



Contract Number

15-319 A-5

SAP Number

4400002637

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, 2015 – December 31, 2021
Original Contract Amount	\$2,978,344
Amendment Amount	\$484,451
Total Contract Amount	\$3,462,795
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. 15-319** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor provision of Substance Use Disorder Recovery Services Community-Based Recovery Service Center Services, which Contract first became effective July 1, 2015 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 \$484,451 shall increase the total contract amount from \$2,978,334 to \$3,462,795 for the contract term.
 - L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previous approved 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, 2015 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.)

By _____
(Authorized signature - sign in blue ink)

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

Title _____
(Print or Type)

Dated: _____

Address _____

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____
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

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Natalie Kessee, Contracts Manager

Date _____

Reviewed/Approved by Department

►

Veronica Kelley, Director

Date _____

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget

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

Providers Name: Inland Valley Recovery Services
Facility Address: 939 N. D Street San Bernardino CA 92410
Provider Number: 8619

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

FUNDING SOURCE	DMC-ODS	Block Grant	TOTAL
Recovery Services - Outpatient Treatment			
Cost - Individual Counseling	\$ 79,834	\$ 19,958	\$ 99,792
Units of Service (15 minute increment)	2,112	528	2,640
Interim Rate (Cost/UOS)*	\$ 37.80	\$ 37.80	\$ 38
Cost - Group Counseling	\$ 19,958	\$ 4,990	\$ 24,948
Units of Service (15 minute increments)	528	132	660
Interim Rate (Cost/UOS)*	\$ 37.80	\$ 37.80	\$ 38
Recovery Services - Recovery Monitoring			
Cost	\$ 22,662	\$ 5,666	\$ 28,328
Units of Service (15 minute increments)	1133	283	1,416
Interim Rate (Cost/UOS)*	\$ 20.00	\$ 20.00	\$ 20
Recovery Services - Case Management			
Cost	\$ 14,515	\$ 3,629	\$ 18,144
Units of Service (15 minute increments)	384	96	480
Interim Rate (Cost/UOS)	\$ 37.80	\$ 37.80	\$ 38
SUMMARY OF ALL RECOVERY SERVICES COSTS			
Total Net Service Expenses	\$ 136,970	\$ 34,242	\$ 171,212
Units of Service (15 minute increments)	4,157	1,039	5,196
Interim Rate (Cost/UOS)	\$ 32.95	\$ 32.95	\$ 33
Recovery Center (Non-Service Related Costs)			
Total Expenditures		\$ 81,750	\$ 81,750
Less reportable Revenue		\$ 0	\$ 0
Net Recovery Center Costs		\$ 81,750	\$ 81,750
Service Hours		1,320	\$ 1,320
Cost per Hour		\$ 62	\$ 62
CONTRACT TOTAL	\$ 136,970	\$ 115,992	\$ 252,962

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Personnel Expense Detail

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

Providers Name: Inland Valley Recovery Services
Facility Address: 939 N. D Street San Bernardino CA 92410
Provider Number: 8619

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

Position/Classification	Annual Salary	Annual Benefits	Annual Salary and Benefits	FTE	Allocated Salary and Benefits
Program Coordinator	\$ 43,500	\$ 10,875	\$ 54,375	20.0%	\$ 10,875
Therapist (LPHA)	\$ 31,200	\$ 7,800	\$ 39,000	50.0%	\$ 19,500
Clinical Director	\$ 57,500	\$ 14,375	\$ 71,875	5.0%	\$ 3,594
Clinical Supervisor	\$ 42,500	\$ 10,625	\$ 53,125	5.0%	\$ 2,656
Quality Improvement/Compliance Coordinator	\$ 32,500	\$ 8,125	\$ 40,625	5.0%	\$ 2,031
Certified Counselor	\$ 22,880	\$ 5,720	\$ 28,600	100.0%	\$ 28,600
Peer Support	\$ 17,680	\$ 4,420	\$ 22,100	100.0%	\$ 22,100
Peer Support	\$ 17,680	\$ 4,420	\$ 22,100	100.0%	\$ 22,100
Billing Clerk	\$ 20,800	\$ 5,200	\$ 26,000	20.0%	\$ 5,200
Administrative Assistant	\$ 17,680	\$ 4,420	\$ 22,100	40.0%	\$ 8,840
Activities Coordinator	\$ 18,720	\$ 4,680	\$ 23,400	100.0%	\$ 23,400
Recovery Specialist/Outreach	\$ 20,800	\$ 5,200	\$ 26,000	100.0%	\$ 26,000
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TOTAL COSTS **\$ 174,896**

**Community-Based Recovery Service Centers Contract
Budget Detail**

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

Providers Name: Inland Valley Recovery Services
Facility Address: 939 N. D Street San Bernardino CA 92410
Provider Number: 8619

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

Personnel Expenditures	
Salaries and Benefits	\$ 174,896

Services and Supplies	
Communications	\$ 803
Office Supplies	\$ 990
Utilities	\$ 5,127
Rent/Leases - Structures	\$ 23,028
Rent/Leases - Equipment	\$ 1,103
Insurance	\$ 3,410
Professional Services	\$ 5,616
Repair and Maintenance	\$ 4,560
Food	\$ 250
Training & Travel	\$ 1,407
Printing & Publications	\$ 2,162
Curriculum & Educational Training	\$ 2,831
Miscellaneous Supplies	\$ -
Other: Supplies and Materials	\$ 2,079
Other: Dues and Fees	\$ 500
Other: Incentives	\$ 250
Other Expenditures	
Administrative Indirect Costs (see "NOTE" below)	\$ 22,830
Other: Depreciation	\$ 1,124
TOTAL OPERATING EXPENSES	\$ 252,962

Revenue	
Agency Revenue-Fees/Other	

TOTAL NET EXPENDITURES	\$ 252,962
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Budget Narrative

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

Providers Name: Inland Valley Recovery Services
Facility Address: 939 N. D Street San Bernardino CA 92410
Provider Number: 8619

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

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.

Item	Cost	Justification
Communications	\$ 802.50	Telephone program expense
Office Supplies	\$ 990.00	Office Supplies program expense
Utilities	\$ 5,127.00	Utility program expense
Rent/Leases - Structures	\$ 23,027.50	Rent program expense
Rent/Leases - Equipment	\$ 1,102.50	Postage and copy machine rental program expense
Insurance	\$ 3,409.50	Agency General Liability, Crime, Cyber etc program expense
Professional Services	\$ 5,616.00	Outreach and/or consulting program expense
Repair and Maintenance	\$ 4,560.00	Repair/Maintenance of Facility and Equipment program expense
Food	\$ 250.00	Meals and/or snacks provided to participants
Training & Travel	\$ 1,406.50	Training/travel necessary for staff and/or participants
Printing & Publications	\$ 2,161.50	Printing and/or publications related to contracted services
Curriculum & Educational Training	\$ 2,831.00	Literature/educational materials related to contracted services
Miscellaneous Supplies	\$ -	
Other: Supplies and Materials	\$ 2,079.00	Supplies and Materials program expenses
Other: Dues and Fees	\$ 500.00	State, County and City dues and fees program expenses
Other: Incentives	\$ 250.00	\$5 and \$10 gift cards given to participants as incentives for reaching treatment goals and/or milestones for program
Administrative Indirect Costs	\$ 22,829.64	Each IVRS program is given an Admin Allocation percentage based on a direct program expense to total expense formula. The indirect costs in this budget represents less than 10% of the total budget. Admin Allocation expenses included the CEO, Director of Finance, HR Director and other positions/expenses associated with overall Agency Administration for all programs.
Other: Depreciation	\$ 1,123.50	Facility and equipment depreciation program expenses

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Schedule A - Proposed Budget

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

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

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

FUNDING SOURCE	DMC-ODS	Block Grant	TOTAL
Recovery Services - Outpatient Treatment			
Cost - Individual Counseling	\$ 69,852	\$ 17,463	\$ 87,315
Units of Service (15 minute increment)	1,848	462	2,310
Interim Rate (Cost/UOS)*	\$ 37.80	\$ 37.80	\$ 38
Cost - Group Counseling	\$ 14,515	\$ 3,629	\$ 18,144
Units of Service (15 minute increments)	384	96	480
Interim Rate (Cost/UOS)*	\$ 37.80	\$ 37.80	\$ 38
Recovery Services - Recovery Monitoring			
Cost	\$ 17,280	\$ 4,320	\$ 21,600
Units of Service (15 minute increments)	864	216	1,080
Interim Rate (Cost/UOS)*	\$ 20.00	\$ 20.00	\$ 20
Recovery Services - Case Management			
Cost	\$ 18,144	\$ 4,536	\$ 22,680
Units of Service (15 minute increments)	480	120	600
Interim Rate (Cost/UOS)	\$ 37.80	\$ 37.80	\$ 38
SUMMARY OF ALL RECOVERY SERVICES COSTS			
Total Net Service Expenses	\$ 119,791	\$ 29,948	\$ 149,739
Units of Service (15 minute increments)	3,576	894	4,470
Interim Rate (Cost/UOS)	\$ 33.50	\$ 33.50	\$ 33
Recovery Center (Non-Service Related Costs)			
Total Expenditures		\$ 81,750	\$ 81,750
Less reportable Revenue		\$ 0	\$ 0
Net Recovery Center Costs		\$ 81,750	\$ 81,750
Service Hours		1,320	\$ 1,320
Cost per Hour		\$ 62	\$ 62
CONTRACT TOTAL	\$ 119,791	\$ 111,698	\$ 231,489

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Personnel Expense Detail

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

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

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

Position/Classification	Annual Salary	Annual Benefits	Annual Salary and Benefits	FTE	Allocated Salary and Benefits
Program Coordinator	\$ 43,500	\$ 10,875	\$ 54,375	10.0%	\$ 5,438
Therapist (LPHA)	\$ 31,200	\$ 7,800	\$ 39,000	50.0%	\$ 19,500
Clinical Director	\$ 57,500	\$ 14,375	\$ 71,875	5.0%	\$ 3,594
Clinical Supervisor	\$ 42,500	\$ 10,625	\$ 53,125	5.0%	\$ 2,656
Quality Improvement/Compliance Coordinator	\$ 32,500	\$ 8,125	\$ 40,625	5.0%	\$ 2,031
Certified Counselor	\$ 22,880	\$ 5,720	\$ 28,600	100.0%	\$ 28,600
Peer Support	\$ 17,680	\$ 4,420	\$ 22,100	100.0%	\$ 22,100
Peer Support	\$ 17,680	\$ 4,420	\$ 22,100	80.0%	\$ 17,680
Billing Clerk	\$ 20,800	\$ 5,200	\$ 26,000	10.0%	\$ 2,600
Administrative Assistant	\$ 17,680	\$ 4,420	\$ 22,100	20.0%	\$ 4,420
Activities Coordinator	\$ 18,720	\$ 4,680	\$ 23,400	100.0%	\$ 23,400
Recovery Specialist/Outreach	\$ 20,800	\$ 5,200	\$ 26,000	100.0%	\$ 26,000
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TOTAL COSTS **\$ 158,019**

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Budget Detail

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

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

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

Personnel Expenditures	
Salaries and Benefits	\$ 158,019

Services and Supplies	
Communications	\$ 1,343
Office Supplies	\$ 545
Utilities	\$ 2,998
Rent/Leases - Structures	\$ 16,380
Rent/Leases - Equipment	\$ 790
Insurance	\$ 2,932
Professional Services	\$ 10,716
Repair and Maintenance	\$ 3,772
Food	\$ 250
Training & Travel	\$ 936
Printing & Publications	\$ 1,757
Curriculum & Educational Training	\$ 2,735
Miscellaneous Supplies	\$ -
Other: Supplies and Materials	\$ 4,984
Other: Dues and Fees	\$ 500
Other: Incentives	\$ 250
Other Expenditures	
Administrative Indirect Costs (see "NOTE" below)	\$ 20,853
Other: Depreciation	\$ 1,734
TOTAL OPERATING EXPENSES	\$ 231,489

Revenue	
Agency Revenue-Fees/Other	

TOTAL NET EXPENDITURES	\$ 231,489
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**Community-Based Recovery Service Centers Contract
Budget Narrative**

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

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

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

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.

Item	Cost	Justification
Communications	\$ 1,342.50	Telephone program expense
Office Supplies	\$ 544.50	Office Supplies program expense
Utilities	\$ 2,997.50	Utility program expense
Rent/Leases - Structures	\$ 16,379.50	Rent program expense
Rent/Leases - Equipment	\$ 789.50	Postage and copy machine rental program expense
Insurance	\$ 2,932.00	Agency General Liability, Crime, Cyber etc program expense
Professional Services	\$ 10,716.00	Outreach and/or consulting program expense
Repair and Maintenance	\$ 3,771.50	Repair/Maintenance of Facility and Equipment program expense
Food	\$ 250.00	Meals and/or snacks provided to participants
Training & Travel	\$ 936.00	Training/travel necessary for staff and/or participants
Printing & Publications	\$ 1,757.00	Printing and/or publications related to contracted services
Curriculum & Educational Training	\$ 2,734.50	Literature/educational materials related to contracted services
Miscellaneous Supplies	\$ -	
Other: Supplies and Materials	\$ 4,984.00	Supplies and Materials program expenses
Other: Dues and Fees	\$ 500.00	State, County and City dues and fees program expenses
Other: Incentives	\$ 250.00	\$5 and \$10 gift cards given to participants as incentives for reaching treatment goals and/or milestones for program
Administrative Indirect Costs	\$ 20,852.50	Each IVRS program is given an Admin Allocation percentage based on a direct program expense to total expense formula. The indirect costs in this budget represents less than 10% of the total budget. Admin Allocation expenses included the CEO, Director of Finance, HR Director and other positions/expenses associated with overall Agency Administration for all programs.
Other: Depreciation	\$ 1,733.50	Facility and equipment depreciation program expenses