



Contract Number

15-322 A-5

SAP Number

4400002635

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	St. John of God Health Care Services
Contractor Representative	Antonio Perez
Telephone Number	(760) 241-4917
Contract Term	July 1, 2015 – December 31, 2021
Original Contract Amount	\$975,131
Amendment Amount	\$192,508
Total Contract Amount	\$1,167,639
Cost Center	1018531000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and St. John of God Health Care Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 15-322** 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 \$192,508 shall increase the total contract amount from \$975,131 to \$1,167,639 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

►
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

St. John of God Health Care Services

(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 _____

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: July 1, 2021 - December 31, 2021

Providers Name: St. John of God Health Care Services
Facility Address: 15534 6th Street Victorville, CA 92395
Provider Number: 1/7/1910

Prepared by: Antonio Perez III
Title: Administrator
Date Prepared: 2/25/2021

FUNDING SOURCE	DMC-ODS	Block Grant	TOTAL
Recovery Services - Outpatient Treatment			
Cost - Individual Counseling	\$ 22,669	\$ 15,113	\$ 37,782
Units of Service (15 minute increment)	1,133	756	1,889
Interim Rate (Cost/UOS)*	\$ 20.00	\$ 20.00	\$ 20
Cost - Group Counseling	\$ 22,669	\$ 15,113	\$ 37,782
Units of Service (15 minute increments)	1,133	756	1,889
Interim Rate (Cost/UOS)*	\$ 20.00	\$ 20.00	\$ 20
Recovery Services - Recovery Monitoring			
Cost	\$ 22,669	\$ 15,113	\$ 37,782
Units of Service (15 minute increments)	1,133	756	1,889
Interim Rate (Cost/UOS)*	\$ 20.00	\$ 20.00	\$ 20
Recovery Services - Case Management			
Cost	\$ 22,669	\$ 15,113	\$ 37,782
Units of Service (15 minute increments)	1,133	756	1,889
Interim Rate (Cost/UOS)	\$ 20.00	\$ 20.00	\$ 20
SUMMARY OF ALL RECOVERY SERVICES COSTS			
Total Net Service Expenses	\$ 90,677	\$ 60,451	\$ 151,128
Units of Service (15 minute increments)	4,534	3,023	7,556
Interim Rate (Cost/UOS)	\$ 20.00	\$ 20.00	\$ 20
Recovery Center (Non-Service Related Costs)			
Total Expenditures		\$ 41,380	\$ 41,380
Less reportable Revenue		\$ 0	\$ 0
Net Recovery Center Costs		\$ 41,380	\$ 41,380
Service Hours		1,477	1,477
Cost per Hour		\$ 28	\$ 28
CONTRACT TOTAL	\$ 90,677	\$ 101,831	\$ 192,508

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

BUDGET PERIOD: **July 1, 2021 - December 31, 2021**

Providers Name: **St. John of God Health Care Services**
Facility Address: **15534 6th Street Victorville, CA 92395**
Provider Number: **3660**

Prepared by: **Antonio Perez III**
Title: **Administrator**
Date Prepared: **2/25/2021**

Position/Classification	Annual Salary	Annual Benefits	Annual Salary and Benefits	FTE	Allocated Salary and Benefits
Program Manager	\$ 26,000	\$ 11,396	\$ 37,396	25.0%	\$ 9,349
Operations Manager	\$ 16,640	\$ 4,755	\$ 21,395	30.0%	\$ 6,418
Treatment Advocate 1	\$ 16,640	\$ 7,500	\$ 24,140	100.0%	\$ 24,140
Treatment Advocate 2	\$ 16,640	\$ 7,500	\$ 24,140	100.0%	\$ 24,140
Treatment Advocate 3	\$ 16,640	\$ 7,500	\$ 24,140	100.0%	\$ 24,140
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TOTAL COSTS	\$ 88,187
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES (SUDRS)
Community-Based Recovery Service Centers Contract
Budget Detail

BUDGET PERIOD: July 1, 2021 - December 31, 2021

Providers Name: St. John of God Health Care Services
Facility Address: 15534 6th Street Victorville, CA 92395
Provider Number: 1/7/1910

Prepared by: Antonio Perez III
Title: Administrator
Date Prepared: 2/25/2021

Personnel Expenditures	
Salaries and Benefits	\$ 88,187
Services and Supplies	
Communications	\$ 5,500
Office Supplies	\$ 4,500
Utilities	\$ 11,000
Rent/Leases - Structures	\$ 14,500
Rent/Leases - Equipment	\$ 3,500
Insurance	\$ 9,500
Professional Services	\$ 6,000
Repair and Maintenance	\$ 7,000
Food	\$ 5,500
Training & Travel	\$ 3,500
Printing & Publications	\$ 6,000
Curriculum & Educational Training	\$ 5,035
Miscellaneous Supplies	\$ 4,500
Other: (Software System)	\$ 12,000
Other:	
Other:	
Other Expenditures	
Administrative Indirect Costs (see "NOTE" below)	\$ 6,286
Other:	
TOTAL OPERATING EXPENSES	\$ 192,508
Revenue	
Agency Revenue-Fees/Other	

TOTAL NET EXPENDITURES	\$ 192,508
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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: July 1, 2021 - December 31, 2021

Providers Name: St. John of God Health Care Services
Facility Address: 15534 6th Street Victorville, CA 92395
Provider Number: 1/7/1910

Prepared by: Antonio Perez III
Title: Administrator
Date Prepared: 2/25/2021

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	\$ 5,500.00	Telephone, Internet/WIFI, Fax lines
Office Supplies	\$ 4,500.00	Participant supplies - Binders, Folder, Pens ect..
Utilities	\$ 11,000.00	Electricity, Water, Gas, Disposal Service
Rent/Leases - Structures	\$ 14,500.00	Rent & Lease
Rent/Leases - Equipment	\$ 3,500.00	Copier and other equipment rental
Insurance	\$ 9,500.00	Required Insurance, per DBH
Professional Services	\$ 6,000.00	LPHA, Shredding Company,
Repair and Maintenance	\$ 7,000.00	Building Repairs & other maintenance repairs
Food	\$ 5,500.00	Events & Social Activities
Training & Travel	\$ 3,500.00	Staff training & Travel
Printing & Publications	\$ 6,000.00	Paper and other printing materials
Curriculum & Educational Training	\$ 5,035.00	Books, Curriculum workbooks, DVD's
Miscellaneous Supplies	\$ 4,500.00	Lab Fee's, Drug Test
Other: (Software System)	\$ 12,000.00	Electronic Health Record - System
Other:	\$ -	
Other:	\$ -	
Administrative Indirect Costs	\$ 6,286.00	
Other:	\$ -	