

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

22-471 A-3

SAP Number

4400019649 – Total Contract

4400014427 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	High Desert Child, Adolescent and Family Services Center, Inc.
Contractor Representative	Shannon Baird
Telephone Number	(760) 243-7151
Contract Term	July 1, 2022 through June 30, 2027
Original Contract Amount	\$3,101,210
Amendment Amount	\$0
Total Contract Amount	\$3,101,210
Total Aggregate Amount Term	July 1, 2022 through June 30, 2025
Total Aggregate Amount – For Clients referred by CFS	\$2,400,000
Cost Center	1018511000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-471** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment, and Recovery Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to, effective July 1, 2024:

I. **ARTICLE V FUNDING**, paragraph K is hereby amended to read as follows:

- K. The maximum financial obligation under this contract shall not exceed \$3,101,210 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$1,600,000 to \$2,400,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family Services for fiscal years 2022-23, 2023-24, and 2024-25.

- II. Exhibit I Schedules for FY 2024-25 is hereby replaced.

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.

SAN BERNARDINO COUNTY

► Dawn Rowe
Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 11 2024
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 San Bernardino County

By [Signature]
Deputy



High Desert Child, Adolescent and Family Services Center, Inc.

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

By [Signature]
03536C308 (B7457)
(Authorized signature - sign in blue ink)

Name Shannon Baird
(Print or type name of person signing contract)

Title Executive Director
(Print or Type)

Dated: 5/28/2024

Address 16248 Victor St., Victorville, CA 92395

FOR COUNTY USE ONLY

Approved as to Legal Form
► Dawn Martin
Dawn Martin, Deputy County Counsel
Date 5/28/2024

Reviewed for Contract Compliance
► Ellayna Hoatson
Ellayna Hoatson, Contracts Supervisor
Date 5/28/2024

Reviewed/Approved by Department
► Georgina Yoshioka
Georgina Yoshioka, Director
Date 5/28/2024

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
 Budget Detail

BUDGET PERIOD: July 1, 2024 - June 30, 2025
 PROVIDER NAME: [Redacted]

*Please read, carefully by line item. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, PIR, etc.). For example, show how indirect costs or overhead were calculated.

170	120	121
Schedule of Expenditures for Costs	Costs	Cost Allocation Explanations
TOTAL BALANCES AND BENEFITS	1	63,362
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$	2,000
Printing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Towing		
Miscellaneous Supplies		
Utilities Expenses		
Communications	\$	4,000
Depreciation - Structures and Improvements		
Household Expenses	\$	5,000
Insurance	\$	3,000
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$	8,100
Postage and Legal Notes		
Rentals - Leases - Land, Structure, and Improvements	\$	24,700
Taxes and Licenses		
Drug Screening and Other Testing	\$	10,100
Utilities	\$	4,000
Other		
Professional and Special Services		
Pharmaceuticals		
Professional and Special Services	\$	1,000
Transportation		
Transportation		
Travel		
Gas, Oil & Maintenance - Vehicles		
Rentals - Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$	15,000
OTHER	\$	24,462
TOTAL OPERATING EXPENSES	1	104,067
PERIODIC AGENCY REVENUES		
TOTAL EXPENDITURES	\$	104,067

High Detail Code Provide Number: 801

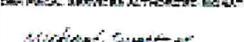
SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2024 - June 30, 2025

Contractor Name: High Desert Center Prepared By: Shannon Baird
 Facility Address: 1025 Highway 60 Title: Executive Director
High Desert Center Date Prepared: 4/11/2024
 Provider Number (2844): 0001

FUNDING SOURCE	Drug Med-Cat	Outreach	AI/CM	Total	Block Grant	TOTAL
Outpatient Treatment (OPRT)						
Cost - Individual Counseling	3	10,000		3	1,000	34,000
Units of Service (15 minute increments)		1,000		60	180	2,200
Rate/Unit	3	10.00	3	0.00	0.00	12.00
Cost - Group Counseling	3	10,000		3	2,000	17,000
Units of Service (15 minute increments)		1,000		10	60	1,124
Rate/Unit	3	10.00	3	0.00	0.00	12.00
Intensive Outpatient Treatment (IOT)						
Cost - Individual Counseling	3	10,000		3	1,000	34,000
Units of Service (15 minute increments)		1,000		60	180	2,200
Rate/Unit	3	10.00	3	0.00	0.00	12.00
Cost - Group Counseling	3	10,000		3	1,000	34,000
Units of Service (15 minute increments)		1,000		10	60	1,124
Rate/Unit	3	10.00	3	0.00	0.00	12.00
Early Afternoon Shift Treatment (EAS)						
Cost - Individual Counseling				3	1,000	1,000
Units of Service (15 minute increments)				60		60
Rate/Unit				15.00		15.00
Cost - Group Counseling				3	500	500
Units of Service (15 minute increments)				30		30
Rate/Unit				15.00		15.00
Recovery Services (RS)						
Cost - Individual Counseling	3	10,000		3	2,000	18,100
Units of Service (15 minute increments)		1,000		60	180	1,218
Rate/Unit	3	10.00		0.00	0.00	12.00
Cost - Group Counseling	3	11,070		3	1,000	12,070
Units of Service (15 minute increments)		1,107		10	60	1,177
Rate/Unit	3	10.00		0.00	0.00	12.00
Cost - Family Therapy	3	1,000		3	500	1,500
Units of Service (15 minute increments)		60		30	20	80
Rate/Unit	3	15.00		0.00	0.00	15.00
Cost - Recovery Mentoring	3	500		3	500	1,000
Units of Service (15 minute increments)		30		30	20	60
Rate/Unit	3	15.00		0.00	0.00	15.00
Case Management (CM) SERVICES						
Cost - CM Case Management	3	500		3	200	800
Units of Service (15 minute increments)		30		10	10	60
Rate/Unit	3	15.00	3	0.00	0.00	15.00
Cost - IOT Case Management	3	500		3	200	800
Units of Service (15 minute increments)		30		10	10	60
Rate/Unit	3	15.00	3	0.00	0.00	15.00
Cost - EAS Case Management				3	200	200
Units of Service (15 minute increments)				10		10
Rate/Unit				15.00		15.00
Cost - RS Case Management	3	200		3	174	374
Units of Service (15 minute increments)		10		10	10	20
Rate/Unit	3	15.00		0.00	0.00	15.00
Physician Consultation						
Cost						0
Units of Service (15 minute increments)						0
Rate/Unit	3	0.00	3	0.00	0.00	0.00
Medication Assisted Treatment (MAT)						
Cost						0
Units of Service (15 minute increments)						0
Rate/Unit	3	0.00	3	0.00	0.00	0.00
SUMMARY OF ALL SERVICES						
Total Costs	3	119,270	0	0	0	119,270
Units of Service (15 minute increments)		11,240	0	0	270	11,510

* Round Costs to nearest dollar

APPROVED:	PROVIDER:	PROVIDER NAME:	DATE:
		Shannon Baird	Apr 11, 2024
PROVIDER AUTHORIZED SIGNATURE:	PROVIDER NAME:	PROVIDER NAME:	DATE:
	Anthony Altamirano	Anthony Altamirano	Apr 11, 2024
DEPARTMENTAL SERVICES AUTHORIZED SIGNATURE:	PROVIDER NAME:	PROVIDER NAME:	DATE:
	Michael Sweitzer	Michael Sweitzer	Apr 16, 2024
DEPARTMENTAL MANAGER or DIRECTOR SIGNATURE:	PROVIDER NAME:	PROVIDER NAME:	DATE:

Provider Service Include	ICD-10 Code	ICD-9 Code	ICD-10 Code	ICD-9 Code	Payment Agency
Recovery Case	ICD-10	ICD-9	ICD-10	ICD-9	Rate C-CP
Recovery Case	ICD-10	ICD-9	ICD-10	ICD-9	Rate C-CP

SAN MATEO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail
BUDGET PERIOD: 10/01/2024 - 09/30/2025
PROGRAM: 60000 - High Demand Cases

Please mark amounts by function. Provide an explanation for any deviation of all figures from location, quantity, transfer, PTA, etc. For example, when you indicate costs to external vendors, include:		
01	02	03
Schedule of Expenditures by Code	Code	Cost Accounting Element
TOTAL SALARIES AND BENEFITS	1	115,919
Equipment, Materials and Supplies		
Depreciation - Equipment		
Materials - Equipment		
Medical, Dental and Laboratory Supplies		
Medical/Dental		
Print and Lease Equipment	1	2,417 Equip
Clothing and Personal Supplies		
Fuel		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Maintenance Supplies		
Construction Expenses		
Construction	1	2,245 Other and Unknown
Depreciation - Structures and Improvements		
Structural Expenses	1	6,690 Other: Pallets, paper, books, and reading supplies
Utilities	1	2,245 Utilities, Gas, and Other Expenses
General Expenses		
Asset Property Maintenance - Structures, Improvements and Supplies		
Administration - Structures, Improvements, and Supplies		
Maintenance Expenses		
Office Expenses	1	4,177 Equipment (by purchase)
Publications and Legal Notices		
Rent & Lease - Land, Buildings, and Improvements	1	26,170 Rental of property
Taxes and Licenses		
Trg, Recurring and Other Training	1	18,000 Drug testing, supplies and liability
Utilities	1	2,720 Utilities and Gas
Other		
Professional and Special Services		
Pharmaceuticals		
Professional and Special Services	1	1,900 IT and Accounting Firm
Transportation		
Transportation		
Taxes		
Rent, Oil & Maintenance - Vehicles		
Rent & Lease - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Subsidy Costs	1	22,875 Management Support of Admin, Program Support, Executive Director and Physical Services
OT/PT	1	40,650 DIRECT COST: Clinician, Medical Director
TOTAL OPERATING EXPENSES	1	158,841
FINANCIAL ASSISTANCE REVIEW		
TOTAL EXPENSES/PROGRAM	1	274,280

High Demand Cases Program Number: 500

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

BUDGET PERIOD: July 1, 2024 - June 30, 2025

Contract Name: High-Cost Center Prepared by: Shannon Baird
 Facility Address: 16248 Vista Street Title: Executive Director
Van Nuys, CA 91411 Date Prepared: 04/03/24
 Provider Number (2024): 3014

FUNDING SOURCE	Drug Med-Cat	CalWORKs	AB 109	Youth	Block Grant	TOTAL
Outpatient Treatment (OUP)						
Cost - Individual Counseling	\$ 21,000			\$ 4,000	\$ 12,000	\$ 37,000
Units of Service (15 minute increments)	2,100			201	784	3,085
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 15.00	\$ 15.30	\$ 15
Cost - Group Counseling	\$ 28,000			\$ 2,000	\$ 12,815	\$ 42,815
Units of Service (15 minute increments)	2,800			140	771	3,711
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 15.00	\$ 15.30	\$ 15
Intensive Outpatient Treatment (IOP)						
Cost - Individual Counseling	\$ 20,000				\$ 1,000	\$ 21,000
Units of Service (15 minute increments)	2,000				100	2,100
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10.00	\$ 10
Cost - Group Counseling	\$ 20,000				\$ 1,200	\$ 21,200
Units of Service (15 minute increments)	2,000				70	2,070
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10.30	\$ 10
Rapid Response Treatment (RR)						
Cost - Individual Counseling				\$ 500		\$ 500
Units of Service (15 minute increments)				20		20
Flat/Floor Rate				\$ 15.00		\$ 15
Cost - Group Counseling				\$ 100		\$ 100
Units of Service (15 minute increments)				40		40
Flat/Floor Rate				\$ 15.00		\$ 15
Recovery Services (RS)						
Cost - Individual Counseling	\$ 10,100				\$ 4,000	\$ 14,100
Units of Service (15 minute increments)	1,010				201	1,211
Flat/Floor Rate	\$ 10.00				\$ 15.30	\$ 15
Cost - Group Counseling	\$ 11,213				\$ 2,000	\$ 13,213
Units of Service (15 minute increments)	1,121				140	1,261
Flat/Floor Rate	\$ 10.00				\$ 15.30	\$ 15
Cost - Family Therapy	\$ 1,000				\$ 500	\$ 1,500
Units of Service (15 minute increments)	100				20	120
Flat/Floor Rate	\$ 10.00				\$ 15.30	\$ 15
Cost - Recovery Monitoring	\$ 500				\$ 500	\$ 1,000
Units of Service (15 minute increments)	50				20	70
Flat/Floor Rate	\$ 10.00				\$ 15.30	\$ 15
Case Management (COM/OT/RRS)						
Cost - OUP Case Management	\$ 500			\$ 500	\$ 200	\$ 1,200
Units of Service (15 minute increments)	50			10	10	70
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 15.00	\$ 15.30	\$ 15
Cost - IOP Case Management	\$ 500			\$ 200	\$ 200	\$ 900
Units of Service (15 minute increments)	50			10	10	70
Flat/Floor Rate	\$ 10.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15
Cost - RS Case Management	\$ 500			\$ 500		\$ 1,000
Units of Service (15 minute increments)				10		10
Flat/Floor Rate				\$ 15.30		\$ 15
Cost - RR Case Management	\$ 500				\$ 114	\$ 614
Units of Service (15 minute increments)	50				11	61
Flat/Floor Rate	\$ 10.00				\$ 15.30	\$ 15
Physician Consultation						
Cost						\$ 0
Units of Service (15 minute increments)						0
Flat/Floor Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)						
Cost						\$ 0
Units of Service (15 minute increments)						0
Flat/Floor Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES						
Total Costs	\$ 120,013.00	\$ -	\$ -	\$ 6,500.00	\$ 24,415.00	\$ 150,928.00
Units of Service (15 minute increments)	12,001.00	-	-	512.10	2,251.40	14,764.50

APPROVAL:	PRINTED NAME	
<u>[Signature]</u>	Shannon Baird	Apr 11, 2024
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME	SATF
<u>[Signature]</u>	Anthony Altamirano	Apr 11, 2024
DEB PSICAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	SATF
<u>[Signature]</u>	Michael Sweitzer	Apr 16, 2024
DEB PROGRAM MANAGER w/ DRUGSIT SIGNATURE	PRINTED NAME	SATF

Program Name	OSHA No.	OSHA No.	Agency	Program Agency	Program Agency
Substance Abuse Treatment & Recovery	10 170	10 170	SABT	SABT/RA	Rate CHCR
Recovery	10 170	10 170	Recovery	Recovery	Rate CHCR