



April 6, 2026

THIS LETTER SENT VIA EMAIL

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

SUBJECT: State Fiscal Years 2026-27 and 2027-28 Substance Use Prevention, Treatment, and Recovery Services Block Grant Biennial Program Funding

DUE DATE: Wednesday, May 20, 2026

This letter transmits the documents and instructions required to complete the Biennial Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS, commonly referred to as SUBG) County Application package for State Fiscal Years (SFY) 2026-27 and 2027-28.

The SUBG County Application package includes:

- » SUBG Application Letter SFY 2026-28
- » Enclosure 1 – Funding Allocation & Application Instructions
- » Enclosure 2 – Program Specifications
- » Enclosure 3 – Budget Detail and Payment Provisions
- » Enclosure 4 – Special Terms and Conditions
  - Attachment 1: Certification Regarding Lobbying
  - Attachment 2: Disclosure of Lobbying Activities
- » SUBG General Allocation County Workbook, SFY 2026-27
- » SUBG General Allocation County Workbook, SFY 2027-28
- » SUBG General Allocation Program Narrative Form



- » SUBG Primary Prevention Allocation Workbook (including Detailed Budget and County Narrative)
- » SUBG County Application Package Checklist

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

### **Application Deadline and Submission**

The application package, consisting of both the General Allocation and Prevention Allocation applications, must be zipped and submitted together electronically, as detailed in this letter and Enclosure 1, to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) and [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov) no later than **5 pm on May 20, 2026**.

### **Program and Policy Updates**

#### 1. Target Populations and Service Areas

Target populations and service areas now include:

- » Pregnant women
- » Women with dependent children
- » Persons who inject drugs
- » *New: Persons experiencing homelessness*
- » *New: Individuals with a co-occurring mental health and substance use disorder*
- » Tuberculosis services
- » Primary prevention services

#### 2. 10% Budget Variance Allowance

DHCS recognizes that variances between approved budgets and actual expenditures can occur during the course of the fiscal year. In an effort to reduce administrative burden, DHCS is implementing a policy in which a county may internally, and without DHCS approval, shift up to 10% of the total program budget between existing, approved line items within the same program budget for which it was originally approved. Please see Enclosure 3 for further details and restrictions.

3. 15% De Minimis Update for Indirect Cost Rates

As of July 1, 2026, counties may claim up to 15% as a de minimis indirect cost rate. Please consider this when developing your 2026-27 and 2027-28 General Allocation Budget Workbooks.

4. Updated Approach to Consultation and Collaboration with Tribal Communities and Organizations

Enclosure 2 has been updated to reflect a shift in approach to consultation and collaboration with Tribal communities and organizations. Previously, Counties were required to review and compare census data with California Outcome Measurement System for Treatment (CalOMS-Tx) data and survey Tribal leadership to assess whether Tribal populations were being reached and to identify potential service barriers.

Under the updated Enclosure 2 guidance, counties continue to engage in regular and meaningful consultation and collaboration with Tribal communities and organizations to identify and resolve issues and barriers to services. In addition, counties are now expected to include Tribal communities and organizations in local planning and evaluation efforts and on county service advisory boards. The updated approach also includes striving for quality improvement and cultural responsiveness when serving and partnering with Tribal communities and organizations.

5. Change in Invoice Submittal

Quarterly SUBG invoices are due to DHCS 45 days after the end of each quarter. The quarterly reports must be submitted electronically to [FGBFiscal@dhcs.ca.gov](mailto:FGBFiscal@dhcs.ca.gov). For more information see the Fiscal Requirements section below, and Enclosures 2 and 3.

6. Restriction on Purchase of Motor Vehicles

As of July 1, 2026, Counties are not permitted to purchase motor vehicles with SUBG funds. Motor vehicles may be leased with SUBG funds only with prior approval by DHCS.

7. Discontinuation of Syringe Services Programs (SSP)

As of September 30, 2025, DHCS no longer permits the usage of SUBG funds to support SSP.

## Application Updates

1. Updated SUBG General Allocation Program Narrative Form

The SUBG General Allocation Program Narrative has been formatted to improve readability and functionality.

2. Program Narrative - Measurable Outcome Objectives (MOO)

Counties were previously required to identify three to five MOOs. Now, only one MOO is required. The MOO is required to be "SMART": specific, measurable, achievable, relevant, time-bound. Additional guidance related to smart MOO development is included in the Program Narrative.

3. Updated SUBG General Allocation County Workbooks

The SUBG General Allocation County Workbooks have been updated to improve the county application process. Updates include the inclusion of new budget line-items, formula-driven summary pages, and formatting to flag errors while counties are completing the workbook. **Do not alter the workbook in any way.** Altered workbooks will be returned.

4. Updated Primary Prevention Set-Aside Application

The Primary Prevention Set-Aside Application has been updated to include a series of narrative questions designed to help counties prepare to align with the recently released Substance Use Prevention Plan. The narrative components and the county budgets for FY 2026-2028 have been consolidated into a single Excel document, centralizing all application requirements to streamline the review process.

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 provide a detailed breakdown of all projected expenses and specify the total discretionary funds allocated for each

fiscal year in the "Discretionary Allocation" section of the corresponding budget tab. Please refer to Enclosure 1 for further detailed instructions.

## **Application Submission and Review Process**

### **1. Submitting the Application**

Once both packages are completed, combine both into one zipped file. Zip all documents in their original, unaltered format. Application materials that have been altered will be returned.

Send the completed application package zipped file to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) and [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov) together in one email.

### **2. Review Process**

The Prevention and Youth Branch will review the Prevention Allocation package and work directly with your county to approve the SUBG Primary Prevention Set-aside services and activities.

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.

Please be responsive to any communications from these branches to expedite the review process.

### **3. Final Approval**

Upon successfully reviewing and resolving all matters in both packages, your county will receive an approval letter for your county's SUBG General allocation and an approval letter for your county's Primary Prevention allocation.

## **Data Reporting Requirements**

Counties using SUBG funds shall be required to complete and submit data reporting to DHCS on a routine basis (e.g., quarterly, annually), in compliance with reporting requirements from the Substance Abuse and Mental Health Services Administration (SAMHSA). DHCS reserves the right to request additional data on SUBG-funded activities at any time. As recipients of SUBG funds, counties are required to respond to data requests from DHCS timely and accurately. Required data reporting for SUBG-funded activities includes, but is not limited to:

- » Quarterly reports on SUBG-funded Recovery Support Services (RSS) and Risk Reduction (RR) activities and expenditures
- » Quarterly fiscal reports (invoices, ledgers)
- » Federal Financial Accountability and Transparency Act (FFATA) Reporting
- » ECCO reporting on SUBG primary prevention set-aside-funded activities
- » Treatment utilization data reporting to DHCS Enterprise Data and Information Management (EDIM)
- » Charitable Choice reporting
- » Monthly Master Provider File (MPF) reporting to the DHCS MPF Team
- » Drug and Alcohol Treatment Access Report (DATAR) via DATARWeb
- » California Outcomes Measurement System for Treatment (CalOMS-TX)
- » Primary Prevention Data Collection
- » Additional data collection requests as fielded by DHCS

Additionally, Counties receiving SUBG funds to support primary prevention services are required to maintain a tracker documenting the training activities of all individuals responsible for delivering primary prevention services and/or entering related data. This requirement enables DHCS to verify that counties are upholding the quality and effectiveness of their services by ensuring staff have access to current, comprehensive training. Newly appointed county prevention coordinators will be required to participate in an Onboarding Training session with their designated DHCS Primary Prevention Analyst. This training is intended to provide a comprehensive introduction to the resources, procedures, and responsibilities associated with SUBG Primary Prevention Set-Aside funding duties.

Counties receiving SUBG funds must have the capacity to collect and submit required data. Failure to comply with SUBG reporting requirements may result in loss of funding for the county. For additional details, see Enclosure 2.

### **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 motor vehicles;
7. To purchase hypodermic needles, syringes, or any item used to prepare, ingest, or inject any illegal drug (i.e., cookers, pipes, etc.);
8. To purchase treatment services in penal or correctional institutions; or
9. To fund any of the unallowable uses in the [Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets](#).

Additionally, the SUBG Notice of Award Special Terms and Conditions restricts 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 2026, this is \$228,000. For more information, see Enclosure 2 or visit the [U.S. Office of Personnel Management's Guidance on Salaries and Wages](#).

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

### **Record Retention**

In alignment with the County Performance Contract, Welfare and Institutions Code 14124.1, and Part IV of Enclosure 3 of the Biennial SUBG 2026-28 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 may 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 2026-28 County Application and [Behavioral Health Information Notice 21-002](#).

## Fiscal Requirements

Counties receiving SUBG funding are required to adhere to the fiscal requirements outlined in the Budget Detail and Payment Provisions (Enclosure 3). 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 [FGBFiscal@dhcs.ca.gov](mailto:FGBFiscal@dhcs.ca.gov).

Counties must fully expend their SFY 2026-27 SUBG allocations by **June 30, 2027**, and their SFY 2027-28 SUBG allocations by **June 30, 2028**.

Please direct any inquiries regarding the SUBG General Allocation package to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov). Any inquiries regarding the SUBG Prevention Allocation package should be directed to [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov).

Sincerely,

DocuSigned by:  
*Waheeda Sabah*  
29B33EDB9C12438...

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

# Substance Use Prevention, Treatment, and Recovery Services Block Grant Biennial Funding Allocation & Application Instructions

## State Fiscal Years 2026-27 and 2027-28

San Bernardino County		
	<b>UEI:</b>	PNJMSCHTMVF7
<b>Entity Data Detail PDF included:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date:</b>		
Proposed Total Allocation		
SUBG General Allocation	SFY 2026-27	SFY 2027-28
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
SUBG Prevention Allocation	SFY 2026-27	SFY 2027-28
Prevention Set-Aside	\$2,652,846.00	\$2,652,846.00

The county requests Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS, also known as 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 Code of Federal Regulations Part 200 and Part 300.

These estimates are the proposed total allocations for State Fiscal Years (SFY) 2026-27 and 2027-28 and are subject to change based on the level of appropriation approved in the State Budget Act of 2026 and State Budget Act of 2027. 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 becomes known for each county.

The county will use this estimate to build the county's SFY 2026-27 and SFY 2027-28 budget for the provision of alcohol and drug services.

### **Authorized Signature of Behavioral Health Director or Designee**

Name: Joshua Dugas, Acting Director

Date:

Signature:

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The county must return the completed SUBG County Application, including the following:

#### **1. Signed Enclosure 1 – Allocation Letter**

- » **System for Award Management (SAM) Unique Entity Identifier (UEI) Number:**
- » The UEI is a 12-character alphanumeric ID assigned to an entity that is registered and active by the System for Award Management (SAM.gov). Please note that counties applying for SUBG funding are required to provide their SAM UEI created on SAM.gov to DHCS.
- » The County *must* ensure the downloadable "Entity Data Detail.pdf" form obtained from the [SAM.gov](https://www.sam.gov) website is included with all other required application documents.
- » Applications will not be reviewed until a valid and current "Entity Data Detail.pdf" has been received from the County. Counties may complete the entity validation process on the SAM.gov website to renew or update entity information.
- » Please email [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) if your county requires additional assistance in downloading the "Entity Data Detail.pdf."

#### **2. Signed Enclosure 2 – Program Specifications**

3. **Signed Enclosure 4 Attachment 1 – Certification Regarding Lobbying**
4. **Signed Enclosure 4 Attachment 2 – Disclosure of Lobbying Activities**
5. **Completed SUBG General Allocation Program Narrative(s)**
  - » Complete one Program Narrative per program, corresponding to each Detailed Budget included in the SUBG General Allocation Workbook.
  - » All Program Narratives must be completed in the provided Program Narrative Template. This template may not be altered in any way.
  - » Each Program Narrative document must be labeled: “[County Name]\_[Program Name]\_Program Narrative 2026-28”. Please ensure the program name listed in the Program Narrative and the Detailed Budget match exactly.
  - » All Program Narratives must span the entire application period from July 1, 2026 through June 30, 2028. Each Program Narrative must identify the activities to occur within each SFY (2026-27 and 2027-28) of the biennial period. Counties should not submit separate Program Narratives for each SFY.

Each Program Narrative must include the following:

- A. **Statement of Purpose:** reflects the principles on which the program is being implemented and the purpose or goals of the program.
- B. **Program Description:** specifies what is being funded with SUBG funds. The description must include activities and services to be offered, type(s) of setting(s), and/or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be itemized and explained in the program description.
- C. **Evidence-Based Practices:** provides a list of evidence-based practices that will be implemented in this program.
- D. **Measurable Outcome Objectives:** includes at least one Measurable Outcome Objective (MOO) that demonstrates progress toward stated purposes or goals of the program, along with one identified Key Performance Indicator (KPI) by which the goal may be measured.
- E. **Progress Statement:** a statement reflecting the progress made toward achieving the previous cycle (SFY 2024-25 and 2025-26) objectives.

- F. **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 from the list below. The SUBG program aims to reach the following populations and service areas.
- » Pregnant women;
  - » Women with dependent children;
  - » Persons who inject drugs;
  - » Persons in need of recovery support services for substance use disorder (SUD);
  - » Individuals with a co-occurring mental health and SUD;
  - » Persons experiencing homelessness;
  - » Tuberculosis services;
  - » Primary prevention services.
- G. **Staffing:** SUBG-funded county and program staff positions must be listed in this section. All positions must match the submitted budgets, including full-time employment (FTE) percentage. Detailed information regarding subcontractor staffing is not required.
- H. **Program Evaluation Plan:** for monitoring progress toward meeting the program's objectives, including frequency and type of program monitoring activities; type, source, and frequency of data collection, type of data collection and analysis; and identification of quality improvement processes.
- I. **Implementation Plan:** specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".
6. **SUBG General Allocation Workbooks - Completed Detailed Budget Tab(s)**
- Please use both workbooks provided: one for SFY 2026-27 and one for SFY 2027-28. Ensure each SUBG General Allocation Workbook is labeled with the county name and state fiscal year. Please complete one detailed budget per program in the designated tabs of the SUBG General Allocation Workbook. Ensure the program name listed in each Detailed Budget aligns with the program name listed in the corresponding Program Narrative.

Examples of programs include the SUBG Discretionary allocation, the Perinatal Set-Aside, the Adolescent and Youth Treatment 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.

**7. Completed SUBG Primary Prevention Allocation Workbook**

Counties will complete one SUBG Primary Prevention Allocation Workbook for SFY 2026-27 (Year 1 Budget) and SFY 2027-28 (Year 2 Budget), 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 chooses to use SUBG Discretionary funds to support its comprehensive prevention program, the county must provide a detailed breakdown of all projected expenses and specify the total discretionary funds allocated for each fiscal year in the "Discretionary Allocation" section of the corresponding budget tab.

**8. Completed SUBG Primary Prevention Allocation Narrative**

Counties will complete a county-wide narrative in the SUBG Primary Prevention Allocation Workbook. All narrative tabs must be completed and must adhere to and comply with the county responsibilities detailed in the DHCS Substance Use Prevention Plan (SUPP). The template may not be altered in any way (including reordering, renumbering, or changing the formatting). Responses should be placed in the check boxes, text boxes, drop-down menus, or tables, as indicated.

All SUBG Primary Prevention narrative information must cover the entire application period from July 1, 2026 through June 30, 2028, and must be completed in its entirety. Counties should not submit separate program narratives for each SFY.

The completed SUBG County Application package for both the SUBG General Allocation and the SUBG Primary Prevention Allocation must be submitted in their entirety electronically via email.

Please ensure that the SUBG General Allocation Workbooks are submitted in Excel format and the corresponding narratives are submitted as PDFs. Please ensure that the

SUBG Primary Prevention Allocation Workbook is submitted in the provided Excel template, which includes both narrative and budget sections.

All application components must be zipped into a single file and submitted in a single email to both [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) and [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov) no later than 5 pm on Wednesday, May 20, 2026.

Please direct any inquiries regarding the SUBG General Allocation package to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov). Any inquiries regarding the SUBG Prevention Allocation package should be directed to [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov).



# SAN BERNARDINO, COUNTY OF

Unique Entity ID <b>PNJMSCHTMVF7</b>	CAGE / NCAGE <b>4BSW4</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>May 21, 2026</b>	
Physical Address <b>385 N Arrowhead AVE FL 2 San Bernardino, California 92415-0103 United States</b>	Mailing Address <b>385 N Arrowhead AVE 4TH Floor San Bernardino, California 92415-0120 United States</b>	

## Business Information

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

## Registration Dates

Activation Date <b>May 22, 2025</b>	Submission Date <b>May 21, 2025</b>	Initial Registration Date <b>Mar 3, 2006</b>
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## Entity Dates

Entity Start Date <b>Apr 26, 1853</b>	Fiscal Year End Close Date <b>Jun 30</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## 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?

**N****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

**May 21, 2025**

Address

**385 N Arrowhead AVE**

Signature

**Robert Saldana****San Bernardino, California 92415**

Apr 22, 2026 08:45:15 PM GMT

<https://sam.gov/entity/PNJMSCHTMVF7/coreData?status=null>

**Points of Contact**

**Accounts Receivable POC**

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

**Electronic Business**

👤 <b>Robert Saldana</b> robert.saldana@cao.sbcounty.gov 9093874342	<b>385 N. Arrowhead AVE</b> <b>4TH Floor</b> <b>San Bernardino, California 92415</b> <b>United States</b>
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**Government Business**

👤 <b>Robert Saldana</b> robert.saldana@cao.sbcounty.gov 9093874342	<b>385 N. Arrowhead Avenue</b> <b>4TH Floor</b> <b>San Bernardino, California 92415</b> <b>United States</b>
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**Past Performance**

👤 <b>BEATRIZ VALDEZ</b> BValdez@sbcounty.gov 9093875301  BEATRIZ VALDEZ BValdez@cao.sbcounty.gov 9093875301	<b>385 N. Arrowhead AVE.</b> <b>San Bernardino, California 92415</b> <b>United States</b>  385 N. Arrowhead AVE. San Bernardino, California 92415 United States
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**Service Classifications**

**NAICS Codes**

Primary <b>Yes</b>	NAICS Codes <b>921110</b>	NAICS Title <b>Executive Offices</b>
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**Product and Service Codes**

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

**IGT Size Metrics**

Annual Revenue (from all IGTs)  
**(blank)**

**Worldwide**

Annual Receipts (in accordance with 13 CFR 121) <b>\$10,165,675,117.00</b>	Number of Employees (in accordance with 13 CFR 121) <b>27311</b>
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**Location**

Apr 22, 2026 08:45:15 PM GMT  
<https://sam.gov/entity/PNJMSCHTMVF7/coreData?status=null>

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

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**Industry-Specific**

Barrels Capacity <b>(blank)</b>	Megawatt Hours <b>(blank)</b>	Total Assets <b>(blank)</b>
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**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 Program Specifications**

## **State Fiscal Years 2026-27 and 2027-28**

### 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 (SUPTRS, also known as SUBG).

The County shall submit its County Application responses and required documentation specified in the Department of Health Care Services (DHCS) County Application to receive SUBG funding. The County shall complete its County Application 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 County Application, County's Application 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. The County shall comply with all provisions of the County Application and the County's Application 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), the 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. California Health and Safety Code (HSC) Division 10.5, Part 2, Chapter 1, Article 1, 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. California Code of Regulations (CCR), Title 9, Division 4 (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, Section 53130 et. seq. Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies.
- f. United State Code (USC), Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart II, Section 300x-21 et. seq., Block Grants for Prevention and Treatment of Substance Use.
- g. Code of Federal Regulations (CFR), Title 21, Chapter II, Drug Enforcement Administration, Department of Justice.
- h. Title 42, CFR, Part 2, Confidentiality of Substance Use Disorder Patient Records.
- i. Title 42, CFR, Part 8, Medication Assisted Treatment for Opioid Use Disorders.
- j. Title 45, CFR Part 96, Block Grants.
- k. Title 2, CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- l. Title 2, CFR Part 300, HHS Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

m. 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. The County shall adhere to the applicable provisions of Title 45, CFR, Part 96, and Title 2, CFR, Part 200, and Part 300 in the expenditure of SUBG funds.
4. The County and all its subcontractors that provide outpatient Substance Use Disorder (SUD) treatment services shall obtain and maintain Alcohol and Other Drug (AOD) Program Certification through DHCS' Licensing and Certification Division. This requirement has been set forth in accordance with a 2025 update to Cal. Health & Safety Code sections 11832 and 11832.3 for all outpatient SUD treatment programs that provide SUD treatment services. Certifications are valid for a period of two years.
5. The County and all its subcontractors shall comply with the [AOD Program Certification Standards](#) for all outpatient SUD treatment programs.

## 2. General Provisions

### A. Restrictions on Salaries

The 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 [U.S. Office of Personnel Management's Executive Schedule](#).

### B. Prevention Set-Aside

The SUBG 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 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 SUBG Primary Prevention Set-Aside funds on primary prevention activities as described in the SUBG requirements (45 CFR 96.125).

C. Perinatal Practice Guidelines

The County shall comply with the perinatal program requirements as outlined in the [Perinatal Practice Guidelines](#).

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The 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 AOD program 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

The 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

F. 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](#).

G. 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, Children's Health Insurance Program (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 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.

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 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 DMC-ODS, the County shall maintain documentation sufficient to demonstrate that Medi-Cal reimbursement was not available.

3. Performance Provisions

A. Monitoring

1. The 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 1, 2, 3, and 4.
  - 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. The County shall submit a 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. The County shall provide services based on funding set forth in this application and under the terms of this agreement.

- a. The County will expend the grant only for the purpose of planning, carrying out, and evaluating activities to prevent, treat, and provide Recovery Support Services (RSS) for SUD, and for related activities authorized in the statute (42 U.S.C. §300x21, (b). Examples include:

- b. SUD Treatment, including:

1. Outpatient, intensive outpatient, and residential (non-hospital) treatment

2. Medications for Addiction Treatment

3. Services for:

- a. Pregnant women and women with dependent children

- b. Persons who inject drugs

- c. Individuals with co-occurring mental health and SUD

- d. Persons experiencing homelessness

4. Tuberculosis (TB) screening and services for individuals in SUD treatment

5. Risk reduction activities, including the purchase and distribution of opioid overdose reversal kits and drug checking technologies

- c. RSS, including:

1. Peer services, including:

- a. Peer-to-peer support,
  - b. Peer-led groups,
  - c. Peer-led educational workshops or events,
  - d. Peer-led trainings or certification activities;
2. Employment, education, and housing supports linked to recovery, including:
    - a. Recovery housing,
    - b. Supportive Employment Services (SES),
    - c. Recovery Friendly Workplace (RFW) initiatives;
  3. RSS childcare and family caregiver fees;
  4. RSS transportation;
  5. Social inclusion activities, including Recovery Community Organization (RCO) and Recovery Community Center (RCC) activities;
  6. Recovery-focused health and wellness events or activities;
  7. Culturally-based recovery practices;
  8. Creative or expressive arts recovery activities;
  9. Other approved RSS events or activities, in consultation with the SUBG program officer.
- d. Capacity Building and Systems Development, including:
    1. Information systems and reporting infrastructure;
    2. Workforce training and professional development;
    3. Needs assessments and planning;
    4. Quality assurance and independent peer review;
    5. Evaluation and performance measurement;
    6. Infrastructure supporting prevention, treatment, and recovery systems.
  - e. Administrative Costs: Capacity Building and Systems Development, including:

1. Administrative Costs are permissible up to 5% of the county's SUBG allocation.
  - f. For additional information, review the [FY26-27 State Block Grant Application Guide](#) and the [FY26-27 SUBG Reporting Section](#).
  - g. Questions about allowable activities must be directed to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov).
2. The County shall provide services to all eligible persons in accordance with state and federal statutes and regulations. The 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 and cultural 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. The 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 Enclosures 3 and 4.
4. The funds described in this Enclosure shall be used exclusively for AOD program services.
5. DHCS shall issue a report to the 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](mailto:SUBGCompliance@dhcs.ca.gov).

6. 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.
7. 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.
8. If the County does not submit a CAP or does not implement the approved CAP provisions within the designated timeline, 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

The County shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR 200.331-200.333 (U.S. Department of Health and Human Services (HHS) awarding agency review of risk posed by applicants). The County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

The 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

The 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

The 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, the 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

The 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 Office of Management and Budget (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. **No federal funds can be used to purchase sterile needles or syringes.**

7. Restriction on Purchase of Motor Vehicles

No SUBG funds made available through this Agreement shall be used to purchase motor vehicles. Counties may submit a request to DHCS to use SUBG funds to lease a motor vehicle.

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

All work performed under this Agreement is subject to HIPAA; the County shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit E, DHCS and the 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. The 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 HHS Transaction Standard Regulation (45 CFR 162.915 (a)).
2. No Additions. The 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. The 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. The 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

The 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, the County agrees that it will participate in such test modifications.

C. Adequate Testing

The County is responsible for adequately testing all business rules appropriate to their types and specialties. If the County is acting as a clearinghouse for enrolled providers, the 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

The 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 the County is a clearinghouse, the 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.

#### 9. Nondiscrimination and Institutional Safeguards for Religious Providers

The 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.

#### 10. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, or 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.

#### 11. Cultural and Linguistic Proficiency

To ensure equal access to quality care, each service provider receiving funds from this Agreement shall adopt the [Federal Office of Minority Health Culturally and Linguistically Appropriate Service \(CLAS\) national standards](#).

#### 12. Intravenous Drug Use (IVDU) Treatment

The 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)).

#### 13. Tuberculosis Treatment

The County shall ensure the following related to 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.

#### 14. Trafficking Victims Protection Act of 2000

The 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.

#### 15. Collaboration and Consultation with Tribal Communities and Organizations

Counties shall engage in regular and meaningful consultation and collaboration with Tribal communities and organizations for the purpose of collectively identifying and resolving issues and barriers to service access and delivery. Counties will strive for quality improvement and cultural responsiveness when

serving and partnering with Tribal communities and organizations. Counties should also include Tribal communities and organizations in local planning and evaluation efforts and on county service advisory boards.

#### 16. 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 Drug Enforcement Agency and under a U.S. Food and Drug Administration-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.

17. Participation of County Behavioral Health Directors Association of California The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Directors Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD 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 Directors Association of California.

#### 18. Adolescent Best Practices Guidelines

The County must utilize the [Adolescent SUD Best Practice Guidelines](#) in developing and implementing youth treatment programs funded under this Enclosure.

#### 19. Byrd Anti-Lobbying Amendment (31 USC 1352)

The 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. The County shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

## 20. Nondiscrimination in Employment and Services

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

## 21. 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. 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).

## 22. 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.

## 23. 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.

## 24. Information Access for Individuals with Limited English Proficiency

- A. The 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. The 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.

## 25. Subcontract Provisions

The 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

The County agrees that DHCS has the right to withhold payments until the 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 [FGBFiscal@dhcs.ca.gov](mailto:FGBFiscal@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 [FGBFiscal@dhcs.ca.gov](mailto:FGBFiscal@dhcs.ca.gov). The County shall submit a SUBG General Ledger no later than 45 days after the end of each quarter.

##### C. SUBG-Funded Services Quarterly Report

DHCS will distribute an online data reporting form and instructions to counties via email each quarter. The County shall complete the SUBG-Funded Services Quarterly Report by the deadline indicated in email communications. Additional questions or requests for technical assistance may be submitted to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov).

##### D. Federal Financial Accountability and Transparency Act (FFATA) Reporting

DHCS will facilitate FFATA reporting on SUBG awards within the prescribed timeframe and in alignment with federal requirements. Counties are expected to respond to this annual data request timely and accurately.

E. Any additional data requests

DHCS may request additional data from counties to comply with data reporting requests from the Substance Abuse and Mental Health Services Administration (SAMHSA) or for other purposes. The County must submit any data requests made by DHCS timely and accurately.

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

The CalOMS-Tx business rules and requirements are:

- A. The County must 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. The County must conduct information technology (IT) systems testing and pass CalOMS-Tx Staging environment before commencing submission of CalOMS-Tx data. If the County subcontracts with a vendor for IT services, the County is responsible for ensuring that the subcontracted IT system is tested and passes data validations before submitting CalOMS-Tx data. If the County changes or modifies their electronic health record system, then the County must re-test their data prior to submitting data from the new or modified system.
- C. Electronic submission of CalOMS-Tx data must be submitted by the County within 45 days from the end of the last day of the report month.
- D. The County must comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide and all prior Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection. The CalOMS-TX manuals and resources can be accessed by authorized users by visiting the [Behavioral Health Information Systems web portal](#).
- E. The County must 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. The County must 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. The CalOMS-Tx manuals and resources can be accessed by authorized users by visiting the Behavioral Health Information Systems.
  - G. The County must 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. The County must implement and maintain a system that complies with the CalOMS-Tx data collection system requirement for electronic submission of CalOMS-Tx data.
  - I. The County must meet the requirements as identified in Exhibit E, Privacy and Information Security Provisions.
3. Primary Prevention Data Collection

Primary Prevention Data Collection rules and requirements are:

- A. All users of the DHCS Primary Prevention Data Collection service, whether employed by the County or its subcontractors, must adhere to the [DHCS Data Quality Standards \(DQS\)](#), incorporated by reference.
  - B. Counties and providers must maintain a tracker detailing the training activities of all persons responsible for providing primary prevention services and/or entering data, including, but not limited to, staff names, titles of trainings, and completion dates.
  - C. All new prevention coordinators are required to attend an onboarding introductory meeting with their designated DHCS prevention analyst.
4. System Failures and County Obligations Regarding CalOMS-Tx and Primary Prevention Data Collection Reporting Requirements
- A. If the County experiences system or service failure or other extraordinary circumstances of CalOMS-Tx, the County must report the problem in

writing by secure, encrypted e-mail to DHCS at: [DATAR-CalOMSProgramSupport@dhcs.ca.gov](mailto:DATAR-CalOMSProgramSupport@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: [DATAR-CalOMSProgramSupport@dhcs.ca.gov](mailto:DATAR-CalOMSProgramSupport@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 pursuant to 2 CFR Section 200.339 and HSC Section 11817.8.
  - C. If the County experiences system or service failure or other extraordinary circumstances with Primary Prevention Data Collection, the County must report the problem to [DHCSPrimaryPvServices@dhcs.ca.gov](mailto:DHCSPrimaryPvServices@dhcs.ca.gov).
  - D. If the County is unable to submit primary prevention data due to system or service failure or other extraordinary circumstances, 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. The 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, the 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 must be responsible for ensuring that the county-operated treatment services and all treatment providers, with whom the County makes a contract or otherwise pays for the services, submit a monthly DATAR in an electronic copy format as provided by DHCS.
- B. The County shall ensure that all DATAR reports are submitted by county-operated treatment services and by each subcontracted treatment

provider to DHCS by the 10<sup>th</sup> of the month following the report activity month.

- C. The County must ensure that all applicable providers are enrolled in DHCS' web-based DATAR program for submission of data, accessible on the DHCS website when executing the subcontract.
  - D. 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 or meet data compliance requirements, the County shall report the problem in writing by secure, encrypted e-mail to DHCS at: [DATAR-CalOMSPProgramSupport@dhcs.ca.gov](mailto:DATAR-CalOMSPProgramSupport@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 2 CFR Section 200.339 and HSC Section 11817.8.
  - E. If DHCS experiences system or service failure, no penalties will be assessed to county for late data submission.
  - F. 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

The County shall document the total number of referrals necessitated by religious objection to other alternative SUD providers pursuant to 42 CFR Part 54. The County shall annually submit this information to DHCS by e-mail at [CharitableChoice@dhcs.ca.gov](mailto:CharitableChoice@dhcs.ca.gov) by October 1<sup>st</sup>. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS, as outlined below.

SUBG subrecipients are required to:

- A. Identify religious organizations that provide substance use disorder services;
- B. Incorporate the applicable requirements pursuant to 42 CFR Part 54 into county/provider contracts, including a notice to clients;
- C. Monitor religious providers for compliance; and

- D. Establish a referral process, to a reasonably accessible program, for clients who may object to the religious nature of the program. Such process must include a notice to the county and the funding of alternative services.

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 DMC claims, monthly CalOMS-Tx submissions, monthly DATAR submissions, monthly primary prevention data 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](mailto:MPF@dhcs.ca.gov).

The current MPF Forms can be obtained by emailing a request to [MPF@dhcs.ca.gov](mailto:MPF@dhcs.ca.gov).

For more information, please refer to the DHCS [MPF Webpage](#).

8. Failure to meet required reporting requirements shall result in:
  - A. A Notice of Deficiency (Deficiencies) issued to the 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.

**Signature of Behavioral Health Director or designee.**

Name: Joshua Dugas, Acting Director

Date:

Signature:

# **Substance Use Prevention, Treatment, and Recovery Services Block Grant Budget Detail and Payment Provisions State Fiscal Years 2026-27 and 2027-28**

## **Part I – 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. 10% Budget Variance Allowance

1. DHCS recognizes that variances between approved budgets and actual expenditures can occur during the course of the fiscal year. In an effort to reduce administrative burden, DHCS is implementing a policy in which a county may internally, and without official DHCS approval, shift up to 10% of the total program budget between existing, approved line items within the same program budget for which it was originally approved.

2. Counties must maintain appropriate documentation of the budget changes, where feasible. Final actual expenditures will be reported in the Year End Cost Report.
3. Counties must submit a formal Budget Change Request (BCR) for review and prior approval for any of the following situations:
  - a. A shift of over 10% of a program's total budgeted amount between line items;
  - b. Addition of any line items;
  - c. Change in scope or objective of the project or program, even if no budget change is involved;
  - d. Change in key personnel, including employees or contractors identified by name or position;
  - e. Shift of funds across programs (moving dollars from Program A to Program B);
  - f. Creation of new programs or elimination of existing programs;
  - g. Addition of activities not included in the approved application; or
  - h. Transfer of funds between construction and non-construction categories under the award.

#### E. 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).

#### F. Maintenance of Effort

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 Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS, also known as SUBG) funds, per United States Code (USC), Title 42, Section 300x-30.
2. DHCS reserves the right to adjust county allocations during each application cycle for reasons including, but not limited to: prior or current underutilization of allocated funds, Federal adjustments to the state's award amount, or realignment of statewide priorities.
3. 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.
4. 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.

#### G. 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.

#### H. 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 (AOD) services or facilities. Each AOD 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 revenue collected in its annual cost report. For further information please review [DHCS guidance on Fiscal/Cost Reporting](#).

I. 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.
3. 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.
4. 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

#### 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 2 CFR Section 200.339 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 (CAPs) or services provided pursuant to this Agreement.
  - c. Monitor its subcontractors pursuant to Enclosure 2.
4. In the event that 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-68, 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 SFY shall be returned to DHCS.

#### D. Financial Management Standards

1. Counties receiving SUBG funds shall comply with the financial management standards contained in 2 CFR Sections 200.302(b)(1) through (7), and 45 CFR Section 96.30.
2. Non-profit subcontractors receiving SUBG funds shall comply with the financial management standards contained in 2 CFR Section 200.302(b)(1) through (4) and (b)(7), and 45 CFR Section 96.30.

#### E. Obligation and Expenditure Tracking

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, tuberculosis services, services to pregnant women and women with dependent children, persons who inject drugs, persons in need of recovery support services for substance use disorder, individuals with a co-occurring mental health and substance use disorder, and persons experiencing homelessness. "Obligation" shall have the same meaning as used in 2 CFR Section 200.1.

#### F. Restrictions on the Use of SUBG Funds

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

1. Cash payments to intended recipients of health services.
2. Purchase or improvement of land.
3. Purchase, construction, or permanent improvements (other than minor remodeling) of any building or other facility.
4. Purchase of major medical equipment.
5. Purchase of motor vehicles.
6. Satisfaction of any requirement for the expenditure of SUBG funds as a condition for the receipt of federal funds.

7. Provision of financial assistance to any entity other than a public or nonprofit private entity.
8. Salary of an individual through a grant or other extramural mechanism at a rate in excess of level II of the [U.S. Office of Personnel Management's Executive Salary Schedule](#) for the award year.
9. Purchase of treatment services in penal or correctional institutions.
10. Supplanting of state funding of programs to prevent and treat substance use and related activities.
11. Provision of 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.
12. Inpatient services, with the following exceptions:
  - a. The County may expend a grant for inpatient hospital-based substance abuse programs subject to the limitations of paragraph (l)(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.
- 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.

13. Provision of 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.

14. Facilitation of illegal drug use:

- a. The County shall not utilize SUBG funds to purchase, distribute, or otherwise support the provision of drug paraphernalia as defined by applicable law. This includes, but is not limited to, syringes, needles, pipes, or other supplies used for the injection, inhalation, or ingestion of illicit drugs. Funds are also prohibited from being used for sterile water, saline, or ascorbic acid when intended to facilitate drug use.
- b. This does not preclude the use of grant funds for legally permissible supplies and activities that align with evidence-based practices, such as the provision of naloxone or nalmefene, fentanyl or other drug test strips, or the facilitation of referrals to treatment.
- c. For more information on this new policy, please review the [July 2025 Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets](#).

15. Any other uses of funding that are restricted in the [Federal 2026-27 SUBG Block Grant Application Guide](#).

## 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 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 2 CFR 200.425.
- 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.
- E. 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 CAPs 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.

- F. 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.
- G. 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.
- H. 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. The 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. The 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. Where record retention requirements conflict, the longest applicable retention period shall apply. 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. The 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. The County shall follow [SAM requirements](#).
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, the 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 SUD treatment, prevention, and recovery services in accordance with United States Code (U.S.C.), Title 42, Section 300x-22. SUBG 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 an array of 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 20 percent of the total SUBG Award to California on primary prevention services. California has increased the minimum expenditure requirement to 25 percent of the total SUBG Award.

A county's expenditure of allocated primary prevention funds is integral to meeting federal SUBG spending requirements and aligning with the DHCS [Substance Use Prevention Plan \(SUPP\)](#). Through local assessment, counties are responsible for identifying risk and protective factors and understanding what causes or prevents local conditions by studying behaviors, environmental factors, genetics, or other social drivers of health that result in poor health outcomes.

Counties are responsible for using locally informed qualitative and quantitative data (such as epidemiology) to determine issues affecting their community or population, as referenced on page 7 of the SUPP.

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.

## 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.

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## 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

Motor Vehicles may not be purchased with Agreement funds. Agreement funds may be used to lease a vehicle only with prior DHCS approval.

## 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, 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.], 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 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. 200.501 audit, 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, 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 and Part 300; 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; Title 45 CFR Part 95, subpart F; and 45 CFR Part 96. 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.

## 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

San Bernardino County

Contract / Grant Number

Printed Name of Person Signing for Contractor

Joshua Dugas

Signature of Person Signing for Contractor

---

Date

Title **Acting 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.*



8. Federal Action Number, if known:	9. Award Amount, if known:
10.a. Name and Address of Lobbying Registrant <i>(If individual, last name, first name, MI):</i>	10.b. Individuals Performing Services <i>(including address if different from 10a. (Last name, First name, MI):</i>
<p>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.</p>	
Signature:	
Print Name:	
Title:	
Telephone Number:	
Date:	
<b>Federal Use Only</b>	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.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.











**Select an item County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the 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	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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 injecting drug users
- Pregnant substance users
- Injection drug users
- All others

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 (e.g., 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

<b>County Measurable Outcome Objective</b>	<b>Key Performance Indicator (KPI)</b>
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
By April 1, 2028, increase standalone services provided to pregnant, parenting women with dependent children, and women attempting to regain custody of their children by 50%.	Number of services rendered to pregnant, parenting women with dependent children, and women attempting to regain custody of their children reported with a target 50% increase by April 1, 2028.
	Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

Between July 2024 and April 2026 approximately 93% of perinatal clients received follow up services within 10 days.

Between July 2024 and April 2026, 61% of perinatal admissions had a satisfactory discharge with an average length of stay of 91 days.

Between July 2024 and April 2026 perinatal admissions received no peer support services during this time frame.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input checked="" type="checkbox"/> Pregnant women	<input checked="" type="checkbox"/> Women with dependent children	<input type="checkbox"/> Persons experiencing homelessness
<input checked="" type="checkbox"/> Persons who inject drugs	<input type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input type="checkbox"/> Other
<i>If other, describe:</i> Click or tap here to enter text.		

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.050	3

Please provide any additional information regarding county staffing:

N/A

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

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.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

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.

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

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 quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

**Select an item County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the 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	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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 people 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 provide 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 relapses 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 (e.g., 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

<b>County Measurable Outcome Objective</b>	<b>Key Performance Indicator (KPI)</b>
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
By April 1, 2028, increase number of services provided to residents throughout the County by 20% (91,102 services).	Number of services rendered throughout the county with a targeted tracked number of 91,102 services by April 1, 2028.

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee

(QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

In FY 2024–2025, Recovery Centers provided a total of 75,919 services to support individuals across all stages of recovery. This included 65,217 support group services; 7,861 social activities; 1,148 recovery groups; 655 drug education sessions; 532 life skills classes; 177 smoking cessation groups; 468 parenting education sessions; and 61 family support services.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Women with dependent children	<input type="checkbox"/> Persons experiencing homelessness
<input type="checkbox"/> Persons who inject drugs	<input checked="" type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Youth and Adults		

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>

Please provide any additional information regarding county staffing:

N/A

**H. Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

An on-site Formal Annual Review is completed for all providers delivering services. An entrance and exit interview is conducted during each Formal Annual Review, during which program deficiencies are identified, discussed, and included in the review report. Quality Assurance Reviews are also conducted three times per year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings

offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

An on-site Formal Annual Review is completed for all providers delivering services. An entrance and exit interview is conducted during each Formal Annual Review, during which program deficiencies are identified, discussed, and included in the review report. Quality Assurance Reviews are also conducted three times per year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency of data collection and analysis:

DBH collects monthly data, including information on educational classes and group meetings. Data is reviewed on a monthly basis to monitor participation levels and engagement in preventive services.

Type of data collection and analysis:

Data collection includes recording attendance for services such as educational classes and group meetings. This data is analyzed by comparing attendance numbers month-to-month and year-to-year.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

Following the review, a written report is sent to the provider. If deficiencies are identified, the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must outline the corrections to be made, provide evidence of corrections, and describe how future deficiencies will be prevented.

Identify the county's quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

Upon receipt of the CAP response, DBH issues acceptance, denial, or conditional acceptance within 15 days. Providers must implement corrective remedies and meet the timelines identified in the plan. Technical assistance is provided as needed. Follow-up reviews are conducted to confirm that corrections are in place. The review report and related documentation are submitted to DHCS within required timelines and become part of the provider file.

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

**San Bernardino County  
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)  
State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Recovery Residences

<b>Set-Aside(s) Utilized for Program</b>	<b>Check Appropriate Box(es)</b>	<b>Is this Program County-Run or Subcontracted?</b>
Discretionary	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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.

Recovery 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 Residences 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.

- C. **Evidence-Based Practices:** List the Evidence-Based Practices (e.g., 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.

Recovery Residences do not provide any treatment, recovery, or detoxification services. However, members must be in SUD recovery and treatment during placement in Recovery Residences.

The following evidence-based practices are utilized by DBH in conjunction with contracted service providers to ensure that clients maintain a substance-free lifestyle and transition back into the community:

- **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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI: # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.*

Nonfatal Overdose Hospitalizations:

*Example MOO: By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.*

*Example KPI: # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.*

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. By April 1, 2028, increase the number of clients that successfully complete treatment and transition into stable housing by 10%	1. The number of clients who successfully complete treatment and transition into stable housing.
2.	2. Optional
3.	3. Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

Click or tap here to enter text.

In fiscal year 2024-2025, three providers offered 63 recovery residence beds and served 232 unduplicated clients consisting of 135 men (58%) and 97 women (42%). Of those served, 36% completed outpatient treatment upon discharge and 43% met vocational employment and educational goals.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input checked="" type="checkbox"/> Pregnant women	<input checked="" type="checkbox"/> Women with dependent children	<input checked="" type="checkbox"/> Persons experiencing homelessness
<input checked="" type="checkbox"/> Persons who inject drugs	<input checked="" type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input checked="" type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input type="checkbox"/> Other
<i>If other, describe:</i> Click or tap here to enter text.		

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Social Worker II	Monitors programs to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations	0.250	1
Mental Health Specialist	Conducting assessments, providing placements	0.500	1

Please provide any additional information regarding county staffing:

N/A

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted once a year for Recovery Residences.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

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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.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

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.

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

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 quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

**San Bernardino County  
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)  
State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Juvenile Drug Court

<b>Set-Aside(s) Utilized for Program</b>	<b>Check Appropriate Box(es)</b>	<b>Is this Program County-Run or Subcontracted?</b>
Discretionary	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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.

SUBG 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 (e.g., 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.

Click or tap here to enter text. • **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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI: # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.*

Nonfatal Overdose Hospitalizations:

*Example MOO: By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.*

*Example KPI: # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.*

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
By April 1, 2028, 50% of juvenile drug court admissions will be satisfactorily discharged.	1. The number of juvenile drug court admissions that are satisfactorily discharged in CalOMS.
	2. Optional
	3. Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2024-26 application cycle.

Between July 2024 and April 2026 77% of juvenile drug court admissions received a follow up service within in days.

Between July 2024 and April 2026 there were 216 unique juvenile admissions and 22 or 10% of them were in juvenile drug court.

Between July 2024 and April 2026 47% of juvenile drug court admissions had a satisfactory discharge.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Women with dependent children	<input type="checkbox"/> Persons experiencing homelessness
<input type="checkbox"/> Persons who inject drugs	<input type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other Adolescents and Youth
<i>If other, describe:</i> Click or tap here to enter text.		

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>

Please provide any additional information regarding county staffing:

N/A

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

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.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

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.

Providers must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report.

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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

**San Bernardino County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]\_[Program Name]\_Program Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Youth Residential Treatment

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>

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 for with SUBG funds. The description must include activities/services offered, types of settings, and planned community outreach, as applicable. In addition, explain each itemized budget line item within the program's Detailed Budget.

Organized treatment services feature a planned and structured regimen of care in a 24-hour residential setting per the American Society of Addiction Medicine (ASAM) criteria. 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. Youth Residential Treatment 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. The program 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 program also 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 include:

- Intake
- Individual Counseling
- Group Counseling

- Family Therapy
- Psychoeducation
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge
- Peer Support

DBH also offers Withdrawal Management. Withdrawal Management services include:

- Intake
- Observation
- Medication Services
- Discharge Services

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.

Youth Residential Treatment services are provided by subcontracted providers.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (e.g., 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

<b>County Measurable Outcome Objective</b>	<b>Key Performance Indicator (KPI)</b>
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. By April 1, 2028, 90% of members requesting services will be offered an appointment within 10 business days.	1. The number of initial contact log (ICL) entries that document compliance with the timely access standard.
2. Optional	2. Optional
3. Optional	3. Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

**E. Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

**Goal #1:** Increase the number of members that complete with satisfactory progress.

**Progress:** Between July 2024 and April 2026 of the 37 residential youth discharges, 24 or 64%, completed with satisfactory progress.

**Goal #2:** Increase Care Coordination by 10%.

**Progress:** Between July 2024 and April 2026, none of the 41 youth residential episodes received a care coordination service from their residential provider.

**F. Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Women with dependent children	<input type="checkbox"/> Persons experiencing homelessness
<input type="checkbox"/> Persons who inject drugs	<input type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Youth (aged thirteen [13] through seventeen [17])		

**G. Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.025	3

Please provide any additional information regarding county staffing:

Click or tap here to enter text.

**H. Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

**Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:**

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

**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.

**Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).**

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).**

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 quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

I. **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.

**Select an item County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Adult Outpatient Treatment

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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 Department of Behavioral Health (DBH) provides a wide range of substance use disorder treatment services, aftercare services, and any necessary ancillary service referrals 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, obtaining 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 support the program. Additionally, SUBG funding is also utilized to support DBH Administrative staff pay 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 (e.g., 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 incorporate an understanding of trauma and its impact on individuals. Through this lens, emphasizing survivors' safety, choice and control will empower individuals to take the lead in their healing.
- **Psycho-Education:** Psycho-educational groups are designed to educate participants about substance abuse, related behaviors, and potential 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
By April 1, 2028, ensure members requesting services are offered an appointment within 10 business days, with a target 90% achieved.	Number of initial contact log (ICL) entries indicating compliance with the timely access standard, with a target of 90% achievement.

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

Between July 2024 and April 2026, 88% of adult outpatient episodes received a follow up service within 10 days.

Between July 2024 and April 2026 of the 4% of adult outpatient episodes received a peer support service.

Between July 2024 and April 2026 less than 1% of all opiate diagnosis episodes

among adults in outpatient settings received MAT services.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input checked="" type="checkbox"/> Pregnant women	<input checked="" type="checkbox"/> Women with dependent children	<input checked="" type="checkbox"/> Persons experiencing homelessness
<input checked="" type="checkbox"/> Persons who inject drugs	<input checked="" type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input checked="" type="checkbox"/> Tuberculosis services
<input checked="" type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input checked="" type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Adults (Age 18 and over)		

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
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.	0.10	11
Medical Assistant	Conducts patient intake, data collection, documentation, outreach, care coordination, and support treatment plan.	0.05	1
Clinical Therapist 1	Assessments, individual and group therapy, treatment planning, progress documentation.	0.10	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	0.05	1
General Services Worker II	Maintenance tasks, facility cleaning, equipment repairs, supply management.	0.10	1
Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.05	5

Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.05	4
Peer and Family Advocate	Supports in outreach, education, prevention, early intervention, treatment, and recovery process.	0.10	1
Peer and Family Advocate III	Supports in outreach, education, prevention, early intervention, treatment, and recovery process.	0.10	2
Office Assistant II	Document preparation, records management, scheduling support, administrative assistance.	0.05	1

Please provide any additional information regarding county staffing:

See SUBG general allocation workbooks for complete list of staff.

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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, discussed, and included in the review report. Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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, discussed, and included in the review report. Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

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 to record and report timeliness metrics. Findings are then presented and reviewed monthly at quality improvement meetings. Level of Care (LOC) data is collected during screening and assessment, compiled in a web-based database, and reported monthly.

Type of data collection and analysis:

Member data is collected at intake and is continually documented 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 quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment, which is then compiled in a web-based database and reported monthly.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

In the corrective action plan (CAP), the provider must provide an detailed outline of the corrections to be made, evidence of corrections implemented, and steps to prevent future deficiencies.

Identify the county's quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

Upon receipt of the CAP response, DBH will respond within 15 days of receipt with a letter of acceptance, conditional acceptance, or denial. 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 are submitted to DHCS within the regulated timeframes and is included in the provider file.

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

**San Bernardino County  
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)  
State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Adult Residential Treatment

<b>Set-Aside(s) Utilized for Program</b>	<b>Check Appropriate Box(es)</b>	<b>Is this Program County-Run or Subcontracted?</b>
Discretionary	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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-socialization 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 for with SUBG funds. The description must include activities/services offered, types of settings, and planned community outreach, as applicable. In addition, explain each itemized budget line item within the program's Detailed Budget.

Organized treatment services feature a planned and structured regimen of care in a 24-hour residential setting per the American Society of Addiction Medicine (ASAM) criteria. 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. Adult Residential Treatment 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. The program 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 program also 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.

Adult Residential Treatment services include:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Psychoeducation
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge
- Peer Support

DBH also offers Withdrawal Management. Withdrawal Management services include:

- Intake
- Observation
- Medication Services
- Discharge Services

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 Residential Treatment services are provided by subcontracted providers.

- C. **Evidence-Based Practices:** List the Evidence-Based Practices (e.g., 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan,

and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. By April 1, 2028, 90% of members requesting services will be offered an appointment within 10 business days.	1. The number of initial contact log (ICL) entries that document compliance with the timely access standard.
2. Optional	2. Optional
3. Optional	3. Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

**E. Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

**Goal #1:** Increase Care Coordination by 10%.

**Progress:** Between July 2024 and April 2026, 2,476 unique adults were served in a residential setting. Of the 2,476 served, 924 were also provided County care coordination services.

**Goal #2:** Increase the number of members that transition to a lower level of care by 10%.

**Progress:** Between July 2024 and April 2026, 3,216 unique adults were served in a residential setting. Of the 3,216 served, 1,068, or 33.2%, transitioned to a lower level of care within 30 days. In FY 22/23, approximately 18% of members transitioned to a lower level of care (LOC) within 30 days.

**F. Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Women with dependent children	<input type="checkbox"/> Persons experiencing homelessness
<input type="checkbox"/> Persons who inject drugs	<input type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Adults (aged 18 and over)		

**G. Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
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<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Social Worker II	Program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.	0.250	3

Please provide any additional information regarding county staffing:

N/A

**H. Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

**Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:**

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

**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.

**Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).**

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).**

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 quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

**I. 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.

**Select an item County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the box below and ensure it matches the Program Name on the Detailed Budget.

Youth Outpatient Treatment

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Discretionary	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input checked="" type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item within the program's Detailed Budget.

Department of Behavioral Health (DBH) provides a wide range of substance use disorder treatment services, aftercare services, and any necessary ancillary service referrals 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 focus on stabilizing and rehabilitating youth by providing fewer than six hours of services per week, while IOT provides a minimum of six hours and 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:

- All substance use disorder treatment services use two evidence-based practices.
- Outpatient Treatment and IOT program length is determined by the youth's individual 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.

SUBG funding is utilized to finance DBH Administrative Staff who are assigned to the 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 (e.g., 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 incorporate an understanding of trauma and its impact on individuals. Through this lens, emphasizing survivors' safety, choice and control will empower individuals to take the lead in their healing.
- **Psycho-Education:** Psycho-educational groups are designed to educate participants about substance abuse, related behaviors, and potential 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.

Click or tap here to enter text.

- D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound (SMART), allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of "Each new client will be contacted" does not follow the SMART framework. However, restating the objective as "By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks" specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
By April 1, 2028, members requesting services will be offered an appointment within 10 business days with a target of 90% met.	Number of initial contact log (ICL) entries indicating compliance with the timely access standard, with a target of 90% achievement.

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

Between July 2024 and April 2026, youth outpatient/IOT episodes received a follow up service within 10 days after intake 87% of the time.

Between July 2024 and April 2026, 9% of outpatient youth episodes received a peer support service.

Between July 2024 and April 2026, 52% of youth completed treatment with a satisfactory discharge.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input checked="" type="checkbox"/> Pregnant women	<input checked="" type="checkbox"/> Women with dependent children	<input checked="" type="checkbox"/> Persons experiencing homelessness
<input checked="" type="checkbox"/> Persons who inject drugs	<input checked="" type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input type="checkbox"/> Tuberculosis services
<input checked="" type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input checked="" type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Youth (ages 12 to 17)		

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Alcohol and 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.	0.1	6
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.	0.05	1
Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.1	2
Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program	0.1	2

	coordination, performance evaluation.		
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Please provide any additional information regarding county staffing:

N/A

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program’s objectives.

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 per year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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 per year for providers delivering treatment services.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

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 to record and report timeliness metrics. Findings are then presented and reviewed monthly at quality improvement meetings. Level of Care (LOC) data is collected during screening and assessment, compiled in a web-based database, and reported monthly.

Type of data collection and analysis:

Member data is collected at intake and is continually documented 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 quality improvement meetings. Level of Care (LOC) data is collected during the screening and assessment, which is then compiled in a web-based database and reported monthly.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

In the corrective action plan (CAP), the provider must provide an detailed outline of the corrections to be made, evidence of corrections implemented, and steps to prevent future deficiencies.

Identify the county's quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

Upon receipt of the CAP response, DBH will respond within 15 days of receipt with a letter of acceptance, conditional acceptance, or denial. 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 are submitted to DHCS within the regulated timeframes and is included in the provider file.

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

**San Bernardino County**  
**Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**  
**State Fiscal Year 2026-28 Program Narrative**

**Instructions:** Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget in the SUBG General Allocation Workbook.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document "[County Name]\_[Program Name]\_Program Narrative 2026-28".
- » Please enter responses to each question within the boxes.

**Program Name:** Insert the Program Name in the 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	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Perinatal	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Adolescent and Youth Treatment	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

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 planned community outreach, as applicable. In addition, explain each itemized budget line item 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 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 (e.g., 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 at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOOs must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

*Please Note:* If your county has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for your SUBG program.

KPIs must be specific, quantifiable measures that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 90% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The county will be required to report on all stated objectives. Any changes made during the grant period must be approved by DHCS.

**Please see below for sample MOOs and corresponding KPIs:**

SUD Prevention Education for Youth:

*Example Measurable Outcome Objective:* By July 1, 2027, increase the number of school-based SUD prevention education programs serving youth ages 12-18 by 25%.

*Example KPI:* # of school-based SUD prevention education programs for youth ages 12-18, tracked on a quarterly basis with a target 25% increase by July 1, 2027.

Nonfatal Overdose Hospitalizations:

*Example MOO:* By July 1, 2027, decrease avoidable hospitalizations due to nonfatal overdose among adults aged 18-64 by 15%.

*Example KPI:* # of nonfatal overdose hospitalizations among adults aged 18-64, tracked on a quarterly basis with target 15% year-over-year reduction.

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. By April 1, 2028, increase the number of callers referred to MAT services by 5%	1. The number of callers that respond "yes" and are rendered MAT services
2. Optional	2. Optional
3.	3. Optional

Identify the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the county will correct and resolve identified problems with progress toward established objectives):

DBH will continue to collect, assess, and analyze key performance indicators to track progress towards goals and identify areas for improvement. Ongoing oversight is supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

Between July 2024 and April 2026 SARC received 52,315 calls. The average wait time for all calls was 0:00:31 seconds.

Between July 2024 and April 2026 only 4% or 2047 of the calls were abandoned. Of the abandoned calls 1056 were abandoned within 30 seconds before a screener could answer the phone.

Between July 2024 and April 2026, 8796 care coordination services were provided.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the SUBG-funded program serves. Please check all that apply.

<input checked="" type="checkbox"/> Pregnant women	<input checked="" type="checkbox"/> Women with dependent children	<input checked="" type="checkbox"/> Persons experiencing homelessness
<input checked="" type="checkbox"/> Persons who inject drugs	<input checked="" type="checkbox"/> Persons in need of recovery support services for substance use disorder	<input checked="" type="checkbox"/> Tuberculosis services
<input checked="" type="checkbox"/> Individuals with a co-occurring mental health and substance use disorder	<input checked="" type="checkbox"/> Primary prevention services	<input checked="" type="checkbox"/> Other
<i>If other, describe:</i> Youth (ages 12 to 17)		

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. Detailed information regarding county program staff funded by SUBG, however, is required. 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 in the Office of Personnel Management’s [2026 Wage Guidance](#).

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 in the order in which they appear in the Detailed Budget. 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.

<b>Position Title</b>	<b>Grant-Specific Duties Summary</b>	<b>FTE (No greater than 1.0)</b>	<b>Number of Positions</b>
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, tuberculosis testing, motivational interviewing</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Alcohol & Drug Counselor	Intake, counseling, crisis intervention, care coordination, placements, and screenings.	0.15	15
Clinical Therapist I	Crisis intervention, counseling, assessments, placements, and screenings.	0.15	3
Clinical Therapist II	Crisis intervention, counseling, assessments, placements, and screenings.	0.15	2
General Services Worker II	Assists call center as needed	0.15	2
Mental Health Clinic Supervisor	Staff supervision, clinical oversight, program coordination, performance evaluation.	0.15	1
Office Assistant III	Document preparation, records management, scheduling support, administrative assistance.	0.15	2
Social Worker II	Assists with placement coordination and screenings.	0.15	3

Please provide any additional information regarding county staffing:

N/A

H. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

Additional Quality Assurance Reviews are conducted three times a year.

Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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). An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified, discussed, and included in the review report. 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.

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Ongoing oversight is further supported through the Quality Management Action Committee (QMAC), which reviews system-level performance and guides quality improvement efforts. Providers also receive program-specific technical assistance to address identified needs and ensure compliance. Quarterly Substance Abuse Provider Network (SAPN) meetings and Quality Improvement Provider Meetings offer additional opportunities to review performance data, discuss challenges, and align practices across the provider network.

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.

Identify the county's quality improvement or corrective action process (i.e., how the county corrects and resolves identified problems or barriers).

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.

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 quality improvement or corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems or barriers).

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 quality improvement or corrective action plan timeline meet timely access standards?

Yes       No

- I. **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.

FEDERAL GRANT PROPOSED ALLOCATION	
State Fiscal Years 2026 - 2028	
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant
County	San Bernardino
Current ICR	25.00%

Set Aside	SFY 2026-27
Discretionary	\$ 7,367,898.00
Perinatal	\$ 248,296.00
Adolescent/Youth	\$ 312,343.00
<b>Total Proposed Allocation</b>	<b>\$ 7,928,537.00</b>

**Important notes:**

Discretionary Set-Aside funds: *Counties may allocate Discretionary funds toward Prevention programs that are approved through the Prevention Youth Branch (PYB) Team.*

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2026-27
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Perinatal		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaber	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ -
	Perinatal	\$ 248,296.00
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 248,296.00</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 71,874.71	0.050	\$ 3,593.74
3	Social Worker II	\$ 71,874.71	0.050	\$ 3,593.74
4	Social Worker II	\$ 71,874.71	0.050	\$ 3,593.74
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 4,851.54
	<b>TOTAL STAFF EXPENSES</b>			<b>\$ 15,632.75</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Center	\$ 60,000.00
41	Inland Behavioral Health	\$ 70,000.00
42	Inland Valley Recovery	\$ 60,000.00
43		
44	Other Expenses	
45	Indirect Costs	\$ 42,663.25
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 232,663.25</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 15,632.75
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Contractual/Consultant Costs	\$ 190,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 51,408.19
Indirect Costs	\$ 42,663.25
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 248,296.00</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2026-27
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Recovery Centers		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Metra Jaberri	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source			
	Discretionary	\$	1,508,750.00
	Perinatal	\$	-
	Adolescent/Youth	\$	-
Total Planned Allocation for Program:			\$ 1,508,750.00

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2		\$ -	0.000	\$ -
3		\$ -	0.000	\$ -
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ -
<b>TOTAL STAFF EXPENSES</b>				<b>\$ -</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 2,000.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Recovery Support	\$ 780,000.00
41	Rim Family Services -Recovery Support	\$ 125,000.00
42	Request for Proposal	\$ 300,000.00
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 301,750.00
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 1,508,750.00</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ 2,000.00
Contractual/Consultant Costs	\$ 1,205,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 301,750.00
Indirect Costs	\$ 301,750.00
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 1,508,750.00</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2026-27
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Recovery Residences		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Robert LoPatriello	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source	
Discretionary	\$ 269,816.50
Perinatal	\$ -
Adolescent/Youth	\$ -
Total Planned Allocation for Program: \$ 269,816.50	

DHCS Approval (For DHCS Staff Only)	
Analyst	Date Approved

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2	Social Worker II	\$ 71,874.71	0.250	\$ 17,968.68
3	Mental Health Specialist	\$ 63,611.89	0.500	\$ 31,805.94
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 22,398.58
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 72,173.20</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 1,000.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Recovery Residence	\$ 107,680.00
41	New Hope-Recovery Residence	\$ 35,000.00
42		\$ -
		\$ -
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 53,963.30
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 197,643.30</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 72,173.20
Travel	\$ -
Equipment	\$ -
Supplies	\$ 1,000.00
Contractual/Consultant Costs	\$ 142,680.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 53,963.30
Indirect Costs	\$ 53,963.30
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 269,816.50</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2026-27
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Juvenile Drug Court		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Matty Grounds	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source			
	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	53,750.00
Total Planned Allocation for Program:			\$ 53,750.00

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2		\$ -	0.000	\$ -
3		\$ -	0.000	\$ -
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ -
<b>TOTAL STAFF EXPENSES</b>				<b>\$ -</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Family - Juvenile Drug Court Services	\$ 12,000.00
41	Inland Valley Drug & Alcohol-Juvenile Drug Court Services	\$ 31,000.00
42		\$ -
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 10,750.00
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 53,750.00</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Contractual/Consultant Costs	\$ 43,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 10,750.00
Indirect Costs	\$ 10,750.00
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 53,750.00</b>

Youth Residential Treatment

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2026-27
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Youth Residential Treatment		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Metra Jaberri	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source			
	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	22,270.47
Total Planned Allocation for Program:			\$ 22,270.47

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2	Social Worker II	\$ 71,874.71	0.025	\$ 1,796.87
3	Social Worker II	\$ 71,874.71	0.025	\$ 1,796.87
4	Social Worker II	\$ 71,874.71	0.025	\$ 1,796.87
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 2,425.77
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 7,816.37</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Tarzana Treatment Centers-Youth Residential Treatment	\$ 10,000.00
41		\$ -
42		\$ -
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 4,454.09
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 14,454.09</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 7,816.37
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Contractual/Consultant Costs	\$ 10,000.00
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 4,454.09
	Indirect Costs	\$ 4,454.09
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 22,270.47</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2026-27
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Adult Outpatient Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>		<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 661,411.29
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 661,411.29</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Alcohol & Drug Counselor - Apple Valley County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
3	Alcohol & Drug Counselor - Barstow County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
4	Alcohol & Drug Counselor - Barstow County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
5	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
6	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
7	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
8	Alcohol & Drug Counselor - Rialto County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
9	Alcohol & Drug Counselor - Rialto County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
10	Medical Assistant - Rialto County Clinic	\$ 45,707.00	0.050	\$ 2,285.35
11	Clinical Therapist I - Rialto County Clinic	\$ 89,484.57	0.100	\$ 8,948.46
12	Addiction Med Physician 2	\$ 228,000.00	0.050	\$ 11,400.00
13	General Services Worker II - Barstow County Clinic	\$ 45,624.95	0.100	\$ 4,562.49
14	Mental Health Clinic Supervisor - Rialto County Clinic	\$ 119,966.52	0.050	\$ 5,998.33
15	Mental Health Clinic Supervisor - STAR County Clinic	\$ 119,966.52	0.050	\$ 5,998.33
16	Office Assistant III - Barstow County Clinic	\$ 51,703.58	0.050	\$ 2,585.18
17	Office Assistant III - Mariposa County Clinic	\$ 51,703.58	0.050	\$ 2,585.18
18	Office Assistant III - Rialto County Clinic	\$ 51,703.58	0.050	\$ 2,585.18
19	Alcohol & Drug Counselor - Apple Valley County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
20	Peer and Family Advocate III - Phoenix	\$ 49,545.83	0.100	\$ 4,954.58
21	Peer and Family Advocate III - Mariposa	\$ 49,545.83	0.100	\$ 4,954.58
22	Peer and Family Advocate - Apple Valley	\$ 49,545.83	0.100	\$ 4,954.58
23	Alcohol & Drug Counselor - Rialto County Clinic	\$ 67,915.49	0.100	\$ 6,791.55
24	Office Assistant II - Phoenix Clinic	\$ 45,998.01	0.050	\$ 2,299.90
25	Office Assistant III - Apple Valley Clinic	\$ 51,703.58	0.050	\$ 2,585.18
26	Mental Health Clinic Supervisor - Mariposa Clinic	\$ 119,966.52	0.050	\$ 5,998.33
27	Mental Health Clinic Supervisor - Phoenix Clinic	\$ 119,966.52	0.050	\$ 5,998.33
28	Mental Health Clinic Supervisor - Apple Valley Clinic	\$ 119,966.52	0.050	\$ 5,998.33
31	Alcohol & Drug Counselor - Phoenix Clinic	\$ 67,915.49	0.100	\$ 6,791.55
32	Fringe Benefits			\$ 71,729.70
	<b>TOTAL STAFF EXPENSES</b>			<b>\$ 231,129.04</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
33	Travel	
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38	Equipment	
39		\$ -
40		\$ -
41		\$ -
42		\$ -
43	Supplies	
44	Office	General Office Expenses
		\$ 5,000.00
45		\$ -
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50	Contractual/Consultant Costs	
51	VARP-Adult Treatment ODF & Intensive ODF Treatment	\$ 28,000.00
52	High Desert Family-Adult Treatment ODF Individual and Group Counseling & IOT	\$ 65,000.00
53	Inland Behavioral Health-Adult Treatment ODF & IOT	\$ 50,000.00
54	Inland Valley Drug & Alcohol-Adult Treatment ODF & IOT	\$ 90,000.00
55	Cedar House (Social Science Services)-Adult Treatment ODF & IOT	\$ 60,000.00
56		
57		
58		
59		
60	Other Expenses	
61	Indirect Costs	\$ 132,282.26
62		\$ -
63		\$ -
64		\$ -
65		\$ -
66		\$ -
67		\$ -
68		\$ -
69		\$ -
70		\$ -
71		\$ -
72		\$ -
73		\$ -
74		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 370,282.26</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 231,129.04
Travel	\$ -
Equipment	\$ -
Supplies	\$ 5,000.00
Contractual/Consultant Costs	\$ 293,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 132,282.26
Indirect Costs	\$ 132,282.26
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 661,411.29</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2026-27
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Adult Residential Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaberri	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 2,195,591.35
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 2,195,591.35</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 71,874.71	0.250	\$ 17,968.68
3	Social Worker II	\$ 71,874.71	0.250	\$ 17,968.68
4	Social Worker II	\$ 71,874.71	0.250	\$ 17,968.68
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 24,257.71
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 78,163.74</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 1,500.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Adult Residential Treatment	\$ 423,000.00
41	Cedar House Life Change Center (Social Science Services)-Adult Residential Treatment	\$ 423,000.00
42	VARP-Adult Residential Treatment	\$ 423,000.00
43	Phoenix House	\$ 423,000.00
44		\$ -
45		\$ -
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50	Other Expenses	
51	Indirect Costs	\$ 423,927.61
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
59		\$ -
60		\$ -
61		\$ -
62		\$ -
63		\$ -
64		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 2,117,427.61</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 78,163.74
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ 1,500.00
	Contractual/Consultant Costs	\$ 1,692,000.00
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 442,915.94
	Indirect Costs	\$ 423,927.61
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 2,195,591.35</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2026-27
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Youth Outpatient Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>		<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	236,322.53
<b>Total Planned Allocation for Program:</b>			<b>\$ 236,322.53</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Alcohol & Drug Counselor - Mariposa	\$ 67,915.49	0.100	\$ 6,791.55
3	Alcohol & Drug Counselor - Mariposa	\$ 67,915.49	0.100	\$ 6,791.55
4	Alcohol & Drug Counselor - Mariposa	\$ 67,915.49	0.100	\$ 6,791.55
5	Addiction Med Physician	\$ 228,000.00	0.050	\$ 11,400.00
6	Office Assistant III - Mariposa	\$ 51,703.58	0.100	\$ 5,170.36
7	Alcohol & Drug Counselor - Rialto Clinic	\$ 67,915.49	0.100	\$ 6,791.55
8	Alcohol & Drug Counselor - Rialto Clinic	\$ 67,915.49	0.100	\$ 6,791.55
9	Alcohol & Drug Counselor - Rialto Clinic	\$ 67,915.49	0.100	\$ 6,791.55
10	Office Assistant III - Mariposa	\$ 51,703.58	0.100	\$ 5,170.36
11	Mental Health Clinic Supervisor - Mariposa	\$ 119,966.52	0.100	\$ 11,996.65
12	Mental Health Clinic Supervisor - Rialto Clinic	\$ 119,966.52	0.100	\$ 11,996.65
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 38,917.49
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 125,400.81</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Family-Youth Treatment ODF & IOT	\$ 18,000.00
41	Inland Valley Drug & Alcohol - Youth Treatment ODF & IOT	\$ 30,000.00
42	Inland Behavioral Health - Youth Treatment ODF & IOT	\$ 18,000.00
43		
44	Other Expenses	
45	Indirect Costs	\$ 44,921.72
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 110,921.72</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 125,400.81
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Contractual/Consultant Costs	\$ 66,000.00
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 47,850.20
	Indirect Costs	\$ 44,921.72
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 236,322.53</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2026-27
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	SARC		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Anabelle Miranda-Muniz	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$	752,722.87
	Perinatal	\$	-
	Adolescent/Youth	\$	-
<b>Total Planned Allocation for Program:</b>			\$ 752,722.87

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
3	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
4	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
5	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
6	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
7	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
8	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
9	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
10	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
11	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
12	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
13	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
14	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
15	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
16	Alcohol & Drug Counselor	\$ 67,915.49	0.150	\$ 10,187.32
17	Clinical Therapist I	\$ 89,484.57	0.150	\$ 13,422.69
18	Clinical Therapist I	\$ 89,484.57	0.150	\$ 13,422.69
19	Clinical Therapist II	\$ 107,784.95	0.150	\$ 16,167.74
20	General Services Worker II	\$ 45,624.95	0.150	\$ 6,843.74
21	General Services Worker II	\$ 45,624.95	0.150	\$ 6,843.74
22	Mental Health Clinic Supervisor	\$ 119,966.52	0.150	\$ 17,994.98
23	Office Assistant III	\$ 51,703.58	0.150	\$ 7,755.54
24	Office Assistant III	\$ 51,703.58	0.150	\$ 7,755.54
25	Social Worker II	\$ 71,874.71	0.150	\$ 10,781.21
26	Social Worker II	\$ 71,874.71	0.150	\$ 10,781.21
27	Social Worker II	\$ 71,874.71	0.150	\$ 10,781.21
28	Clinical Therapist I	\$ 89,484.57	0.150	\$ 13,422.69
29	Clinical Therapist II	\$ 107,784.95	0.150	\$ 16,167.74
30				\$ -
31				\$ -
32				\$ -
33				
34		\$ -	0.000	\$ -
35	Fringe Benefits			\$ 137,227.75
36	<b>TOTAL STAFF EXPENSES</b>			<b>\$ 442,178.29</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
37	Travel	
38		\$ -
39		\$ -
40		\$ -
41		\$ -
42	Equipment	
43		\$ -
44		\$ -
45		\$ -
46		\$ -
47	Supplies	
48	Office	General Office Supplies
		\$ 160,000.00
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54	Contractual/Consultant Costs	
55		\$ -
56		\$ -
57		\$ -
58		\$ -
59	Other Expenses	
60	Indirect Costs	
		\$ 150,544.57
61		\$ -
62		\$ -
63		\$ -
64		\$ -
65		\$ -
66		\$ -
67		\$ -
68		\$ -
69		\$ -
70		\$ -
71		\$ -
72		\$ -
73		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 310,544.57</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 442,178.29
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ 160,000.00
	Contractual/Consultant Costs	\$ -
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 150,544.57
	Indirect Costs	\$ 150,544.57
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 752,722.87</b>

WORKBOOK SUMMARY SHEET	
<b>State Fiscal Year</b>	<b>SFY 2026-27</b>
<b>County</b>	San Bernardino
<b>Current ICR</b>	25.00%

Allocation	Total Proposed Allocation	Budgeted Amount
Discretionary	\$ 7,367,898.00	\$ 5,388,292.01
Perinatal	\$ 248,296.00	\$ 248,296.00
Adolescent/Youth	\$ 312,343.00	\$ 312,343.00
<b>Total</b>	<b>\$ 7,928,537.00</b>	<b>\$ 5,948,931.00</b>

Category	Amount
Staffing Expenses	\$ 972,494.20
Travel	\$ -
Equipment	\$ -
Supplies	\$ 169,500.00
Consultant/Contract Costs	\$ 3,641,680.00
Other Expenses	\$ -
<i>Maximum Allowable Indirect Costs</i>	\$ 1,195,918.55
Indirect Costs	\$ 1,165,256.80
<i>Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>Total Cost</b>	<b>\$ 5,948,931.00</b>

FEDERAL GRANT PROPOSED ALLOCATION	
State Fiscal Years 2026 - 2028	
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant
County	San Bernardino
Current ICR	25.00%

Set Aside	SFY 2027-28
Discretionary	\$ 7,367,898.00
Perinatal	\$ 248,296.00
Adolescent/Youth	\$ 312,343.00
<b>Total Proposed Allocation</b>	<b>\$ 7,928,537.00</b>

**Important notes:**

Discretionary Set-Aside funds: *Counties may allocate Discretionary funds toward Prevention programs that are approved through the Prevention Youth Branch (PYB) Team.*

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Perinatal		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaber	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ -
	Perinatal	\$ 248,296.00
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 248,296.00</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 75,468.44	0.050	\$ 3,773.42
3	Social Worker II	\$ 75,468.44	0.050	\$ 3,773.42
4	Social Worker II	\$ 75,468.44	0.050	\$ 3,773.42
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 5,094.12
	<b>TOTAL STAFF EXPENSES</b>			<b>\$ 16,414.39</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Center	\$ 60,000.00
41	Inland Behavioral Health	\$ 70,000.00
42	Inland Valley Recovery	\$ 60,000.00
43		
44	Other Expenses	
45	Indirect Costs	\$ 41,881.61
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 231,881.61</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 16,414.39
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Contractual/Consultant Costs	\$ 190,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 51,603.60
Indirect Costs	\$ 41,881.61
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 248,296.00</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Recovery Centers		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaberri	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 1,508,750.00
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 1,508,750.00</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2		\$ -	0.000	\$ -
3		\$ -	0.000	\$ -
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ -
<b>TOTAL STAFF EXPENSES</b>				<b>\$ -</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 2,000.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Recovery Support	\$ 780,000.00
41	Rim Family Services -Recovery Support	\$ 125,000.00
42	Request for Proposal	\$ 300,000.00
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 301,750.00
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 1,508,750.00</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ 2,000.00
Contractual/Consultant Costs	\$ 1,205,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 301,750.00
Indirect Costs	\$ 301,750.00
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 1,508,750.00</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Recovery Residences		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Robert LoPatriello	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 274,327.32
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 274,327.32</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 75,468.44	0.250	\$ 18,867.11
3	Mental Health Specialist	\$ 66,792.48	0.500	\$ 33,396.24
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 23,518.51
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 75,781.86</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 1,000.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Recovery Residence	\$ 107,680.00
41	New Hope-Recovery Residence	\$ 35,000.00
42		\$ -
43		\$ -
44		\$ -
45	Other Expenses	
46	Indirect Costs	\$ 54,865.46
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
59		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 198,545.46</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 75,781.86
Travel	\$ -
Equipment	\$ -
Supplies	\$ 1,000.00
Contractual/Consultant Costs	\$ 142,680.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 54,865.46
Indirect Costs	\$ 54,865.46
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 274,327.32</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2027-28
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Juvenile Drug Court		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Matty Grounds	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source			
	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	53,750.00
Total Planned Allocation for Program:			\$ 53,750.00

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2		\$ -	0.000	\$ -
3		\$ -	0.000	\$ -
4		\$ -	0.000	\$ -
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ -
<b>TOTAL STAFF EXPENSES</b>				<b>\$ -</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Family - Juvenile Drug Court Services	\$ 12,000.00
41	Inland Valley Drug & Alcohol-Juvenile Drug Court Services	\$ 31,000.00
42		\$ -
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 10,750.00
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 53,750.00</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Contractual/Consultant Costs	\$ 43,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 10,750.00
Indirect Costs	\$ 10,750.00
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 53,750.00</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Youth Residential Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaberri	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	22,758.99
<b>Total Planned Allocation for Program:</b>			<b>\$ 22,758.99</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 75,468.44	0.025	\$ 1,886.71
3	Social Worker II	\$ 75,468.44	0.025	\$ 1,886.71
4	Social Worker II	\$ 75,468.44	0.025	\$ 1,886.71
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 2,547.06
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 8,207.19</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Tarzana Treatment Centers-Youth Residential Treatment	\$ 10,000.00
41		\$ -
42		\$ -
43		\$ -
44	Other Expenses	
45	Indirect Costs	\$ 4,551.80
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 14,551.80</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 8,207.19
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Contractual/Consultant Costs	\$ 10,000.00
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 4,551.80
	Indirect Costs	\$ 4,551.80
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 22,758.99</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Adult Residential Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>	Metra Jaberri	<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 2,202,161.20
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 2,202,161.20</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Social Worker II	\$ 75,468.44	0.250	\$ 18,867.11
3	Social Worker II	\$ 75,468.44	0.250	\$ 18,867.11
4	Social Worker II	\$ 75,468.44	0.250	\$ 18,867.11
5		\$ -	0.000	\$ -
6		\$ -	0.000	\$ -
7		\$ -	0.000	\$ -
8		\$ -	0.000	\$ -
9		\$ -	0.000	\$ -
10		\$ -	0.000	\$ -
11		\$ -	0.000	\$ -
12		\$ -	0.000	\$ -
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 25,470.60
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 82,071.93</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33	Office	General Office Expenses
		\$ 1,500.00
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	Inland Valley Drug & Alcohol-Adult Residential Treatment	\$ 423,000.00
41	Cedar House Life Change Center (Social Science Services)-Adult Residential Treatment	\$ 423,000.00
42	VARP-Adult Residential Treatment	\$ 423,000.00
43	Phoenix House	\$ 423,000.00
44		
45		
46		
47		
48		
49		
50		
51	Other Expenses	
52	Indirect Costs	\$ 426,589.27
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
59		\$ -
60		\$ -
61		\$ -
62		\$ -
63		\$ -
64		\$ -
65		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 2,120,089.27</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 82,071.93
Travel	\$ -
Equipment	\$ -
Supplies	\$ 1,500.00
Contractual/Consultant Costs	\$ 1,692,000.00
Other Expenses	\$ -
Program Maximum Allowable Indirect Costs	\$ 443,892.98
Indirect Costs	\$ 426,589.27
Program Maximum Allowable County Support Administrative Direct Costs	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 2,202,161.20</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block Grant	SFY	SFY 2027-28
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	Youth Treatment		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact		Phone	909-501-0719
Email Address	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source			
	Discretionary	\$	-
	Perinatal	\$	-
	Adolescent/Youth	\$	235,834.01
Total Planned Allocation for Program:			\$ 235,834.01

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

I. Staffing Itemized Detail				
	Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel			
2	Alcohol & Drug Counselor - Mariposa	\$ 71,311.27	0.100	\$ 7,131.13
3	Alcohol & Drug Counselor - Mariposa	\$ 71,311.27	0.100	\$ 7,131.13
4	Alcohol & Drug Counselor - Mariposa	\$ 71,311.27	0.100	\$ 7,131.13
5	Addiction Med Physician	\$ 228,000.00	0.050	\$ 11,400.00
6	Office Assistant III - Mariposa	\$ 54,288.75	0.100	\$ 5,428.88
7	Alcohol & Drug Counselor - Rialto Clinic	\$ 71,311.27	0.100	\$ 7,131.13
8	Alcohol & Drug Counselor - Rialto Clinic	\$ 71,311.27	0.100	\$ 7,131.13
9	Alcohol & Drug Counselor - Rialto Clinic	\$ 71,311.27	0.100	\$ 7,131.13
10	Office Assistant III - Mariposa	\$ 54,288.75	0.100	\$ 5,428.88
11	Mental Health Clinic Supervisor - Mariposa	\$ 125,964.85	0.100	\$ 12,596.48
12	Mental Health Clinic Supervisor - Rialto Clinic	\$ 125,964.85	0.100	\$ 12,596.48
13		\$ -	0.000	\$ -
14		\$ -	0.000	\$ -
15		\$ -	0.000	\$ -
16		\$ -	0.000	\$ -
17		\$ -	0.000	\$ -
18		\$ -	0.000	\$ -
19		\$ -	0.000	\$ -
20		\$ -	0.000	\$ -
21	Fringe Benefits			\$ 40,606.87
<b>TOTAL STAFF EXPENSES</b>				<b>\$ 130,844.35</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
22	Travel	
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27	Equipment	
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32	Supplies	
33		\$ -
34		\$ -
35		\$ -
36		\$ -
37		\$ -
38		\$ -
39	Contractual/Consultant Costs	
40	High Desert Family-Youth Treatment ODF & IOT	\$ 18,000.00
41	Inland Valley Drug & Alcohol - Youth Treatment ODF & IOT	\$ 30,000.00
42	Inland Behavioral Health - Youth Treatment ODF & IOT	\$ 18,000.00
43		
44	Other Expenses	
45	Indirect Costs	\$ 38,989.66
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57		\$ -
58		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 104,989.66</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 130,844.35
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Contractual/Consultant Costs	\$ 66,000.00
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 49,211.09
	Indirect Costs	\$ 38,989.66
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 235,834.01</b>

**DETAILED PROGRAM BUDGET**

<b>Type of Grant</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant	<b>SFY</b>	SFY 2027-28
<b>County</b>	San Bernardino	<b>Submission Date</b>	
<b>Current ICR</b>	25.00%	<b>Total SUBG Allocation</b>	\$ 7,928,537.00

**Program Information**

<b>Program Name</b>	Adult Outpatient Treatment		
<b>Fiscal Contact</b>	Michelle Liu	<b>Phone</b>	909-388-0981
<b>Email Address</b>	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
<b>Program Contact</b>		<b>Phone</b>	909-501-0719
<b>Email Address</b>	<a href="mailto:SUDRSPProgramSpecialist@dbh.sbcounty.gov">SUDRSPProgramSpecialist@dbh.sbcounty.gov</a>		

**Funding Source**

	Discretionary	\$ 674,823.73
	Perinatal	\$ -
	Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>		<b>\$ 674,823.73</b>

**DHCS Approval (For DHCS Staff Only)**

<b>Analyst</b>		<b>Date Approved</b>	
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**I. Staffing Itemized Detail**

	<b>Title of Position (Align with County/Provider IUP)</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
1	Personnel			
2	Alcohol & Drug Counselor - Apple Valley County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
3	Alcohol & Drug Counselor - Barstow County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
4	Alcohol & Drug Counselor - Barstow County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
5	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
6	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
7	Alcohol & Drug Counselor - Mariposa County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
8	Alcohol & Drug Counselor - Rialto County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
9	Alcohol & Drug Counselor - Rialto County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
10	Medical Assistant - Rialto County Clinic	\$ 47,992.35	0.050	\$ 2,399.62
11	Clinical Therapist I - Rialto County Clinic	\$ 93,958.80	0.100	\$ 9,395.88
12	Addiction Med Physician 2	\$ 228,000.00	0.050	\$ 11,400.00
13	General Services Worker II - Barstow County Clinic	\$ 47,906.19	0.100	\$ 4,790.62
14	Mental Health Clinic Supervisor - Rialto County Clinic	\$ 125,964.85	0.050	\$ 6,298.24
15	Mental Health Clinic Supervisor - STAR County Clinic	\$ 125,964.85	0.050	\$ 6,298.24
16	Office Assistant III - Barstow County Clinic	\$ 54,288.75	0.050	\$ 2,714.44
17	Office Assistant III - Mariposa County Clinic	\$ 54,288.75	0.050	\$ 2,714.44
18	Office Assistant III - Rialto County Clinic	\$ 54,288.75	0.050	\$ 2,714.44
19	Alcohol & Drug Counselor - Apple Valley County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
20	Peer and Family Advocate III - Phoenix	\$ 52,023.12	0.100	\$ 5,202.31
21	Peer and Family Advocate III - Mariposa	\$ 52,023.12	0.100	\$ 5,202.31
22	Peer and Family Advocate - Apple Valley	\$ 52,023.12	0.100	\$ 5,202.31
23	Alcohol & Drug Counselor - Rialto County Clinic	\$ 71,311.27	0.100	\$ 7,131.13
24	Office Assistant II - Phoenix Clinic	\$ 48,297.91	0.050	\$ 2,414.90
25	Office Assistant III - Apple Valley Clinic	\$ 54,288.75	0.050	\$ 2,714.44
26	Mental Health Clinic Supervisor - Mariposa Clinic	\$ 125,964.85	0.050	\$ 6,298.24
27	Mental Health Clinic Supervisor - Phoenix Clinic	\$ 125,964.85	0.050	\$ 6,298.24
28	Mental Health Clinic Supervisor - Apple Valley Clinic	\$ 125,964.85	0.050	\$ 6,298.24
29	Alcohol & Drug Counselor - Phoenix Clinic	\$ 71,311.27	0.100	\$ 7,131.13
30	Fringe Benefits			\$ 75,059.69
	<b>TOTAL STAFF EXPENSES</b>			<b>\$ 241,858.99</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
31	Travel	
32		\$ -
33		\$ -
34		\$ -
35		\$ -
36	Equipment	
37		\$ -
38		\$ -
39		\$ -
40		\$ -
41	Supplies	
42	Office	General Office Expenses
		\$ 5,000.00
43		\$ -
44		\$ -
45		\$ -
46		\$ -
47		\$ -
48	Contractual/Consultant Costs	
49	VARP-Adult Treatment ODF & Intensive ODF Treatment	\$ 28,000.00
50	High Desert Family-Adult Treatment ODF Individual and Group Counseling & IOT	\$ 65,000.00
51	Inland Behavioral Health-Adult Treatment ODF & IOT	\$ 50,000.00
52	Inland Valley Drug & Alcohol-Adult Treatment ODF & IOT	\$ 90,000.00
53	Cedar House (Social Science Services)-Adult Treatment ODF & IOT	\$ 60,000.00
54		
55	Other Expenses	
56	Indirect Costs	\$ 134,964.75
57		\$ -
58		\$ -
59		\$ -
60		\$ -
61		\$ -
62		\$ -
63		\$ -
64		\$ -
65		\$ -
66		\$ -
67		\$ -
68		\$ -
69		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 432,964.75</b>

SUMMARY	
Category	Total Amount
Total Staffing Expenses	\$ 241,858.99
Travel	\$ -
Equipment	\$ -
Supplies	\$ 5,000.00
Contractual/Consultant Costs	\$ 293,000.00
Other Expenses	\$ -
<i>Program Maximum Allowable Indirect Costs</i>	\$ 134,964.75
Indirect Costs	\$ 134,964.75
<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>TOTAL COST OF PROGRAM</b>	<b>\$ 674,823.73</b>

DETAILED PROGRAM BUDGET			
Type of Grant	Substance Use Prevention, Treatment, and Recovery Services Block	SFY	SFY 2027-28
County	San Bernardino	Submission Date	
Current ICR	25.00%	Total SUBG Allocation	\$ 7,928,537.00

Program Information			
Program Name	SARC		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	<a href="mailto:Michelle.Liu@dbh.sbcounty.gov">Michelle.Liu@dbh.sbcounty.gov</a>		
Program Contact	Anabelle Miranda-Muniz	Phone	909-501-0719
Email Address	<a href="mailto:SUDRSProgramSpecialist@dbh.sbcounty.gov">SUDRSProgramSpecialist@dbh.sbcounty.gov</a>		

Funding Source	
Discretionary	\$ 780,359.01
Perinatal	\$ -
Adolescent/Youth	\$ -
<b>Total Planned Allocation for Program:</b>	<b>\$ 780,359.01</b>

DHCS Approval (For DHCS Staff Only)	
Analyst	Date Approved

I. Staffing Itemized Detail			
Title of Position (Align with County/Provider IUP)	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel			
2 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
3 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
4 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
5 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
6 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
7 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
8 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
9 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
10 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
11 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
12 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
13 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
14 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
15 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
16 Alcohol & Drug Counselor	\$ 71,311.27	0.150	\$ 10,696.69
17 Clinical Therapist I	\$ 93,958.80	0.150	\$ 14,093.82
18 Clinical Therapist I	\$ 93,958.80	0.150	\$ 14,093.82
19 Clinical Therapist II	\$ 113,174.19	0.150	\$ 16,976.13
20 General Services Worker II	\$ 47,906.19	0.150	\$ 7,185.93
21 General Services Worker II	\$ 47,906.19	0.150	\$ 7,185.93
22 Mental Health Clinic Supervisor	\$ 125,964.85	0.150	\$ 18,894.73
23 Office Assistant III	\$ 54,288.75	0.150	\$ 8,143.31
24 Office Assistant III	\$ 54,288.75	0.150	\$ 8,143.31
25 Social Worker II	\$ 75,468.44	0.150	\$ 11,320.27
26 Social Worker II	\$ 75,468.44	0.150	\$ 11,320.27
27 Social Worker II	\$ 75,468.44	0.150	\$ 11,320.27
28 Clinical Therapist I	\$ 93,958.80	0.150	\$ 14,093.82
29 Clinical Therapist II	\$ 113,174.19	0.150	\$ 16,976.13
30			\$ -
31			\$ -
32			\$ -
33			
34			
35			
36			
37			
38			
39 Fringe Benefits			\$ 144,089.13
<b>TOTAL STAFF EXPENSES</b>			<b>\$ 464,287.21</b>

II. Program Expenses Itemized Detail		
Category	Details	Amount
40	Travel	
41		\$ -
42		\$ -
43		\$ -
44		\$ -
45	Equipment	
46		\$ -
47		\$ -
48		\$ -
49		\$ -
50	Supplies	
51	Office                      General Office Supplies	\$ 160,000.00
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56		\$ -
57	Contractual/Consultant Costs	
58		\$ -
59		\$ -
60		\$ -
61		\$ -
62	Other Expenses	
63	Indirect Costs	\$ 156,071.80
64		
65		\$ -
66		\$ -
67		\$ -
68		\$ -
69		\$ -
70		\$ -
71		\$ -
72		\$ -
73		\$ -
74		\$ -
75		\$ -
76		\$ -
<b>TOTAL DIRECT CHARGES (Sum of Program Expenses)</b>		<b>\$ 316,071.80</b>

SUMMARY		
Category		Total Amount
	Total Staffing Expenses	\$ 464,287.21
	Travel	\$ -
	Equipment	\$ -
	Supplies	\$ 160,000.00
	Contractual/Consultant Costs	\$ -
	Other Expenses	\$ -
	<i>Program Maximum Allowable Indirect Costs</i>	\$ 156,071.80
	Indirect Costs	\$ 156,071.80
	<i>Program Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
	County Support Administrative Direct Costs	\$ -
	<b>TOTAL COST OF PROGRAM</b>	<b>\$ 780,359.01</b>

WORKBOOK SUMMARY SHEET	
<b>State Fiscal Year</b>	<b>SFY 2027-28</b>
<b>County</b>	San Bernardino
<b>Current ICR</b>	25.00%

Allocation	Total Proposed Allocation	Budgeted Amount
Discretionary	\$ 7,367,898.00	\$ 5,440,421.27
Perinatal	\$ 248,296.00	\$ 248,296.00
Adolescent/Youth	\$ 312,343.00	\$ 312,343.00
<b>Total</b>	<b>\$ 7,928,537.00</b>	<b>\$ 6,001,060.26</b>

Category	Amount
Staffing Expenses	\$ 1,019,465.91
Travel	\$ -
Equipment	\$ -
Supplies	\$ 169,500.00
Consultant/Contract Costs	\$ 3,641,680.00
Other Expenses	\$ -
<i>Maximum Allowable Indirect Costs</i>	\$ 1,207,661.48
Indirect Costs	\$ 1,170,414.35
<i>Maximum Allowable County Support Administrative Direct Costs</i>	\$ 792,853.70
County Support Administrative Direct Costs	\$ -
<b>Total Cost</b>	<b>\$ 6,001,060.26</b>

County Subcontractor List										
County	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	City	State	Zip Code	Phone Number (XXX-XXX-XXXX)	Level of Care (Exclude from reference list, separated by comma)	Target Population (Exclude from reference list, separated by comma)
San Bernardino	1	Perinatal	High Desert Child, Adolescent and Family Center, Inc.	16248 Victor St	Victorville	CA	92395-3034	760-243-7151	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	2	Perinatal	Inland Behavioral and Health Services, Inc.	1963 North E Street	San Bernardino	CA	92405-5919	909-881-6146	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	3	Perinatal	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	4	Recovery Centers	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	5	Recovery Centers	Rm Family Services, Inc.	27614 Highway 18	Skyforest	CA	92385	909-336-1800	Recovery Center	Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	6	Recovery Residences	New Hope Village Inc.	100 West Fredricks	Barstow	CA	92311	760-256-1900	Recovery Residences	Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	7	Recovery Residences	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	8	Juvenile Drug Court	High Desert Child, Adolescent and Family Center, Inc.	16248 Victor St	Victorville	CA	92395-3034	760-243-7151	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	9	Juvenile Drug Court	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	10	Youth Residential Treatment	Tarzana Treatment Centers	44447 10th St	Lancaster, CA	CA	93534	661-726-2630	Level 3: Residential	Adolescents, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	11	Adult Outpatient Treatment	High Desert Child, Adolescent and Family Center, Inc.	16248 Victor St	Victorville	CA	92395-3034	760-243-7151	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	12	Adult Outpatient Treatment	Inland Behavioral and Health Services, Inc.	1963 North E Street	San Bernardino	CA	92405-5919	909-881-6146	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	13	Adult Outpatient Treatment	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	14	Adult Outpatient Treatment	Social Science Services, Inc.	18612 Santa Ana Avenue	Bloomington	CA	92316-2636	909-421-7120	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential	Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	15	Adult Outpatient Treatment	Veterans Alcohol Rehabilitation Program, Inc. (VARP)	1100 N. D Street	San Bernardino	CA	92410-3524	909-725-5843	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential	Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	16	Adult Residential Treatment	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	17	Adult Residential Treatment	Social Science Services, Inc.	18612 Santa Ana Avenue	Bloomington	CA	92316-2636	909-421-7120	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential	Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	18	Adult Residential Treatment	Veterans Alcohol Rehabilitation Program, Inc. (VARP)	1100 N. D Street	San Bernardino	CA	92410-3524	909-725-5843	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential	Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	19	Adult Residential Treatment	Phoenix House Orange County, Inc.	11600 Eldridge Avenue	Lake View Terrace	CA	91342-6506	760-487-3600	Level 3: Residential	Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	20	Youth Outpatient Treatment	High Desert Child, Adolescent and Family Center, Inc.	16248 Victor St	Victorville	CA	92395-3034	760-243-7151	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	21	Youth Outpatient Treatment	Inland Behavioral and Health Services, Inc.	1963 North E Street	San Bernardino	CA	92405-5919	909-881-6146	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
	22	Youth Outpatient Treatment	Inland Valley Drug and Alcohol Recovery Services	1260 E Arrow Highway, Building E	Upland	CA	91786-4982	909-932-1069	Level 1: Outpatient, Level 2: Intensive Outpatient/High-Intensity Outpatient, Level 3: Residential, Recovery residence, Recovery Center	Adolescents, Pregnant women, Women with dependent children, Persons experiencing homelessness, Persons who inject drugs, Persons in need of recovery support services for substance use disorder, Individuals with a co-occurring mental health and substance use disorder
23										

**Reference List**  
 Include only the following selections, separated by comma.

**Levels of Care:**  
 Level 1: Outpatient  
 Level 2: Intensive Outpatient/High-Intensity Outpatient  
 Level 3: Residential  
 Level 4: Inpatient  
 Recovery residence  
 Other: Please describe

**Target Populations:**  
 Pregnant women  
 Women with dependent children  
 Persons experiencing homelessness  
 Persons who inject drugs  
 Persons in need of recovery support services for substance use disorder  
 Individuals with a co-occurring mental health and substance use disorder

## Checklist For SUBG Application State Fiscal Years 2026-27 and 2027-28

Application documents must be submitted electronically via email as described in the Application Letter and Enclosure 1. Please use this checklist to ensure your application includes the following components:

- SUBG General Allocation County Workbooks – These completed workbooks must be submitted as Excels. Do not alter the format or functionality of the Excel documents provided with the application package.
- SUBG General Allocation Program Narrative – One per program, with program names directly corresponding to the program name in the SUBG General Allocation County Workbook. These must be submitted as individual PDFs. Do not alter the format of this document.
- SUBG Primary Prevention Allocation County Workbook – This workbook includes the Primary Prevention budget and narrative. Do not alter the format or functionality of the Excel document provided with the application package.
- Enclosure 1: County Allocation Letter – This document must be signed by the County Behavioral Health Director or designee to acknowledge proposed total allocation for SFY 2026-28.
- Enclosure 2: SUBG Program Specifications – This document must be signed by the County Behavioral Health Director or designee to indicate that the county will enforce and will require its subcontractors to enforce the Program Specifications.
- Enclosure 4: Special Terms and Conditions – This document must be signed by the County Behavioral Health Director or designee to acknowledge receipt and compliance.
- Enclosure 4, Attachment 1: Certification Regarding Lobbying – This document must be signed by the County Behavioral Health Director or designee to acknowledge receipt and compliance.
- Enclosure 4, Attachment 2: Disclosure of Lobbying Activities – This document must be completed and signed by the County Behavioral Health Director or designee to disclose lobbying activities.

**System for Award Management (SAM) Unique Entity Identifier (UEI) Number**

The county must ensure the downloadable "Entity Data Detail.pdf" form obtained from the SAM.gov website is included with all other required application documents.

**Applications will not be reviewed until a valid and current "Entity Data Detail.pdf" has been received from the county.**

Please reach out via email at [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) if your county requires additional assistance in downloading the "Entity Information.pdf."