

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



Contract Number

16-411 A-5

SAP Number

4400002843

Department of Behavioral Health

Department Contract Representative

Paul Lindenberg

Telephone Number

(909) 386-8264

Contractor
Inland Valley Drug and Alcohol
Recovery Services, Inc.
Contractor Representative

Tina Hughes

Telephone Number

(909) 932-1069

Contract Term

July 1, 2016 – December 31, 2021

Original Contract Amount

\$2,518,260

Amendment Amount

\$251,826

Total Contract Amount

\$2,770,086

Cost Center

1018611000

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

IT IS HEREBY AGREED AS FOLLOWS:
WITNESSETH:

IN THAT CERTAIN **Contract No. 16-411** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Substance Use Disorder Perinatal Services, which Contract first became effective July 1, 2016 the following changes are hereby made and agreed to, effective July 1, 2021:

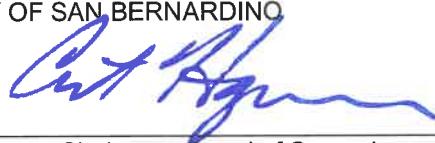
- I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:
 - K. The contract amendment amount of \$251,826 shall increase the total contract amount from \$2,518,260 to \$2,770,086 for the contract term.
 - L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previously approved Budget Schedules remain in effect.
- II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

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.

COUNTY OF SAN BERNARDINO



Curt Hagman, Chairman, Board of Supervisors

MAY 04 2021

Dated: MAY 04 2021
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By

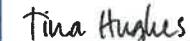
Deputy



Inland Valley Drug and Alcohol Recovery
Services, Inc.

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

DocuSigned by:

By 

843064A1707042020 signature - sign in blue ink

Name Tina Hughes

(Print or type name of person signing contract)

Title Chief Executive Officer

(Print or Type)

Dated: 4/11/2021

Address 1260 E. Arrow Hwy
Upland Ca 91786

FOR COUNTY USE ONLY

Approved by Legal Form



Dawn Martin, Deputy County Counsel

4/9/2021

Date

Reviewed for Contract Compliance



MADEA65ED0420

Natalie Kessée, Contracts Manager

4/12/2021

Date

Reviewed/Approved by Department



MADEA65ED0420

Veronica Kelley, Director

4/12/2021

Date

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

Contractor Name: Inland Valley Recovery Services
Facility Address: 934 N. Mountain Ave. A-D
Upland CA 91786
Provider Number (36xx): 36AC

Prepared by: Laurie Figueroa
Title: Director of Finance
Date Prepared: 3/5/2021

Service Level	FUNDING SOURCE	Drug Medi-Cal	CalWORKs	CFS	Perinatal	TOTAL
Intensive Outpatient Treatment (IOT)						
2.1	Cost - Individual IOT	\$ 71,801	\$ 6,024	\$ 30,122	\$ 12,049	\$ 119,996
	Units of Service (15 minute increment)	1,043	88	438	175	1,743
	Interim Rate	\$ 68.85	\$ 68.85	\$ 68.85	\$ 68.85	\$ 69
	Cost - Group IOT	\$ 28,917	\$ 2,410	\$ 12,049	\$ 4,820	\$ 48,195
	Units of Service (15 minute increment)	420	35	175	70	700
	Interim Rate	\$ 68.85	\$ 68.85	\$ 68.85	\$ 68.85	\$ 69
IOT Case Management						
	Cost	\$ 4,131	\$ 344	\$ 1,721	\$ 689	\$ 6,885
	Units of Service (15 minute increment)	60	5	25	10	100
	Interim Rate	\$ 68.85	\$ 68.85	\$ 68.85	\$ 68.85	\$ 69
Physician Consultation						
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Additional Medication Assisted Treatment (MAT)						
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
SUMMARY OF ALL SERVICES						
Total Service Costs		\$ 104,849	\$ 8,778	\$ 43,892	\$ 17,557	\$ 175,076
Units of Service (15 minute increment)		1,523	128	638	255	2,543
NON-DMC REIMBURSABLE COSTS					\$ 76,750	\$ 76,750
GRAND TOTALS		\$ 104,849	\$ 8,778	\$ 43,892	\$ 94,307	\$ 251,826

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

BUDGET PERIOD: **FY21/22 (7/1/21-12/31/21)**

PROVIDER NAME:	Inland Valley Recovery Services	PREPARER:	Laurie Figueroa
FACILITY ADDRESS:	934 N. Mountain Ave. A-D Upland CA 91786	TITLE:	Director of Finance
PROVIDER NUMBER : (36XX)	36AC	DATE PREPARED:	3/5/2021

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	\$ 40,000	\$ 10,000	\$ 50,000	20.0%	\$ 10,000
Senior Counselor	\$ 24,960	\$ 6,240	\$ 31,200	40.0%	\$ 12,480
			\$ -		\$ -
Therapist	\$ 27,040	\$ 6,760	\$ 33,800	25.0%	\$ 8,450
Counselor 1	\$ 21,840	\$ 5,460	\$ 27,300	100.0%	\$ 27,300
Counselor 2	\$ 21,840	\$ 5,460	\$ 27,300	100.0%	\$ 27,300
Case Manager	\$ 21,840	\$ 5,460	\$ 27,300	50.0%	\$ 13,650
Quality Assurance Specialist	\$ 21,840	\$ 5,460	\$ 27,300	20.0%	\$ 5,460
			\$ -		\$ -
Billing Clerk	\$ 18,720	\$ 4,680	\$ 23,400	30.0%	\$ 7,020
Administrative Assistant 1	\$ 17,680	\$ 4,420	\$ 22,100	40.0%	\$ 8,840
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 120,500
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
DMC Budget Detail
BUDGET PERIOD: FY21/22 (7/1/21-12/31/21)
PROVIDER NAME: Inland Valley Recovery Services

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how indirect costs or overhead were calculated.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 120,500	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 2,912	Repair and maintenance costs for equipment associated with the Perinatal Outpatient program
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 64	Licensing dues and membership fees for Upland facility and allocated to Perinatal Outpatient program
Rent and Lease Equipment	\$ 1,125	Rental/Lease agreement fees such as copier, credit card terminal and postage meter for Upland facility
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 527	Staff training or development fees associated with Upland Perinatal Outpatient program
Miscellaneous Supplies	\$ 215	Incentives purchased and given to participants for reaching treatment goals and/or milestones for Perinatal Outpatient program
Operating Expenses		
Communications	\$ 2,141	Telephone expenses associated with the Perinatal Outpatient program
Depreciation - Structures and Improvements		Lessehold improvement expenses associated with the Perinatal Outpatient program
Household Expenses	\$ 1,995	Cleaning supplies associated with the Perinatal Outpatient program
Insurance	\$ 3,044	General Liability, Excess Liability, Auto, Crime, Property etc associated with Perinatal Outpatient program
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 2,794	Repair and maintenance costs for facility associated with the Perinatal Outpatient program
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 1,301	Other expenses that are considered a supplies and materials line item associated with Perinatal Outpatient program
Office Expense	\$ 2,215	Office Supplies and postage associated with the Perinatal Outpatient program
Publications and Legal Notices	\$ 2,187	Marketing and Advertising publications and/or events associated with the Perinatal Outpatient program
Rents & Leases - Land, Structure, and Improvements	\$ 9,915	Rental expense for the Upland facility Perinatal Outpatient program and based on square footage
Taxes and Licenses		
Drug Screening and Other Testing	\$ 28	Drug testing expenses associated with the Upland Perinatal Outpatient program
Utilities	\$ 3,253	Electricity, Gas and/or water utility charges associated with the Upland Perinatal Outpatient program
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 3,737	Temp Staff and Consultant expenses associated with the Upland Perinatal Outpatient program
Transportation		
Transportation	\$ 789	Bus passes for clients associated with the Upland Perinatal Outpatient program
Travel	\$ 474	Mileage expenses for staff associated with the Perinatal Outpatient program
Gas, Oil, & Maintenance - Vehicles	\$ -	Expenses for the Perinatal Outpatient vehicle used for client transportation
Rents & Leases - Vehicles		
Depreciation - Vehicles	\$ -	A (14) passenger 2016 Ford Transit Van purchased for the Perinatal Outpatient program in 2015
Other Costs		
Administrative Indirect Costs	\$ 15,881	IVRS program is given an Admin Allocation percentage based on a direct program expense compared to total Agency expense formula. The Perinatal Outpatient program in total represents 4.76% Agency Admin Allocation and represents 10% of this Budget.
OTHER		
TOTAL OPERATING EXPENSES	\$ 54,576	
FEES/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 175,076	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
Non-DMC Personnel Expense Detail

BUDGET PERIOD: FY21/22 (7/1/21-12/31/21)

PROVIDER NAME: Inland Valley Recovery Services PREPARER: Laurie Figueroa
 FACILITY ADDRESS: 934 N. Mountain Ave. A-D TITLE: Director of Finance
Upland CA 91786 DATE PREPARED: 3/5/2021
 PROVIDER NUMBER : (36XX) 36AC

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
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Child Development Specialist	\$ 21,840	\$ 5,460	\$ 27,300	100.0%	\$ 27,300
Therapist	\$ 27,040	\$ 6,760	\$ 33,800	25.0%	\$ 8,450
Driver	\$ 16,640	\$ 4,160	\$ 20,800	100.0%	\$ 20,800
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -

TOTAL COST	\$ 56,550
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
Non-DMC Budget Detail
BUDGET PERIOD: FY21/22 (7/1/21-12/31/21)
PROVIDER NAME: Inland Valley Recovery Services

*Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, FTE, etc.). For example, show how Indirect costs or overhead were calculated.

(1) Schedule of Expenditures for Costs	(2) Costs	(3) Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 56,550	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment	\$ 474	Repair and maintenance costs for equipment associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 10	Licensing dues and membership fees for Upland facility and allocated to Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Rent and Lease Equipment	\$ 183	Rental/Lease agreement fees such as copier, credit card terminal and postage meter for Upland facility Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 86	Staff training or development fees associated with Upland Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Miscellaneous Supplies	\$ 35	Incentives purchased and given to participants for reaching treatment goals and/or milestones for Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Operating Expenses		
Communications	\$ 348	Telephone expenses associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Depreciation - Structures and Improvements		Leasehold improvement expenses associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Household Expenses	\$ 325	Cleaning supplies associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Insurance	\$ 498	General Liability, Excess Liability, Auto, Crime, Property etc associated with Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 455	Repair and maintenance costs for facility associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense	\$ 212	Other expenses that are considered supplies and materials line item associated with Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Office Expense	\$ 381	Office Supplies and postage associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Publications and Legal Notices	\$ 356	Marketing and Advertising publications and/or events associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Rents & Leases - Land, Structure, and Improvements	\$ 1,614	Rental expense for the Upland facility Perinatal Outpatient program and based on square footage Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Taxes and Licenses		
Drug Screening and Other Testing	\$ 5	Drug testing expenses associated with the Upland Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Utilities	\$ 529	Electricity, Gas and/or water utility charges associated with the Upland Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 568	Temp Staff and Consultant expenses associated with the Upland Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Transportation		
Transportation	\$ 129	Bus passes for clients associated with the Upland Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Travel	\$ 77	Mileage expenses for staff associated with the Perinatal Outpatient program Childcare Room square footage represents 14% of Perinatal Outpatient program total square footage. Thus, 14% of expenses are allocated
Gas, Oil, & Maintenance - Vehicles	\$ 3,076	Expenses for the Perinatal Outpatient vehicle used for client transportation 100% of expense allocated to Non-DMC reimbursable expense
Rents & Leases - Vehicles		
Depreciation - Vehicles	\$ 3,936	A (14) passenger 2016 Ford Transit Van purchased for the Perinatal Outpatient program in 2015 100% of expense allocated to Non-DMC reimbursable expense
Other Costs		
Administrative Indirect Costs	\$ 6,826	IVRS program is given an Admin Allocation percentage based on a direct program expense compared to total Agency expense formula. The Perinatal Outpatient program in total represents 4.76% Agency Admin Allocation and represents 10% of this Budget.
OTHER		
TOTAL OPERATING EXPENSES	\$ 20,200	
FEES/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 76,750	