



**Contract Number**

16-409 A-4

**SAP Number**

4400002836

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Paul Lindenberg
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	High Desert Child, Adolescent and Family Services, Inc.
<b>Contractor Representative</b>	Shannon Baird
<b>Telephone Number</b>	(760) 243-7157
<b>Contract Term</b>	July 1, 2016 – December 31, 2021
<b>Original Contract Amount</b>	\$2,280,615
<b>Amendment Amount</b>	\$228,062
<b>Total Contract Amount</b>	\$2,508,677
<b>Cost Center</b>	1018511000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and High Desert Child, Adolescent and Family Services, Inc. referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 16-409** 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 \$228,062 shall increase the total contract amount from \$2,280,615 to \$2,508,677 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

High Desert Child, Adolescent and Family  
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: July 1, 2021- December 31, 2021

Contractor Name: High Desert Center  
Facility Address: 16248 Victor Street  
Victorville, Ca 92395  
Provider Number (36xx): 3634

Prepared by: Shannon Baird  
Title: Executive Director  
Date Prepared: 3/10/2021

Service Level	FUNDING SOURCE	Drug Medi-Cal	CalWORKs	CFS	Perinatal	TOTAL
2.1	<b>Intensive Outpatient Treatment (IOT)</b>					
	Cost - Individual IOT	\$ 45,707				\$ 45,707
	Units of Service (15 minute increment)	2,005				2,005
	Interim Rate	\$ 22.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
	Cost - Group IOT	\$ 95,000				\$ 95,000
	Units of Service (15 minute increment)	4,166				4,166
	Interim Rate	\$ 22.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
	<b>IOT Case Management</b>					
	Cost					\$ 0
	Units of Service (15 minute increment)					0
	Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
	<b>Physician Consultation</b>					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	<b>Additional Medication Assisted Treatment (MAT)</b>					
	Cost					\$ 0
	Units of Service (15 minute increment)					\$ 0
	Interim Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	<b>SUMMARY OF ALL SERVICES</b>					
	Total Service Costs	\$ 140,707	\$ 0	\$ 0	\$ 0	\$ 140,707
	Units of Service (15 minute increment)	6,171	0	0	0	6,171
	<b>NON-DMC REIMBURSABLE COSTS</b>				\$ 87,355	\$ 87,355
	<b>GRAND TOTALS</b>	\$ 140,707	\$ 0	\$ 0	\$ 87,355	\$ 228,062

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

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

PROVIDER NAME: **High Desert Center**  
FACILITY ADDRESS: **16248 Victor Street**  
**Victorville, Ca 92395**  
PROVIDER NUMBER : (36XX) **3634**

PREPARER: **Shannon Baird**  
TITLE: **Executive Director**  
DATE PREPARED: **3/10/2021**

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
Counselor 1	\$ 19,200	\$ 1,843	\$ 21,043	100.0%	\$ 21,043
Counselor 2	\$ 19,200	\$ 1,843	\$ 21,043	100.0%	\$ 21,043
Counselor 3	\$ 19,200	\$ 1,843	\$ 21,043	100.0%	\$ 21,043
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TOTAL COST	\$ 63,129
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SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT

DM C Budget Detail  
BUDGET PERIOD: July 1, 2021- December 31, 2021  
PROVIDER NAME: High Desert Center

\* 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	\$ 63,129	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 200	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Rent and Lease Equipment	\$ 7,300	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 300	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Miscellaneous Supplies		
<b>Operating Expenses</b>		
Communications	\$ 3,031	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Depreciation - Structures and Improvements		
Household Expenses	\$ 1,505	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Insurance	\$ 3,000	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Internet Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 2,532	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Miscellaneous Expense		
Office Expense	\$ 7,993	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Publications and Legal Notices		
Rents & Leases - Land, Structures, and Improvements	\$ 8,789	Facilities costs of rent are allocated based on square footage used for this contract.
Taxes and Licenses	\$ 310	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Drug Screening and Other Testing	\$ 5,180	Ratio and proportion allocated at 43% of total cost, due to perinatal is 43% of all services contracted.
Utilities	\$ 5,238	Facilities costs of rent are allocated based on square footage used for this contract.
Other		
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services		
<b>Transportation</b>		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Indirect Costs	\$ 5,972	10 percent derivative of Admin. Program Manager, Executive Director and Financial Specialist
OTHER	\$ 26,250	Medical Director (See Doctors budgets)
TOTAL OPERATING EXPENSES	\$ 77,578	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 140,707	

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

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

PROVIDER NAME: High Desert Center  
FACILITY ADDRESS: 16248 Victor Street  
Victorville, Ca 92395  
PROVIDER NUMBER : (36XX) 3634

PREPARER: Shannon Baird  
TITLE: Executive Director  
DATE PREPARED: 3/10/2021

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
Van Driver	\$ 15,360	\$ 1,843	\$ 17,203	100.0%	\$ 17,203
Childcare Worker	\$ 15,360	\$ 1,843	\$ 17,203	100.0%	\$ 17,203
Therapist	\$ 33,600	\$ 4,032	\$ 37,632	100.0%	\$ 37,632
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TOTAL COST	\$ 72,038
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SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT  
Non-DM C Budget Detail  
BUDGET PERIOD: July 1, 2021 - December 31, 2021  
PROVIDER NAME: High Desert Center

*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	\$ 72,036	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 813	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 53	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Miscellaneous Supplies		
<b>Operating Expenses</b>		
Communications	\$ 317	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Depreciation - Structures and Improvements		
Household Expenses	\$ 477	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Insurance	\$ 223	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 261	Ratio and proportion allocated at 10% of total cost, due to perinatal is 43% of all services contracted.
Miscellaneous Expense		
Office Expense		
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 1,208	Facilities costs of rent are allocated based on square footage used for this contract.
Taxes and Licenses		
Drug Screening and Other Testing		
Utilities	\$ 341	Facilities costs of rent are allocated based on square footage used for this contract.
Other	\$ 1,872	Children's expense for toys, projects, learning skill objects, babywipes, etc.
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services		
<b>Transportation</b>		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles	\$ 8,444	This is cost to provide transportation to perinatal clients in only this contract this contract.
Rents & Leases - Vehicles		
Depreciation - Vehicles	\$ 1,319	This is cost for vehicle to provide transportation to perinatal clients in this contract.
<b>Other Costs</b>		
Administrative Indirect Costs		
OTHER		
TOTAL OPERATING EXPENSES	\$ 15,317	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 87,353	