San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **January 1, 2026 - June 30, 2026**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 144,000.00			$ 144,000.00
Service Hours	2,257	0	0	2,257
CPU	$ 63.80	$ 63.80	$ 63.80	$ 63.80

APPROVALS:

	PROVIDER AUTHORIZED	Date	DBH FISCAL SERVICES	Date	DBH PROGRAM MANAGER or DESIGNEE	Date
Signature:	Joscelyn Field	10/22/25	Natalie Sanders (Oct 22, 2025 11:31:50 PDT)	10/22/25		10/22/25
Printed Name:	Joscelyn A. Field		Natalie Sanders		Gustavo Cisneros	

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **July 1, 2026 - June 30, 2027**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 288,000.00			$ 288,000.00
Service Hours	4,514	0	0	4,514
CPU	$ 63.80	$ 63.80	$ 63.80	$ 63.80

APPROVALS:

Signature:	Joscelyn Field 10/22/25	Natalie Sanders (Oct 24, 2025 11:42:41 PDT) 10/22/25	10/22/25
	PROVIDER AUTHORIZED Date	DBH FISCAL SERVICES Date	DBH PROGRAM MANAGER or DESIGNEE Date
Printed Name:	Joscelyn A. Field	Natalie Sanders	Gustavo Cisneros
	PROVIDER AUTHORIZED	DBH FISCAL SERVICES	DBH PROGRAM MANAGER or DESIGNEE

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **July 1, 2027 - June 30, 2028**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 288,000.00			$ 288,000.00
Service Hours	4,416	0	0	4,416
CPU	$ 65.22	$ 65.22	$ 65.22	$ 65.22

APPROVALS:

Signature:	Joscelyn Field	10/22/25		10/22/25	10/22/25
	PROVIDER AUTHORIZED	Date	DBH FISCAL SERVICES	Date	DBH PROGRAM MANAGER or DESIGNEE Date
Printed Name:	Joscelyn A. Field		Natalie Sanders		Gustavo Cisneros
	PROVIDER AUTHORIZED		DBH FISCAL SERVICES		DBH PROGRAM MANAGER or DESIGNEE

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **July 1, 2028 - June 30, 2029**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 288,000.00			$ 288,000.00
Service Hours	4,359	0	0	4,359
CPU	$ 66.07	$ 66.07	$ 66.07	$ 66.07

APPROVALS:

Signature:	Joscelyn Field	10/22/25		10/22/25	10/22/25
	PROVIDER AUTHORIZED	Date	DBH FISCAL SERVICES	Date	DBH PROGRAM MANAGER or DESIGNEE Date
Printed Name:	Joscelyn A. Field		Natalie Sanders		Gustavo Cisneros
	PROVIDER AUTHORIZED		DBH FISCAL SERVICES		DBH PROGRAM MANAGER or DESIGNEE

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **July 1, 2029 - June 30, 2030**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 288,000.00			$ 288,000.00
Service Hours	4,299	0	0	4,299
CPU	$ 66.99	$ 66.99	$ 66.99	$ 66.99

APPROVALS:

Signature:	Joscelyn Field 10/22/25	Natalie Sanders (Oct 22, 2025 12:38:31 PDT) 10/22/25	10/22/25
	PROVIDER AUTHORIZED Date	DBH FISCAL SERVICES Date	DBH PROGRAM MANAGER or DESIGNEE Date
Printed Name:	Joscelyn A. Field	Natalie Sanders	Gustavo Cisneros
	PROVIDER AUTHORIZED	DBH FISCAL SERVICES	DBH PROGRAM MANAGER or DESIGNEE

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
SCHEDULE A

BUDGET PERIOD: **July 1, 2030 - December 31, 2030**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28545 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

FUNDING SOURCE	Primary Prevention	CRRSAA	ARPA	TOTAL
Budget	$ 144,000.00			$ 144,000.00
Service Hours	2,149	0	0	2,149
CPU	$ 67.01	$ 67.01	$ 67.01	$ 67.01

APPROVALS:

Signature:	Joscelyn Field 10/22/25	10/22/25	10/22/25
	PROVIDER AUTHORIZED Date	DBH FISCAL SERVICES Date	DBH PROGRAM MANAGER or DESIGNEE Date
Printed Name:	Joscelyn A. Field	Natalie Sanders	Gustavo Cisneros
	PROVIDER AUTHORIZED	DBH FISCAL SERVICES	DBH PROGRAM MANAGER or DESIGNEE

CFDA title and number	Award Name	Federal Agency	Pass-through Agency
SAPT Block Grant 93.959	Discretionary	SAMHSA	DHCS

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: January 1, 2026 - June 30, 2026

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 40.00	1,040	$ 41,600.00	$ 10,816.00	$ 52,416.00	900	140	$ 7,056.00
Financial Director	$ 41.45	1,040	$ 43,108.00	$ 11,208.00	$ 54,316.00	988	52	$ 2,715.80
Prevention Program Director	$ 32.96	1,040	$ 34,278.40	$ 8,912.00	$ 43,190.40	780	260	$ 10,797.60
Prevention Senior Program Coordinator	$ 25.00	1,040	$ 26,000.00	$ 6,760.00	$ 32,760.00		1,040	$ 32,760.00
Prevention Program Coordinator	$ 24.50	1,040	$ 25,480.00	$ 6,625.00	$ 32,105.00		1,040	$ 32,105.00
Prevention Services Specialist	$ 21.00	1,040	$ 21,840.00	$ 5,678.00	$ 27,518.00	260	780	$ 20,638.50
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		6,240	**$ 192,306.40**	**$ 49,999.00**	**$ 242,305.40**	2928	**3,312**	**$ 106,072.90**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: January 1, 2026 - June 30, 2026

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/1040)* **FTE for 6 month Period**	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	140	0.13	20	120		120	100%
Financial Director	52	0.05	8	44		44	100%
Prevention Program Director	260	0.25	73	187		187	100%
Coordinator	1,040	1.00	156	884	250	634	72%
Prevention Program Coordinator	1,040	1.00	156	884	150	734	83%
Prevention Services Specialist	780	0.75	117	663	125	538	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**3,312**	**3.18**	**530**	**2,782**	**525.00**	**2,257**	**81%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: January 1, 2026 - June 30, 2026

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28645 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**TOTAL COST**
TOTAL SALARIES & BENEFITS	**$ 106,073**	**$ -**	**$ 106,073**
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 200		$ 200
Allocated Admin	$ 18,783		$ 18,783
Contract Services	$ 3,500		$ 3,500
Dues & Subscriptions	$ 150		$ 150
Education - Training - Travel	$ 503		$ 503
Food	$ 891		$ 891
Mileage	$ 4,000		$ 4,000
Office Supplies	$ 3,000		$ 3,000
Program Supplies	$ 3,000		$ 3,000
Rent	$ 2,100		$ 2,100
Utilities	$ 1,800		$ 1,800
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	**$ 37,927**	**$ -**	**$ 37,927**
TOTAL EXPENDITURES	**$ 144,000**	**$ -**	**$ 144,000**
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	**$ -**	**$ -**	**$ -**
NET CONTRACT AMOUNT	***$ 144,000***	***$ -***	***$ 144,000***

SUMMARY: COST per HOUR		
NET COST	$ 144,000	
SERVICE HOURS	2257	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 64	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: **January 1, 2026 - June 30, 2026**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1 EXPENDITURE	2 SUDRS COSTS	3 NON-SUDRS COSTS	4 DESCRIPTION OF EXPENDITURE
Advertising/Promotion	$ 200.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 18,783.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 3,500.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 150.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 503.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 891.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 4,000.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 3,000.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 3,000.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 2,100.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 1,800.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -	$ -	
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
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	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: July 1, 2026 - June 30, 2027

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 42.00	2,080	$ 87,360.00	$ 22,714.00	$ 110,074.00	1800	280	$ 14,817.65
Financial Director	$ 43.53	2,080	$ 90,542.40	$ 23,541.00	$ 114,083.40	1976	104	$ 5,704.17
Prevention Program Director	$ 33.95	2,080	$ 70,616.00	$ 18,360.00	$ 88,976.00	1560	520	$ 22,244.00
Prevention Senior Program Coordinator	$ 25.75	2,080	$ 53,560.00	$ 13,926.00	$ 67,486.00		2,080	$ 67,486.00
Prevention Program Coordinator	$ 25.24	2,080	$ 52,499.20	$ 13,650.00	$ 66,149.20		2,080	$ 66,149.20
Prevention Services Specialist	$ 21.63	2,080	$ 44,990.40	$ 11,698.00	$ 56,688.40	520	1,560	$ 42,516.30
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		12,480	**$ 399,568.00**	**$ 103,889.00**	**$ 503,457.00**	5856	**6,624**	**$ 218,917.32**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: **July 1, 2026 - June 30, 2027**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/2080)*	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	280	0.13	41	239		239	100%
Financial Director	104	0.05	16	88		88	100%
Prevention Program Director	520	0.25	145	375		375	100%
Prevention Senior Program Coordinator	2,080	1.00	312	1,768	500	1,268	72%
Prevention Program Coordinator	2,080	1.00	312	1,768	300	1,468	83%
Prevention Services Specialist	1,560	0.75	234	1,326	250	1,076	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**6,624**	**3.18**	**1,060**	**5,564**	**1,050.00**	**4,514**	**81%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: July 1, 2026 - June 30, 2027

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**TOTAL COST**
TOTAL SALARIES & BENEFITS	**$ 218,917**	**$ -**	**$ 218,917**
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 400		$ 400
Allocated Admin	$ 37,565		$ 37,565
Contract Services	$ 7,000		$ 7,000
Dues & Subscriptions	$ 300		$ 300
Education - Training - Travel	$ 1,005		$ 1,005
Food	$ 1,200		$ 1,200
Mileage	$ 5,500		$ 5,500
Office Supplies	$ 4,200		$ 4,200
Program Supplies	$ 4,113		$ 4,113
Rent	$ 4,200		$ 4,200
Utilities	$ 3,600		$ 3,600
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	**$ 69,083**	**$ -**	**$ 69,083**
TOTAL EXPENDITURES	**$ 288,000**	**$ -**	**$ 288,000**
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	**$ -**	**$ -**	**$ -**
NET CONTRACT AMOUNT	***$ 288,000***	***$ -***	***$ 288,000***

SUMMARY: COST per HOUR		
NET COST	$ 288,000	
SERVICE HOURS	4514	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 64	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: **July 1, 2026 - June 30, 2027**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1 EXPENDITURE	2 SUDRS COSTS	3 NON-SUDRS COSTS	4 DESCRIPTION OF EXPENDITURE
Advertising/Promotion	$ 400.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 37,565.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 7,000.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 300.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 1,005.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 1,200.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 5,500.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 4,200.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 4,113.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 4,200.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 3,600.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -		
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: July 1, 2027 - June 30, 2028

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 43.26	2,080	$ 89,980.80	$ 23,395.00	$ 113,375.80	1914	166	$ 9,048.26
Financial Director	$ 44.84	2,080	$ 93,267.20	$ 24,249.00	$ 117,516.20	1976	104	$ 5,875.81
Prevention Program Director	$ 34.97	2,080	$ 72,737.60	$ 18,912.00	$ 91,649.60	1560	520	$ 22,912.40
Prevention Senior Program Coordinator	$ 26.53	2,080	$ 55,182.40	$ 14,347.00	$ 69,529.40		2,080	$ 69,529.40
Prevention Program Coordinator	$ 26.00	2,080	$ 54,080.00	$ 14,061.00	$ 68,141.00		2,080	$ 68,141.00
Prevention Services Specialist	$ 22.28	2,080	$ 46,342.40	$ 12,049.00	$ 58,391.40	520	1,560	$ 43,793.55
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		12,480	**$ 411,590.40**	**$ 107,013.00**	**$ 518,603.40**	5970	**6,510**	**$ 219,300.42**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: **July 1, 2027 - June 30, 2028**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/2080)*	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	166	0.08	25	141		141	100%
Financial Director	104	0.05	16	88		88	100%
Prevention Program Director	520	0.25	145	375		375	100%
Coordinator	2,080	1.00	312	1,768	500	1,268	72%
Prevention Program Coordinator	2,080	1.00	312	1,768	300	1,468	83%
Prevention Services Specialist	1,560	0.75	234	1,326	250	1,076	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**6,510**	**3.13**	**1,044**	**5,466**	**1,050.00**	**4,416**	**81%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: July 1, 2027 - June 30, 2028

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**TOTAL COST**
TOTAL SALARIES & BENEFITS	**$ 219,300**	**$ -**	**$ 219,300**
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 400		$ 400
Allocated Admin	$ 37,565		$ 37,565
Contract Services	$ 7,000		$ 7,000
Dues & Subscriptions	$ 300		$ 300
Education - Training - Travel	$ 1,005		$ 1,005
Food	$ 1,200		$ 1,200
Mileage	$ 5,500		$ 5,500
Office Supplies	$ 4,200		$ 4,200
Program Supplies	$ 3,730		$ 3,730
Rent	$ 4,200		$ 4,200
Utilities	$ 3,600		$ 3,600
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	**$ 68,700**	**$ -**	**$ 68,700**
TOTAL EXPENDITURES	**$ 288,000**	**$ -**	**$ 288,000**
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	**$ -**	**$ -**	**$ -**
NET CONTRACT AMOUNT	***$ 288,000***	***$ -***	***$ 288,000***

SUMMARY: COST per HOUR		
NET COST	$ 288,000	
SERVICE HOURS	4416	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 65	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: **July 1, 2027 - June 30, 2028**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1 EXPENDITURE	2 SUDRS COSTS	3 NON-SUDRS COSTS	4 DESCRIPTION OF EXPENDITURE
Advertising/Promotion	$ 400.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 37,565.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 7,000.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 300.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 1,005.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 1,200.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 5,500.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 4,200.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 3,730.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 4,200.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 3,600.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -	$ -	
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: July 1, 2028 - June 30, 2029

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 44.56	2,080	$ 92,684.80	$ 24,098.00	$ 116,782.80	1930	150	$ 8,421.84
Financial Director	$ 46.19	2,080	$ 96,075.20	$ 24,980.00	$ 121,055.20	2028	52	$ 3,026.38
Prevention Program Director	$ 35.00	2,080	$ 72,800.00	$ 18,928.00	$ 91,728.00	1560	520	$ 22,932.00
Prevention Senior Program Coordinator	$ 27.33	2,080	$ 56,846.40	$ 14,780.00	$ 71,626.40		2,080	$ 71,626.40
Prevention Program Coordinator	$ 26.78	2,080	$ 55,702.40	$ 14,483.00	$ 70,185.40		2,080	$ 70,185.40
Prevention Services Specialist	$ 22.95	2,080	$ 47,736.00	$ 12,411.00	$ 60,147.00	520	1,560	$ 45,110.25
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		12,480	**$ 421,844.80**	**$ 109,680.00**	**$ 531,524.80**	6038	**6,442**	**$ 221,302.27**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: **July 1, 2028 - June 30, 2029**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/2080)*	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	150	0.07	22	128		128	100%
Financial Director	52	0.03	8	44		44	100%
Prevention Program Director	520	0.25	145	375		375	100%
Coordinator	2,080	1.00	312	1,768	500	1,268	72%
Prevention Program Coordinator	2,080	1.00	312	1,768	300	1,468	83%
Prevention Services Specialist	1,560	0.75	234	1,326	250	1,076	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**6,442**	**3.10**	**1,033**	**5,409**	**1,050.00**	**4,359**	**81%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: July 1, 2028 - June 30, 2029

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**TOTAL COST**
TOTAL SALARIES & BENEFITS	**$ 221,302**	**$ -**	**$ 221,302**
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 400		$ 400
Allocated Admin	$ 37,565		$ 37,565
Contract Services	$ 5,500		$ 5,500
Dues & Subscriptions	$ 300		$ 300
Education - Training - Travel	$ 1,005		$ 1,005
Food	$ 1,200		$ 1,200
Mileage	$ 5,500		$ 5,500
Office Supplies	$ 4,200		$ 4,200
Program Supplies	$ 3,228		$ 3,228
Rent	$ 4,200		$ 4,200
Utilities	$ 3,600		$ 3,600
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	**$ 66,698**	**$ -**	**$ 66,698**
TOTAL EXPENDITURES	**$ 288,000**	**$ -**	**$ 288,000**
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	**$ -**	**$ -**	**$ -**
NET CONTRACT AMOUNT	***$ 288,000***	**$ -**	***$ 288,000***

SUMMARY: COST per HOUR		
NET COST	$ 288,000	
SERVICE HOURS	4359	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 66	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: July 1, 2028 - June 30, 2029

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1 EXPENDITURE	2 SUDRS COSTS	3 NON-SUDRS COSTS	4 DESCRIPTION OF EXPENDITURE
Advertising/Promotion	$ 400.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 37,565.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 5,500.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 300.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 1,005.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 1,200.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 5,500.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 4,200.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 3,228.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 4,200.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 3,600.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -	$ -	
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: July 1, 2029 - June 30, 2030

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 44.56	2,080	$ 92,684.80	$ 24,098.00	$ 116,782.80	2000	80	$ 4,491.65
Financial Director	$ 46.19	2,080	$ 96,075.20	$ 24,980.00	$ 121,055.20	2028	52	$ 3,026.38
Prevention Program Director	$ 35.00	2,080	$ 72,800.00	$ 18,928.00	$ 91,728.00	1560	520	$ 22,932.00
Prevention Senior Program Coordinator	$ 28.00	2,080	$ 58,240.00	$ 15,142.00	$ 73,382.00		2,080	$ 73,382.00
Prevention Program Coordinator	$ 27.59	2,080	$ 57,387.20	$ 14,921.00	$ 72,308.20		2,080	$ 72,308.20
Prevention Services Specialist	$ 23.41	2,080	$ 48,692.80	$ 12,660.00	$ 61,352.80	520	1,560	$ 46,014.60
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		12,480	**$ 425,880.00**	**$ 110,729.00**	**$ 536,609.00**	6108	**6,372**	**$ 222,154.83**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: **July 1, 2029 - June 30, 2030**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/2080)*	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	80	0.04	12	68		68	100%
Financial Director	52	0.03	8	44		44	100%
Prevention Program Director	520	0.25	145	375		375	100%
Coordinator	2,080	1.00	312	1,768	500	1,268	72%
Prevention Program Coordinator	2,080	1.00	312	1,768	300	1,468	83%
Prevention Services Specialist	1,560	0.75	234	1,326	250	1,076	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**6,372**	**3.06**	**1,023**	**5,349**	**1,050.00**	**4,299**	**80%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: July 1, 2029 - June 30, 2030

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4
EXPENDITURE	SUDRS COSTS	NON-SUDRS COSTS	TOTAL COST
TOTAL SALARIES & BENEFITS	$ 222,155	$ -	$ 222,155
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 400		$ 400
Allocated Admin	$ 37,565		$ 37,565
Contract Services	$ 5,500		$ 5,500
Dues & Subscriptions	$ 300		$ 300
Education - Training - Travel	$ 450		$ 450
Food	$ 1,200		$ 1,200
Mileage	$ 5,000		$ 5,000
Office Supplies	$ 4,200		$ 4,200
Program Supplies	$ 3,430		$ 3,430
Rent	$ 4,200		$ 4,200
Utilities	$ 3,600		$ 3,600
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	$ 65,845	$ -	$ 65,845
TOTAL EXPENDITURES	$ 288,000	$ -	$ 288,000
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	$ -	$ -	$ -
NET CONTRACT AMOUNT	*$ 288,000*	*$ -*	*$ 288,000*

SUMMARY: COST per HOUR		
NET COST	$ 288,000	
SERVICE HOURS	4299	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 67	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: **July 1, 2029 - June 30, 2030**

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1 EXPENDITURE	2 SUDRS COSTS	3 NON-SUDRS COSTS	4 DESCRIPTION OF EXPENDITURE
Advertising/Promotion	$ 400.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 37,565.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 5,500.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 300.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 450.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 1,200.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 5,000.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 4,200.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 3,430.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 4,200.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 3,600.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -	$ -	
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - PERSONNEL SALARY & BENEFIT DETAIL

BUDGET PERIOD: July 1, 2030 - December 31, 2030

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8	9
POSITION TITLE	**HOURLY**	**TOTAL**	**TOTAL**	**EMPLOYEE**	**TOTAL**	**NON-**	**SUDRS**	**SUDRS**
Executive Director	$ 44.56	1,040	$ 46,342.40	$ 12,049.00	$ 58,391.40	1000	40	$ 2,245.82
Financial Director	$ 46.19	1,040	$ 48,037.60	$ 12,490.00	$ 60,527.60	1014	26	$ 1,513.19
Prevention Program Director	$ 35.00	1,040	$ 36,400.00	$ 9,464.00	$ 45,864.00	780	260	$ 11,466.00
Prevention Senior Program Coordinator	$ 28.00	1,040	$ 29,120.00	$ 7,571.00	$ 36,691.00		1,040	$ 36,691.00
Prevention Program Coordinator	$ 27.59	1,040	$ 28,693.60	$ 7,460.00	$ 36,153.60		1,040	$ 36,153.60
Prevention Services Specialist	$ 23.41	1,040	$ 24,346.40	$ 6,330.00	$ 30,676.40	260	780	$ 23,007.30
			$ -	$ -	$ -		-	$ -
			$ -	$ -	$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
			$ -		$ -		-	$ -
TOTALS		6,240	**$ 212,940.00**	**$ 55,364.00**	**$ 268,304.00**	3054	**3,186**	**$ 111,076.91**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - ANALYSIS OF AVAILABLE HOURS

BUDGET PERIOD: July 1, 2030 - December 31, 2030

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4	5	6	7	8
STAFF POSITION	**TOTAL HOURS CHARGED to SUDRS**	**NO. OF FTEs** *(Column #2/1040)* **FTE for 6 month Period**	**PAID NON-WORKED HOURS (Vacation, Holiday, Sick)**	**HOURS WORKED SUDRS**	**NON-SERVICE HOURS (Administration, Staff Meetings, Training, No Show, etc.)**	**SERVICE HOURS (Prevention)**	**SERVICE HOURS AS A PERCENT OF WORKED HOURS**
Executive Director	40	0.04	6	34		34	100%
Financial Director	26	0.03	4	22		22	100%
Prevention Program Director	260	0.25	73	187		187	100%
Coordinator	1,040	1.00	156	884	250	634	72%
Prevention Program Coordinator	1,040	1.00	156	884	150	734	83%
Prevention Services Specialist	780	0.75	117	663	125	538	81%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
	-	0.00		0		0	0%
TOTALS	**3,186**	**3.06**	**512**	**2,674**	**525.00**	**2,149**	**80%**

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - LINE ITEM COST DETAIL

BUDGET PERIOD: July 1, 2030 - December 31, 2030

Contractor Name: Rim Family Services, Inc.
Contractor Address: P.O. Box 578, 28645 Highway 18
Skyforest, CA. 92385

Prepared by: Michele Hunt
Title: Financial Director
Date Completed: 10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**TOTAL COST**
TOTAL SALARIES & BENEFITS	**$ 111,077**	**$ -**	**$ 111,077**
SERVICES AND SUPPLIES			
Advertising/Promotion	$ 200		$ 200
Allocated Admin	$ 18,783		$ 18,783
Contract Services	$ 2,500		$ 2,500
Dues & Subscriptions	$ 150		$ 150
Education - Training - Travel	$ 249		$ 249
Food	$ 600		$ 600
Mileage	$ 2,500		$ 2,500
Office Supplies	$ 2,100		$ 2,100
Program Supplies	$ 1,941		$ 1,941
Rent	$ 2,100		$ 2,100
Utilities	$ 1,800		$ 1,800
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
TOTAL SERVICES & SUPPLIES	**$ 32,923**	**$ -**	**$ 32,923**
TOTAL EXPENDITURES	**$ 144,000**	**$ -**	**$ 144,000**
REVENUE			
OTHER:			$ -
OTHER:			$ -
TOTAL REVENUE	**$ -**	**$ -**	**$ -**
NET CONTRACT AMOUNT	***$ 144,000***	***$ -***	***$ 144,000***

SUMMARY: COST per HOUR		
NET COST	$ 144,000	
SERVICE HOURS	2149	From "Analysis of Available Hours": column 7, Total)
NET COST PER HOUR	$ 67	Net Cost divided by Services Hours = Net Cost per Hour

SCHEDULE B

San Bernardino County Department of Behavioral Health
Substance Use Disorder and Recovery Services
PRIMARY PREVENTION
PROGRAM BUDGET - BUDGET NARRATIVE

BUDGET PERIOD: **July 1, 2030 - December 31, 2030**

Contractor Name:	Rim Family Services, Inc.	Prepared by:	Michele Hunt
Contractor Address:	P.O. Box 578, 28645 Highway 18	Title:	Financial Director
	Skyforest, CA. 92385	Date Completed:	10/13/2025

1	2	3	4
EXPENDITURE	**SUDRS COSTS**	**NON-SUDRS COSTS**	**DESCRIPTION OF EXPENDITURE**
Advertising/Promotion	$ 200.00	$ -	Costs of advertising drug prevention programs, coalitions, events, policies, etc.
Allocated Admin	$ 18,783.00	$ -	Costs include indirect administrative costs.
Contract Services	$ 2,500.00	$ -	Costs include copy machine, snow removal, computer IT, etc
Dues & Subscriptions	$ 150.00	$ -	Costs include subscriptions for newspapers, dues for chamber of commerce, etc.
Education - Training - Travel	$ 249.00	$ -	Costs include training, certifications, including travel expenses for trainings, etc.
Food	$ 600.00	$ -	Costs include food for coalition meetings, events, etc
Mileage	$ 2,500.00	$ -	Mileage at the approved IRS rate.
Office Supplies	$ 2,100.00	$ -	Costs include, paper, stationary, ink, postage, etc.
Program Supplies	$ 1,941.00	$ -	Costs include supplies necessary for the program, events, groups, assist with coalition meetings, etc.
Rent	$ 2,100.00	$ -	Cost of the rent of office space, event venues, etc.
Utilities	$ 1,800.00	$ -	Cost of phone, internet, water, power, gas, etc.
0	$ -	$ -	
0	$ -	$ -	
0	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

This form should be used to justify an unusual expenditure, to identify in detail a line-item described as "other", or for a budget that has an expenditure of 10% or more of the proposed contract amount.

658 E. Brier Suite 250, San Bernardino, CA | Phone: 909 501-0728 • Fax: 909 501-0831
www.SBCounty.gov

SAN BERNARDINO COUNTY
Department of Behavioral Health

NOTICE OF PERSONAL RIGHTS

In accordance with the Department of Health Care Service (DHCS) Alcohol And/ Or Other Drug Program Certification Standards, Title 9, Chapter 4, § 10569, of the California Code of Regulations, and the DHCS Adolescent Substance Use Disorder Best Practices Guide each person receiving services from a Substance Use Disorder treatment program shall have rights, which include, but are not limited to the following:

The Right:

- To confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, Part 2;
- To be accorded dignity in contact with staff, volunteers, board members, and other individuals/persons;
- To be accorded safe, healthful and comfortable accommodations to meet their needs;
- To be free from verbal, emotional, or physical abuse, and/or inappropriate sexual behavior;
- To be informed by the program of the procedures to file a grievance and/or appeal, including but not limited to, the address and telephone number of the Department of Health Care Services;
- To be free from discrimination based on any protected class under Federal or State law, including sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or ability to pay;
- To be accorded access to his/her file;
- To take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- Be free to attend religious services or activities of his/her choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with program requirements. Participation in religious services is voluntary;
- Be referred to another program should they object to the religious nature of any program in accordance with Title 42, Part 54;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand;
- Participate in decisions regarding their health care, including the right to refuse treatment and to express preferences about future treatment decisions;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, **and**
- Exercise their rights, and that the exercise of those rights does not adversely affect the way they are treated.

In addition to the rights listed above, adolescents and caregivers also have the right to:

- All information pertaining to the adolescent's rights, responsibilities, and grievance procedures should be delivered in a culturally, linguistically, developmentally, age, and literacy-appropriate manner, with interpretation assistance provided as needed;
- The program's rules and rights should be posted visibly at the program site, and a copy will be given to adolescents and their families;
- Any rules, consequences, or disciplinary actions should be clearly stated, developmentally appropriate, nonviolent, non-aversive, and free from practices of seclusion and restraint;
- All adolescents and families provided services should be given a written confidentiality notice with their signature to indicate its receipt;
- The adolescent and family will be notified about mandatory reporting of child or elder abuse and the procedures required;

- The provider's staff should be trained on program rules, policies, and procedures pertaining to rights, complaints, grievance procedures, and legal issues (e.g., juvenile justice, child welfare) and maintain documentation thereof;
- Relationships between adolescents and providers' staff should be free from corporal or unusual punishment, exploitation, prejudice, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, sexual harassment, mental abuse, or other actions of a punitive nature;
- Providers should have a written code of ethics statement that will be signed by each staff member and kept in their personnel files;
- Adolescents have the right to be treated ethically, professionally, and with respect by all staff members, and
- Adolescents and their families will be informed by the provider about how to register complaints or grievances.

NOTICE OF CIVIL RIGHTS

What are civil rights?

Civil rights are personal rights guaranteed and protected by the U.S. Constitution and federal laws enacted by Congress, such as Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, § 10800, of the Americans with Disabilities Act of 1990, and Section 1557 of the Affordable Care Act (ACA1557) Civil rights include protection from unlawful discrimination.

The Health and Human Services (HHS) Office for Civil Rights (OCR) enforces civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and, in some cases, religion by certain health care and human services entities:

- State and local social and health services agencies;
- Clinics, **and**
- Other entities receiving federal financial assistance from HHS.

Under these laws, all persons in the United States have a right to receive health care and human services in a nondiscriminatory manner. All persons have the right to file a discrimination grievance with the Department of Behavioral Health, DHCS Office of Civil Rights, and the United States Department of Health and Human Services, Office for Civil Rights (OCR). For example, you cannot be denied services or benefits simply because of your race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP).

What can I do if my civil rights have been violated?

If you feel a health care provider, human services agency, or program or activity conducted by HHS has unlawfully discriminated against you (or someone else), you may file an ACA1557 grievance with DBH ACA 1557 Coordinator, or with OCR.

How do I file a civil rights complaint?

By contacting DBH ACA1557 Coordinator or OCR.

OCR complaints may be filed at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

What is the time limit for filing a civil rights complaint?

ACA 1557 Grievances Must submitted to the ACA 1557 Coordinator within thirty (30) days of the date the person filing the grievance becomes aware of the alleged discriminatory action;

OCR Complaints must be filed within 180 days from the date of the alleged discrimination. (The Office for Civil Rights may extend this period if there is good cause.)

Where do I file a civil rights complaint?

You can file your ACA1557 Grievance by completing the approved ACA 1557 Grievance Form and emailing to aca_1557@dbh.sbcounty.gov, or you can also mail your grievance:

Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

If assistance is needed in completing the form, the complainant may also call the ACA 1557 Coordinator at (909) 386-8223 (TTY: 711).

You can file your complaint against an HHS entity via the OCR Complaint Portal, at OCRComplaint@hhs.gov, or you can also mail or fax your complaint:

U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100, San Francisco, CA 94103
Voice Phone (800) 368-1019, FAX (202) 619-3818, TDD (800) 537-7697

For further information go to:

- U.S Department of Health and Human Services website at: https://www.hhs.gov/civil-rights

COMPLAINTS:

The **Department of Behavioral Health (DBH)** and its contracted providers comply with all State and Federal civil rights laws. DBH investigates complaints/grievances filed by clients receiving Behavioral Health (mental health and/or substance use disorder) services provided by the County or its contracted providers. If you wish to file a complaint or grievance, please contact:

Department of Behavioral Health, ACCESS Unit
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
Phone: (888) 743-1478 or (909) 386-8256, [TDD] 711, Fax: (909) 890-0353

The **Department of Health Care Services (DHCS)** Substance Use Disorder (SUD) Compliance Division investigates complaints against California's alcohol and other drug (AOD) recovery and treatment programs. The SUD Compliance Division also investigates violations of the code of conduct of registered or certified AOD counselors.

If you wish to file a complaint with DHCS about a licensed, certified AOD drug service provider OR a registered or certified counselor you can do so via mail, fax, or by using the online Complaint Form, at: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints

You can print the form and mail or fax to:

Department of Health Care Services, Substance Use Disorder Services
P.O. Box 997413, MS# 2601
Sacramento, CA 95899-7413
Or by calling toll free (877) 685-8333
Fax (916) 445-5084
E-mail: sudcomplaints@dhcs.ca.gov

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch: DHCS - SUD Compliance Division, Public Number: (916) 322-2911, Toll Free Number: (877) 685-8333

For complaints pertaining to the DHCS - Driving Under the Influence (DUI) Program complete the online Complaint Form at: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. You may contact the DUI Program Branch directly, Public Number: (916) 322-2964, FAX Number: (916) 440-5229

For complaints pertaining to a Narcotic Treatment Program (NTP) complete the online Complaint Form at: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. You may contact the NTP Branch: Public Number: (916) 322-6682, Fax Number: (916) 440-5230

CLIENT CERTIFICATION

I have been provided information regarding my personal/civil rights and how I can file a complaint/grievance with any of the following organizations if I feel any of my rights have been violated:

- The Department of Behavioral Health (DBH)
- The Department of Health Care Services (DHCS)
- U.S Department of Health and Human Services (for civil rights complaints) (HHS-OCR)

I have been informed that I can ask for additional information or assistance in filing a complaint/grievance at any time.

Print Client Name	Client Signature	Date

SAN BERNARDINO COUNTY 行为健康部

658 E. Brier Suite 250, San Bernardino, CA | 电话：909 501-0728 • 传真：909 501-0831
www.SBCounty.gov

个人权利通知

根据卫生保健服务部 (DHCS) 酒精和/或其他药物计划认证标准，《加州法规》第 9 篇第 4 章第 10569 节，以及《DHCS 青少年物质使用障碍最佳实践指南》，每个接受物质使用障碍治疗计划服务的人都应享有以下权利，包括但不限于：

权利：

- 健康保险流通与责任法案 (HIPAA) 和《联邦法规》第 42 篇第 2 部分规定的保密权；
- 在与工作人员、志愿者、董事会成员和其他个人/人士接触时享有尊严的权利；
- 获得满足其需求的安全、健康和舒适特殊照顾的权利；
- 免受口头、情感或身体虐待和/或不当性行为的权利；
- 有权通过程序了解提出申诉和/或上诉的程序，包括但不限于卫生保健服务部的地址和电话号码；
- 不受联邦或州法律规定的任何受保护阶层歧视的权利，包括性别、种族、肤色、宗教、血统、国籍、族群认同、年龄、心理残疾、生理残疾、医疗状况、基因信息、婚姻状况、性别、性别认同或性取向或支付能力；
- 有权访问他/她的文件；
- 有权服用有执照的医疗专业人员针对医疗、心理健康或物质使用障碍开出的药物。
- 有权自由参加他/她选择的宗教服务或活动，并获得心理顾问的就诊，前提是这些服务或活动不与计划要求冲突。宗教仪式为自愿参加；
- 根据第 42 篇第 54 部分，如果其反对任何计划的宗教性质，他们有权被转介至另一个计划；
- 有权获得有关可用治疗方案和替代方案的信息，这些信息以适合其状况和理解能力的方式呈现；
- 参与有关其医疗保健的决定的权利，包括拒绝治疗和表达对日后治疗决定的偏好的权利；
- 有权不受作为胁迫、惩戒、便利或报复手段的任何形式的约束或隔离，以及
- 有权行使他们的权利，行使这些权利不会对他们的待遇产生不利影响。

除上述权利外，青少年和看护人还有权：

- 所有与青少年权利、责任和申诉程序有关的信息都应以文化、语言、发育、年龄和读写能力相适应的方式提供，并根据需要提供口译协助；
- 计划的规则和权利应张贴在计划现场的醒目位置，并发放副本给青少年及其家人；
- 任何规则、后果或纪律处分都应明确说明，以适合发展、非暴力、非厌恶的方式，并且不存在隔离和约束的做法；
- 所有获得服务的青少年和家庭都应收到一份书面保密通知，并由他们签名以表明已收到；
- 将通知青少年和家庭关于虐待儿童或老人的强制报告以及所需的程序；
- 提供者的员工应接受有关权利、投诉、申诉程序和法律问题（例如，少年司法、儿童福利）的计划规则、政策和程序的培训，并存档相关文件；
- 青少年与提供者工作人员之间的关系不应存在体罚或不寻常的惩罚、剥削、偏见、施加痛苦、羞辱、恐吓、嘲笑、胁迫、威胁、性骚扰、精神虐待或其他惩罚行为；
- 提供者应有一份书面的道德规范声明，由每位员工签名并保存在他们的人事档案中；
- 青少年有权受到所有工作人员的符合道德、专业和尊重的对待
- 提供者将告知青少年及其家人如何登记投诉或申诉。

公民权利通知

什么是公民权利？

公民权利是美国宪法和国会制定的联邦法律保障和保护的个人权利，例如 1964 年《民权法案》第六篇、1973 年《康复法案》第 504 节、1990 年《美国残疾人法案》第 9 篇第 10800 节以及《平价医疗法案》(ACA1557) 第 1557 节。

卫生与公众服务部 (HHS) 民权办公室 (OCR) 执行民权法，禁止某些医疗保健和公共服务实体基于种族、肤色、国籍、残疾、年龄、性别以及在某些情况下基于宗教的歧视的法律：

- 州和地方社会和卫生服务机构；
- 诊所，和
- 从 HHS 获得联邦财政援助的其他实体。

根据这些法律，美国的所有人都有权以非歧视的方式获得医疗保健和公共服务。所有人都有权向行为健康部、DHCS 民权办公室和美国卫生与公众服务部民权办公室 (OCR) 提出歧视申诉。例如，您不能仅因为您的种族、肤色、国籍、性别、性别认同、年龄、残疾或英语水平有限 (LEP) 而被拒绝提供服务或福利。

如果我的公民权利受到侵犯，我该怎么办？

如果您认为卫生与公众服务部 (HHS) 管辖的医疗保健提供者、公共服务机构或计划或活动对您（或其他人）进行非法歧视，您可以向 DBH ACA 1557 协调员或 OCR 提交 ACA1557 申诉。

我如何提出公民权利投诉？

通过联系 DBH ACA1557 协调员或 OCR。

OCR 投诉可在 https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf 提交

提出公民权利投诉的时限为多久？

ACA 1557 申诉必须在提出申诉之人意识到所谓歧视行为之日起三十 (30) 天内提交给 ACA 1557 协调员；

OCR 投诉必须在涉嫌歧视之日起 180 天内提交。（如果有正当理由，民权办公室可能会延长此期限。）

我在何处提出公民权利投诉？

您可以通过填写批准的 ACA 1557 申诉表并通过电子邮件发送至 aca_1557@dbh.sbcounty.gov 来提交您的 ACA1557 申诉，或者您也可以邮寄您的申诉：

收件人：ACA 1557 协调员
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

如果在填写表格时需要帮助，投诉人也可以致电 (909) 386-8223（TTY：711）与 ACA 1557 协调员联系。

您可以通过 OCR 投诉门户网站 OCRComplaint@hhs.gov 对 HHS 实体提出投诉，或者您也可以邮寄或传真您的投诉：

美国卫生与公众服务部
90 7th Street, Suite 4-100, San Francisco, CA 94103
语音电话 (800) 368-1019，传真 (202) 619-3818，TDD (800) 537-7697

如需更多信息，请访问：

- 美国卫生与公共服务部网站：https://www.hhs.gov/civil-rights

投诉：

行为健康部 (DBH) 及其签约提供者遵守所有州和联邦民权法。针对接受县或其签约提供者提供的行为健康（心理健康和/或物质使用障碍）服务的客户提出的投诉/申诉，DBH 对其进行调查。如果您想提出投诉或申诉，请联系：

行为健康部，访客单元
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
电话：(888) 743-1478 或 (909) 386-8256，[TDD] 711，传真：(909) 890-0353

卫生保健服务部 (DHCS) 物质使用障碍 (SUD) 合规部调查针对加州酒精和其他药物 (AOD) 康复和治疗计划的投诉。物质使用障碍 (SUD) 合规部还调查注册或认证加州酒精和其他药物 (AOD) 顾问违反行为守则的行为。

如果您希望向 DHCS 提交有关获得授权、认证的 AOD 药物服务提供者或注册或认证顾问的投诉，您可以通过邮件、传真或使用在线投诉表进行投诉，网址为：https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints

您可以打印表格并邮寄或传真至：

卫生保健服务部，物质使用障碍服务
P.O.Box 997413, MS# 2601
Sacramento, CA 95899-7413
或拨打免费电话 (877) 685-8333
传真 (916) 445-5084
电子邮件：sudcomplaints@dhcs.ca.gov

可致电相应的授权分支机构来投诉住院成人酒精中毒设施或药物滥用康复设施或治疗设施：DHCS——SUD 合规部，公共号码：(916) 322-2911，免费电话：(877) 685-8333

对于与 DHCS——酒后驾车 (DUI) 计划有关的投诉，请填写在线投诉表，网址为：https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx。可直接联系酒后驾车计划分部，公共号码：(916) 322-2964，传真号码：(916) 440-5229

对于与麻醉品治疗计划 (NTP) 有关的投诉，请填写在线投诉表，网址为：https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx。您可以联系 NTP 分部：公共号码：(916) 322-6682，传真号码：(916) 440-5230

客户认证

本人已获得有关本人的个人/公民权利的信息，以及如果本人觉得本人的任何权利受到侵犯，本人如何向以下任何组织提出投诉/申诉：

- 行为健康部 (DBH)
- 医疗保健服务部 (DHCS)
- 美国卫生与公共服务部（针对民权投诉）(HHS-OCR)

本人已获悉，本人可以随时要求提供更多信息或获得提出投诉/申诉的协助。

工整的客户姓名	客户签名	日期

658 E. Brier Suite 250, San Bernardino, CA | Teléfono: 909 501-0728 • Fax: 909 501-0831
www.SBCounty.gov

SAN BERNARDINO COUNTY
Departamento de Salud del Comportamiento

AVISO SOBRE DERECHOS PERSONALES

De acuerdo con las normas de certificación de programas por consumo de alcohol u otras drogas del Departamento de Servicios de Atención Médica (DHCS), Título 9, Capítulo 4, § 10569, del Código de Regulaciones de California, y la Guía de buenas prácticas sobre el trastorno de consumo de sustancias en adolescentes del DHCS, toda persona que recibe servicios de un programa de tratamiento de un trastorno por consumo de sustancias tendrá derechos, que incluyen, entre otros, los siguientes:

Derecho a lo siguiente:

- La confidencialidad según lo que se dispone en la Ley de Responsabilidad y Portabilidad del Seguro de Salud (HIPAA) y el Título 42 del Código de Regulaciones Federales, Parte 2.
- Ser tratado con dignidad en el contacto con el personal, los voluntarios, los miembros de la junta profesional y otros individuos/personas.
- Recibir un alojamiento seguro, saludable y cómodo que cumpla sus necesidades.
- No ser víctima de abuso verbal, emocional o físico, ni de comportamientos sexuales inapropiados.
- Ser informado por el programa sobre los procedimientos para presentar un reclamo formal o apelación, incluidos, entre otros, la dirección y el número de teléfono del Departamento de Servicios de Atención Médica.
- No ser discriminado por ninguna clase protegida en virtud de la ley federal o estatal, incluidos sexo, raza, color, religión, ascendencia, nacionalidad, identificación de grupo étnico, edad, discapacidad mental, discapacidad física, afección médica, información genética, estado civil, género, identidad de género u orientación sexual, o capacidad de pago.
- Recibir acceso a su expediente.
- Acceder a medicamentos recetados por un profesional médico con licencia por trastornos médicos, de salud mental o por consumo de sustancias.
- Tener la libertad de asistir a servicios religiosos o actividades de su elección y tener visitas de un orientador espiritual, siempre que estos servicios o actividades no entren en conflicto con los requisitos del programa. La participación en los servicios religiosos es voluntaria.
- Ser remitido a otro programa si se opone a la naturaleza religiosa de algún programa de conformidad con el Título 42, Parte 54.
- Recibir información sobre las opciones y alternativas de tratamiento disponibles, presentadas de una manera apropiada para su condición y su capacidad de entendimiento.
- Participar en las decisiones sobre su atención médica, incluido el derecho a negarse a recibir tratamiento y a expresar sus preferencias sobre las decisiones de tratamiento en el futuro.
- Estar libre de cualquier forma de restricción o aislamiento que se utilice como medio de coerción, disciplina, conveniencia o represalia.
- Ejercer sus derechos, y que el ejercicio de esos derechos no afecte de manera negativa la manera en que se lo trata.

Además de los derechos que se presentan arriba, los adolescentes y los cuidadores también tienen derecho a lo siguiente:

- Toda la información con respecto a los derechos y las obligaciones del adolescente y los procedimientos de reclamo formal debe presentarse de una manera apropiada para su cultura, lengua, desarrollo, edad y alfabetización, y se debe prestar ayuda para su interpretación si es necesario.
- Las normas y los derechos del programa deben publicarse de manera visible en el sitio del programa, y se dará una copia a los adolescentes y sus familias.

- Toda norma, consecuencia o medida disciplinaria debe estar claramente indicada, ser apropiada conforme al desarrollo, no debe ser violenta ni producir aversión, y debe estar libre de prácticas de aislamiento y restricción.
- Todos los adolescentes y las familias que reciban servicios deberán recibir un aviso de confidencialidad por escrito, que debe tener su firma para indicar que lo han recibido.
- Se le notificará al adolescente y a su familia sobre la presentación obligatoria de informes de abuso de menores o de adultos mayores, y los procedimientos requeridos.

- El personal del proveedor debe recibir capacitación sobre las normas, las políticas y los procedimientos del programa con respecto a los derechos, las quejas, los procedimientos de reclamo formal y los asuntos legales (por ejemplo, la justicia para menores y la asistencia para menores), y mantener la documentación sobre todos ellos.
- Los vínculos entre los adolescentes y el personal del proveedor deben estar libres de castigos corporales o inusuales, explotación, prejuicio, imposición de dolor, humillación, intimidación, ridículo, coerción, amenazas, acoso sexual, abuso mental u otras acciones de carácter punitivo.
- Los proveedores deben contar con una declaración por escrito del código de ética que será firmada por cada miembro del personal y se conservará en los expedientes del personal.
- Los adolescentes tienen derecho a ser tratados con ética, profesionalismo y respeto por parte de todos los miembros del personal.
- El proveedor informará a los adolescentes y sus familias sobre cómo registrar quejas o reclamos formales.

AVISO SOBRE DERECHOS CIVILES

¿Qué son los derechos civiles?

Los derechos civiles son derechos personales garantizados y protegidos por la Constitución de los EE. UU. y las leyes federales aprobadas por el Congreso, como el Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, el Título 9, § 10800 de la Ley de Estadounidenses con Discapacidades de 1990 y la Sección 1557 de la Ley de Cuidado de Salud a Bajo Precio (ACA 1557). Los derechos civiles incluyen la protección contra la discriminación ilegal.

La Oficina de Derechos Civiles (OCR) del Departamento de Salud y Servicios Humanos (HHS) hace cumplir las leyes de derechos civiles que prohíben la discriminación por motivos de raza, color, nacionalidad, discapacidad, edad, sexo y, en algunos casos, la religión por parte de ciertas entidades de atención médica y servicios humanos:

- Agencias estatales y locales de servicios sociales y de salud;
- Clínicas, **y**
- Otras entidades que reciben ayuda económica federal del Departamento de HHS.

En virtud de estas leyes, todas las personas de los Estados Unidos tienen derecho a recibir servicios de atención médica y servicios humanos sin discriminación. Todas las personas tienen derecho a presentar un reclamo formal por discriminación ante el Departamento de Salud del Comportamiento, la Oficina de Derechos Civiles del DHCS y la Oficina de Derechos Civiles (OCR) del Departamento de Salud y Servicios Humanos de los Estados Unidos. Por ejemplo, no se le pueden negar servicios o beneficios simplemente por su raza, color, nacionalidad, sexo, identidad de género, edad, discapacidad o conocimiento limitado del idioma inglés (LEP).

¿Qué puedo hacer si se han violado mis derechos civiles?

Si siente que un proveedor de atención médica, una agencia de servicios humanos o un programa o actividad dirigida por el Departamento de HHS lo ha discriminado de manera ilegítima (a usted o a alguien más), puede presentar un reclamo formal en virtud de la ACA 1557 ante el Coordinador de la ACA 1557 del DBH, o ante la OCR.

¿Cómo presento una queja por derechos civiles?

Comunicándose con el Coordinador de la ACA 1557 del DBH o con la OCR.

Las quejas ante la OCR pueden presentarse en https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

¿Cuál es el tiempo límite para presentar una queja por derechos civiles?

Los reclamos en virtud de la ACA 1557 deben presentarse ante el Coordinador de la ACA 1557 dentro de los treinta (30) días de la fecha en que la persona que presenta el reclamo formal toma conocimiento de la presunta acción discriminadora.

Las quejas ante la OCR deben presentarse dentro de los 180 días de la fecha de la presunta discriminación. (La Oficina de Derechos Civiles puede ampliar este plazo si existen motivos válidos).

¿Dónde presento una queja por derechos civiles?

Puede presentar su reclamo formal en virtud de la ACA 1557 llenando el Formulario de reclamo formal en virtud de ACA 1557 aprobado y enviándolo por correo electrónico a aca_1557@dbh.sbcounty.gov, o bien puede enviar su reclamo formal por correo:

Attn: ACA 1557 Coordinator
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026

Si se necesita ayuda para llenar el formulario, el reclamante también puede llamar al Coordinador de la ACA 1557 al (909) 386-8223 (TTY: 711).

Puede presentar su queja contra una entidad del Departamento de HHS a través del Portal de Quejas de la OCR, por correo electrónico a OCRComplaint@hhs.gov o bien puede enviar su queja por correo o fax:

U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100, San Francisco, CA 94103
Teléfono: (800) 368-1019, Fax: (202) 619-3818, TDD: (800) 537-7697

Para obtener más información ingrese al

- sitio web del Departamento de Salud y Servicios Humanos de los Estados Unidos: https://www.hhs.gov/civil-rights

QUEJAS:

El **Departamento de Salud del Comportamiento (DBH)** y sus proveedores contratados cumplen todas las leyes estatales y federales de derechos civiles. El DBH investiga las quejas y reclamos formales que presentan los clientes que recibieron servicios de salud del comportamiento (por trastornos de salud mental o por consumo de sustancias) proporcionados por el condado o sus proveedores contratados. Si desea presentar una queja o reclamo formal, comuníquese con

Department of Behavioral Health, ACCESS Unit (Departamento de Salud del Comportamiento, Unidad de Acceso)
303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92418-0026
Teléfono: (888) 743-1478 o (909) 386-8256, [TDD] 711, Fax: (909) 890-0353

La División de Cumplimiento sobre Trastornos por Consumo de Sustancias (SUD) del **Departamento de Servicios de Atención Médica (DHCS)** investiga las quejas contra los programas de recuperación y

tratamiento en relación con el alcohol y otras drogas (AOD) de California. La División de Cumplimiento sobre SUD también investiga las infracciones del código de conducta de orientadores sobre AOD registrados o certificados.

Si desea presentar una queja ante el DHCS acerca de un proveedor de servicios sobre AOD con licencia o certificación O un orientador registrado o certificado, puede hacerlo por correo, fax, o usando el Formulario de quejas en línea, disponible en: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.

Puede imprimir el formulario y enviarlo por correo o fax a

Department of Health Care Services, Substance Use Disorder Services
P.O. Box 997413, MS# 2601
Sacramento, CA 95899-7413
O llamar a la línea gratuita (877) 685-8333
Fax (916) 445-5084
Correo electrónico: sudcomplaints@dhcs.ca.gov

Las quejas sobre establecimientos residenciales de recuperación o tratamiento para adultos por alcoholismo o abuso de drogas pueden realizarse llamando a la división de licencias correspondiente: DHCS - SUD Compliance Division, Número público: (916) 322-2911, Número gratuito: (877) 685-8333

Para las quejas pertinentes al Programa contra la Conducción Bajo los Efectos del Alcohol o las Drogas (DUI) del DHCS, llene el Formulario de quejas en línea en https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. Puede comunicarse con la división del Programa contra la DUI de manera directa. Número público: (916) 322-2964, Número de fax: (916) 440-5229

Para las quejas pertinentes al Programa de Tratamiento de Narcóticos (NTP), complete el Formulario de quejas en línea en https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. Puede comunicarse con la división del NTP: Número público: (916) 322-6682, Número de fax: (916) 440-5230

CERTIFICACIÓN DEL CLIENTE

Se me ha proporcionado información con respecto a mis derechos personales y civiles, y cómo puedo presentar una queja o reclamo formal ante cualquiera de las siguientes organizaciones si siento que se ha violado alguno de mis derechos:

- El Departamento de Salud del Comportamiento (DBH)
- El Departamento de Servicios de Atención Médica (DHCS)
- El Departamento de Salud y Servicios Humanos de los Estados Unidos (para quejas por derechos civiles) (HHS-OCR)

Se me ha informado que puedo pedir más información o ayuda para presentar una queja o reclamo formal en cualquier momento.

Nombre del cliente en letra de imprenta	Firma del cliente	Fecha

658 E. Brier Suite 250, San Bernardino, CA | Phone: 909 501-0728 • Fax: 909 501-0831
www.SBCounty.gov

SAN BERNARDINO COUNTY
Department of Behavioral Health

THÔNG BÁO VỀ CÁC QUYỀN CÁ NHÂN

Theo Các Tiêu Chuẩn Chứng Nhận Chương Trình Rượu Và/Hoặc Dược Chất Khác của Sở Dịch Vụ Chăm Sóc Sức Khỏe (DHCS , Khoản 9, Chương 4, § 10569, của Các Quy Định của California, và Hướng Dẫn Thực Hành Tốt Nhất về Rối Loạn Do Lạm Dụng Dược Chất Ở Thanh Thiếu Niên của DHCS, mỗi người nhận các dịch vụ từ chương trình điều trị Rối Loạn Do Lạm Dụng Dược Chất sẽ có các quyền, bao gồm nhưng không giới hạn ở những quyền sau đây:

Quyền:

- Bảo mật thông tin theo quy định trong HIPAA và Khoản 42, Các Quy Định Liên Bang, Phần 2;
- Được nhân viên, các tình nguyện viên, các thành viên hội đồng quản trị, và những người khác tôn trọng nhân phẩm;
- Được cung cấp chỗ ở an toàn, có lợi cho sức khỏe và thoải mái để đáp ứng các nhu cầu của họ;
- Không bị ngược đãi bằng lời, tình cảm, hoặc thân thể, và/hoặc hành vi tình dục không thích hợp;
- Được chương trình thông tin về các thủ tục nộp đơn khiếu nại và/hoặc kháng nghị, bao gồm nhưng không giới hạn ở địa chỉ và số điện thoại của Sở Dịch Vụ Chăm Sóc Sức Khỏe;
- Không bị phân biệt đối xử dựa trên bất kỳ đặc điểm nào được bảo vệ theo luật Liên Bang hoặc Tiểu Bang, bao gồm giới tính, chủng tộc, màu da, tôn giáo, tổ tiên, nguồn gốc quốc gia, nhận dạng nhóm sắc tộc, tuổi tác, khuyết tật tâm thần, khuyết tật thể chất, bệnh trạng, thông tin di truyền, tình trạng hôn nhân, giới tính, bản dạng giới, hoặc thiên hướng tình dục, hoặc khả năng chi trả;
- Được tiếp cận hồ sơ của họ;
- Sử dụng thuốc do một chuyên gia y tế được cấp phép kê toa để điều trị các rối loạn y tế, sức khỏe tâm thần, hoặc do lạm dụng dược chất.
- Được tự do tham dự các buổi lễ hoặc hoạt động tôn giáo theo lựa chọn của họ và được một cố vấn tâm linh đến thăm với điều kiện là các dịch vụ hoặc hoạt động này không mâu thuẫn với các yêu cầu của chương trình. Việc tham gia các buổi lễ tôn giáo là tự nguyện;
- Được giới thiệu đến một chương trình khác nếu họ phản đối bản chất tôn giáo của bất kỳ chương trình nào theo Khoản 42, Phần 54;
- Nhận thông tin về các phương án điều trị và biện pháp thay thế khả dụng, được trình bày theo cách thích hợp với điều kiện và khả năng hiểu của họ;
- Tham gia các quyết định liên quan đến việc chăm sóc sức khỏe của họ, bao gồm quyền từ chối điều trị và bày tỏ mong muốn về các quyết định điều trị trong tương lai;
- Không bị hạn chế ở bất kỳ hình thức nào không cần thiết về mặt y tế hay bị cô lập được sử dụng làm một phương thức cưỡng ép, kỷ luật, sự thuận tiện cho nhân viên, hay trả đũa, và
- Thực thi các quyền của họ, và việc thực thi các quyền đó không ảnh hưởng xấu đến cách họ được đối xử.

Ngoài các quyền được liệt kê bên trên, thanh thiếu niên và người chăm sóc còn có quyền:

- Tất cả thông tin liên quan đến các quyền, trách nhiệm của thanh thiếu niên, và các thủ tục khiếu nại phải được cung cấp theo cách phù hợp về mặt văn hóa, ngôn ngữ, phát triển, độ tuổi, và khả năng đọc viết, với sự hỗ trợ phiên dịch được cung cấp khi cần thiết;
- Các quy tắc và quyền của chương trình phải được công bố rõ ràng tại địa điểm của chương trình, và một bản sao sẽ được cấp cho thanh thiếu niên và gia đình của họ;
- Bất kỳ quy tắc, hậu quả, hoặc biện pháp kỷ luật nào cũng phải được nêu rõ, phù hợp về mặt phát triển, không mang tính bạo lực, không gây ác cảm, và không có các hành động cô lập và kiềm chế;
- Tất cả thanh thiếu niên và gia đình được cung cấp dịch vụ phải được cung cấp một bản thông báo bảo mật thông tin bằng văn bản có chữ ký của họ để cho biết đã nhận được thông báo đó;
- Thanh thiếu niên và gia đình sẽ được thông báo về việc báo cáo bắt buộc về hành vi ngược đãi trẻ em hoặc người lớn tuổi và các thủ tục cần thiết;

- Nhân viên của nhà cung cấp dịch vụ phải được đào tạo về các quy tắc, chính sách, và thủ tục của chương trình liên quan đến các quyền, khiếu nại, thủ tục khiếu nại, và các vấn đề pháp lý (ví dụ như tư pháp vị thành niên, phúc lợi trẻ em) và lưu giữ tài liệu về chúng;
- Mối quan hệ giữa thanh thiếu niên và nhân viên của nhà cung cấp dịch vụ không được có hình phạt thể xác hoặc bất thường, bóc lột, định kiến, gây đau đớn, sỉ nhục, dọa nạt, chế giễu, ép buộc, đe dọa, quấy rối tình dục, lạm dụng tinh thần, hoặc các hành động khác có bản chất trừng phạt;
- Các nhà cung cấp dịch vụ phải có một bản tuyên bố quy tắc đạo đức bằng văn bản sẽ được ký bởi mỗi nhân viên và được lưu trong hồ sơ nhân sự của họ;
- Thanh thiếu niên có quyền được tất cả các nhân viên đối xử có đạo đức, chuyên nghiệp, và tôn trọng, và
- Thanh thiếu niên và gia đình của họ sẽ được nhà cung cấp dịch vụ thông báo về cách nộp đơn khiếu nại.

THÔNG BÁO VỀ DÂN QUYỀN

Dân quyền là gì?

Dân quyền là các quyền cá nhân được bảo đảm và bảo vệ bởi Hiến Pháp Hoa Kỳ và các điều luật liên bang do Quốc Hội ban hành, chẳng hạn như Khoản VI của Đạo Luật Dân Quyền năm 1964, Mục 504 của Đạo Luật Phục Hồi năm 1973, Khoản 9, § 10800, Đạo Luật về Người Mỹ Khuyết Tật năm 1990, và Mục 1557 của Đạo Luật Chăm Sóc Vừa Túi Tiền (ACA1557) Dân quyền bao gồm quyền không bị phân biệt đối xử phi pháp.

Phòng Dân Quyền (OCR) của Bộ Y Tế và Dịch Vụ Nhân Sinh (HHS) thực thi các điều luật về dân quyền cấm phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tình trạng khuyết tật, tuổi tác, giới tính, và trong một số trường hợp, tôn giáo bởi các tổ chức chăm sóc sức khỏe và dịch vụ nhân sinh nhất định:

- Cơ quan dịch vụ xã hội và y tế của tiểu bang và địa phương;
- Phòng khám, và
- Các tổ chức khác nhận hỗ trợ tài chính liên bang từ HHS.

Theo các điều luật này, tất cả mọi người ở Hoa Kỳ đều có quyền được chăm sóc sức khỏe và nhận các dịch vụ nhân sinh theo cách không phân biệt đối xử. Tất cả mọi người đều có quyền nộp đơn khiếu nại về phân biệt đối xử cho Sở Sức Khỏe Hành Vi, Phòng Dân Quyền của DHCS, và Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Phòng Dân Quyền (OCR). Ví dụ, quý vị không thể bị từ chối các dịch vụ hoặc phúc lợi chỉ vì chủng tộc, màu da, nguồn gốc quốc gia, giới tính, bản dạng giới, tuổi tác, khuyết tật, hoặc trình độ tiếng Anh hạn chế (LEP).

Tôi có thể làm gì nếu dân quyền của tôi bị vi phạm?

Nếu quý vị thấy rằng một nhà cung cấp dịch vụ chăm sóc sức khỏe, cơ quan dịch vụ nhân sinh, hoặc chương trình hay hoạt động do HHS thực hiện đã phân biệt đối xử phi pháp đối với quý vị (hoặc một người khác), quý vị có thể nộp đơn khiếu nại ACA1557 cho Điều Phối Viên DBH ACA 1557, hoặc cho OCR.

Tôi có thể nộp khiếu nại về dân quyền bằng cách nào?

Bằng cách liên hệ với Điều Phối Viên DBH ACA1557 hoặc OCR.

Có thể nộp khiếu nại OCR tại https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

Thời hạn nộp đơn khiếu nại về dân quyền là gì?

Khiếu Nại ACA 1557 phải được nộp cho Điều Phối Viên ACA 1557 trong vòng ba mươi (30) ngày kể từ ngày người nộp đơn khiếu nại biết về hành vi phân biệt đối xử bị cáo buộc;

Đơn Khiếu Nại OCR phải được nộp trong vòng 180 ngày kể từ ngày xảy ra hành vi phân biệt đối xử bị cáo buộc. (Phòng Dân Quyền có thể gia hạn thời gian này nếu có lý do chính đáng.)

Tôi có thể nộp khiếu nại về dân quyền ở đâu?

- Nhân viên của nhà cung cấp dịch vụ phải được đào tạo về các quy tắc, chính sách, và thủ tục của chương trình liên quan đến các quyền, khiếu nại, thủ tục khiếu nại, và các vấn đề pháp lý (ví dụ như tư pháp vị thành niên, phúc lợi trẻ em) và lưu giữ tài liệu về chúng;
- Mối quan hệ giữa thanh thiếu niên và nhân viên của nhà cung cấp dịch vụ không được có hình phạt thể xác hoặc bất thường, bóc lột, định kiến, gây đau đớn, sỉ nhục, dọa nạt, chế giễu, ép buộc, đe dọa, quấy rối tình dục, lạm dụng tinh thần, hoặc các hành động khác có bản chất trừng phạt;
- Các nhà cung cấp dịch vụ phải có một bản tuyên bố quy tắc đạo đức bằng văn bản sẽ được ký bởi mỗi nhân viên và được lưu trong hồ sơ nhân sự của họ;
- Thanh thiếu niên có quyền được tất cả các nhân viên đối xử có đạo đức, chuyên nghiệp, và tôn trọng, và
- Thanh thiếu niên và gia đình của họ sẽ được nhà cung cấp dịch vụ thông báo về cách nộp đơn khiếu nại.

THÔNG BÁO VỀ DÂN QUYỀN

Dân quyền là gì?

Dân quyền là các quyền cá nhân được bảo đảm và bảo vệ bởi Hiến Pháp Hoa Kỳ và các điều luật liên bang do Quốc Hội ban hành, chẳng hạn như Khoản VI của Đạo Luật Dân Quyền năm 1964, Mục 504 của Đạo Luật Phục Hồi năm 1973, Khoản 9, § 10800, Đạo Luật về Người Mỹ Khuyết Tật năm 1990, và Mục 1557 của Đạo Luật Chăm Sóc Vừa Túi Tiền (ACA1557) Dân quyền bao gồm quyền không bị phân biệt đối xử phi pháp.

Phòng Dân Quyền (OCR) của Bộ Y Tế và Dịch Vụ Nhân Sinh (HHS) thực thi các điều luật về dân quyền cấm phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tình trạng khuyết tật, tuổi tác, giới tính, và trong một số trường hợp, tôn giáo bởi các tổ chức chăm sóc sức khỏe và dịch vụ nhân sinh nhất định:

- Cơ quan dịch vụ xã hội và y tế của tiểu bang và địa phương;
- Phòng khám, và
- Các tổ chức khác nhận hỗ trợ tài chính liên bang từ HHS.

Theo các điều luật này, tất cả mọi người ở Hoa Kỳ đều có quyền được chăm sóc sức khỏe và nhận các dịch vụ nhân sinh theo cách không phân biệt đối xử. Tất cả mọi người đều có quyền nộp đơn khiếu nại về phân biệt đối xử cho Sở Sức Khỏe Hành Vi, Phòng Dân Quyền của DHCS, và Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Phòng Dân Quyền (OCR). Ví dụ, quý vị không thể bị từ chối các dịch vụ hoặc phúc lợi chỉ vì chủng tộc, màu da, nguồn gốc quốc gia, giới tính, bản dạng giới, tuổi tác, khuyết tật, hoặc trình độ tiếng Anh hạn chế (LEP).

Tôi có thể làm gì nếu dân quyền của tôi bị vi phạm?

Nếu quý vị thấy rằng một nhà cung cấp dịch vụ chăm sóc sức khỏe, cơ quan dịch vụ nhân sinh, hoặc chương trình hay hoạt động do HHS thực hiện đã phân biệt đối xử phi pháp đối với quý vị (hoặc một người khác), quý vị có thể nộp đơn khiếu nại ACA1557 cho Điều Phối Viên DBH ACA 1557, hoặc cho OCR.

Tôi có thể nộp khiếu nại về dân quyền bằng cách nào?

Bằng cách liên hệ với Điều Phối Viên DBH ACA1557 hoặc OCR.

Có thể nộp khiếu nại OCR tại https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

Thời hạn nộp đơn khiếu nại về dân quyền là gì?

Khiếu Nại ACA 1557 phải được nộp cho Điều Phối Viên ACA 1557 trong vòng ba mươi (30) ngày kể từ ngày người nộp đơn khiếu nại biết về hành vi phân biệt đối xử bị cáo buộc;

Đơn Khiếu Nại OCR phải được nộp trong vòng 180 ngày kể từ ngày xảy ra hành vi phân biệt đối xử bị cáo buộc. (Phòng Dân Quyền có thể gia hạn thời gian này nếu có lý do chính đáng.)

Tôi có thể nộp khiếu nại về dân quyền ở đâu?

Đối với các khiếu nại liên quan đến Chương Trình Lái Xe Khi Bị Ảnh Hưởng Bởi Rượu/Dược Chất (DUI) của DHCS, hãy điền vào Mẫu Đơn Khiếu Nại trực tuyến tại: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. Quý vị có thể trực tiếp liên hệ với Chi Nhánh Chương Trình DUI, Số Công Khai: (916) 322-2964, Số FAX: (916) 440-5229

Đối với các khiếu nại liên quan đến Chương Trình Điều Trị Lạm Dụng Ma Túy (NTP), hãy điều Mẫu Đơn Khiếu Nại trực tuyến tại: https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx. Quý vị có thể liên hệ với Chi Nhánh NTP: Số Công Khai: (916) 322-6682, Số Fax: (916) 440-5230

XÁC NHẬN CỦA KHÁCH HÀNG

Tôi đã được cung cấp thông tin liên quan đến các quyền cá nhân/dân quyền của tôi và cách tôi có thể nộp đơn khiếu nại cho bất kỳ tổ chức nào sau đây nếu tôi thấy rằng bất kỳ quyền nào của mình đã bị vi phạm:

- Sở Chăm Sóc Sức Khỏe Hành Vi (DBH)
- Sở Dịch Vụ Chăm Sóc Sức Khỏe (DHCS)
- Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ (đối với các khiếu nại về dân quyền) (HHS-OCR)

Tôi đã được thông báo rằng tôi có thể yêu cầu thêm thông tin hoặc hỗ trợ nộp đơn khiếu nại vào bất kỳ lúc nào.

Tên Viết In của Khách Hàng	Chữ Ký của Khách Hàng	Ngày

ATTESTATION REGARDING INELIGIBLE/EXCLUDED PERSONS

Rim Family Services, Inc. shall:
To the extent consistent with the provisions of this Agreement, comply with regulations as set forth in Executive Order 12549; Social Security Act, 42 U.S. Code, Section 1128 and 1320 a-7; Title 42 Code of Federal Regulations (CFR), Parts 1001 and 1002, et al; and Welfare and Institutions Code, Section 14043.6 and 14123 regarding exclusion from participation in federal and state funded programs, which provide in pertinent part:

1. Contractor certifies to the following:
   a. it is not presently excluded from participation in federal and state funded health care programs,
   b. there is not an investigation currently being conducted, presently pending or recently concluded by a federal or state agency which is likely to result in exclusion from any federal or state funded health care program, and/or
   c. unlikely to be found by a federal and state agency to be ineligible to provide goods or services.
2. As the official responsible for the administration of Contractor, the signatory certifies the following:
   a. all of its officers, employees, agents, and/or sub-contractors are not presently excluded from participation in any federal or state funded health care programs,
   b. there is not an investigation currently being conducted, presently pending or recently concluded by a federal or state agency of any such officers, employees, agents and/or sub-contractors which is likely to result in an exclusion from any federal and state funded health care program, and/or
   c. its officers, employees, agents and/or sub-contractors are otherwise unlikely to be found by a federal or state agency to be ineligible to provide goods or services.
3. Contractor certifies it has reviewed, at minimum prior to hire or contract start date and monthly thereafter, the following lists in determining the organization nor its officers, employees, agents, and/or sub-contractors are not presently excluded from participation in any federal or state funded health care programs:
   a. OIG's List of Excluded Individuals/Entities (LEIE).
   b. United States General Services Administration's System for Award Management (SAM).
   c. California Department of Health Care Services Suspended and Ineligible Provider (S&I) List, if receives Medi-Cal reimbursement.
4. Contractor certifies that it shall notify DBH SUDRS Administration immediately (within 24 hours) by phone and in writing within ten (10) business days of being notified of:
   a. Any event, including an investigation, that would require Contractor or any of its officers, employees, agents and/or sub-contractors exclusion or suspension under federal or state funded health care programs, or
   b. Any suspension or exclusionary action taken by an agency of the federal or state government against Contractor, or one or more of its officers, employees, agents and/or sub-contractors, barring it or its officers, employees, agents and/or sub-contractors from providing goods or services for which federal or state funded healthcare program payment may be made.

Joscelyn Field, Executive Director
Printed name of authorized official

_____
Signature of authorized official

_____
Date

DATA SECURITY REQUIREMENTS

Pursuant to its contract with the State Department of Health Care Services, the Department of Behavioral Health (DBH) requires Contractor adhere to the following data security requirements:

A. Personnel Controls

1. Formal Policies and Procedures. Policies and procedures must be in place to reasonably protect against unauthorized uses and disclosures of patient identifying information and protect against reasonably anticipated threats or hazards to the security of patient identifying information. Formal policies and procedures must address 1) paper records and 2) electronic records, as specified in 42 CFR §2.16.

2. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DBH, or access or disclose DBH Protected Health Information (PHI) or Personal Information (PI) must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following termination of this Agreement.

3. Employee Discipline. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.

4. Confidentiality Statement. All persons that will be working with DBH PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The Statement must be signed by the workforce member prior to accessing DBH PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for DBH inspection for a period of six (6) years following termination of the Agreement.

5. Background Check. Before a member of the workforce may access DBH PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.

B. Technical Security Controls

1. Workstation/Laptop Encryption. All workstations and laptops that store DBH PHI or PI either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by DBH's Office of Information Technology.

2. Server Security. Servers containing unencrypted DBH PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

3. Minimum Necessary. Only the minimum necessary amount of DBH PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

4. Removable Media Devices. All electronic files that contain DBH PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, Blackberry, backup tapes, etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.

5. Antivirus / Malware Software. All workstations, laptops and other systems that process and/or store DBH PHI or PI must install and actively use comprehensive anti-virus software / Antimalware software solution with automatic updates scheduled at least daily.

6. Patch Management. All workstations, laptops and other systems that process and/or store DBH PHI or PI must have all critical security patches applied with system reboot if necessary. There

must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within thirty (30) days of vendor release. Applications and systems that cannot be patched within this time frame due to significant operational reasons must have compensatory controls implemented to minimize risk until the patches can be installed. Application and systems that cannot be patched must have compensatory controls implemented to minimize risk, where possible.

7. User IDs and Password Controls. All users must be issued a unique user name for accessing DBH PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every ninety (90) days, preferably every sixty (60) days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:

   a. Upper case letters (A-Z)

   b. Lower case letters (a-z)

   c. Arabic numerals (0-9)

   d. Non-alphanumeric characters (special characters)

8. Data Destruction. When no longer needed, all DBH PHI or PI must be wiped using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing and in accordance with 42 C.F.R. § 2.16 Security for Records. Media may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods require prior written permission of DBH's Office of Information Technology.

9. System Timeout. The system providing access to DBH PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than twenty (20) minutes of inactivity.

10. Warning Banners. All systems providing access to DBH PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

11. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DBH PHI or PI, or which alters DBH PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DBH PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least three (3) years after occurrence.

12. Access Controls. The system providing access to DBH PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.

13. Transmission Encryption. All data transmissions of DBH PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing DBH PHI can be encrypted. This requirement pertains to any type of DBH PHI or PI in motion such as website access, file transfer, and E-Mail.

14. Intrusion Detection. All systems involved in accessing, holding, transporting, and protecting DBH PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

C. Audit Controls

1. System Security Review. Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DBH PHI or PI must

have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

2. Log Review. All systems processing and/or storing DBH PHI or PI must have a routine procedure in place to review system logs for unauthorized access.

3. Change Control. All systems processing and/or storing DBH PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

D. Business Continuity/Disaster Recovery Controls

1. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of DBH PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.

2. Data Backup Plan. Contractor must have established documented procedures to backup DBH PHI to maintain retrievable exact copies of DBH PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DBH PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DBH data.

E. Paper Document Controls

1. Supervision of Data. DBH PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DBH PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

2. Escorting Visitors. Visitors to areas where DBH PHI or PI is contained shall be escorted and DBH PHI or PI shall be kept out of sight while visitors are in the area.

3. Confidential Destruction. DBH PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing and in accordance with 42 C.F.R. § 2.16 Security for Records.

4. Removal of Data. Removal of DBH PHI or PI may not be removed from the premises of Contractor unless authorized under 42 CFR Part 2.

5. Faxing. Faxes containing DBH PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.

6. Mailing. Mailings containing DBH PHI or PI shall be sealed and secured from damage or inappropriate viewing of such PHI or PI to the extent possible.

   Mailings which include 500 or more individually identifiable records of DBH PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DBH to use another method is obtained.

Attachment IV

FEDERAL CONTRACTING PROVISIONS

Contractor shall to comply with the following additional terms:

A. Clean Air Act and the Federal Water Pollution Control Act (42 USC §§ 7401-7671q, 33 USC §§ 1251-1387.)

Clean Air Act

1. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance.

Federal Water Pollution Control Act

1. Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance.

B. Procurement of Recovered Materials (45 CFR § 75.331)

1. Contractor shall comply with the provisions of section 6002 of the Federal Solid Waste Disposal Act, as amended by the federal Resource conservation and Recovery Act, as the same may be amended, which include (but are not necessarily limited to): procuring only items designated in guidelines of the Environmental Protection Agency at 40 CFR Part 247 (as the same may be amended) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the Environmental Protection Agency guidelines.
2. This provision does not apply if the items cannot be acquired—
    a. Competitively within a timeframe providing for compliance with the contract performance schedule;
    b. Meeting contract performance requirements; or
    c. At a reasonable price.

3. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program.

4. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

C. Prohibited Telecommunications and Video Surveillance Equipment and Services (2 C.F.R. §200.216)

Contractor certifies that it will not use contract funds to:
(1) Procure or obtain covered telecommunications equipment or services;
(2) Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
(3) Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

"Covered telecommunications equipment or services" means those equipment and services defined at 2 C.F.R. §200.16(b).

D. Domestic Preference for Procurements (2 C.F.R. § 200.322)

Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. "Manufactured products" means items and construction materials composed in whole or in party of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

E. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352 (as amended))

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

[*certification continued on next page*]

Attachment IV

ANTI- LOBBYING CERITIFICATION

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 awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, 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, 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, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” 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 subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

4. 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. Code. 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.

5. The Contractor, Rim Family Services, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

_____
Signature of Contractor’s Authorized Official

Joscelyn Field, Executive Director
Name and Title of Contractor’s Authorized Official

_____
Date