

October 13, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**PROPOSED RETROACTIVE SOLE SOURCE MEMORANDUM OF UNDERSTANDING WITH
TARZANA TREATMENT CENTERS, INC. TO PROVIDE ADOLESCENT RESIDENTIAL
SUBSTANCE USE DISORDER TREATMENT SERVICES
(Fiscal Impact: \$100,000; State/Federal; Budgeted; Discretionary; SS)**

Behavioral Health and Recovery Services (BHRS) requests approval of a retroactive sole source Memorandum of Understanding (MOU) with Tarzana Treatment Centers, Inc. (TTC) to facilitate placements for Kern County adolescents requiring residential substance use disorder (SUD) and co-occurring disorder treatment services. The MOU is effective July 1, 2026, through June 30, 2027, and automatically renews for successive fiscal year terms unless terminated by either party. Fiscal impact: \$100,000 per fiscal year, based on not exceeding five individual client placements annually.

Under the proposed retroactive sole source MOU, TTC will provide non-hospital residential treatment for adolescents ages 12 through 17 in accordance with Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements. Services include ASAM Levels 3.1 and 3.5 residential treatment and ASAM Level 3.2-WM withdrawal management, along with individual and group counseling, care coordination, recovery services, medications for addiction treatment, discharge planning, and related treatment components.

TTC is a DMC-certified provider located in Los Angeles County. Under the MOU, BHRS will accept training evidence and monitoring reports demonstrating compliance with DMC-ODS requirements completed by TTC's home county rather than subjecting TTC to duplicative auditing and reporting requirements. Individual Kern County placements will be authorized through a Single Case Agreement, with payment for each placement not to exceed \$20,000. Rates for services are established in Exhibit A and are subject to a three percent annual increase beginning July 1, 2027. Notwithstanding the annual rate increases, the maximum fiscal impact will remain fixed at \$100,000 per fiscal year, and the maximum payment for any individual client placement will remain fixed at \$20,000.

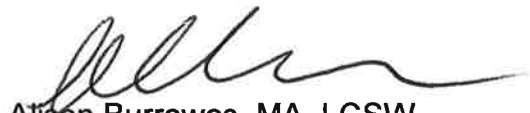
The MOU supports BHRS's ability to maintain access to adolescent residential SUD treatment services and meet applicable network adequacy requirements.

The MOU has been reviewed and approved as to form by County Counsel. Purchasing has reviewed and concurs with the justification to utilize Tarzana Treatment Centers, Inc. as a sole source provider.

The MOU is retroactive due to delays in completing negotiations between BHRS and TTC. During the negotiation process, two Kern County adolescents were placed with TTC during the current fiscal year to ensure continuity of access to medically necessary residential treatment services

fiscal year and individual client placements not to exceed \$20,000 each, to provide adolescent residential substance use disorder and co-occurring disorder treatment services, effective July 1, 2026, through June 30, 2027, with automatic renewal for successive fiscal year terms unless terminated, and authorize the Chairman to sign.

Respectfully submitted,



Alison Burrowes, MA, LCSW
Director

cc: County Administrative Office
County Counsel
Auditor-Controller-County Clerk

August 7, 2026

**Memorandum of Understanding
Between Tarzana Treatment Centers, Inc. and Kern County Behavioral Health & Recovery
Services**

This Memorandum of Understanding (MOU) is entered into by and between Tarzana Treatment Centers, Inc. hereinafter referred to as "TTC," and Kern County Behavioral Health & Recovery Services, hereinafter referred to as "County," collectively referred to as the "Parties. "

1. **Services.** Under this MOU, County and TTC agree to work together to facilitate placements for adolescent patients who need substance use disorder (SUD) and co-occurring disorders treatment services. TTC will offer non-hospital-based SUD residential services for adolescents ages 12-17, following the State of California Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements. As a DMC certified provider, TTC agrees to comply with the Department of Health Care Services (DHCS) DMC requirements and the guidelines outlined in DHCS' *Adolescent Substance Use Disorder Best Practices Guide*.
2. **Service Components.** Treatment will include individual, group, case management, recovery services and family components. Services will vary based on medical necessity and individual needs. Services shall be culturally appropriate and include beneficiary participation.

Residential treatment (ASAM Levels 3.1, 3.5) is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to beneficiaries with a SUD diagnosis when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with the individual treatment plan. TTC also offers Withdrawal Management 3.2 (ASAM 3.2-WM).

The adolescent residential treatment program shall include, but not be limited to, the following components:

- Intake
- Individual and Group Counseling
- Patient Education
- Treatment Planning
- Care Coordination
- Recovery Services
- Medications for Addiction Treatment (MAT)
- Discharge Planning Services
- Room and board
- Leisure time activities, exercise program
- Self-help groups
- Crisis Intervention Services

3. **Training, Auditing and Reporting Requirements.** County will accept training evidence, monitoring reports that have already met DMC ODS requirements in the provider's home county; and will not subject TTC to additional auditing and reporting requirements.
4. **Compensation.** TTC's services and the corresponding rates are attached in Exhibit A. Rates are subject to change every fiscal year. TTC shall submit to County, monthly, an itemized statement of all services and work described in Exhibit B, which were performed at County's request. The County will ensure that all invoices are processed and paid promptly.
5. **Location.** Services will be performed at TTC's youth residential site located at 44447 N. 10th St., Building C, Lancaster, CA 93534.
6. **Term.** This MOU shall be effective from July 1, 2026 to June 30, 2027 and shall automatically renew for successive fiscal year terms, unless terminated. Beginning July 1, 2027, and on each July 1 thereafter for the duration of this MOU and any renewal terms, the rates set forth in Exhibit A shall automatically increase by three percent (3%) to account for annual cost-of-living and operational increases. Such rate adjustments shall apply prospectively and shall not require a written amendment to this MOU. Updated rate schedules reflecting the adjusted rates shall be made available upon request.

Either party may terminate this MOU by giving written notice of intent to withdraw at least thirty (30) calendar days in advance of the effective withdrawal date. Written notice shall be given to the contact information as written below (Contact Information).

7. **Contact Information.** The contact information listed in this paragraph shall be the contact information for the notice requirements under this MOU.

For County:

Executive Director: Alison Burrowes
Address: PO Box 1000, Bakersfield, CA 93302
Email: ABurrowes@kernbhrs.org
Phone: (661) 868-6609

Provider:

Albert Senella, President/ CEO
18646 Oxnard St., Tarzana, CA, 91356
ttcadmin@tarzanatc.org
818-654-3815

8. **Confidentiality.** Both Parties shall use and/or disclose Protected Information only as necessary to perform functions, activities, or services under this MOU provided that such use and/or disclosure does not violate the 42 CFR Part 2 Regulations or the Health Insurance Portability and Accountability Act (HIPAA). Parties agree not to further use or disclose Protected Information other than as permitted or required by law. Parties must make reasonable efforts to limit Protected Information to the Minimum Necessary to accomplish the intended purpose of the use, disclosure, or request. The uses of Protected Information may not exceed the limitations applicable under the 42 CFR Part 2 and HIPAA Regulations.
9. **Nondiscrimination.** During the performance of this agreement, TTC, its agents, officers, and employees shall not unlawfully discriminate in violation of any federal, state, or local law, against any employee, or applicant for employment, or person receiving services

under this Agreement, because of race, religious creed, color, ancestry, national origin, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

10. **Insurance Requirements.** Each party shall maintain in effect during the term of this MOU the following policies of insurance or self-insurance: (1) commercial general liability (including contractual, products, and completed operations coverages, bodily injury, sexual abuse and molestation, and property damage liability) with limits not less than \$1,000,000 per occurrence and \$3,000,000 aggregate and (2) professional liability (errors and omissions) with a limit of liability not less than \$1,000,000 per claim; and (3) workers' compensation insurance as required under state law. Each party shall furnish the other with a certificate of insurance and/or proof of self-insurance, and each party shall have the right to inspect the other party's insurance policies upon request.

The Commercial General Liability insurance required include an endorsement naming County and County's board members, officials, officers, agents and employees as additional insureds for liability arising out of this agreement and any operations related thereto. Said endorsement shall be provided using one of the following three options: (i) on Insurance Services Office (ISO) form Commercial General (CG) 20 10 11 85; or (ii) on ISO form CG 20 37 10 01 plus either ISO form CG 20 10 10 01 or CG 20 33 10 01; or (iii) on such other forms which provide coverage at least equal to or better than form CG 20 10 11 85.

11. **Indemnification.** The parties hereto shall indemnify, defend and hold harmless, the other party, and that party's officers, agents and employees from and against any and all claims, losses, liabilities, damages, demands and actions (all collectivity referred to herein as "liability") arising out of each party's respective performance of this Agreement.

Any amendments or modifications to this MOU must be made in writing and signed by both Parties.

IN WITNESS TO WHICH, each party to this agreement has signed this agreement upon the date indicated, and agrees for itself, its employees, officers, partners, and successors, to be fully bound by all terms and conditions of this agreement.

APPROVED AS TO CONTENT:

Behavioral Health and Recovery Services

COUNTY OF KERN

Board of Supervisors

By: Alison Burrowes
Alison Burrowes, MA, LCSW Director

By: _____
_____, Chairman

APPROVED AS TO FORM:

Office of the County Counsel

TARZANA TREATMENT CENTERS, INC.

By: Kyle W. Holmes
Kyle W. Holmes, Deputy

By: Albert Senella
Albert Senella, President & CEO

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

EXHIBIT A
TARZANA TREATMENT CENTERS, INC.
FISCAL YEAR 26-27
ADOLESCENT LEVELS OF CARE FOR
SUBSTANCE USE DISORDERS, CO-OCCURRING DISORDERS

Description	Rate/Unit
Adolescent Residential (ASAM 3.1)	\$ 251.35 per day
Adolescent Residential (ASAM 3.5)	\$ 286.11 per day
Adolescent Residential Withdrawal Management 3.2 (ASAM 3.2-WM)	\$ 458.83 per day
Room & Board Daily Rate	\$ 25.00 per day
Primary Care Visit	\$ 233.00/ visit

Description	Unit	Medical Assistant	LVN	Peer Recovery Specialist	Registered/ Certified Counselor	LPHA and License-Eligible LPHA	Psychologist	RN	PA	Nurse Practitioner	Physician
SUD Care Coordination	15 min	N/A	N/A	N/A	\$65.26	\$74.93	\$ \$115.79	\$116.94	\$129.12	\$143.16	\$287.89
Peer Support (H0038)	15 min	N/A	N/A	\$59.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peer Support (H0025)	15 min	N/A	N/A	\$13.15	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Recovery Services	15 min	N/A	N/A	N/A	\$65.26	\$74.93	\$ \$115.79	\$116.94	\$129.12	\$143.16	\$287.89
MAT Services	15 min	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$129.12	\$143.16	\$287.89
Oral Medication, Direct Observation (H0033)	15 min	\$42.26	\$61.52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Approved by:

Kern County Behavioral Health & Recovery Services

Alison Burrowes, MA, LCSW Director

Alison Burrowes

Signature
8/10/2026

Date

Tarzana Treatment Centers, Inc.

Albert Senella, President/ CEO

Albert Senella

Signature
8/10/2026

Date

EXHIBIT B
TARZANA TREATMENT CENTERS, INC.
ADOLESCENT LEVELS OF CARE FOR
SUBSTANCE USE DISORDERS, CO-OCCURRING DISORDERS
SINGLE CASE AGREEMENT

[COUNTY LETTERHEAD]

DATE

Albert Senella, President/ CEO
Tarzana Treatment Centers, Inc.
18646 Oxnard St.
Tarzana, CA 91356
Via Email to: ttcadmin@tarzanatc.org

Re: Letter of Commitment for Payment

Dear Mr. Senella:

This Letter of Commitment to Pay ("Letter of Commitment") informs Tarzana Treatment Centers, Inc. ("Contractor") that the County of [ENTER NAME] ("County") will pay for Substance Use Disorder (SUD) and Co-Occurring Disorders Residential Services provided to the client [Initials of Patient Name, DOB XXXX] ("the client"). Authorization begins upon the client's admission. The expected duration of the placement is 30 days from date of admission. The total payment to Contractor for services provided to the client during the duration of the placement shall not exceed TWENTY THOUSAND DOLLARS (\$20,000).

Description	Rate/Unit
Adolescent Residential (ASAM 3.1)	\$ 251.35 per day
Adolescent Residential (ASAM 3.5)	\$ 286.11 per day
Adolescent Residential Withdrawal Management 3.2 (ASAM 3.2-WM)	\$ 458.83 per day
Room & Board Daily Rate	\$ 25.00 per day
Primary Care Visit	\$ 233.00/ visit

Description	Unit	Medical Assistant	LVN	Peer Recovery Specialist	Registered/Certified Counselor	LPHA and License-Eligible LPHA	Psychologist	RN	PA	Nurse Practitioner	Physician
SUD Care Coordination	15 min	N/A	N/A	N/A	\$65.26	\$74.93	\$ \$115.79	\$116.94	\$129.12	\$143.16	\$287.89
Peer Support (H0038)	15 min	N/A	N/A	\$59.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peer Support (H0025)	15 min	N/A	N/A	\$13.15	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Recovery Services	15 min	N/A	N/A	N/A	\$65.26	\$74.93	\$ \$115.79	\$116.94	\$129.12	\$143.16	\$287.89
MAT Services	15 min	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$129.12	\$143.16	\$287.89
Oral Medication, Direct Observation (H0033)	15 min	\$42.26	\$61.52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

By accepting placement of the client, Contractor certifies and warrants:

- the person this letter is addressed to has authority to bind the agency to the terms of this Letter of Commitment;
- Contractor will maintain required insurance coverage
- it will adhere to applicable laws and regulations and standard of care requirements; it meets all licensing and certification requirements necessary for the agency, staff, and facility to legally perform these services in good standing and will continue to meet these standards; and the agency, including any of its officers, agents, employees, contractors, subcontractors, volunteers or five percent owners are not presently excluded from participation in State or Federal programs.

This Letter of Commitment will become null and void if the client is not accepted into Contractor's program (or facility.) If you have any questions or concerns regarding coordinating the client's admission or client care, please contact [ENTER CONTACT INFORMATION].

For questions or concerns, please contact me at [ENTER PHONE] or at [EMAIL ADDRESS].

Sincerely,

Authorized Official
Title