



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

Inland Valley Drug and Alcohol Recovery
Services, Inc.

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

►

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name _____
(Print or type name of person signing contract)

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Dawn Martin, Deputy County Counsel

►

Natalie Kessee, Contracts Manager

►

Veronica Kelley, Director

Date _____

Date _____

Date _____

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

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

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
2.1	Intensive Outpatient Treatment (IOT)					
	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
FACILITY ADDRESS: 934 N. Mountain Ave. A-D
Upland CA 91786
PROVIDER NUMBER : (36XX) 36AC

PREPARER: Laurie Figueroa
TITLE: Director of Finance
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	
<u>Equipment, Materials and Supplies</u>		
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
<u>Operating Expenses</u>		
Communications	\$ 2,141	Telephone expenses associated with the Perinatal Outpatient program
Depreciation - Structures and Improvements		Leasehold 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		
<u>Professional and Special Services</u>		
Pharmaceutical		
Professional and Special Services	\$ 3,737	Temp Staff and Consultant expenses associated with the Upland Perinatal Outpatient program
<u>Transportation</u>		
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
<u>Other Costs</u>		
Administrative Indirect Costs	\$ 15,861	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:	<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>3/5/2021</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
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
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)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 56,550	
<u>Equipment, Materials and Supplies</u>		
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
<u>Operating Expenses</u>		
Communications	\$ 349	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	\$ 496	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 a 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	\$ 361	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		
<u>Professional and Special Services</u>		
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
<u>Transportation</u>		
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
<u>Other Costs</u>		
Administrative Indirect Costs	\$ 6,926	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	