

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

22-473 A-3

SAP Number

4400019710 – Total Contract
4400014427 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services
Contractor Representative	Tina Hughes
Telephone Number	(909) 932-1069
Contract Term	July 1, 2022 through June 30, 2027
Original Contract Amount	\$5,764,693
Amendment Amount	\$0
Total Contract Amount	\$5,764,693
Total Aggregate Contract Term	July 1, 2022 through June 30, 2025
Total Aggregate Amount – For Clients referred by CFS	\$2,400,000
Cost Center	1018611000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-473** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to, effective July 1, 2024:

I. ARTICLE V FUNDING, paragraph K is hereby amended to read as follows:

K. The maximum financial obligation under this contract shall not exceed \$5,764,693 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$1,600,000 to \$2,400,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family services for fiscal years 2022-23, 2023-24, and 2024-25.

II. Exhibit I Schedules for FY 2024-25 is hereby replaced.

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

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

SAN BERNARDINO COUNTY

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 11 2024
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *Lynna Monell*
Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County
Deputy



Inland Valley Drug and Alcohol Recovery Services
dba Inland Valley Recovery Services
(Print or type name of corporation, company, contractor, etc.)

By *Tina K Hughes*
8430661ABA00469
(Authorized signature - sign in blue ink)

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

Title Chief Executive Officer
(Print or Type)

Dated: 5/28/2024

Address 1260 E. Arrow Hwy, Upland, CA 91786

FOR COUNTY USE ONLY

Approved by Legal Form
► *Dawn Martin*
Dawn Martin, Deputy County Counsel
Date 5/28/2024

Reviewed for Contract Compliance
► *Ellayna Hoatson*
Ellayna Hoatson, Contracts Supervisor
Date 5/28/2024

Reviewed/Approved by Department
► *Georgina Yoshioka*
Georgina Yoshioka, Director
Date 5/28/2024

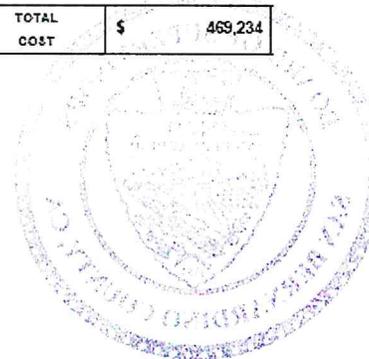
SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: FY24/25 (July 1, 2024 - June 30, 2025)

PROVIDER NAME:	<u>Inland Valley Recovery Services</u>	PREPARER:	<u>Laurie Figueroa</u>
FACILITY ADDRESS:	<u>239 N. D Street</u>	TITLE:	<u>Director of Finance</u>
	<u>San Bernardino, CA 92410</u>	DATE PREPARED:	<u>4/16/2024</u>
PROVIDER NUMBER : (36XX)	<u>36AP (8619)</u>		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Program Coordinator	\$ 90,000	\$ 22,500	\$ 112,500	50.0%	\$ 56,250
Senior Counselor	\$ 86,660	\$ 16,640	\$ 103,300	50.0%	\$ 51,650
Clinical Supervisor	\$ 124,800	\$ 31,200	\$ 156,000	5.0%	\$ 7,800
Quality Assurance Coordinator	\$ 108,160	\$ 27,040	\$ 135,200	5.0%	\$ 6,760
Workforce Education Facilitator	\$ 60,320	\$ 15,080	\$ 75,400	5.0%	\$ 3,770
QA Assistant	\$ 58,240	\$ 14,560	\$ 72,800	5.0%	\$ 3,640
Operations Coordinator	\$ 104,000	\$ 26,000	\$ 130,000	5.0%	\$ 6,500
Administrative Assistant	\$ 43,680	\$ 10,920	\$ 54,600	50.0%	\$ 27,300
Billing Clerk	\$ 58,240	\$ 14,560	\$ 72,800	35.0%	\$ 25,480
Therapist (LPFA)	\$ 70,720	\$ 17,880	\$ 88,600	77.0%	\$ 68,085
Certified Counselor 1	\$ 58,240	\$ 14,560	\$ 72,800	77.0%	\$ 56,055
Certified Counselor 2	\$ 58,240	\$ 14,560	\$ 72,800	77.0%	\$ 56,055
Certified Counselor 3	\$ 54,080	\$ 13,520	\$ 67,600	77.0%	\$ 52,052
Certified Counselor 4	\$ 54,080	\$ 13,520	\$ 67,600	77.0%	\$ 52,052
Maintenance Supervisor	\$ 93,600	\$ 23,400	\$ 117,000	5.0%	\$ 5,850

TOTAL COST	\$ 469,234
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SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
 Budget Detail

BUDGET PERIOD: 4/1/2020 (July 1, 2021 - June 30, 2022)

PROVIDER NAME: Island Valley Recovery Services

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, PFE, etc.). For example, show how indirect costs or overhead were calculated.		
CD	CD	CD
Category of Expenditures for Costs	Costs	Cost Allocation Explanation
TOTAL SALARIES AND BENEFITS	\$ 469,234	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 4,500	Repair and maintenance costs for equipment allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 6,572	Licensing dues and membership fees allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Rent and Lease Equipment	\$ 2,200	Rent/Lease agreement expenses, such as copier, credit card terminal and postage meter, allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 4,025	SBMT Development/Training allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Miscellaneous Supplies	\$ 110	Materials given to participants for teaching goals and/or medication, allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Operational Expenses		
Communications	\$ 1,367	Telephone expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Depreciation - Structures and Improvements	\$ 1,700	Leased/rent improvement expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Household Expenses	\$ 1,366	Cleaning/maintenance and household supplies allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Insurance	\$ 6,233	General Liability, Excess Liability, Auto, Crime, Property, Cyber Insurance expenses, etc. allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Interest Expense		
Lease Property, Maintenance, Structures, Improvements and Grounds	\$ 8,500	Facility repair and maintenance expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 2,800	Other expenses that are considered supplies and materials allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Office Expense	\$ 1,400	Office supplies, postage and printing expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Publications and Legal Notices	\$ 5,000	Outreach and advertisement publications allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Rents & Leases - Land, Structures, and Improvements	\$ 27,750	Facility rental and/or lease expense allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Rents and Leases		
Drug Screening and Other Testing	\$ 5,500	Drug and/or other testing expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Utilities	\$ 11,000	Electricity, Gas, Water and utility expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Other		
Professional and Hospital Services		
Professional		
Professional and Special Services	\$ 20,500	Temp SBMT and Consultant expenses allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Transportation		
Transportation	\$ 900	Ride shares to assist clients with transportation expense allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Tolls	\$ 700	SBMT mileage expenses for travel allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Cash, Oil, & Maintenance - Vehicles	\$ 2,000	Auto expenses related to client transportation allocated to the San Bernardino Outpatient program. FYRS 2022 budget amount at 73% to represent average Outpatients services for DEH contracted population.
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative indirect Costs	\$ 24,450	Each FYRS Agency program is allocated an Admin Allocation percentage based on a direct program expense compared to base agency expense formula. Current Allocation amount is 7.65% for the San Bernardino program and represents 70% of this budget.
OT/HRP		
TOTAL OPERATING EXPENSES	\$ 185,115	
PLUS/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 654,349	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget**

BUDGET PERIOD: FD425 July 1, 2024 - June 30, 2025

Contractor Name:	<u>Inland Valley Recovery Services</u>	Prepared by:	<u>Laurie Figueroa</u>
Facility Address:	<u>229 N. D Street</u>	Title:	<u>Director of Finance</u>
	<u>San Bernardino, CA 92410</u>	Date Prepared:	<u>4/10/2024</u>
Provider Number (HCC):	<u>26AF10019</u>		

FUND/SOURCE	Drug Med-Cat	CoWORKS	AD128	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (OOP)							
Cost - Individual Counseling	\$ 269,451	\$ -	\$ -	\$ 19,905	\$ 31,941	\$ 37,801	\$ 359,277
Units of Service (15 minute increment)	4,436	0	0	396	475	507	5,781
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Cost - Group Counseling	\$ 115,174	\$ -	\$ -	\$ 7,870	\$ 12,235	\$ 15,667	\$ 151,744
Units of Service (15 minute increment)	1,700	0	0	114	182	247	2,243
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 39,571	\$ -	\$ -	\$ 1,374	\$ 3,823	\$ 4,490	\$ 49,258
Units of Service (15 minute increment)	420	0	0	19	57	67	553
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Cost - Group Counseling	\$ 13,963	\$ -	\$ -	\$ 490	\$ 1,475	\$ 4,490	\$ 20,418
Units of Service (15 minute increment)	204	0	0	7	22	67	298
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Early Intervention Treatment (EIT)							
Cost - Individual Counseling				\$ 2,814			\$ 2,814
Units of Service (15 minute increment)				36			36
Item Rate				\$ 67.50		\$ 0.00	\$ 67.50
Cost - Group Counseling				\$ 2,814			\$ 2,814
Units of Service (15 minute increment)				36			36
Item Rate				\$ 67.50		\$ 0.00	\$ 67.50
Recovery Services (RS)							
Cost - Individual Counseling	\$ 2,941				\$ 2,941		\$ 5,881
Units of Service (15 minute increment)	44				44		88
Item Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 67.50
Cost - Group Counseling	\$ 1,960				\$ 1,960		\$ 3,920
Units of Service (15 minute increment)	29				29		58
Item Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 67.50
Cost - Family Therapy	\$ 2,451				\$ 2,451		\$ 4,901
Units of Service (15 minute increment)	36				36		72
Item Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 67.50
Cost - Recovery Monitoring	\$ 2,451				\$ 2,451		\$ 4,901
Units of Service (15 minute increment)	36				36		72
Item Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 67.50
Case Management (CM/NO/ADRS)							
Cost - OOP Case Management	\$ 10,292	\$ -	\$ -	\$ 617	\$ 6,325	\$ 4,490	\$ 21,724
Units of Service (15 minute increment)	152	0	0	12	97	67	326
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Cost - IOT Case Management	\$ 2,847	\$ -	\$ -	\$ 264	\$ 1,960	\$ 4,490	\$ 5,561
Units of Service (15 minute increment)	39	0	0	4	29	67	139
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50	\$ 67.50
Cost - IS Case Management							\$ 0
Units of Service (15 minute increment)							0
Item Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 3,287				\$ 4,054		\$ 7,341
Units of Service (15 minute increment)	48				61		109
Item Rate	\$ 67.50				\$ 67.50	\$ 0.00	\$ 67.50
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Item Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Item Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Cost	\$ 454,161	\$ 0	\$ 0	\$ 38,742	\$ 71,961	\$ 75,820	\$ 644,684
Units of Service (15 minute increment)	7,173	0	0	530	1,065	1,072	9,840

* Round Costs to nearest dollar

APPROVED:	PRINTED NAME:	
SIGNATURE: <u>Laurie Figueroa</u>	<u>Laurie Figueroa</u>	<u>Apr 17, 2024</u>
PROVIDER AUTHORIZED SIGNATURE: <u>Anthony Altamirano</u>	<u>Anthony Altamirano</u>	<u>Apr 22, 2024</u>
DE- FISCAL SERVICES AUTHORIZED SIGNATURE: <u>Michael Sweitzer</u>	<u>Michael Sweitzer</u>	<u>Apr 22, 2024</u>
DE- PROGRAM MANAGER or DESIGNEE SIGNATURE:		

FUND/FUND SOURCE	FY24 Fy.	Fund Name	Federal Agency	Program Agency
Substance Abuse	60 600	6040	SAMHSA	State DHS-20
Medicaid	60 775	1260	DHHS	State DHS-20

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Personnel Expense Detail

BUDGET PERIOD: FY24/25 (July 1, 2024 - June 30, 2025)

PROVIDER NAME:	<u>Inland Valley Recovery Services</u>	PREPARER:	<u>Laurie Figueroa</u>
FACILITY ADDRESS:	<u>934 N. Mountain Ave #A-D</u>	TITLE:	<u>Director of Finance</u>
	<u>Upland, CA 91786</u>	DATE PREPARED:	<u>4/16/2024</u>
PROVIDER NUMBER : (36XX)	<u>36AC</u>		

Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% / FTE of Total Salary & Benefits	Total Salaries and Benefits Charged to Contract Services
Program Coordinator	\$ 90,000	\$ 22,500	\$ 112,500	20.0%	\$ 22,500
Senior Counselor	\$ 62,400	\$ 15,600	\$ 78,000	20.0%	\$ 15,600
Clinical Supervisor	\$ 124,800	\$ 31,200	\$ 156,000	5.0%	\$ 7,800
Quality Assurance Coordinator	\$ 108,160	\$ 27,040	\$ 135,200	5.0%	\$ 6,760
Workforce Education Facilitator	\$ 60,320	\$ 15,080	\$ 75,400	5.0%	\$ 3,770
QA Assistant	\$ 58,240	\$ 14,560	\$ 72,800	5.0%	\$ 3,640
Operations Coordinator	\$ 104,000	\$ 26,000	\$ 130,000	5.0%	\$ 6,500
Administrative Assistant	\$ 45,760	\$ 11,440	\$ 57,200	20.0%	\$ 11,440
Billing Clerk	\$ 58,240	\$ 14,560	\$ 72,800	20.0%	\$ 14,560
Therapist (LPHA)	\$ 70,720	\$ 17,680	\$ 88,400	65.0%	\$ 57,460
Certified Counselor 1	\$ 49,920	\$ 12,480	\$ 62,400	65.0%	\$ 40,560
Certified Counselor 2	\$ 52,000	\$ 13,000	\$ 65,000	65.0%	\$ 42,250
Certified Counselor 3	\$ 54,080	\$ 13,520	\$ 67,600	65.0%	\$ 43,940
Maintenance Supervisor	\$ 93,600	\$ 23,400	\$ 117,000	5.0%	\$ 5,850

TOTAL COST	\$ 282,630
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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget**

BUDGET PERIOD: 7/1/2024 - 6/30/2025

Contractor Name: <u>Wald Valley Recovery Services</u>	Prepared by: <u>Laurie Figueroa</u>
Facility Address: <u>824 N. Mountain Ave. #4-D</u>	Title: <u>Director of Finance</u>
<u>Upland, CA 91786</u>	Date Prepared: <u>4/10/2024</u>
Provider Number (2024): <u>364C</u>	

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	ADHS	Youth	Block Grant	CPS	TOTAL
Outpatient Treatment (PT)							
Cost - Individual Counseling	\$ 101,250	\$ -	\$ -	\$ -	\$ 13,751	\$ 13,070	\$ 228,071
Units of Service (15 minute increments)	2,025	0	0	0	200	194	2,419
Item Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50
Cost - Group Counseling	\$ 63,975	\$ -	\$ -	\$ -	\$ 8,531	\$ 4,901	\$ 77,407
Units of Service (15 minute increments)	1,279	0	0	0	97	73	1,449
Item Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 87.50	\$ 67.50	\$ 67.50
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 26,325	\$ -	\$ -	\$ -	\$ 3,501	\$ 4,901	\$ 34,727
Units of Service (15 minute increments)	526	0	0	0	39	73	638
Item Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 87.50	\$ 67.50	\$ 67.50
Cost - Group Counseling	\$ 16,733	\$ -	\$ -	\$ -	\$ 2,241	\$ 3,266	\$ 22,240
Units of Service (15 minute increments)	334	0	0	0	33	48	415
Item Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50
Early Intervention Treatment (EIT)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increments)							0
Item Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increments)							0
Item Rate				\$ 0.00		\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 3,357				\$ 143		\$ 3,500
Units of Service (15 minute increments)	67				2		69
Item Rate	\$ 50.00				\$ 67.50		\$ 67.50
Cost - Group Counseling	\$ 3,357				\$ 143		\$ 3,500
Units of Service (15 minute increments)	67				2		69
Item Rate	\$ 50.00				\$ 67.50		\$ 67.50
Cost - Family Therapy	\$ 3,357				\$ 143		\$ 3,500
Units of Service (15 minute increments)	67				2		69
Item Rate	\$ 50.00				\$ 67.50		\$ 67.50
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increments)							0
Item Rate	\$ 0.00				\$ 0.00		\$ 0
Case Management (CM/RS/TS/RS)							
Cost - CM Case Management	\$ 6,713	\$ -	\$ -	\$ -	\$ 280	\$ 3,266	\$ 10,259
Units of Service (15 minute increments)	99	0	0	0	4	48	151
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50
Cost - RT Case Management	\$ 6,713	\$ -	\$ -	\$ -	\$ 280	\$ 3,266	\$ 10,259
Units of Service (15 minute increments)	99	0	0	0	4	48	151
Item Rate	\$ 67.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 67.50	\$ 67.50	\$ 67.50
Cost - I Case Management							\$ 0
Units of Service (15 minute increments)							0
Item Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 3,357				\$ 143		\$ 3,500
Units of Service (15 minute increments)	67				2		69
Item Rate	\$ 50.00				\$ 67.50		\$ 67.50
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increments)							0
Item Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increments)							0
Item Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 326,664	\$ 0	\$ 0	\$ 0	\$ 26,325	\$ 37,675	\$ 390,664
Units of Service (15 minute increments)	4,673	0	0	0	340	464	5,477

* Round Costs to nearest dollar

APPROVED: <u>Laurie Figueroa</u> Laurie Figueroa, Director of Finance	PRINTED NAME: Laurie Figueroa	DATE: Apr 17, 2024
PROVIDER AUTHORIZED SIGNATURE: <u>Anthony Altamirano</u> Anthony Altamirano, Director of Behavioral Health	PRINTED NAME: Anthony Altamirano	DATE: Apr 22, 2024
DEH FISCAL SERVICES AUTHORIZED SIGNATURE: <u>Michael Sweitzer</u> Michael Sweitzer, Director of Finance	PRINTED NAME: Michael Sweitzer	DATE: Apr 22, 2024
DEH PROGRAM MANAGER = DIRECTOR SIGNATURE:	PRINTED NAME:	DATE:

Federal Funds Include:	FY2024 Title	FY2024 No.	Amount	Fiscal Year	Pass Through Agency
Substance Abuse	80.000	2024-1	\$ 2,000,000	2024-2025	State CHCS
Medical Aid	80.000	2024-2	\$ 2,000,000	2024-2025	State CHCS

SUN SPRINGFIELD COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: 07/01/2019 - 06/30/2020

PROVIDER NAME: Grand Valley Recovery Services

*Specify each expense by line item. Provide an explanation for determination of all figures (date, location, quantity, benefits, PTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Allocation Explanation
TOTAL SALARIES AND BENEFITS	\$ 382,000	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 3,700	Repair and maintenance costs for equipment allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 5,450	Licensing dues and membership fees allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Rent and Lease Equipment	\$ 1,200	Rent/Lease agreement expenses such as copier, credit card terminal and postage meter allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 1,050	Staff Development/Training allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Miscellaneous Supplies	\$ 200	Incentives given to participants for reaching goals and/or milestones allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Operating Expenses		
Communications	\$ 2,050	Telephone expenses allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Depreciation - Structure and Improvements	\$ -	
Household Expenses	\$ 1,450	Cleaning/Janitorial and household supplies allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Insurance	\$ 4,250	General Liability, Fidelity (Dishonesty, Auto, Crime), Property, Cyber insurance expenses etc. allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Interest Expense		
Lease Property, Maintenance, Structures, Improvements and Grounds	\$ 4,550	Facility repair and maintenance expense allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 2,550	Other expenses that are considered supplies and materials allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Office Expense	\$ 1,050	Office supplies, printing and postage expenses allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Publications and Legal Notices	\$ 3,550	Outreach and advertisement publications allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Rents & Leases - Land, Structure, and Improvements	\$ 14,250	Facility rental and/or lease expense allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Taxes and Licenses		
Drug Screening and Other Testing	\$ 3,200	Drug and/or other testing expenses allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Utilities	\$ 5,000	Electricity, Gas, Water, etc. utility expenses allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 10,320	Temp. staff and consultant expense allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Travel Expenses		
Transportation	\$ 475	Risk passes to assist clients with transportation expense allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Traffic	\$ 100	Staff mileage expenses for drive allocated to the Upland Outpatient program. FYRS 2020 budget amount at 50% to represent average Outpatients services for DEH contract/contract population.
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 24,500	Each FYRS Agency program is allocated an Administrative percentage based on a direct program expense compared to this agency expense formula. Current allocation amount is 6.5% for the Upland Outpatient program and represents 10% of this budget.
OT-HER		
TOTAL OPERATING EXPENSES	\$ 112,000	
FEES/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 384,500	