings. Level of Care (LOC) data is gathered during screening and assessment, and compiled in a web-based database, also reported monthly.

Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and

discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly.

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Youth Treatment [Outpatient Treatment & Intensive Outpatient Treatment (IOT)]

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☒	County-Run ☐ Subcontracted ☐ Both ☒

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

Youth Outpatient Treatment and Intensive Outpatient Treatment (IOT) Services provide individual recovery/treatment planning, substance use disorder education, crisis intervention, individual and group counseling, social/recreational activities and case management. The population served are County youth residents, age 12 through 17 who have been identified as having substance use disorders.
The goal of Outpatient Treatment and Intensive Outpatient Treatment (IOT) is to assist youth in achieving recovery from substance use disorders.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

DBH provides a wide range of substance use disorder treatment services and aftercare services and any necessary ancillary service referals to allow youth members to obtain treatment, achieve sobriety and begin the recovery process. As youth seek and begin to attain recovery they work towards being productive members of the community, maintain attendance in school, reduce criminal activities and live healthier lives.
Outpatient Treatment services are directed at stabilizing and rehabilitating youth by providing less than six hours of services per week and for IOT a minimum of six hours with a maximum of 19 hours per week.
The Components of Outpatient Treatment and IOT services are:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Individual Treatment Planning
- Discharge Services
- Peer Support

For all levels of ODF and IOT services:

- Two evidence-based practices are utilized for all substance use disorder treatment services.
- Outpatient Treatment and IOT program length is determined by the individual youth's needs.

Youth Outpatient Treatment and IOT services addresses gender-specific issues in determining individual treatment needs and therapeutic approaches; and,

- Provides regular opportunities for separate gender group activities and group counseling sessions.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Overall timely access rate of 75% from intake to first services within 10 days
2. Increase Peer Support services by 10%
3. Increase Medication Assisted Treatment services by 10%
4.
5.

Progress Statement:

In FY 22/23 appoximately 70% of DBH members received services within 10 days, and 23% of members recevie MAT services. DBH has developed a peer support specialist career ladder. This program has successfully employeed individuals with lived experience with treatment providers. Peer providers do not need to be certified to start, and the County will pay for their training and certification.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration, and participation of Member/Family Member/Community committees into the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee (CCAC) and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations, they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☒ Pregnant women	☒ Women with dependent children	☒ Early intervention services for HIV/AIDS
☒ Injection drug users	☒ Tuberculosis services	☒ Primary prevention services
☒ Other Describe: Youth (ages 12 to 17)		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of

behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

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G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

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Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, HIV testing, motivational interviewing, etc.	Example: 0.75	Example: 5

Alcohol and Drug Counselor - Mariposa	Perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic member care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.	0.025	3
Addiction Med Physician	Perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic member care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.	0.030	1
Program Specialist I	QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.	0.025	3
Behavioral Health Program Manager II	Program development, staff supervision, budget management, policy implementation.	0.050	1
Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.070	1
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.030	1
Supervising Social Worker	Staff supervision, program oversight, training and development, policy compliance.	0.035	1
Program Specialist II	Staff supervision, QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking, and budgeting.	0.025	1

Supervising Program Specialist	Staff supervision, staff training, policy implementation, performance monitoring.	0.030	1
Staff Analyst II	Data analysis, report generation, process improvement, performance metrics evaluation.	0.050	1
Secretary I	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0050	1
Behavl Hlth Sr Program Manager	Strategic planning, program oversight, staff supervision, program development.	0.020	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

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Type of data collection and analysis:

Member data is collected at the time of intake and continues through progress notes. Program Coordinators monitor member files during quarterly reviews. Admission and discharge data is reported monthly to CALOMS to monitor service delivery and outcomes. Capacity metrics are reported monthly in DATAR. This data helps us monitor treatment capacity and waiting lists. The Initial Call Log (ICL) records timeliness metrics. These reports are thoroughly examined and presented monthly at our quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment. This data is compiled in a web-based database and reported monthly

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

San Bernardino County

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Screening Assessment and Referral Center (SARC)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	☒	County-Run ☒ Subcontracted ☐ Both ☐
Discretionary HIV-EIS (HIV/AIDS Early Intervention Services)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Discretionary SSP (Syringe Services Programs)	☐	County-Run ☐ Subcontracted ☐ Both ☐
Perinatal	☐	County-Run ☐ Subcontracted ☐ Both ☐
Adolescent and Youth Treatment	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Identify the principles of the program and the purpose/goals of the program.

The Department of Behavior Health (DBH) Screening Assessment and Referral Center (SARC), is the primary access point to SUD services and offers an American Society of Addiction Medicine (ASAM) screening to determine the need for treatment and appropriate level of care. The SARC is operational 24/7, where screening, authorization and placement into treatment, care coordination services and after hour triage is available. Individuals may receive these services in person or via telephone and in threshold languages.

B. **Program Description:** Specify the activities/services that will be paid with SUBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

DBH offers a continuum of SUD services including withdrawal management, residential treatment, IOT, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation and additional medication-assisted treatment, and recovery residences. Services are provided by both County clinic and subcontracted providers.
The DBH SARC offers the entire community (adult and youth) of San Bernardino County a single point of contact to receive information on SUD services, a screening to determine the need for services and determine the appropriate level of care to best suit the member's needs and referrals to other necessary services they may be seeking.

SARC is staffed by a multi-disciplinary team which allows for members to be triaged based on their individual situation and provided the most qualified screener, (for example; a co-occurring member might be in need of a screening completed by a Clinical Therapist):• Clinic Supervisor (LMFT)

- Certified AOD Counselors
- Clinical Therapists
- Social Workers, and
- Program Manager II (LCSW, CATC-IV)
- Mental Health Specialist
- Office Assistants – provide support to all SARC staff

Once the member is screened and the appropriate level of care is determined, the screener discusses treatment options with the member, location, length of treatment, MAT and recovery service options to determine what best suits their needs. Members who are assessed to be in need of outpatient treatment or IOT will be provided a warm handoff to the most appropriate provider based on treatment need and member preference. SBC-DBH maintains the philosophy that individuals must have an active voice in their treatment as this is an important factor in a successful treatment episode.

Members screened and determined to be in need of residential treatment will also be directed to the most appropriate provider based on treatment need and appropriate ASAM residential level of care (ASAM level 3.1, 3.3 or 3.5 or 3.2 WM) and member preference. SARC will provide an authorization to the residential treatment provider,

assign a care coordinator to the member and a placement coordinator will work with the treatment provider for an appropriate intake appointment. SARC also re-authorizes residential treatment stays when determined medically necessary, the treatment provider will submit appropriate paperwork and medical necessity justification for the re-authorization to the DBH Program Coordinator for review and approval.
All members are eligible for and offered care coordination, however, strong emphasis is placed on high utilizers to help avoid hospitalization, higher medical costs and to assist those involved in the criminal justice system to help reduce recidivism. The Care Coordinator collaboratively works with the member to complete a needs determination screening, a member plan, and a discharge summary.
DBH Care Coordinators assist in removing barriers to care by providing an array of supportive services to the member. Care Coordinators assess for needed medical, educational, social, vocational, rehabilitative, or other community services and assist members to transition to other levels of care. The Care Coordinator assists with planning the member's intake into the next level of care, at least 3 weeks before discharge for a seamless transition. Care Coordinators educate the member on the benefits of utilizing the entire continuum of care from Outpatient to Recovery Services after completion of a Residential Treatment episode. Care Coordination services are provided by LPHA's, and registered or certified counselors. Services are provided either in person or on the telephone, or by telehealth with the member anywhere in the community and ensures confidentiality of services provided. The Care Coordinator is linked to a DMC certified site.

DBH's care coordination services include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of Care coordination services.
- Transition to a higher or lower level of SUD care. Development and periodic revision of a member plan that includes appropriate service activities. Communication, coordination, referral, and related activities
- Monitoring service delivery to ensure member access to services and the service delivery system
- Monitoring the member's progress and/or lack thereof
- Member advocacy, linkages to physical and mental health care, transportation, and retention in primary care services

The goal of Care Coordination is to increase retention in treatment by establishing and/or enhancing effective communication efforts between providers, SARC, and the member. This is accomplished by:

- On-going collaboration with residential program staff to problem solve member issues.
- Work with members to resolve barriers to retention.
- Collaborate with residential program counselors to meet the needs of the member.

SUBG funding is utilized to finance DBH Administrative Staff who are assigned to this program.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Cognitive Behavioral Therapy, Matrix Model, Motivational Interviewing, Motivational Enhancement Therapy, etc.) that will be used in this program. Provide a description of how each one is used in the program.

- Motivational Interviewing: A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on participants" past successes.

- Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

- Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

- Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

- Psycho-Education: Psycho-educational groups are designed to educate participants about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to participants' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.A

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward the stated purposes and/or goals of the program. In addition, provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2022-24 application cycle.

1. Reduce average wait time by 5%.
2. 100% of members provided services in their native language.
3. Increase Care Coordination services by 10%
4.
5.

Progress Statement:

FY 22/23, 68% of calls reached an agent within thirty (30) seconds, and remianing callers had an average wait time of one minute and thirty-eight (00:01:38) seconds,

100% of members were provided services in their native language, and there were 4,639 Care Coordination Services.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration, and participation of Member/Family Member/Community committees into the system, culturally specific programs to address behavioral health disparities, trainings and education, commitment to growing and multicultural workforce and language capacity. The OEI manages and supports the Cultural Competency Advisory Committee (CCAC) and its fourteen culturally specific awareness subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations, they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with members and potential members. The DBH Public Relations and Outreach Office (PRO) works closely with OEI and has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is a threshold language for the County.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves.

☒ Pregnant women	☒ Women with dependent children	☒ Early intervention services for HIV/AIDS
☒ Injection drug users	☒ Tuberculosis services	☒ Primary prevention services
☒ Other Describe: Youth (ages 12 to 17)		

How is this program targeting individuals in marginalized communities?

DBH has multiple methods to engaging individuals in marginalized communities. The CCAC Mental Health and Substance Use Awareness subcommittee meets monthly to identify barriers to accessing services and focus on methods to increasing awareness of behavioral health services. The Office of Equity and Inclusion in collaboration with the Office of Public Relations coordinate and attend community events and fairs to provide information on behavioral health services throughout the county in English and other threshold languages to diverse cultural groups including but not limited to Pacific Islander and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities. Through Mental Health Services Act (MHSA) funding we provide harm reduction training and resources to marginalized and rural comminutes including but not limited to visiting homeless encampments throughout the county and standing a monthly table at the Mexican Consulate to reach the Hispanic/Latino community. Additionally, we have partnered with San Bernardino City to provide harm reduction training and resources to residents who are homeless and at risk of becoming unhoused. As part of integration with the mental health plan all county Clubhouses which are peer run support and recovery centers now have Alcohol and Drug counselors onsite to provide training, resources and counseling to residents not yet connected to behavioral health services and support to those in recovery.

We have implemented a language access plan to ensure all members can receive information and services in their preferred language. All employees are provided annual training on cultural and linguistic topics to increase their knowledge of the populations they served.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by SUBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by SUBG funds(in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example:	Example:	Example:	Example:

Nurse Practitioner	Outreach, HIV testing, motivational interviewing, etc.	0.75	5
Alcohol & Drug Counselor	Intake, counseling, crisis intervention, care coordination, placements, and screenings.	0.25	19
Clinical Therapist I	Crisis intervention, counseling, assessments, placements, and screenings.	0.25	3
Clinical Therapist II	Crisis intervention, counseling, assessments, placements, and screenings.	0.25	2
General Services Worker II	Assists call center as needed	0.25	1
Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.25	1
Mental Health Program Manager II	Program development, staff supervision, budget management, policy implementation.	0.15	1
Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.25	2
Secretary II	Managing correspondence, scheduling appointments, maintaining records, assisting with reports.	0.080	1
Social Worker II	Assists with placement coordination and screenings.	0.25	3
Mental Health Program Mgr I	Program development, staff supervision, budget management, policy implementation.	0.150	1
Behavl Hlth Sr Program Manager	Strategic planning, program oversight, staff supervision, program development.	0.250	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SUBG funded). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Frequency of data collection and analysis:

Data collection and analysis at the SARC occur continuously as calls are logged into the EHR. The Initial Call Log (ICL) records data in real-time. The SAS program extracts data regularly, ensuring it is clean and accurate for analysis. Timely access reports are generated at monthly for SUDRS administrative meetings and Provider Quality Improvement meetings. Additionally, the DBH Research and Evaluation (R&E) Unit queries data from various DBH evaluation tools monthly to monitor compliance with timely access and appointment timeframes. Reports are sent to the DBH Executive Team regularly, and the Quality Management Division addresses any issues during multiple departmental and network provider meetings.

Type of data collection and analysis:

Analysis of program deficiencies and on-site reviews to ensure providers are delivering treatment services. The SARC collects multiple points of information during calls, including first name, last name, and birthdate, which are tracked in the EHR. An SAS program extracts and cleans data from both systems to ensure accurate matching. The program matches the first entry of a consumer in the SARC call log to their first treatment entry within the reporting period, providing a representative data sample. The Initial Call Log (ICL) in the EHR system records call data, while the SAS program extracts the first contact to the first service data. The DBH R&E Unit utilizes tools such as the ICL, SUDRS Quality Assurance Reviews, Mystery Shopper Calls, Appointment Scheduler, Dashboards, and CSI Assessments for comprehensive data analysis, ensuring compliance with timely access and quality improvement standards

Identification of problems or barriers encountered for ongoing programs:

Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems).

The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Does the corrective action plan timeline meet timely access standards?

Yes

J. **Syringe Services Program (SSP) Program-Specific Questions**: Complete this section **only if this narrative is for an SSP.**

Identify the SSP's operation model (i.e., drop-in health, mobile services, street medicine/outreach, home delivery/pick-up, etc.):

Provide an overview of activities to be performed:

Describe the SSP's current training and technical assistance (TA) needs:

Describe how the SSP is authorized (i.e., local government, state government, etc.):

Describe the SSP's syringe/needle disposal plan:

Describe how the SSP routinely collaborates with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers:

Provide the following supporting documentation items for review with the application materials. Check the box below to indicate that the required document is attached to the application.

☐ Signed and Completed County-Level Annual Attestation and Certification Form (Attachment I) 2024-2025

Note: The county is required to submit a signed and completed Annual Certification Form and Attestation Form to the Department of Health Care Services, Federal Grants Branch for SFY 2025-2026 **no later than** August 29, 2025.

State of California - Health and Human Services Agency DHCS

Version 1.7

ICR 25.00%

SUBG Allocation Sheet SFY 2024-25

County	SAN BERNARDINO

Set Aside		**SFY 2024-25**
Discretionary*	$	7,367,898.00
Perinatal	$	248,296.00
Adolescent/Youth	$	312,343.00
40% SSP Allowance**	$	2,947,159.20
Total	**$**	**7,928,537.00**

Important notes:

*Discretionary Set-Aside funds. **Counties may allocate Discretionary funds toward Prevention programs that are approved through the Prevention Youth Branch (PYB) Team.**

The 40% SSP Allowance is not additional set aside funds. **Counties may allocate up to 40% of their SUBG Discretionary funds for SSP activities.

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Perinatal	$	**248,296.00**
	$	-

Program Name	**Perinatal**	
Summary		
Category	**Amount**	
Staff Expenses	$	148,626.36
Consultant/Contract Costs	$	70,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	54,656.59
Indirect Costs	$	29,669.64
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**248,296.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.050	$ 4,009.50
Staff Expenses	Social Worker II - Administration	$ 64,065.35	0.330	$ 21,141.57
Staff Expenses	Social Worker II - Administration	$ 64,065.35	0.330	$ 21,141.57
Staff Expenses	Staff Analyst II - Administration	$ 75,250.65	0.330	$ 24,832.71
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.035	$ 1,710.95
Staff Expenses	Staff Analyst II	$ 75,250.65	0.050	$ 3,762.53
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.050	$ 6,331.99
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.035	$ 2,766.09
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Detailed Program Budget

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Staff Expenses	Benefits	$ 49,628.00	1.000	$ 49,628.00

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Cost	$ 29,669.64	$ 29,669.64
Consultant/Contract Costs	High Desert Center	$ 21,000.00	$ 21,000.00
Consultant/Contract Costs	Inland Behavioral Health	$ 29,000.00	$ 29,000.00
Consultant/Contract Costs	Inland Valley Recovery	$ 20,000.00	$ 20,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**1,450,000.00**
	$	-

Program Name	**Recovery Centers**	
Summary		
Category	**Amount**	
Staff Expenses	$	369,541.43
Consultant/Contract Costs	$	905,000.00
Equipment	$	-
Supplies	$	2,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	319,135.36
Indirect Costs	$	173,458.57
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**1,450,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Program Mgr I	$ 102,022.48	0.075	$ 7,651.69
Staff Expenses	Social Worker II	$ 64,065.35	0.250	$ 16,016.34
Staff Expenses	Clinical Therapist I	$ 73,546.29	0.250	$ 18,386.57
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.330	$ 39,666.51
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.170	$ 20,434.26
Staff Expenses	Mental Health Specialist	$ 53,106.99	0.250	$ 13,276.75
Staff Expenses	Program Specialist I	$ 70,464.86	0.250	$ 17,616.21
Staff Expenses	Program Specialist I	$ 70,464.86	0.250	$ 17,616.21
Staff Expenses	Program Specialist I	$ 70,464.86	0.250	$ 17,616.21
Staff Expenses	Program Specialist II	$ 80,260.27	0.250	$ 20,065.07
Staff Expenses	Secretary I	$ 48,884.41	0.250	$ 12,221.10
Staff Expenses	Secretary II	$ 50,769.60	0.250	$ 12,692.40
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.250	$ 20,047.50
Staff Expenses	Staff Analyst II	$ 75,250.65	0.050	$ 3,762.53
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.050	$ 6,331.99
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.035	$ 2,766.09
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 123,374.00	1.000	$ 123,374.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 173,458.57	$ 173,458.57
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Recovery Support	$ 780,000.00	$ 780,000.00
Consultant/Contract Costs	Rim Family Services-Recovery Support	$ 125,000.00	$ 125,000.00
Supplies	General Office Expense	$ 2,000.00	$ 2,000.00
		$ -	$ -

State of California - Health and Human Services Agency **Department of Health Care Services**

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Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**160,000.00**
	$	-

Program Name Community Outreach for Recovery and Education (CORE) TB/HIV/SSP

Summary

Category		Amount
Staff Expenses	$	50,457.55
Consultant/Contract Costs	$	85,457.61
Equipment	$	-
Supplies	$	2,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	34,478.79
Indirect Costs	$	22,084.84
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**160,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Mental Health Clinic Supervisor	$ 106,503.75	0.025	$ 2,662.59
Staff Expenses	Mental Health Clinic Supervisor	$ 106,503.75	0.025	$ 2,662.59
Staff Expenses	Clinical Therapist II	$ 85,584.44	0.025	$ 2,139.61
Staff Expenses	Clinical Therapist II	$ 85,584.44	0.025	$ 2,139.61
Staff Expenses	Clinical Therapist I	$ 73,546.29	0.025	$ 1,838.66
Staff Expenses	Office Assistant III	$ 42,802.62	0.025	$ 1,070.07
Staff Expenses	Office Assistant III	$ 42,802.62	0.025	$ 1,070.07
Staff Expenses	Secretary II	$ 50,769.60	0.025	$ 1,269.24
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.025	$ 3,005.04
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.025	$ 3,005.04
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.025	$ 3,165.99

Detailed Program Budget

Staff Expenses	Supervising Office Assistant	$ 54,369.54	0.025	$ 1,359.24
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Detailed Program Budget

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Staff Expenses	Benefits	$ 16,507.50	1.000	$ 16,507.50

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 22,084.84	$ 22,084.84
Consultant/Contract Costs	San Bernardino County Public Health-Integrated Infectious Disease Services	$ 15,000.00	$ 15,000.00
Consultant/Contract Costs	San Bernardino County CORE	$ 70,457.61	$ 70,457.61
Supplies	General Office Supplies	$ 2,000.00	$ 2,000.00
		$ -	$ -
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**230,000.00**
	$	-

Program Name	**Recovery Residences**	
Summary		
Category	**Amount**	
Staff Expenses	$	66,120.94
Consultant/Contract Costs	$	142,680.00
Equipment	$	-
Supplies	$	1,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	52,450.24
Indirect Costs	$	20,199.06
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**230,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II - Administration	$ 64,065.35	0.100	$ 6,406.53
Staff Expenses	Social Worker II	$ 64,065.35	0.100	$ 6,406.53
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.035	$ 1,710.95
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.035	$ 2,806.65
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.025	$ 3,165.99
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.025	$ 1,975.78
Staff Expenses	Staff Analyst II	$ 75,250.65	0.025	$ 1,881.27
Staff Expenses	Mental Health Specialist	$ 53,106.99	0.025	$ 1,327.67
Staff Expenses	Mental Health Program Mgr I	$ 102,022.48	0.050	$ 5,101.12
		$ -	0.000	$ -
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 22,037.00	1.000	$ 22,037.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 20,199.06	$ 20,199.06
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Transitional Housing	$ 107,680.00	$ 107,680.00
Consultant/Contract Costs	New Hope-Transitional Housing	$ 35,000.00	$ 35,000.00
Supplies	General Office Expense	$ 1,000.00	$ 1,000.00
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**147,453.01**
	$	-

Program Name	**Juvenile Drug Court**	
Summary		
Category	**Amount**	
Staff Expenses	$	104,453.01
Consultant/Contract Costs	$	43,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	36,863.25
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**147,453.01**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 64,065.35	0.300	$ 19,219.60
Staff Expenses	Social Worker II	$ 64,065.35	0.300	$ 19,219.60
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.035	$ 1,710.95
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.035	$ 2,806.65
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Mental Health Program Mgr I	$ 102,022.48	0.050	$ 5,101.12
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.025	$ 3,165.99
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.025	$ 1,975.78
Staff Expenses	Staff Analyst II	$ 75,250.65	0.025	$ 1,881.27
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 36,070.60	1.000	$ 36,070.60

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Clare-Matrix - Juvenile Drug Court Services	$ 11,000.00	$ 11,000.00
Consultant/Contract Costs	High Desert Family - Juvenile Drug Court Services	$ 12,000.00	$ 12,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Juvenile Drug Court Services	$ 20,000.00	$ 20,000.00
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**53,871.13**
	$	-

Program Name	**Youth Residential Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	43,871.13
Consultant/Contract Costs	$	10,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	13,467.78
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**53,871.13**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 64,065.35	0.025	$ 1,601.63
Staff Expenses	Staff Analyst II	$ 75,250.65	0.025	$ 1,881.27
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.035	$ 1,710.95
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.025	$ 2,004.75
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.035	$ 2,766.09
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.050	$ 6,331.99
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 14,273.00	1.000	$ 14,273.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Tarzana Treatment Centers-Youth Residential Treatment	$ 10,000.00	$ 10,000.00
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**950,000.00**
	$	-

Program Name	**Adult Treatment (ODF & IOT)**	
Summary		
Category	**Amount**	
Staff Expenses	$	430,660.71
Consultant/Contract Costs	$	360,000.00
Equipment	$	-
Supplies	$	5,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	198,915.18
Indirect Costs	$	154,339.29
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**950,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor - Apple Valley County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 57,082.13	0.150	$ 8,562.32
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 57,082.13	0.150	$ 8,562.32
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 57,082.13	0.150	$ 8,562.32
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Clinic Assistant - Rialto County Clinic	$ 39,552.81	0.050	$ 1,977.64
Staff Expenses	Clinical Therapist I - Rialto County Clinic	$ 73,546.29	0.050	$ 3,677.31
Staff Expenses	Addiction Med Physician 2	$ 221,900.00	0.070	$ 15,533.00
Staff Expenses	General Services Worker II - Barstow County Clinic	$ 35,463.79	0.150	$ 5,319.57
Staff Expenses	Mental Health Clinic Supervisor - Rialto County Clinic	$ 106,503.75	0.150	$ 15,975.56
Staff Expenses	Mental Health Clinic Supervisor - STAR County Clinic	$ 106,503.75	0.350	$ 37,276.31
Staff Expenses	Mental Health Program Manager II	$ 120,201.55	0.070	$ 8,414.11
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.070	$ 8,414.11
Staff Expenses	Office Assistant III - Barstow County Clinic	$ 42,802.62	0.150	$ 6,420.39

Detailed Program Budget

Staff Expenses	Office Assistant III - Mariposa County Clinic	$ 42,802.62	0.150	$ 6,420.39
Staff Expenses	Office Assistant III - Rialto County Clinic	$ 42,802.62	0.050	$ 2,140.13
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.080	$ 3,910.75
Staff Expenses	Social Worker II - Administration	$ 64,065.35	0.070	$ 4,484.57
Staff Expenses	Social Worker II - Administration	$ 64,065.35	0.070	$ 4,484.57
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.200	$ 16,038.00
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.025	$ 1,975.78
Staff Expenses	Staff Analyst II	$ 75,250.65	0.050	$ 3,762.53
Staff Expenses	Alcohol & Drug Counselor - Apple Valley County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Peer and Family Advocate III - Phoenix	$ 41,723.33	0.150	$ 6,258.50
Staff Expenses	Peer and Family Advocate III - Mariposa	$ 41,723.33	0.150	$ 6,258.50
Staff Expenses	Peer and Family Advocate - Apple Valley	$ 41,826.18	0.150	$ 6,273.93
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 57,082.13	0.050	$ 2,854.11
Staff Expenses	Office Assistant II - Phoenix Clinic	$ 39,552.81	0.150	$ 5,932.92
Staff Expenses	Office Assistant III - Apple Valley Clinic	$ 42,802.62	0.150	$ 6,420.39
Staff Expenses	Mental Health Clinic Supervisor - Mariposa Clinic	$ 106,503.75	0.150	$ 15,975.56
Staff Expenses	Mental Health Clinic Supervisor - Phoenix Clinic	$ 106,503.75	0.150	$ 15,975.56
Staff Expenses	Mental Health Clinic Supervisor - Apple Valley Clinic	$ 106,503.75	0.150	$ 15,975.56
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.100	$ 12,663.97
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Detailed Program Budget

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Staff Expenses	Benefits	$ 139,744.00	1.000	$ 139,744.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 154,339.29	$ 154,339.29
Consultant/Contract Costs	Clare-Matrix-Adult Treatment ODF & Intensive ODF Treatment	$ 95,000.00	$ 95,000.00
Consultant/Contract Costs	High Desert Family-Adult Treatment ODF Individual and Group Counseling & IOT	$ 65,000.00	$ 65,000.00
Consultant/Contract Costs	Inland Behavioral Health-Adult Treatment ODF & IOT	$ 50,000.00	$ 50,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Treatment ODF & IOT	$ 90,000.00	$ 90,000.00
Consultant/Contract Costs	Cedar House (Social Science Services)-Adult Treatment ODF & IOT	$ 60,000.00	$ 60,000.00
Supplies	General Office Expense	$ 5,000.00	$ 5,000.00
	G & C Swan	$ -	$ -
		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**3,450,000.00**
	$	-

Program Name	**Adult Residential Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	209,318.88
Consultant/Contract Costs	$	2,710,000.00
Equipment	$	-
Supplies	$	3,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	730,579.72
Indirect Costs	$	527,681.12
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**3,450,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.100	$ 12,663.97
Staff Expenses	Clinical Therapist I - Administration	$ 73,546.29	0.200	$ 14,709.26
Staff Expenses	Addiction Med Physician 2 - Administration	$ 221,900.00	0.170	$ 37,723.00
Staff Expenses	Mental Health Program Mgr I	$ 102,022.48	0.050	$ 5,101.12
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Secretary I	$ 48,884.41	0.035	$ 1,710.95
Staff Expenses	Social Worker II	$ 64,065.35	0.070	$ 4,484.57
Staff Expenses	Social Worker II	$ 64,065.35	0.025	$ 1,601.63
Staff Expenses	Staff Analyst II	$ 75,250.65	0.330	$ 24,832.71
Staff Expenses	Staff Analyst II - Administration	$ 75,250.65	0.330	$ 24,832.71
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.025	$ 1,975.78
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.035	$ 2,806.65

Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 57,565.00	1.000	$ 57,565.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 527,681.12	$ 527,681.12
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Residential Treatment	$ 450,000.00	$ 450,000.00
Consultant/Contract Costs	Cedar House Life Change Center (Social Science Services)-Adult Residential Treatment	$ 750,000.00	$ 750,000.00
Consultant/Contract Costs	Tarzana Residential Treatment Center - Adult	$ 100,000.00	$ 100,000.00
Consultant/Contract Costs	VARP-Adult Residential Treatment	$ 450,000.00	$ 450,000.00
Consultant/Contract Costs	G&C Swan	$ 260,000.00	$ 260,000.00
Consultant/Contract Costs	Phoenix House	$ 700,000.00	$ 700,000.00
Supplies	General Office Expense	$ 3,000.00	$ 3,000.00
		$ -	$ -
		$ -	$ -

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**111,018.86**
	$	-

Program Name	**Youth Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	62,018.86
Consultant/Contract Costs	$	49,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	27,754.72
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**111,018.86**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 57,082.13	0.025	$ 1,427.05
Staff Expenses	Addiction Med Physician	$ 221,900.00	0.030	$ 6,657.00
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Mental Health Program Manager II	$ 120,201.55	0.050	$ 6,010.08
Staff Expenses	Office Assistant III	$ 42,802.62	0.070	$ 2,996.18
Staff Expenses	Social Worker II	$ 64,065.35	0.030	$ 1,921.96
Staff Expenses	Supervising Social Worker	$ 80,190.00	0.035	$ 2,806.65
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist I	$ 70,464.86	0.025	$ 1,761.62
Staff Expenses	Program Specialist II	$ 80,260.27	0.025	$ 2,006.51
Staff Expenses	Supervising Program Specialist	$ 79,031.00	0.030	$ 2,370.93
Staff Expenses	Staff Analyst II	$ 75,250.65	0.050	$ 3,762.53
Staff Expenses	Secretary I	$ 48,884.41	0.050	$ 2,444.22
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.020	$ 2,532.79
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 18,944.00	1.000	$ 18,944.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Clare-Matrix-Youth Treatment ODF & IOT	$ 1,000.00	$ 1,000.00
Consultant/Contract Costs	High Desert Family-Youth Treatment ODF &IOT	$ 10,000.00	$ 10,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol - Youth Treatment ODF & IOT	$ 26,000.00	$ 26,000.00
Consultant/Contract Costs	Inland Behavioral Health - Youth Treatment ODF & IOT	$ 12,000.00	$ 12,000.00
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		$ -	$ -
		$ -	$ -

State of California - Health and Human Services Agency | **Department of Health Care Services**
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Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source	
Discretionary	$ **1,127,898.00**
	$ -

Program Name	**SARC**
Summary	
Category	**Amount**
Staff Expenses	$ 822,188.08
Consultant/Contract Costs	$ -
Equipment	$ -
Supplies	$ 160,000.00
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 245,547.02
Indirect Costs	$ 145,709.92
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 1,127,898.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53

Detailed Program Budget

Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Alcohol & Drug Counselor	$ 57,082.13	0.250	$ 14,270.53
Staff Expenses	Clinical Therapist I	$ 73,546.29	0.250	$ 18,386.57
Staff Expenses	Clinical Therapist I	$ 73,546.29	0.250	$ 18,386.57
Staff Expenses	Clinical Therapist II	$ 85,584.44	0.250	$ 21,396.11
Staff Expenses	General Services Worker II	$ 35,463.79	0.250	$ 8,865.95
Staff Expenses	Mental Health Clinic Supervisor	$ 106,503.75	0.250	$ 26,625.94
Staff Expenses	Mental Health Program Mgr II	$ 120,201.55	0.150	$ 18,030.23
Staff Expenses	Office Assistant III	$ 42,802.62	0.250	$ 10,700.66
Staff Expenses	Office Assistant III	$ 42,802.62	0.250	$ 10,700.66
Staff Expenses	Secretary II	$ 50,769.60	0.080	$ 4,061.57
Staff Expenses	Social Worker II	$ 64,065.35	0.250	$ 16,016.34
Staff Expenses	Social Worker II	$ 64,065.35	0.250	$ 16,016.34
Staff Expenses	Social Worker II	$ 64,065.35	0.250	$ 16,016.34
Staff Expenses	Secretary I	$ 48,884.41	0.080	$ 3,910.75
Staff Expenses	Mental Health Program Mgr I	$ 102,022.48	0.150	$ 15,303.37
Staff Expenses	Behavl Hlth Sr Program Manager	$ 126,639.73	0.250	$ 31,659.93
Staff Expenses	Clinical Therapist I	$ 73,546.29	0.250	$ 18,386.57
Staff Expenses	Clinical Therapist II	$ 85,584.44	0.250	$ 21,396.11
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Detailed Program Budget

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Staff Expenses	Benefits	$ 275,188.00	1.000	$ 275,188.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 145,709.92	$ 145,709.92
Supplies	General Office Supplies	$ 160,000.00	$ 160,000.00
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		$ -	$ -

Current ICR **25.00%**

Workbook Summary Sheet

Allocation	SFY 2024-25	Budgeted Amount
Discretionary	$ 7,367,898.00	$7,367,898.00
Perinatal	$ 248,296.00	$248,296.00
Adolescent/Youth	$ 312,343.00	$312,343.00
Total	$ 7,928,537.00	$7,928,537.00

Category	Amount
Staff Expenses	$ 2,307,256.95
Consultant/Contract Costs	$ 4,375,137.61
Equipment	$ -
Supplies	$ 173,000.00
Travel	$ -
Other Expenses	$ -
Maximum Allowable Indirect Costs	$ 1,713,848.64
Indirect Costs	$ 1,073,142.44
County Support Administrative Direct Costs	$ 1,043,472.80
Total Cost	**$ 8,972,009.80**

State of California - Health and Human Services Agency DHCS

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ICR 25.00%

SUBG Allocation Sheet SFY 2025-26

County SAN BERNARDINO

Set Aside		SFY 2025-26
Discretionary*	$	7,367,898.00
Perinatal	$	248,296.00
Adolescent/Youth	$	312,343.00
40% SSP Allowance**	$	2,947,159.20
Total	**$**	**7,928,537.00**

Important notes:

*Discretionary Set-Aside funds. **Counties may allocate Discretionary funds toward Prevention programs that are approved through the Prevention Youth Branch (PYB) Team.**

The 40% SSP Allowance is not additional set aside funds. **Counties may allocate up to 40% of their SUBG Discretionary funds for SSP activities.

State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Perinatal	$	**248,296.00**
	$	-

Program Name	**Perinatal**	
Summary		
Category	**Amount**	
Staff Expenses	$	153,085.31
Consultant/Contract Costs	$	70,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	55,771.33
Indirect Costs	$	25,210.69
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**248,296.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.050	$ 4,129.79
Staff Expenses	Social Worker II - Administration	$ 65,987.31	0.330	$ 21,775.81
Staff Expenses	Social Worker II - Administration	$ 65,987.31	0.330	$ 21,775.81
Staff Expenses	Staff Analyst II - Administration	$ 77,508.17	0.330	$ 25,577.70
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.035	$ 1,762.28
Staff Expenses	Staff Analyst II	$ 77,508.17	0.050	$ 3,875.41
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.050	$ 6,521.95
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.035	$ 2,849.07
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Detailed Program Budget

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Staff Expenses	Benefits	$ 51,117.00	1.000	$ 51,117.00

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Cost	$25,210.69	$ 25,210.69
Consultant/Contract Costs	High Desert Center	$21,000.00	$ 21,000.00
Consultant/Contract Costs	Inland Behavioral Health	$29,000.00	$ 29,000.00
Consultant/Contract Costs	Inland Valley Recovery	$20,000.00	$ 20,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**1,450,000.00**
	$	-

Program Name	**Recovery Centers**	
Summary		
Category	**Amount**	
Staff Expenses	$	380,627.70
Consultant/Contract Costs	$	905,000.00
Equipment	$	-
Supplies	$	2,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	321,906.93
Indirect Costs	$	162,372.30
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**1,450,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Program Mgr I	$ 105,083.15	0.075	$ 7,881.24
Staff Expenses	Social Worker II	$ 65,987.31	0.250	$ 16,496.83
Staff Expenses	Clinical Therapist I	$ 75,752.68	0.250	$ 18,938.17
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.330	$ 40,856.51
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.170	$ 21,047.29
Staff Expenses	Mental Health Specialist	$ 54,700.20	0.250	$ 13,675.05
Staff Expenses	Program Specialist I	$ 72,578.81	0.250	$ 18,144.70
Staff Expenses	Program Specialist I	$ 72,578.81	0.250	$ 18,144.70
Staff Expenses	Program Specialist I	$ 72,578.81	0.250	$ 18,144.70
Staff Expenses	Program Specialist II	$ 82,668.08	0.250	$ 20,667.02
Staff Expenses	Secretary I	$ 50,350.94	0.250	$ 12,587.74
Staff Expenses	Secretary II	$ 52,292.69	0.250	$ 13,073.17
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.250	$ 20,648.93
Staff Expenses	Staff Analyst II	$ 77,508.17	0.050	$ 3,875.41
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.050	$ 6,521.95

Detailed Program Budget

Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.035	$ 2,849.07
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Detailed Program Budget

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Staff Expenses	Benefits	$ 127,075.22	1.000	$ 127,075.22

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$162,372.30	$ 162,372.30
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Recovery Support	$780,000.00	$ 780,000.00
Consultant/Contract Costs	Rim Family Services-Recovery Support	$125,000.00	$ 125,000.00
Supplies	General Office Expense	$2,000.00	$ 2,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**
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Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	160,000.00
	$	-

Program Name	**Community Outreach for Recovery and Education (CORE) TB/HIV/SSP**	
Summary		
Category	**Amount**	
Staff Expenses	$	51,970.55
Consultant/Contract Costs	$	85,457.61
Equipment	$	-
Supplies	$	2,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	34,857.04
Indirect Costs	$	20,571.84
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**160,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Mental Health Clinic Supervisor	$ 109,698.86	0.025	$ 2,742.47
Staff Expenses	Mental Health Clinic Supervisor	$ 109,698.86	0.025	$ 2,742.47
Staff Expenses	Clinical Therapist II	$ 88,151.97	0.025	$ 2,203.80
Staff Expenses	Clinical Therapist II	$ 88,151.97	0.025	$ 2,203.80
Staff Expenses	Clinical Therapist I	$ 75,752.68	0.025	$ 1,893.82
Staff Expenses	Office Assistant III	$ 44,086.70	0.025	$ 1,102.17
Staff Expenses	Office Assistant III	$ 44,086.70	0.025	$ 1,102.17
Staff Expenses	Secretary II	$ 52,292.69	0.025	$ 1,307.32
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.025	$ 3,095.19
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.025	$ 3,095.19
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.025	$ 3,260.97
Staff Expenses	Supervising Office Assistant	$ 56,000.63	0.025	$ 1,400.02

Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 17,002.00	1.000	$ 17,002.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 20,571.84	$ 20,571.84
Consultant/Contract Costs	San Bernardino County Public Health-Integrated Infectious Disease Services	$ 15,000.00	$ 15,000.00
Consultant/Contract Costs	San Bernardino County CORE	$ 70,457.61	$ 70,457.61
Supplies	General Office Supplies	$ 2,000.00	$ 2,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**230,000.00**
	$	-

Program Name	**Recovery Residences**	
Summary		
Category	**Amount**	
Staff Expenses	$	68,104.57
Consultant/Contract Costs	$	142,680.00
Equipment	$	-
Supplies	$	1,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	52,946.14
Indirect Costs	$	18,215.43
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**230,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II - Administration	$ 65,987.31	0.100	$ 6,598.73
Staff Expenses	Social Worker II	$ 65,987.31	0.100	$ 6,598.73
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.035	$ 1,762.28
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.035	$ 2,890.85
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.025	$ 3,260.97
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.025	$ 2,035.05
Staff Expenses	Staff Analyst II	$ 77,508.17	0.025	$ 1,937.70
Staff Expenses	Mental Health Specialist	$ 54,700.20	0.025	$ 1,367.50
Staff Expenses	Mental Health Program Mgr I	$ 105,083.15	0.050	$ 5,254.16
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 22,698.11	1.000	$ 22,698.11

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 18,215.43	$ 18,215.43
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Transitional Housing	$ 107,680.00	$ 107,680.00
Consultant/Contract Costs	New Hope-Transitional Housing	$ 35,000.00	$ 35,000.00
Supplies	General Office Expense	$ 1,000.00	$ 1,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**147,453.01**
	$	-

Program Name	**Juvenile Drug Court**	
Summary		
Category	**Amount**	
Staff Expenses	$	104,453.01
Consultant/Contract Costs	$	43,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	36,863.25
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**147,453.01**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 65,987.31	0.290	$ 19,136.32
Staff Expenses	Social Worker II	$ 65,987.31	0.290	$ 19,136.32
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.025	$ 1,258.77
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.025	$ 2,064.89
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Mental Health Program Mgr I	$ 105,083.15	0.050	$ 5,254.16
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.025	$ 3,260.97
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.025	$ 2,035.05
Staff Expenses	Staff Analyst II	$ 77,508.17	0.025	$ 1,937.70
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 36,668.34	1.000	$ 36,668.34

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Clare-Matrix - Juvenile Drug Court Services	$ 11,000.00	$ 11,000.00
Consultant/Contract Costs	High Desert Family - Juvenile Drug Court Services	$ 12,000.00	$ 12,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Juvenile Drug Court Services	$ 20,000.00	$ 20,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**53,871.13**
	$	-

Program Name	**Youth Residential Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	43,871.13
Consultant/Contract Costs	$	10,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	13,467.78
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**53,871.13**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 65,987.31	0.025	$ 1,649.68
Staff Expenses	Staff Analyst II	$ 77,508.17	0.025	$ 1,937.70
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.030	$ 1,510.53
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.025	$ 2,064.89
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.030	$ 2,442.06
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.045	$ 5,869.75
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 14,696.03	1.000	$ 14,696.03

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Tarzana Treatment Centers-Youth Residential Treatment	$ 10,000.00	$ 10,000.00
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State of California - Health and Human Services Agency

Department of Health Care Services
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Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		Date of Approval	

Funding Source		
Discretionary	$	950,000.00
	$	-

Program Name	Adult Treatment (ODF & IOT)	
Summary		
Category	Amount	
Staff Expenses	$	435,929.26
Consultant/Contract Costs	$	360,000.00
Equipment	$	-
Supplies	$	5,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	200,232.32
Indirect Costs	$	149,070.74
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**950,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor - Apple Valley County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 58,794.59	0.150	$ 8,819.19
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 58,794.59	0.150	$ 8,819.19
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 58,794.59	0.150	$ 8,819.19
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Clinic Assistant - Rialto County Clinic	$ 40,739.39	0.050	$ 2,036.97
Staff Expenses	Clinical Therapist I - Rialto County Clinic	$ 75,752.68	0.050	$ 3,787.63
Staff Expenses	Addiction Med Physician 2	$ 221,900.00	0.070	$ 15,533.00
Staff Expenses	General Services Worker II - Barstow County Clinic	$ 36,527.70	0.150	$ 5,479.16
Staff Expenses	Mental Health Clinic Supervisor - Rialto County Clinic	$ 109,698.86	0.150	$ 16,454.83
Staff Expenses	Mental Health Clinic Supervisor - STAR County Clinic	$ 109,698.86	0.300	$ 32,909.66
Staff Expenses	Mental Health Program Manager II	$ 123,807.60	0.070	$ 8,666.53
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.070	$ 8,666.53

Detailed Program Budget

Staff Expenses	Office Assistant III - Barstow County Clinic	$ 44,086.70	0.150	$ 6,613.00
Staff Expenses	Office Assistant III - Mariposa County Clinic	$ 44,086.70	0.150	$ 6,613.00
Staff Expenses	Office Assistant III - Rialto County Clinic	$ 44,086.70	0.050	$ 2,204.33
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.080	$ 4,028.08
Staff Expenses	Social Worker II - Administration	$ 65,987.31	0.070	$ 4,619.11
Staff Expenses	Social Worker II - Administration	$ 65,987.31	0.070	$ 4,619.11
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.200	$ 16,519.14
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.025	$ 2,035.05
Staff Expenses	Staff Analyst II	$ 77,508.17	0.050	$ 3,875.41
Staff Expenses	Alcohol & Drug Counselor - Apple Valley County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Peer and Family Advocate III - Phoenix	$ 42,975.03	0.150	$ 6,446.25
Staff Expenses	Peer and Family Advocate III - Mariposa	$ 42,975.03	0.150	$ 6,446.25
Staff Expenses	Peer and Family Advocate - Apple Valley	$ 43,080.97	0.150	$ 6,462.14
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 58,794.59	0.050	$ 2,939.73
Staff Expenses	Office Assistant II - Phoenix Clinic	$ 40,739.39	0.150	$ 6,110.91
Staff Expenses	Office Assistant III - Apple Valley Clinic	$ 44,086.70	0.150	$ 6,613.00
Staff Expenses	Mental Health Clinic Supervisor - Mariposa Clinic	$ 109,698.86	0.150	$ 16,454.83
Staff Expenses	Mental Health Clinic Supervisor - Phoenix Clinic	$ 109,698.86	0.150	$ 16,454.83
Staff Expenses	Mental Health Clinic Supervisor - Apple Valley Clinic	$ 109,698.86	0.150	$ 16,454.83
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.100	$ 13,043.89
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Detailed Program Budget

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Staff Expenses	Benefits	$ 142,236.00	1.000	$ 142,236.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 149,070.74	$ 149,070.74
Consultant/Contract Costs	Clare-Matrix-Adult Treatment ODF & Intensive ODF Treatment	$ 95,000.00	$ 95,000.00
Consultant/Contract Costs	High Desert Family-Adult Treatment ODF Individual and Group Counseling & IOT	$ 65,000.00	$ 65,000.00
Consultant/Contract Costs	Inland Behavioral Health-Adult Treatment ODF & IOT	$ 50,000.00	$ 50,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Treatment ODF & IOT	$ 90,000.00	$ 90,000.00
Consultant/Contract Costs	Cedar House (Social Science Services)-Adult Treatment ODF & IOT	$ 60,000.00	$ 60,000.00
Supplies	General Office Expense	$ 5,000.00	$ 5,000.00
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Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	**3,450,000.00**
	$	-

Program Name	**Adult Residential Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	214,467.83
Consultant/Contract Costs	$	2,710,000.00
Equipment	$	-
Supplies	$	3,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	731,866.96
Indirect Costs	$	522,532.17
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**3,450,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.100	$ 13,043.89
Staff Expenses	Clinical Therapist I - Administration	$ 75,752.68	0.200	$ 15,150.54
Staff Expenses	Addiction Med Physician 2 - Administration	$ 221,900.00	0.170	$ 37,723.00
Staff Expenses	Mental Health Program Mgr I	$ 105,083.15	0.050	$ 5,254.16
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Secretary I	$ 50,350.94	0.035	$ 1,762.28
Staff Expenses	Social Worker II	$ 65,987.31	0.070	$ 4,619.11
Staff Expenses	Social Worker II	$ 65,987.31	0.025	$ 1,649.68
Staff Expenses	Staff Analyst II	$ 77,508.17	0.330	$ 25,577.70
Staff Expenses	Staff Analyst II - Administration	$ 77,508.17	0.330	$ 25,577.70
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.025	$ 2,035.05

Detailed Program Budget

Staff Expenses	Supervising Social Worker	$ 82,595.70	0.035	$ 2,890.85
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Detailed Program Budget

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Staff Expenses	Benefits	$ 59,293.00	1.000	$ 59,293.00

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 522,532.17	$ 522,532.17
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Residential Treatment	$ 450,000.00	$ 450,000.00
Consultant/Contract Costs	Cedar House Life Change Center (Social Science Services)-Adult Residential Treatment	$ 750,000.00	$ 750,000.00
Consultant/Contract Costs	Tarzana Residential Treatment Center - Adult	$ 100,000.00	$ 100,000.00
Consultant/Contract Costs	VARP-Adult Residential Treatment	$ 450,000.00	$ 450,000.00
Consultant/Contract Costs	G&C Swan	$ 260,000.00	$ 260,000.00
Consultant/Contract Costs	Phoenix House	$ 700,000.00	$ 700,000.00
Supplies	General Office Expense	$ 3,000.00	$ 3,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Current ICR **25.00%**

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Adolescent/Youth	$	**111,018.86**
	$	-

Program Name	**Youth Treatment**	
Summary		
Category	**Amount**	
Staff Expenses	$	62,018.86
Consultant/Contract Costs	$	49,000.00
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	27,754.72
Indirect Costs	$	-
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**111,018.86**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Alcohol & Drug Counselor - Mariposa	$ 58,794.59	0.025	$ 1,469.86
Staff Expenses	Addiction Med Physician	$ 221,900.00	0.030	$ 6,657.00
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Mental Health Program Manager II	$ 123,807.60	0.050	$ 6,190.38
Staff Expenses	Office Assistant III	$ 44,086.70	0.050	$ 2,204.33
Staff Expenses	Social Worker II	$ 65,987.31	0.030	$ 1,979.62
Staff Expenses	Supervising Social Worker	$ 82,595.70	0.030	$ 2,477.87
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist I	$ 72,578.81	0.025	$ 1,814.47
Staff Expenses	Program Specialist II	$ 82,668.08	0.025	$ 2,066.70
Staff Expenses	Supervising Program Specialist	$ 81,401.93	0.030	$ 2,442.06
Staff Expenses	Staff Analyst II	$ 77,508.17	0.050	$ 3,875.41
Staff Expenses	Secretary I	$ 50,350.94	0.050	$ 2,517.55
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.020	$ 2,608.78
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Detailed Program Budget

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Detailed Program Budget

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Staff Expenses	Benefits	$ 19,146.17	1.000	$ 19,146.17

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ -	$ -
Consultant/Contract Costs	Clare-Matrix-Youth Treatment ODF & IOT	$ 1,000.00	$ 1,000.00
Consultant/Contract Costs	High Desert Family-Youth Treatment ODF &IOT	$ 10,000.00	$ 10,000.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol - Youth Treatment ODF & IOT	$ 26,000.00	$ 26,000.00
Consultant/Contract Costs	Inland Behavioral Health - Youth Treatment ODF & IOT	$ 12,000.00	$ 12,000.00
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State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Substance Use Prevention, Treatment, and Recovery Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO		

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date of Approval**	

Funding Source		
Discretionary	$	1,127,898.00
	$	-

Program Name		
Summary		
Category	**Amount**	
Staff Expenses	$	822,898.00
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	160,000.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	245,724.50
Indirect Costs	$	145,000.00
County Support Administrative Direct Costs	$	-
Total Cost of Program	**$**	**1,127,898.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70

Detailed Program Budget

Staff Expenses	Alcohol & Drug Counselor	$ 58,794.59	0.240	$ 14,110.70
Staff Expenses	Clinical Therapist I	$ 75,752.68	0.240	$ 18,180.64
Staff Expenses	Clinical Therapist I	$ 75,752.68	0.240	$ 18,180.64
Staff Expenses	Clinical Therapist II	$ 88,151.97	0.240	$ 21,156.47
Staff Expenses	General Services Worker II	$ 36,527.70	0.240	$ 8,766.65
Staff Expenses	Mental Health Clinic Supervisor	$ 109,698.86	0.240	$ 26,327.73
Staff Expenses	Mental Health Program Mgr II	$ 123,807.60	0.150	$ 18,571.14
Staff Expenses	Office Assistant III	$ 44,086.70	0.240	$ 10,580.81
Staff Expenses	Office Assistant III	$ 44,086.70	0.240	$ 10,580.81
Staff Expenses	Secretary II	$ 52,292.69	0.080	$ 4,183.42
Staff Expenses	Social Worker II	$ 65,987.31	0.240	$ 15,836.95
Staff Expenses	Social Worker II	$ 65,987.31	0.240	$ 15,836.95
Staff Expenses	Social Worker II	$ 65,987.31	0.240	$ 15,836.95
Staff Expenses	Secretary I	$ 50,350.94	0.080	$ 4,028.08
Staff Expenses	Mental Health Program Mgr I	$ 105,083.15	0.150	$ 15,762.47
Staff Expenses	Behavl Hlth Sr Program Manager	$ 130,438.92	0.240	$ 31,305.34
Staff Expenses	Clinical Therapist I	$ 75,752.68	0.240	$ 18,180.64
Staff Expenses	Clinical Therapist II	$ 88,151.97	0.240	$ 21,156.47
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Detailed Program Budget

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Staff Expenses	Benefits	$ 280,322.54	1.000	$ 280,322.54

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	Indirect Costs	$ 145,000.00	$ 145,000.00
Supplies	General Office Supplies	$ 160,000.00	$ 160,000.00
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State of California - Health and Human Services Agency **Department of Health Care Services**

Version 1.7

Current ICR **25.00%**

Workbook Summary Sheet

Allocation	SFY 2025-26	Budgeted Amount
Discretionary	$ 7,367,898.00	$7,367,898.00
Perinatal	$ 248,296.00	$248,296.00
Adolescent/Youth	$ 312,343.00	$312,343.00
Total	$ 7,928,537.00	$7,928,537.00

Category	Amount
Staff Expenses	$ 2,337,426.22
Consultant/Contract Costs	$ 4,375,137.61
Equipment	$ -
Supplies	$ 173,000.00
Travel	$ -
Other Expenses	$ -
Maximum Allowable Indirect Costs	$ 1,721,390.96
Indirect Costs	$ 1,042,973.17
County Support Administrative Direct Costs	$ 1,017,762.48
Total Cost	**$ 8,946,299.48**

County Name	#	Level of Care/Modality	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
SAN BERNARDINO	1	Discretionary	Environmental Prevention	Institute for Public Strategies	242 E. Airport Drive, Suite 204 San Bernardino, CA	(909) 266-1660
	2	Discretionary	Environmental Prevention	Institute for Public Strategies	15428 Civic Drive, Suite 350 Victorville, CA 92392	(760) 843-7003
	3	Discretionary	Environmental Prevention	Reach Out West End	1126 W. Foothill Blvd., Suite 250 Upland, CA 91786	(909) 982-8641
	4	Discretionary	Environmental Prevention	Reach Out West End	7255 Joshua Lane, Unit C Yucca Valley CA 92284 (760) 365-7130	(760) 365-7130
	5	Discretionary	Environmental Prevention	Rim Family Services	40880 Pedder Road Big Bear Lake, CA 92315	(909) 366-0545
	6	Discretionary	Environmental Prevention	Rim Family Services	28545 Highway 18 Skyforest, CA 92385	(909) 336-1800
	7	Discretionary	Environmental Prevention	California Health Collaborative	685 E. Carnegie Drive, Suite 140 San Bernardino, CA 92408	(909) 381-4532
	8	Discretionary	TB Services	San Bernardino County Public Health	340 N. Mountain Avenue San Bernardino CA 92415	(909) 387-4557
	9	Perinatal	Perinatal	High Desert Child, Adolescent and Family Services Center	16248 Victor Street Victorville, CA 92395	(760) 243-7151
	10	Perinatal	Perinatal	Inland Behavioral & Health	1963 North E Street San Bernardino, CA 92405	(909) 881-6146
	11	Perinatal	Perinatal	Inland Valley Drug & Alcohol	934 N. Mountain Ave. Suite A, B, C & D Upland, CA 91786	(909) 949-4867
	12	Discretionary	Recovery Residences	Inland Valley Drug & Alcohol	1260 E. Arrow Highway Upland, CA 91786	(909) 932-1069
	13	Discretionary	Recovery Residences	New Hope	100 West Fredricks Street Barstow, CA 92311	(760) 256-1900
	14	Discretionary	Recovery Residences	VARP - Harris House Recovery Residence	907 Rialto Avenue, San Bernardino, CA 92410	(909) 725-5843
	15	Discretionary	Recovery Centers	Inland Valley Drug & Alcohol - San Bernardino Recovery Center	939 North D Street San Bernardino, CA 92410	(909) 889-6519
	16	Discretionary	Recovery Centers	Inland Valley Drug & Alcohol - Upland Recovery Center	934 N. Mountain Ave., Suites A, B, C & D Upland, CA 91786	(909) 949-4867
	17	Discretionary	Recovery Centers	Rim Family Services	28545 Highway 18 Skyforest, CA 92385	(909) 336-1800
	18	Youth	Juvenile Drug Court	Clare-Matrix	812 N. Euclid Avenue Ontario, CA 91762	(909) 395-0888
	19	Youth	Juvenile Drug Court	High Desert Child, Adolescent and Family Services Center	16248 Victor Street Victorville, CA 92395	(760) 243-7151
	20	Youth	Juvenile Drug Court	Inland Valley Drug & Alcohol	939 North D Street San Bernardino, CA 92410	(909) 889-6519
	21	Discretionary	Adult Residential Treatment	Inland Valley Drug & Alcohol	1260 E. Arrow Highway, Bldg. B & C Upland, CA 91786	(909) 932-1069
	22	Discretionary	Adult Residential Treatment	Cedar House Life Change Center (Social Science Services)	18612 Santa Ana Ave. Bloomington, CA 92316	(909) 421-7120
	23	Discretionary	Adult Residential Treatment	Phoenix House	1333 Palmdale Road Victorville, CA 92392	(760) 241-4917
	24	Discretionary	Adult Residential Treatment	Tarzana Treatment Centers	18646 Oxnard Street Tarzana, CA 91356	(888) 777-8585
	25	Discretionary	Adult Residential Treatment	VARP - Gibson House for Men	1100 North D Street San Bernardino, CA 92410	(909) 884-0840
	30	Discretionary	Adult Treatment (ODF & IOT)	High Desert Child, Adolescent and Family Services Center	225 Barstow Road Barstow, CA 92311	(760) 255-1083
	31	Discretionary	Adult Treatment (ODF & IOT)	High Desert Child, Adolescent and Family Services Center	16248 Victor Street Victorville, CA 92395	(760) 243-7151
	32	Discretionary	Adult Treatment (ODF & IOT)	Inland Behavioral & Health	1963 North E Street San Bernardino, CA 92405	909) 881-6146
	33	Discretionary	Adult Treatment (ODF & IOT)	Inland Valley Drug & Alcohol	934 N. Mountain Ave. Suite A, B, C & D Upland, CA 91786	(909) 949-4867
	34	Discretionary	Adult Treatment (ODF & IOT)	Cedar House Life Change Center (Social Science Services)	18612 Santa Ana Ave. Bloomington, CA 92316	(909) 421-7120
	35	Youth	Youth Treatment (ODF & IOT)	Clare-Matrix	812 N. Euclid Avenue Ontario, CA 91762	(909) 395-0888
	36	Youth	Youth Treatment (ODF & IOT)	High Desert Child, Adolescent and Family Services Center	225 Barstow Road Barstow, CA 92311	(760) 255-1083
	37	Youth	Youth Treatment (ODF & IOT)	High Desert Child, Adolescent and Family Services Center	16248 Victor Street Victorville, CA 92395	(760) 243-7151
	38	Youth	Youth Treatment (ODF & IOT)	Inland Valley Drug & Alcohol	939 North D Street San Bernardino, CA 92410	(909) 889-6519
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Program Name: Enter the program name. Program Name must match the exactly as the Program Name on the budgets and narrative.
SSP Agency Name, Address, and Phone: Enter the SSP's main agency name, as well as the address, and phone number
Planned Dollar Amount of SUBG Funds to be Expended for SSP: The amount entered must match the amount enter in the funding source section of the program tab.
Number of Locations: Should the SSP have any secondary locations, list the number of locations (including mobile locations)
Address of Secondary Locations: If SSP have any secondary locations, please enter the secondary location adress. Note: If there are multiple locations, enter each location on a separate row
SUD Treatment Provider: If the SSP has a SUD Treatment Provider on-site, select Yes, otherwise select No
Naloxone Provider: If the SSP distributes/provides Naloxone to those utilizing the SSP, select Yes, otherwise select No

County	#	Program Name	Syringe Services Program (SSP) Agency Name	SSP Address of SSP	Phone Number	Planned Dollar Amount of SUBG Funds to be Expended for SSP	Number of Locations (Please include mobile locations)	Address of Secondary Location	SUD Treatment Provider? Yes or No	Naloxone Provider? Yes or No
SAN BERNARDINO	1	Community Outreach for Relapse Prevention (CORE)	San Bernardino County Department of Behavioral Health	556 E. Brier Dr Suite 250, San Bernardino	(909) 421-9465	$140,000.00	10	830 E. Gilbert St, San Bernardino	Yes	Yes
	2							2940 Inland Empire Blvd, Ontario	Yes	Yes
	3							13618 Hwy 18, Apple Valley	Yes	Yes
	4							1841 E. Main St., Ste. 218, Barstow	Yes	Yes
	5							850 E. Foothill Blvd., Rialto	Yes	Yes
	6							124 W 4th St, San Bernardino	Yes	Yes
	7							1330 East Cooley Drive, Colton	Yes	Yes
	8							17830 Arrow Blvd, Fontana	Yes	Yes
	9							15480 Ramona Ave, Victorville	Yes	Yes
	10							Mobile Unit	Yes	Yes
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