



Contract Number

21-185 A-5

SAP Number

4400016248

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services</u>
Contractor Representative	<u>Tina Hughes</u>
Telephone Number	<u>(909) 932-1069</u>
Contract Term	<u>April 1, 2021 through June 30, 2027</u>
Original Contract Amount	<u>\$1,796,006</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>\$1,796,006</u>
Cost Center	<u>1017131000,1017331000,1018441000</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5:

San Bernardino County (County) and Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services (Contractor) hereby agree to amend Contract No. 21-185 as follows:

ATTACHMENTS:

ADDENDUM I AGREEMENT FOR THE PROVISION OF SUBSTANCE USE DISORDER AND RECOVERY SERVICES RECOVERY RESIDENCES is hereby removed and replaced with ADDENDUM I AGREEMENT FOR THE PROVISION OF SUBSTANCE USE DISORDER AND RECOVERY SERVICES RECOVERY RESIDENCES

I. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____

Deputy

Inland Valley Drug and Alcohol Recovery Services
dba Inland Valley Recovery Services

(Print or type name of corporation, company, contractor, etc.)

By ►

(Authorized signature - sign in blue ink)

Name _____ Tina K. Hughes
(Print or type name of person signing contract)

Title _____ Chief Executive Officer
(Print or Type)

Dated: _____

Address _____ 1260 E. Arrow Hwy, Building E

Upland, CA 91786

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

►

Georgina Yoshioka, Director

Date _____

**AGREEMENT FOR THE PROVISION OF
SUBSTANCE USE DISORDER SERVICES
RECOVERY RESIDENCES**

CONTRACTOR NAME: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES

A. Contractor shall provide Substance Use Disorder Recovery Residences services as defined herein to San Bernardino County residents.

B. FACILITY LOCATIONS:

Contractor shall provide the above services in and from the following address(es):

Facility Name

Arrow House
1439 W. Arrow Highway
Upland, CA 91786

9th Street
390 E. 9th Street
Upland, CA 91786

Laurel House
790 N. Laurel Ave.
Upland, CA 91786

Facility Name

1ST Avenue House
1341 N. 1st Avenue
Upland, CA 91786

Alta House
1380 Alta Ave.
Upland, CA 91786

Buckthorn House
5940 Buckthorn Avenue
Rancho Cucamonga, CA 91701

The locations for services may change in order to best serve the needs of San Bernardino County residents. Any location change shall be approved by the Director or designee, to ensure that all applicable laws and regulations are followed and all contract requirements are met.

C. DEFINITIONS (PROGRAM SPECIFIC)

1. American Society of Addiction Medicine (ASAM) – ASAM is a professional society representing over 4,000 physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment; educating physicians, other medical professionals and the public; supporting research and prevention; and promoting the appropriate role of physicians in the care of patients with addictions.
2. ASAM Criteria – The ASAM Criteria is a set of guidelines for placement, continued stay, and transfer/discharge of patients with Substance Use Disorders and co-occurring conditions. The ASAM criteria provides separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment services provided. ASAM's criterion uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care.
3. Care Coordination – A service to assist a patient to access needed medical, SUD, mental health, educational, social, prevocational, vocational, rehabilitative, or other community

services. Care Coordination services can include referrals and transportation to SUD and/or Mental Health treatment. Care Coordination may, sometimes be referred to as Case Management or Coordination of Care.

4. Client – San Bernardino County resident who will be receiving the services.
5. Cultural Competency – The acceptance and understanding of cultural mores and their possible influence on the participant's issues and/or behavior, i.e., using the understanding of the differences between the prevailing social culture and that of the participant's family to aid in developing individualized supports and services.
6. Department of Behavioral Health (DBH) – DBH under state law provides mental health and/or substance use disorder treatment and prevention services to County residents. In order to maintain a continuum of care, DBH operates or contracts for the provision of 24-hour residential treatment, non-medical withdrawal management (detoxification) services, Outpatient Treatment services, Intensive Outpatient Treatment (IOT), case management, recovery centers and crisis and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to County residents.
7. Intensive Outpatient Treatment (IOT) – An organized service delivered by addiction professionals or addiction-credentialed clinicians, which provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.
8. Medications for Addiction Treatment (MAT) – Medications for addiction treatment is the use of FDA-approved medications in combination with evidence-based behavioral therapies to provide a whole-patient approach to treating SUDs.
9. Outpatient Drug-Free Program (ODF) – An organized non-residential service, delivered in a variety of settings, in which addiction and/or mental health treatment personnel; provide professionally directed evaluation and treatment for substance-related, addictive and mental disorders.
10. Recovery Residence (RR) – Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences can vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.
11. Recovery Services – are available after the beneficiary has completed a course of treatment. Recovery services emphasize the beneficiary's central role in managing their health, promote the use of effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Recovery Services includes:
 - a. Outpatient counseling services in the form of individual or group counseling to stabilize the beneficiary and reassess if further care is needed;

- b. Recovery Monitoring, including recovery coaching and monitoring via telephone/telehealth;
 - c. Substance Abuse Assistance, including peer-to-peer services and relapse prevention;
 - d. Education and Job Skills, such as linkages to life skills, employment services, job training, and education services;
 - e. Family Support, including linkages to childcare, parent education, child development support services, and family/marriage education;
 - f. Support Groups, including linkages to self-help and faith-based support and,
 - g. Ancillary Services, such as linkages to housing assistance, transportation, case management, and individual services coordination.
12. Screening Assessment and Referral Center (SARC) – The DBH-SUDRS program that screens clients who are referred or who are seeking help with a substance use disorder (SUD). The center's staff will complete a comprehensive assessment of the client's needs and determine the appropriate level of care needed for the clients utilizing ASAM criteria.
 13. Social Capital – the networks of relationships among people who live and work in a particular society, enabling that society to function properly.
 14. Substance Use Disorder (SUD) – Substance Use Disorder includes substance abuse and substance dependence. Substance abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. Substance dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues use of substances despite significant substance related problems. Substance Use Disorder Services is the provision of services to prevent or reduce the harm of alcohol and other drugs throughout the San Bernardino County through community action, education, support, and collaboration.
 15. Substance Use Disorder and Recovery Services (SUDRS) – The term "SUDRS" refers to the San Bernardino County Department of Behavioral Health - Substance Use Disorder and Recovery Services.

D. BACKGROUND (PROGRAM SPECIFIC)

The Department of Behavioral Health (DBH) is responsible for providing mental health and/or substance use disorder services to County residents who are experiencing major mental illness and/or substance use disorders (SUD). DBH's Substance Use Disorder and Recovery Services (SUDRS) provides a full range of SUD prevention, treatment services and education for communities and residents of the San Bernardino County through contracts with community-based organizations and County-operated clinics with the goal of promoting prevention, intervention, recovery and resiliency for individuals and families.

The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. Relapse rates for substance-use disorders can be high and relapse can signify the necessity to reexamine a person's course of treatment, as relapses can be dangerous and, in some instances, fatal. The first 12 months of an individual's recovery is the transitional period prior to the onset of sustained full remission,

sometimes referred to as early recovery. This is the crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that can make them susceptible to relapse. However, Moos & Moos (2006) determined that individuals with more 'social capital' are more likely to show improved outcomes for short term remission. Therefore, recovery residences are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports.

E. SERVICE DESCRIPTION:

Contractor shall provide Substance Use Disorder Services Recovery Residences services in accordance with the following description:

1. The San Bernardino County Department of Behavioral Health, Substance Use Disorder and Recovery Services have implemented a coordinated network of substance use disorder prevention, treatment and recovery services which are provided through contractors. Each Contractor agrees that every effort shall be made to make all services available through the coordinated network including its various levels of care: prevention, residential treatment, withdrawal management (detoxification), outpatient, intensive outpatient, and methadone maintenance.
2. Each Contractor agrees to provide all potential clients access to this network of services and system of care through a consistent evaluation process to determine the appropriate level of care.
3. Substance Use Disorder Recovery Residences services provide supervised sober living in transitional housing units for adult clients, and adult clients with children. The goal of the program is to provide a secure environment for the individual/family while preparing the adult client to secure permanent housing.
4. Target Population and Length of Stay
 - a. Perinatal Clients, to include women who are pregnant, in the postpartum stage and/or parenting, shall be eligible to receive Recovery Residences services, along with their child(ren). Parenting also includes women who are attempting to regain legal custody of their child(ren). Attendance in a perinatal intensive outpatient treatment program is mandatory while the client is receiving Recovery Residences services. The maximum length of stay in Recovery Residences services is determined by treatment need, funding or only while the perinatal client continues participation in the IOT Perinatal program.
 - b. Post Release Community Supervised clients, also known as AB109 clients, in recovery with a valid referral from the County Probation Department, shall be eligible for Recovery Residences services. The maximum length of stay in Recovery Residences services is determined by treatment need, funding or only while the client remains an AB109 probationer as determined by the County Probation Department.
 - c. Clients assessed and referred by the Screening Assessment and Referral Center (SARC). The SARC determines the appropriate level of care for clients. Attendance in an ODF or IOT program is mandatory while the client is receiving Recovery Residences services. The maximum length of stay in Recovery

Residences services is determined by treatment need, funding, or only while the client continues participation in the ODF or IOT program.

d. **Specific Responsibilities:**

1) **Operation Guidelines Recovery Residences services:**

- a) Contractor shall not provide substance use disorder treatment; clients are referred for treatment elsewhere.
- b) Narcan shall be readily available at each Recovery Residence at all times.
- c) Contractor shall not co-mingle adults of opposite gender.
- d) Contractor shall provide adult clients and adult clients with child(ren) who meet the Target Population; food, if necessary, and shelter on a 24-hour basis and shall offer substance-free activities that promote recovery and facilitate mutual recovery support among clients in residence.
- e) Length of stay shall be determined by treatment need or funding, but will not exceed 24 months.
- f) Contractor shall operate facility twenty hours, seven days a week and shall provide sufficient staffing as required to support this type of operation.
- g) Contractor shall, at minimum, have a "House Manager" available at all times either onsite at the facility or a "House Manager" who can be reached twenty-four (24) hours, seven (7) days a week in the event of an emergency and any other staff available, as determined necessary.
- h) Housing placements typically occur Monday through Friday, 8:00 am to 5:00 pm. However, Contractor may be required to accept placements after 5:00 p.m. and on weekends and/or holidays with prior notification and agreement by the Contractor.
- i) Contractor shall provide semi-private rooms for each adult client and their child(ren), as applicable. Adult clients with children up to age six (6) shall be provided sleeping quarters separate from adult clients without children. (Child(ren) ages seven (7) through twelve (12) shall obtain prior DBH approval from the DBH Program Manager/designee.) At no time shall a child(ren) be co-mingled with non-related adult clients, other than with other adult clients with child(ren).
- j) Contractor shall assure school-aged child(ren) in residence with an adult client access to educational services required by law.
- k) Contractor shall provide mandatory random drug screenings for clients and have written policies and procedure detailing random drug screening processes.
- l) Contractor shall refer clients to their local County Human Services

- Transitional Assistance Department (TAD) office to apply for CalFresh and refer clients to food banks and charities to assist the clients in obtaining food.

- m) Contractor shall provide food or provide a means for the client to obtain food if unable to provide for themselves and/or their child(ren). For example: this could be due to a client's lack of income or no eligibility to a Social Services benefit. The provision may include items such as:
 - i. Groceries
 - ii. Grocery Cards
- n) Adult clients shall be trained and instructed in the facilities emergency procedures.
- o) Contractor shall maintain all Federal, State and locally required permits, licenses, clearances and certifications necessary for operation of services.

2) Facility Requirements:

- a) Contractor shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. The facility utilized for services shall be as close to a normal home environment as possible without sacrificing client safety or care.
- b) Contractor shall demonstrate legal possession of the facilities that will be used for Recovery Residences services. Documentation may include a deed showing title or a lease agreement.
- c) The bedroom and dwelling occupancy may not exceed the dwelling's legal capacity as defined by the town or city's fire and safety codes that are applicable to all residences in the neighborhood.
- d) The facility shall appear neat, and be in good repair. Contractor shall provide on-going maintenance, repair, and or replacement, as needed, of flooring, paint, window coverings, appliances, fixtures, etc. The facility and grounds shall be maintained in a manner consistent with other homes in the neighborhood.
- e) The facility shall have sufficient space for Recovery Residences services. Such as:
 - i. Sleeping areas adequate for each individual, as well as room for personal storage.
 - ii. Living room area with adequate space for clients to assemble for social or other group activities.
 - iii. Dining area suitably furnished for group or individual meal service.

- iv. Bathrooms sufficient for the number of clients in residence.
- v. Outdoor areas and safe play areas for children.
- vi. Kitchen facilities shall provide cooking and storage space to meet the needs of the facility and its clients.
- vii. Staff and/or administrative offices, if necessary.
- viii. One on-site parking space for each bedroom.
- f) The facility shall have living, sleeping, bathing and toilet areas enclosed by permanent walls, floors, ceilings and doors.
- g) Contractor shall provide clean semi-private rooms for each adult client and their child(ren), if applicable. Adult clients with children shall be provided with separate sleeping quarters from adult clients without children.
- h) Semi-private rooms and/or sleeping quarters shall be clean, in good repair, safe for adult clients and any child(ren) residing at the facility with their parent. Each adult client and child(ren) shall be provided with a safe, clean, and healthy environment.
- i) Contractor shall ensure minimal personal security and privacy which shall include, but not be limited to the following:
 - i. Separate and adequate toilet, hand washing, and bathing facilities and these shall be in proximity of designated sleeping areas.
 - ii. Sleeping areas shall be enclosed by permanent walls which extend from the floor to the ceiling and a permanent door.
- j) Facility fixtures, furniture, equipment and supplies shall meet the standards of California Consortium of Addiction Programs and Professionals (CCAPP).
- k) Contractor shall obtain and/or maintain a facility location that will be appropriate and accessible for the selected service regions and readily accessible by public transportation and be easily accessible to community services, educational resources, health care facilities, and employment opportunities, and shall be in compliance with the Americans with Disabilities Act (ADA) and California State Administration Code Title 24.
- l) The facility shall have laundry facilities (washers/dryers) on site.
- m) Contractor shall provide basic supplies for basic living needs; i.e., paper towels, toilet tissue, hand soap, bath towels, bed linens, laundry soap, etc.
- n) Contractor shall provide a telephone within the facilities complex that is available twenty-four (24) hours per day, seven (7) days per week for resident use. This may be a pay phone.

- o) Contractor shall for the safety of adult clients and their child(ren):
 - i. Install smoke and carbon monoxide detectors in sufficient numbers and locations as required by safety codes and ensure they are functional at all times.
 - ii. Install fire extinguishers in, at minimum, the kitchen area.
 - iii. Clearly mark exit doors and ensure they are unobstructed at all times.
 - iv. Have first aid kits readily available in the facility.
 - v. Facilities with 2nd floors shall have emergency fire ladders clearly marked.
 - vi. Train clients on the facilities' safety procedures and their role in maintaining safety in the facility.
- p) Contractor shall establish fire safety guidelines as part of the written policies, such as:
 - i. No smoking in the facility.
 - ii. No accumulation of clutter in living and sleeping areas.
 - iii. Stoves and cooking areas shall be kept clean and free of grease accumulation.
 - iv. Designated smoking areas outside and guidelines for keeping them clean.
- q) Contractor shall have written policies that limit access by individuals who are not clients, staff, volunteers, nor authorized visitors.
- r) The facility must meet the Emergency Solutions Grants (ESG) Habitability Standards for Emergency Shelters and Permanent Housing and when possible and as applicable, should also meet the CoC Housing Quality Standards (HQS).

3) Regulations and Standards:

Contractor shall:

- a) Maintain compliance with all non-discrimination laws and regulations and follow admission policies that ensure clients are admitted to services regardless of anticipated outcomes.
- b) Obtain the appropriate San Bernardino County permit if located in an unincorporated area of the County or other local city permit if required to operate the facility. Contractor shall be approved for any permits required and maintain the permit in good standing for as long as the facility is in operation.
- c) Meet the standards established by the California Consortium of Addiction Programs and Professionals (CCAPP) for a sober living environment and shall be certified and maintain certification by CCAPP in good standing for as long as the facility is in operation.

- d) Ensure equal access to quality care by diverse populations. Adopt the US Department of Health and Human Services National Culturally and Linguistically-Appropriate Service (CLAS) standards.
- e) Ensure that Recovery Residence facilities are free of any non-prescription drugs that could be utilized in an illicit manner, including medical/recreational marijuana, as well as alcohol.
- f) Comply with all State and Federal statutes and regulations regarding confidentiality, including but not limited to applicable provisions of Part 2, Title 42 Code of Federal Regulations; Welfare Institutions Code Sections 5328 et. seq., and 14100.2; Sections 11812 of the Health and Safety Code; Title 22, California Code of Regulations Section 51009; and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- g) Ensure staff is knowledgeable with San Bernardino County's Grievance and Appeals policy and procedure and ensure any grievances/complaints made are referred to the County in accordance with these procedures.
- h) Ensure all incidents with clients are reported on the "Unusual Occurrence/Incident Report" County form QM053. Incidents can be, but are not limited to:
 - i. Dangerous Behavior
 - ii. Medical/Injury
 - iii. Disturbance/Destruction of Property
 - iv. Victimized
 - v. Death
 - vi. Dangerous Behavior - Self
 - vii. Sexual Behavior
 - viii. Other's (not listed).

All incidents shall be reported to Contractor supervision staff immediately. Staff witnessing the incident shall complete the QM053 form. Supervisory staff shall conduct an investigation and complete applicable sections for the QM053 form and submit a copy to the DBH Program Manager/designee by the next working day.

- i) Establish a plan to be used in the event of Program or Contract termination. It should provide for the responsible and orderly transition of clients to another DBH approved facility for services. The plan shall include a provision for furnishing DBH with all client information and any documents necessary for this transition.
- j) Contractor shall adhere to the accessibility requirements set forth in California Building Code Chapters 11A and 11B and the Americans with Disabilities Act (ADA), Title II. In addition, developments shall adhere to either the Uniform Federal

Accessibility Standards (UFAS, 24 CFR Part 8) or HUD's modified version of the 2010 ADA Standards for Accessible Design (Alternative 2010 ADAS, HUD-2014-0042-0001, 79 FR 29671 [5/27/14], commonly referred to as "the Alternative Standards" or "HUD Deeming Memo").

4) Referrals:

- a) Clients shall be referred promptly for medical and/or psychiatric evaluation when deemed appropriate by staff.
- b) Contractor's staff shall be required to refer clients who are experiencing problems to their Recovery Services Program Provider, Outpatient/IOT Program Provider, Probation Officer, CFS Social Worker, or anyone who may be in need of this information or who can provide assistance to the client with their situation.
- c) Contractor shall act as a community referral resource, referring clients in need directly or by referral process to other services beyond their scope of service; such as, but not limited to; GED classes, higher education, vocational education, job training, resume writing, medical services, dental services, legal services, CalWorks, CalFresh, Medi-Cal, food banks, etc., as necessary.
- d) Contractor shall initiate collaborative community partnerships and service systems. Contractor will establish procedures that will ensure strong, reliable linkages with other community service providers and service organizations for client support. These collaborative efforts shall be designed to integrate, coordinate and access necessary support services within the community in order to ensure successful client treatment and recovery. These efforts shall help achieve mutual goals espoused by Federal, State, and County systems to integrate services, prevent relapse through the use of community support services, reduce fragmentation of care and establish better communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.
- e) Contractor shall support access to Medications for Addiction Treatment (MAT) for clients with substance use disorders and psychotropic medications for the treatment of mental health disorders.

5) Written Procedures:

- a) Contractor shall develop and/or maintain a written Personnel Policy and Procedures Manual in accordance with current DBH standards. The written procedures and all updates shall be provided to all employees charging hours to this agreement. The written Personnel Policy and Procedures Manual shall be submitted to DBH, upon request. A change to any part of the Personnel Policy and Procedures requires a written change in the manual and submission of all changes to DBH, upon request.

- b) Contractor shall develop a resident handbook to help ease clients transition into a Recovery Residence living environment and to assist in ensuring clients compliance with house rules.
- c) Contractor shall develop a relapse policy and submit this policy to DBH for review and approval. Please submit a copy of the Relapse Policy with the proposal.
- d) Contractor shall develop and maintain written procedures, forms and documents associated for:
 - i. Admission to the program, which shall be available to the public upon request.
 - ii. Guidelines for clients who are required to take prescribed medications and storage of prescribed medications.
 - iii. Fire Safety, General Safety and Health Standards.
 - iv. Resident Log.
 - v. Sign In/Out Sheets shall be utilized for the safety of the clients. The sign in/out sheets will be utilized so the House Manager knows the location of each client at any given time.
 - vi. The Resident Council.
 - vii. Client's role and responsibilities in the residence.
 - viii. House Managers role and responsibilities in the residence.
 - ix. House rules shall be conspicuously posted in the facility.
 - x. Rent assessment and collection (assessment of rent and any separate utility charges must be clearly defined).
 - xi. All other rental fees that may/or will be associated with the client's rental (IE: key deposits, late fees, etc.)
 - xii. Rent paid by client shall off-set costs and charges to the County and shall be deducted from the monthly fee charged to DBH or the establishment of a client trust fund to be utilized for client's future housing only.
 - xiii. Landlord/Tenant Agreement.
 - xiv. Client Termination from the program.
 - xv. Mandatory random drug testing protocols.
 - xvi. Phone use policy.
 - xvii. Outside Visitor Policies.
 - xviii. Neighborhood complaint protocol {this is a separate protocol from the San Bernardino County Grievance and Appeals Process.

Recovery Residences Standards (for assistance in developing standards see: Certified Recovery Residence standards on the California Consortium of Addiction Programs and Professionals (CCAPP) website: <https://www.ccapp.us> or Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery Housing: Best Practices and Suggested Guidelines. (www.samhsa.gov}) The written procedures shall be submitted to DBH. A change to any part of the written procedures requires a submission of all changes to DBH.

e. Service Coordination And Quality Assurance

DBH-SUDRS Administration shall monitor the progress and quality of care afforded each individual client through a quality improvement process in addition to an analysis of other client information made available through the computerized management information system. Contractor shall ensure that each client receives service at the appropriate ASAM Criteria level of care as determined by the comprehensive biopsychosocial assessment and continued evaluation of the individual client's needs. Contractor may appeal any recommended level of care through DBH-SUDRS Administration.

f. Outcome Measures And Data Reporting Requirements

- 1) Contractor shall develop and maintain written procedures to identify Outcomes Measures for the program such as:
 - a) Reduced recidivism rate for criminal justice clients
 - b) Client abstinence from all illicit drugs and alcohol for a measured time period
 - c) Client's obtainment of employment while residing in Recovery Residences services, and continued efforts to increase income to obtain and sustain permanent housing upon exiting Recovery Residences services. (i.e., Part-time to Full-time employment)
 - d) Client obtainment of GED or other educational/vocational completion certificate
 - e) Client obtainment of secure and adequate housing upon exit from the program
 - f) Perinatal Client's increased understanding of the health benefits of regular attendance at medical/dental appointments as identified by reported attendance at scheduled appointments
 - g) Perinatal Clients increased understanding and reported/observed use of positive parenting skills.
- 2) Contractor shall submit quarterly reports regarding DBH specified outcomes and objectives of the program, methods employed to resolve problems in achieving stated outcomes and objectives, and any modifications that occurred as a result of the outcomes evaluated. The

quarterly reports shall be due to DBH-SUDRS Administration no later than 30 days following the last day of the reportable quarter.

- 3) Contractor shall participate in the DBH Outcomes workgroups and work in collaboration with DBH so that Outcomes will be collected, reported and measured. Contractor may wish to use Substance Abuse and Mental Health Services Administration (SAMHSA) developed National Outcome Measures (NOMs). The NOMs are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery. The written procedures shall be submitted to DBH. A change to any part of the written procedures requires a submission of all changes to DBH.

g. Staff Requirements And Levels:

Contractor shall provide staffing levels and qualifications appropriate to meet the needs of the program and clients participating, including but not limited to:

- 1) Administer staff/volunteers/interns and provide management systems and have a written Personnel Policy and Procedures Manual and written Recovery Residences services policies and procedures.
- 2) Recruit, hire, train and maintain staff/volunteers/interns personally and professionally qualified and culturally/linguistically competent; and appropriately licensed and/or certified for all services rendered, if necessary, and/or required by regulations and/or standards.
- 3) All staff/volunteers/interns providing services where adult clients with child(ren) reside shall have the required criminal record review and clearance.
- 4) Staff/volunteers/interns shall have regular periodic training that covers:
 - a) Emergency Procedures
 - b) Individual and Agency Emergency Preparedness
 - c) Emotional Responses to Emergency
 - d) Utility Shut-Off Procedures
 - e) Fire Suppression and Proper Use of Fire Extinguishers.
- 5) All staff/volunteers/interns shall be trained or shall have experience which provides knowledge of the skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and effective job performance:
 - a) Housekeeping and sanitation principles
 - b) Principles of communicable disease prevention and control
 - c) Recognition of early signs of illness and the need for professional assistance
 - d) Availability of community services and resources
 - e) Recognition of individuals under the influence of alcohol and/or drugs.

- f) Co-Occurring disorders and the close association these ailments have with substance use disorders and how co-occurring disorders and resulting symptomology can contribute to increasing a client's susceptibility to relapse.
- 6) Contractor shall maintain a drug-free work environment. Staff/volunteers/interns shall be drug tested prior to hire. Drug test results shall be negative for illegal drug use. Results shall be maintained in the personnel file. Proposer(s) shall include a signed release by the staff member/volunteer/intern, per the Health Insurance Portability and Accountability Act (HIPAA) that allows for drug testing information to be kept in the personnel file.
 - a) All staff/volunteers/interns shall be in good health. As defined by and verified as indicated in the Department Health Care Services, California Code of Regulations (CCR), Title 9, Division 4, Chapter 5 guidelines - section 10564)
- 7) Recovery Residences services clients shall not be used as substitutes for required staff.
- 8) Contractor shall either adopt the DBH Code of Conduct or develop its own Code of Conduct which shall include but not be limited to: standards related to substance use, staff/volunteer/intern/client relationships, prohibition of sexual conduct with clients and conflict of interest.
 - a) If Contractor elects to develop its own Code of Conduct, such document shall be reviewed and approved, in writing, by DBH
 - b) Contractor shall distribute to all staff/volunteers/interns, subcontractors, and members of the Board of Directors a copy of the Code of Conduct. Contractor shall document that such persons have annually received, read, understand and will abide by said Code of Conduct, which shall become a record in their personnel file.
- 9) In order to effectively serve the clients of the San Bernardino County, Contractor shall have the ability to address the most recent threshold languages of the County, whether by implementation of best practice, by having bilingual staff, or as a secondary process by utilizing formal interpreter services. Contractor shall have the ability to refer other Limited English Proficiency (LEP) consumers to appropriate providers in the area.
- 10) Develop, maintain and implement an ongoing training program which shall include but not be limited to participation in County sponsored and other cultural competency training for all staff/volunteers/interns in addition to specific training related to their duties. Staff/volunteer/intern participation in training shall be documented and kept in the personnel file for three (3) years.
- 11) Contractor shall have a separate and appropriate written policy and procedures section regarding the utilization of volunteers/interns in the

services provided and standards they must follow and this shall be incorporated into the written Personnel Policy and Procedures Manual.

- 12) The written Personnel Policy and Procedures Manual shall contain the following for all staff/volunteers/interns, at minimum:
 - a) Recruitment Procedures;
 - b) Screening and Selection Procedures;
 - c) Training and Orientation Process;
 - d) Personnel File Documentation Requirements;
 - e) Duties and Assignments (Job Description);
 - f) Supervision and Evaluation Responsibilities; and
 - g) Protection of Confidentiality Procedures.
- 13) Maintain complete personnel files for all staff/volunteers/interns.
- 14) Personnel files contain confidential information and shall be stored appropriately. They shall be made available to DBH staff in any review and/or audit.

h. Recovery Residences Methodology

- 1) The methodology employed by Contractor shall be approved by the DBH Director (or designee). Any deviations from these service provisions require the prior approval of the DBH Director (or designee).
- 2) Contractor shall encourage and afford clients every opportunity to participate in self-help recovery groups of their choice.
- 3) Clients shall be provided the opportunity for participation in planned recreational activities on a voluntary basis.
- 4) Each client will be provided a copy of the Contractor's Code of Conduct and it shall be displayed in an area accessible and conspicuous to all clients and staff.
- 5) Contractor will collaborate with other stakeholders involved with the client's recovery, which may include, but are not limited to: client's family, Court Personnel, Probation Officers, Parole Agents, Social Services Caseworkers, DBH-SUDRS Program Coordinator and outpatient clinic staff, as necessary. A completed release of information for each stakeholder, signed by the client, shall be kept in the client's information file.
- 6) Clients shall participate in monthly resident council meetings, facilitated by the House Manager.
- 7) Contractor shall notify DBH-SUDRS Program Manager/designee either immediately (if during business hours) or no later than the following business day of any suspected violation(s) of program criteria by clients.

i. Client Information File

Client Information file shall contain, at minimum, but not be limited to:

- 1) Personal Data Form: which contains Biographical personal data that provides an identification profile, length of sobriety, prior recovery experience, admission date and emergency contact information.
- 2) House Rules: signed by the client.
- 3) Prescription medication guidelines and storage of prescribed medications.
- 4) Client Rent Assessment and Calculation Worksheets.
- 5) Residential (landlord/tenant) Agreement which includes information on how and when rent will be paid and the amount to be paid: signed by the client.
- 6) Criteria for Termination: signed by the client.
- 7) Copy of the County DBH Notice of Substance Use Disorder and Recovery Services Grievance and Complaint Procedures notating it was provided to client at admission to services.
- 8) Valid Referral: from the appropriate referring agency, if applicable.
- 9) Release of Confidential Information: as many as necessary for each stakeholder.
- 10) Mandatory Drug Testing Protocol Agreement: signed by the client.
- 11) Job Search Logs, if client is job searching.
- 12) Perinatal Only: Verification of Client's on-going participation in their Perinatal Treatment program.
- 13) Evidence of clients' safety training for the facility and the clients' role in keeping the facility safe.

Copies of documents signed shall be provided to the client for future reference if needed.

j. Recovery Residences Services Admission Criteria

- 1) Clients shall have the ability to become part of a harmonious home environment, taking into consideration the needs of the individual clients and the characteristics of the existing clients in residence.
- 2) Clients shall be a person in recovery and identified as a member of the continuum of care population.
- 3) Clients, including those who have completed a residential treatment program, shall be engaged in SUD treatment or recovery services, off site, at all times for the duration of their Recovery Residence stay.
- 4) Perinatal clients must be enrolled in a Perinatal Treatment program and maintain attendance in that program for the duration of their Recovery Residence stay.
- 5) Clients shall be able to provide for their own personal care, including taking prescribed medications following the prescription medication guidelines and storage of prescribed medications, and caring for their children.
- 6) Outpatient and Intensive Outpatient Treatment clients shall be assessed at the time of admission to treatment services where individualized treatment

services will be determined. Necessary supportive services may also be identified to assist the client in achieving sustainable recovery. Recovery Residences is one of the supportive services that can be identified and a referral submitted to SUDRS Administration for an outpatient treatment client.

- 7) Clients shall not display any acts of violence, or intentions to harm themselves or others.
- 8) Clients shall start working towards obtaining a GED, if necessary, within sixty (60) days of entry into the Recovery Residences program.
- 9) Clients shall begin attending vocational training or another job readiness activity, as needed, within sixty (60) days of entry into the Recovery Residences program.

k. Recovery Residences Termination Criteria

Criteria for client termination from the program shall include, but not be limited to:

- 1) Violation of the Relapse Policy. In such an instance Proposer must collaborate with current treatment provider to determine the client's possible need for a higher level of care and assist in a transition if necessary.
- 2) Violence, threats of violence, or aggressive and oppositional behaviors
- 3) Drug-related misdemeanor or felony offenses occurring after entry into the Recovery Residences program
- 4) Noncompliance with DBH-SUDRS program requirements, including on-going SUD treatment, recovery services, self-help meetings, mandatory random drug screens, and case management services.
- 5) Violation of Resident Agreement (landlord/tenant agreement)
- 6) Possession of a weapon.

All termination criteria must be clearly defined in the Contractor's written procedures.

l. Rent Assessment And Collection

Contractor shall assess the client's income at the time of admission to services. The assessment shall be documented on a rental assessment and calculation worksheet and this will become part of the client information file.

- 1) If the client has no source of income at the time of admission to the program, Contractor shall complete the Client rental assessment and calculation worksheets to reflect the client has no income and the client shall have 60 calendar days to obtain employment or an alternative source of income (i.e., CalWORKs, SSI, etc.) before they shall begin to pay rent.
- 2) If the client has a source of income at the time of admission to the program, Contractor shall complete the client rental assessment and calculation worksheets to assess rent to be paid and utilize the following guidelines and the client shall begin paying rent at the time of admission.

- 3) Contractor shall charge a client rent subject to the following guidelines:
- a) The client's share of rent does not exceed 40% of the client's Adjusted Monthly Income
 - b) The client's share of the rent is further reduced by a maximum utility allowance of fifty-five (\$55) dollars if utilities are charged separately from the charge for rent. If utilities are included in rental cost, the utility allowance is not applied. (Note: This reduction must be clearly defined and shown in the rental assessment and calculation worksheet.)

A rental assessment and calculation worksheet shall be completed even if the client has no income. If the client has a change of income, a new rental assessment and calculation worksheet shall be completed. The assessment must clearly define the total rent, the client's assessment of income, the client's share of rent to be paid, and any remaining "share of cost" to be incurred by the client.

- 4) Contractor shall have the option to utilize the rent paid by the client to either:
- a) Off-set costs and charges to the County and shall be deducted from the monthly fee charged to DBH

OR

- b) Develop a program to assist clients upon their departure from services such as:

Developing a trust fund for the client, so when they leave services those funds can be utilized to pay the costs of the clients moving into their own residence only (Security deposits, first/last month's rent, etc.)

Each of these options requires written procedures and comprehensive documentation for an audit trail.

- 5) Program Consideration
- a) Information Technology and Data Reporting:
 - i. Contractor shall maintain technology that facilitates the collection, maintenance and reporting of data necessary to comply with the DBH data requirements.
 - ii. Contractor shall maintain at least one (1) computer with Internet capability. Data and related required reports and forms shall be submitted electronically to SUDRS-Administration.
 - iii. Contractor shall maintain the capability of transmitting and receiving information through electronic mail (e-mail).
 - iv. Contractor shall provide a census (resident log) of Recovery Residence clients by the tenth (10th) working day of the month following the report month. DBH may

require other reports and/or documentation as deemed necessary.

b) Audits or Reviews:

- i. Contractor shall conduct internal reviews and evaluations at least once every fiscal year as it relates to the Program Requirements (Scope of Work). Results of the review and any plans for correction shall be available for review by DBH.
- ii. Contractor shall give their full cooperation in any auditing or reviews conducted by any authorized agency(ies), and/or DBH Staff.
- iii. Contractor shall maintain all Client Rent Calculation Worksheets and records concerning rent collection, to ensure a proper audit trail.
- iv. Contractor shall maintain a log or other acceptable auditing devise for groceries and/or grocery cards that have been supplied to clients in the Recovery Residences program for audit purposes.

---END OF ADDENDUM---