



**Contract Number**

**20-488 A-2**

**SAP Number**

**4400014179**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Tamela Hutchinson
<b>Telephone Number</b>	909-388-0861
<b>Contractor</b>	High Desert Child, Adolescent and Family Services Center, Inc.
<b>Contractor Representative</b>	Shannon Baird
<b>Telephone Number</b>	760-243-7151
<b>Contract Term</b>	July 1, 2020 – September 30, 2024
<b>Original Contract Amount</b>	\$1,657,559
<b>Amendment Amount</b>	\$291,940
<b>Total Contract Amount</b>	\$1,949,499
<b>Cost Center</b>	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. 20-488 by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Non Residential Drug Court services which Contract first became effective July 1, 2020, the following changes are hereby made and agreed to, effective January 1, 2024:

- I. ARTICLE IV FUNDING, paragraphs K and L are hereby amended and paragraphs M and N are hereby added to read as follows:
  - K. The contract amendment amount of \$291,940 shall increase the total contract amount from \$1,657,559 to \$1,949,499 for the contract term.
    - Fiscal Year 2023-2024 – Increase of \$228,293.50 (Includes startup costs of \$101,000)
    - Fiscal Year 2024-2025 – Increase of \$63,646.75

- L. This amendment hereby revises Schedules A and B for FYs 2023-2024 and FY 2024-2025 as set forth in Exhibit I. All previously approved schedules remain in effect.
- M. Contractor will assume responsibility of Non Residential Drug Court services being relinquished by Mental Health Systems, Inc. To accomplish a rapid start-up of services the following is agreed to:
  - 1. Contractor cannot exceed their current contract maximum amounts prior to approval and execution of the contract amendment by the County.
  - 2. In order for Contractor to rapidly get these programs operational and fully functional as of January 1, 2024 there is an agreement that Contractor may include up to \$101,000 in addition to the standard invoicing done for the current program operations in the December 2023 through June 2024 invoices, which will be submitted in January through July 2024.
  - 3. Invoices for July 2024 forward will only include actual costs.
  - 4. All invoices that include these start-up costs will be reconciled against actual start-up costs in the June invoice, to be submitted in July 2024.
  - 5. Total invoices for the implementation and operation of these additional programs through June 30, 2024, shall not exceed the maximum contract amount specified for FY23-24.
- N. The allowable funding sources for this Contract may include: 2011 Realignment, Federal Financial Participation Drug Medi-Cal, and Substance Use Prevention, Treatment and Recovery Services Block Grant, through a Memorandum of Understanding. Federal funds may not be used as match funds to draw down other federal funds.

II. ARTICLE XIX PERSONNEL, paragraphs M and N are hereby added to read as follows:

M. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

N. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment IV - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the

District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

- III. ADDENDUM II AGREEMENT FOR THE PROVISION OF SUBSTANCE USE DISORDER SERVICES NON-RESIDENTIAL DRUG COURT SERVICES is hereby replaced with revised ADDENDUM II.
- IV. This amendment hereby adds Exhibit I Schedules A and B for FY 2023-2024 and FY 2024-2025.
- V. This amendment hereby adds ATTACHMENT IV CAMPAIGN CONTRIBUTION DISCLOSURE FORM (SB 1439)

- VI. All other terms, conditions and covenants in the basic agreement remain in full force and effect.
- VII. 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, Chair, 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 San Bernardino County

By \_\_\_\_\_  
Deputy

High Desert Child, Adolescent and Family  
Services Center, 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 16241 Victor street  
Victorville, Ca 92395

**FOR COUNTY USE ONLY**

Approved as to Legal Form

 \_\_\_\_\_  
Dawn Martin, Deputy County Counsel


Date: \_\_\_\_\_

Reviewed for Contract Compliance

 \_\_\_\_\_  
Ellayna Hoatson, Contracts Supervisor

Date: \_\_\_\_\_

Reviewed/Approved by Department

 \_\_\_\_\_  
Georgina Yoshioka, Director

Date: \_\_\_\_\_

**AGREEMENT FOR THE PROVISION OF  
SUBSTANCE USE DISORDER SERVICES  
NON-RESIDENTIAL DRUG COURT SERVICES**

**CONTRACTOR NAME:** High Desert Child, Adolescent and Family Services Center, Inc.

A. Contractor shall provide Non-Residential Drug Court services as defined herein to San Bernardino County residents.

B. **FACILITY LOCATIONS:**

Contractor shall provide the above services in and from the following address effective the start of the contract period:

**High Desert Child, Adolescent and Family Services Center**

**16248 Victor St.**

**Victorville, CA 92395**

Contractor shall provide the above services in and from the following address within nine (9) months from the execution of this amendment:

**High Desert Child, Adolescent and Family Services Center**

**58945 Business Center Dr. Suite J**

**Yucca Valley, CA 92284**

C. **SERVICE DESCRIPTION:**

Contractor shall provide Substance Use Disorder Services Non-Residential Drug Court services in accordance with the following description:

1. The San Bernardino County Department of Behavioral Health (DBH), Substance Use Disorder and Recovery Services (SUDRS) have implemented a coordinated network of substance use disorder prevention, treatment and recovery services which are provided through contractors and County clinics. Each Contractor agrees that every effort shall be made to make all services available through the coordinated network including its various levels of care: prevention, residential treatment, withdrawal management (detoxification), outpatient, intensive outpatient treatment, and medication assisted treatment.
2. Each Contractor agrees to provide all potential clients access to this network of services and system of care through a consistent evaluation process to determine the appropriate ASAM Criteria level of care.

**D. SPECIFIC RESPONSIBILITIES:**

## 1. Program Description

a. General Program Information, Guidelines, and Requirements -Adult and Juvenile Drug Court Programs1) Program General Description, Responsibilities and Qualifications  
- Adult and Juvenile Drug Court Programs

The Contractor shall provide Outpatient and Intensive Outpatient Substance Use Disorder Treatment Drug Court services in accordance with the following description:

- a) The County of San Bernardino Department of Behavioral Health, Substance Use Disorder and Recovery Services is in search of providers in San Bernardino County with extensive experience in providing substance use disorder treatment to Drug Court clients and also offers integrated co-occurring disorder treatment. At a minimum, providers must have the ability to identify underlying co-occurring disorders as well as targeted substance use disorder symptoms and treatment. The importance of combining strategies from the fields of psychiatry and addiction therapies is that the combined strategies can assist in lowering relapse rates, reduce recidivism and foster long-term abstinence.
- b) The DBH-SUDRS provides a coordinated network of substance use prevention, treatment and recovery services which are provided through subcontractors and county clinics. Each Contractor agrees that every effort shall be made to make all services available through the coordinated network including its various levels of care: prevention, residential treatment, withdrawal management (detoxification), outpatient, intensive outpatient, community- based recovery centers, and Narcotic Treatment Programs.
- c) Eligible clients will have consented to therapeutic treatment as an alternative approach to incarceration for non-violent criminal offenses. It is estimated clients will need approximately 18-20 months of treatment for adults and at minimum eight (8) months for juveniles. Services will include treatment recommendations made to the Court; substance use disorder treatment services including services and interventions for co-occurring clients. Providers will provide evidence-based services, fostering recovery and resiliency for adults with mental co-occurring disorders.
- d) A minimum of two evidence-based, age appropriate models (with supporting evidenced-based curriculum) will be used by all Drug Court programs and program staff shall be adequately trained in the curriculum being utilized at the treatment facility. The evidence-based model is a comprehensive approach integrating therapeutic components of Cognitive Behavioral Therapy,

## Motivational

Interviewing, Marriage and Family Therapy, Contingency Managements, individual and group psycho educational components. In addition self-help groups or other recovery-conducive groups, and social support are also encouraged program considerations. The integration of all components, as applicable, results in a multi-format program that covers individual and conjoint therapy, early recovery skills, and relapse prevention, family education, social support, and clinical utilization of drug testing. For example; the Matrix Model is an evidence-based treatment model for stimulant drug use disorders. It has been widely used for clients with cocaine and methamphetamine substance use disorders. The Matrix Model is recognized by SAMHSA, the Center for Substance Abuse Treatment (CSAT), National Institute on Drug Abuse (NIDA), and the Office of National Drug Control Policy and Department of Justice (National Synthetic Action Plan).

- e) The Program Scope of Services must be based on Units of Service. Contractors must indicate the Units of Service it intends to provide and the cost per unit. In addition, Contractors are to indicate the cost per individual treatment episode. At a minimum, services for Outpatient and Intensive Outpatient Treatment Drug Court shall include:
- Intake
  - Individual Counseling
  - Group Counseling
  - Family Therapy
  - Client Education
  - Medication Services
  - Collateral Services
  - Crisis Intervention Services
  - Individual Treatment Planning
  - Discharge Services
  - Health Services
  - Independent Living Skills/ Transitional Aged Life **Skills**
  - Drug Testing
  - Referrals to outside agencies as needed for co-occurring disorders and medical care
  - Consideration for MAT as recommended
- f) Treatment shall be individualized for each client, therefore;

culture, ethnicity, age and gender information gathered through the comprehensive assessment process play an important role in developing the Individualized Treatment Plan (ITP) and each client's treatment goals.

- g) Specific group topics including violence prevention, anger management, victimization issues, and values/moral decision-making skills will be incorporated into the program as needed, adding gender and cultural perspectives, when relevant. These groups will be provided by qualified staff.
  - h) Additional group topics such as independent living skills can be provided by qualified staff, community member or other outside resources coordinated by the Contractor.
  - i) The Contractor will work closely with the Treatment Court Coordinator to incorporate specific relevant topics into the treatment curriculum.
- 2) Program Staff Requirements
- a) Staffing levels and qualifications shall be appropriate to meet the needs of the clients. Professional staff shall be licensed, registered, certified or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:
    - Physicians,
    - Nurse Practitioners,
    - Physician Assistants,
    - Registered Nurses,
    - Registered Pharmacists,
    - Licensed Clinical Psychologist (LCP),
    - Licensed Clinical Social Worker (LCSW),
    - Licensed Professional Clinical Counselor (LPCC),
    - Licensed Marriage and Family Therapist (LMFT)
    - Licensed-eligible practitioners working under the supervision of licensed clinicians
  - b) Program staffing levels must meet current requirements of the State. Program staff must also meet the current State certification/licensing requirements.
  - c) All staff providing treatment services will be regular paid employees, interns or volunteers. Interns and volunteers must be supervised by regular staff. Participants of the program may not substitute for regular staff, interns or volunteers.

## ADDENDUM II

- d) A minimum of one (1) on-site staff member will be certified in cardiopulmonary resuscitation (CPR) and Basic First Aid to provide coverage at all times clinics are open for services.
- e) Staff shall have specific training and/or expertise in Substance Use Disorder (SUD) treatment in accordance with state requirements. Primary service delivery staff must be registered/certified by a State approved organization.
- f) Staff shall be trained to provide assessment and evaluations; shall be familiar with and trained in ASAM criteria, Outpatient and IOT services, referral services; and shall have the expertise in crisis intervention, psychosocial assessment, and treatment planning, if required, based on their staff position.
- g) At a minimum, all Selected Contractors management and staff conducting assessments shall complete two (2) ASAM e-Training modules:
  - i. ASAM Multidimensional Assessment
  - ii. From Assessment to Service Planning and Level of Care

A third module is recommended, but shall not be mandatory:

- iii. Introduction to the **ASAM** criteria
- h) At least thirty (30) percent of staff providing counseling services must be licensed or certified pursuant to Title 9, Section 13010 of the California Code of Regulations (CCR) and all other counseling staff shall be registered pursuant to Section 13035.
- i) All licensed, certified or registered counseling staff shall enter their registration or certification information in the DBH

Staff Master which is accessible at:

<http://www.sbcounty.gov/dbh/Staffmaster%20Worksheet/Default.aspx>

Contractors shall update registration or certification via the DBH Staff Master Update at:

<http://www.sbcounty.gov/dbh/Staffmaster/Default.aspx>

- j) A written Code of Conduct must be established for all employees, volunteers, interns and the Board of Directors which shall include, but not be limited to, an oath of confidentiality; standards related to the use of drugs and/or alcohol; staff-client relationships; prohibition of sexual conduct with clients; and conflict of interest. A copy of the Code of Conduct will be provided to each client upon admission to treatment and to each employee, and will be posted in the facility.

3) Collateral Activities and Services - Adult and Juvenile Drug Court Programs

As part of the Drug Court Key Components, the Contractor will participate in the following services which relate to specific elements of the Drug Court Key Components:

- a) Educational Vocational Services (Drug Court Key Component #10)
  - i. For Adult Drug Courts, The Contractor, will secure the assistance of community resources such as community colleges and Adult Learning Centers to provide literacy classes, GED classes, Certificates of Completion, ESL classes and a High School Diploma Program for those who have not completed high school. (approximately 65% projected).
  - ii. For Juvenile Drug Courts, the Contractor will secure the assistance of community resources and if available, School Resource Officers, School Probation Officers and assigned Juvenile Drug Court Probation Officer to obtain youth's educational records and history of behavior that has affected the youth's ability to function and be successful at school. This should include any available records that show the youth having or needing an IEP (Individualized Education Plan).
  - iii. Through a signed authorization (Release of Information), the care coordinator (case manager) will track the client's attendance and participation in educational activities. This information will be passed on to the Drug Court Team (OCT) at the case conference hearings at the court.
  - iv. Education is a high priority with the Drug Court Program. Under the guidance of the Drug Court Judges and with the recommendations from the OCT, every effort is made to assist clients in seeking and receiving resources to help fund educational expenses.
    - During Phase I, the case manager will identify client's educational needs utilizing a biopsychosocial multidimensional assessment. Educational goals will be identified on the ITP.
    - Each Drug Court will provide assistance to clients with seeking resources to obtain funds necessary to help fund educational expenses to assist in achieving educational goals.
    - Care coordinators (Case managers) will provide referrals to local community programs which may assist

the client in achieving educational goals, such as local libraries for computer skills courses, tutoring services, ESL courses if needed.

- The care coordinator (case manager) will assist the client in enrolling in the appropriate level of education.

b) Collateral Services

- i. The care coordinator (case manager) will be responsible for working with the clients to identify their collateral service needs and will ensure that they are met. Use of community services, such as sober living (aka; transitional housing or recovery homes) housing and public transportation, is encouraged.
- ii. The Contractor will assist the client in accessing all the primary and ancillary services needed during the Drug Court Program tenure. As needs emerge, clients will be promptly referred for medical care,
- iii. psychiatric evaluation and therapy, job training, employment, education, legal assistance, transportation and childcare. Referrals will be made and service use coordinated by the Contractor, care coordinator (case managers), counselors and Probation Officers.
- iv. For pregnant and parenting clients, access to public housing, transportation, childcare, community service and other collateral services will be assessed and referrals to appropriate Public Health and Community Service agencies will be made.

c) Case Management (Drug Court Key Component #8)

- i. Care Coordination (case management) will be provided by the Contractor to insure continuity of care, transitions of care and consistency throughout the program.
- ii. The care coordinators (case managers) will provide the initial assessment, coordinate the development of the clients' individual treatment plan and meet weekly with clients in Phase I of the program. Monitoring of the individual treatment plan and client progress will be done on an ongoing basis (every 30 days) and includes the entire Drug Court Team at regular intervals.
- iii. The care coordinator (case manager}, counselors, and collateral staff will meet weekly to discuss client progress and will monitor reviews. Typically, each care coordinator (case manager) will be responsible for 25-30 clients.
- iv. The care coordinator (case manager) will be responsible

for ensuring that collateral services are provided as needed and that clients attend specialized groups or individual counseling sessions.

- v. The care coordinator (case manager) will also ensure that all progress reports are maintained and provided to the OCT on a weekly basis.
- d) Judicial Supervision (Drug Courts Key Component #7)
- i. Through a regularly scheduled Court Calendar and trained Drug Court Judge, judicial supervision begins at the arraignment and continues throughout the program. The DCT will meet for Drug Court Status Hearings (depends on the District- some courts do not meet on a weekly basis). Prior to each hearing, the Drug Court team will hold case conferences to review each client scheduled to appear that day. Progress reports generated by the treatment Provider will provide the DCT with the updated progress of the client.
  - ii. Clients typically appear before the Judge weekly (depending on Jurisdiction) during the first 7-10 weeks of the program. Throughout the rest of Phases I and II, judicial appearances will be based upon: 1) client progress; 2) counselor recommendation; 3) level of functioning; 4) court team approval
  - iii. Court appearances may be reduced to every 3-5 weeks during Phase III. Additional team conferences and client meetings with the DCT will be held when there is a significant change in the client situation. Known obstacles such as positive alcohol/drug test, change in the family status, marital, living or employment situation or some other stressful event could result in a temporary increase in judicial supervision until the client stabilizes. Clients participating in Recovery Services (Aftercare) will be required to attend Court as recommended by the DCT.
  - iv. The role of the DCT is to fully evaluate the client's progress, examine the need for incentives and sanctions or other treatment interventions, and to come to a consensus and appear as a united front in the courtroom regardless of the personal opinions of individual team members.
  - v. Others who might participate in the case conferences are Public Health Nurses as requested by the Court or attorney, law enforcement officers dedicated to the Drug Court, employment counselors or others that have a positive vested interest in the case and have a Release of Information signed by the client, as requested by Court.

e) Drug Testing (Drug Courts Key Component #5)

- i. Clients once accepted into the program will be tested for substance use frequently at any time and any place either by Probation Officers or Treatment Providers (in treatment) throughout the entirety of the program.
- ii. Urine drug testing will be observed by the staff (assigned accordingly by their scope of practice) to ensure freedom from errors.
- iii. Contractors will make sure that staff is trained properly in administering and providing adequate information and following the drug testing policy set forth by the agency.
- iv. Contractors will make sure that staff is trained in properly documenting the outcomes of these drug tests including any requests for lab verifications
- v. Contractors will make sure that staff attending court are trained in proper procedures and protocol to submit such testing results to the Drug Court Team as these results could potentially lead to custody time or a sanction for the client.
- vi. Contractors will make sure they have a proper process to request lab tests from a third party agency that will be providing a quick and swift turn-around in order to have that information available for the next court hearing (if possible).

f) Additional Collateral Services -Juvenile Drug Court Program  
**(Juvenile Program only)**

Phase I: Frequent and observed drug testing Juvenile must attain 30 days of abstinence to be eligible for Phase II)

Phase II: Frequent and observed drug testing (must attain 45 days of consecutive abstinence to be eligible for Phase III)

Phase III: Frequent and observed drug testing (must attain 55 days of consecutive abstinence to be eligible for Phase IV)

Phase IV: Frequent and observed drug testing (must attain 60 days of consecutive abstinence to be eligible for graduation)

Drug tests are administered on-site.

Care coordinators (case managers) and/or drug testing technicians schedule the drug tests and are responsible for observing the tests (85 - 95%). This helps to guard against tampering and adulteration.

Clients call an "800" number daily to see if they are scheduled to provide a drug test. Clients can expect random and for-cause drug tests to be scheduled.

Clients may be randomly selected based on the phase of the program they are participating in and/or based on the counselor's recommendation.

Turnaround time for results is immediate or within 24 hours unless specimen is sent to a lab for confirmation.

Oral, fluid testing, urine analysis presumptive testing and on site lab testing is considered acceptable.

4) Service Coordination and Quality Assurance - Adult and Juvenile Drug Court Programs

Substance Use Disorder and Recovery (SUDRS) shall monitor the progress and quality of care afforded each individual client through a quality improvement process in addition to an analysis of other client information made available through the computerized management information system. The Contractor shall ensure that each client receives service at the appropriate level of care as determined by the clinical application of the **ASAM** criteria after assessment.

The Contractor shall establish outpatient and/or IOT treatment services according to the most recent version of the Alcohol and/or Other Drug Program Treatment Certification Standards.

5) Court Districts to be served:

Victorville Court District.

6) Operational Guidelines - Contractors shall:

- a) Assess the demographic make-up and population trends of the proposed service area(s) to identify cultural and linguistic needs of the target population. Such assessments are critical to designing and planning for the provision of appropriate and effective services.
- b) Verify Medi-Cal eligibility for all clients each month the client is enrolled in the program.
- c) Establish medical necessity through a comprehensive assessment. The initial medical necessity determination shall be provided through a review by a Medical Director or LPHA who will provide a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders (with the exception of Tobacco-Related Disorders and Non- Substance-Related Disorders). After establishing a diagnosis, the **ASAM** criteria will be applied to determine

placement into the appropriate level of care.

- Medical necessity qualification for ongoing services is to be determined at least every six (6) months through the reauthorization process for clients determined by the Medical Director or LPHA to be clinically appropriate.
- d) Attend all meetings held by DBH Program staff regarding program updates, progress, and changes.
- 7) Facility Requirements
- a) Provide all facilities, facility management, supplies and other resources necessary to establish and operate the program.
  - b) Provide prior proper notification to DBH if the facility location will change.
  - c) Business Hours: The clinic location shall maintain, at minimum, "normal business hours" (8 a.m. to 5 p.m.) to allow for public access and County/State oversight.
    - Contractors shall offer clinical services that are sufficient to meet the needs of Drug Court clients enrolled in SUD treatment services.
    - Selected Contractors shall be required to provide a copy of their clinic schedule upon request.
  - d) Contractors shall provide the following for each clinic by the contract start date and maintain these requirements in good standing throughout the term of any contract issued by the County:
    - Current Alcohol and Other Drug (AOD) Certification;
    - Drug Medi-Cal Certification;
    - Business Licenses and/or City/County permits as required; and
    - Zoning and Fire clearances as required.
  - e) Facility shall have sufficient space for services, activities, staff and administrative offices as necessary.
  - f) Obtain and/or maintain a facility location that will be appropriate and accessible for the selected service regions, readily accessible by public transportation, be easily accessible to community services, educational resources, health care facilities, and employment opportunities, and shall be in compliance with Americans with Disabilities Act (ADA) and California State Administration Code Title 24.
  - g) First aid supplies shall be maintained and be readily available in the facility.
- 8) Required Referrals:

- a) Contractors shall refer clients to the appropriate level of care for services that are not provided through the Drug Court program.
  - b) Clients shall be referred promptly for medical and/or psychiatric evaluation when deemed appropriate by staff.
  - c) Contractors shall provide care coordination (case management) services for Drug Court clients. As documented on the treatment plan, care coordination shall provide advocacy and care coordination to physical health, mental health, and transportation, housing, vocational, educational, and transition services for reintegration into the community.
  - d) Contractors shall initiate collaborative community partnerships and service systems. Contractors will establish procedures that will ensure strong, reliable linkages with other community service providers and service organizations for the client's support. These collaborative efforts shall be designed to integrate, coordinate and access necessary support services within the community in order to ensure successful treatment and recovery. These efforts shall help achieve mutual goals espoused by Federal, State, and County systems to integrate services, prevent relapse through the use of community support services, reduce fragmentation of care and establish better communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.
- 9) Outcomes Reporting:
- a) Develop and maintain written procedures to identify Outcomes of program services and Outcome Measures utilized for the program such as:
    - Reduced recidivism rate for criminal justice clients.
    - Client's abstinence from all illicit drugs, alcohol and marijuana for a measured time period.
    - Client's obtainment or continuation of secure and adequate housing upon exit from the program.
    - Clients remain engaged in meaningful recovery efforts through their treatment program.
    - Client's increased understanding of the health benefits of regular attendance at medical/dental appointments as identified by reported attendance at scheduled appointments.
    - Client's increased understanding and reported/observed use of positive socialization skills.
    - For youth, reductions in school related problems.
  - b) Submit quarterly written reports regarding specified outcomes and specific objectives of the program, methods employed to

resolve problems in achieving stated outcomes and objectives and any program modifications that occurred as a result of outcomes evaluated. The quarterly reports shall be due to SUDRS Administration no later than 30 days following the last day of the reportable quarter.

- c) Work in collaboration with DBH so that outcomes will be collected, reported and measured. Selected Contractors may wish to use Substance Abuse and Mental Health Services Administration (SAMHSA) developed National Outcome Measures (NOMs). The NOMs are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery.

b. Program Description - Adult Court Program

1) Adult Drug Court Programs (age 18 and over)

Adult Drug Court is a special court given responsibility to handle cases involving substance abusing offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives. Clients must be minimum 18 years of age to be considered for the program. They are drug tested frequently and must attend substance use disorder treatment and recovery activities and make regular court appearances as required by the Adult Drug Court. Drug Court programs bring the weight of all interveners and justice partners/stakeholders (Judges, prosecutors, defense counsel, substance abuse treatment specialist, probation officers, law enforcement and correctional officers, education and vocational experts, community leaders and others) together to force the offender to deal with his or her substance use disorder problem from every angle. After voluntarily consenting to the program, individuals referred must meet eligibility and suitability for participation. Assessments are conducted by the ADC (Adult Drug Court) team offering a wide range of treatment options. Clients are placed on formal probation with terms and conditions as well as judicial mandates. Ultimately, the selected treatment provider(s) will work closely with the ADC (Adult Drug Court) team to monitor abstinence, compliance and behavior while in the Drug Court program.

2) Program Specific Responsibilities

- a) Adult Drug Court clients shall be considered eligible to participate in Drug Court Program Services if they are at least eighteen (18) years old; and they meet eligibility requirements of the court.

The priority populations shall be:

- i. Pregnant intravenous (IV) drug users;
- ii. Pregnant substance abusers;
- iii. Intravenous (IV) drug users; and

- iv. All other eligible individuals.
- b) The Adult Drug Court Treatment Program shall be a minimum of 12 months in length but shall not exceed 18 months in length.
- c) The Adult Drug Court Treatment Program shall establish medical necessity through a comprehensive biopsychosocial multidimensional assessment. The initial medical necessity determination shall be provided through a review by a Medical Director or LPHA who will provide a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders (with the exception of Tobacco-Related Disorders and Non- Substance-Related Disorders). After establishing a diagnosis, the ASAM criteria will be applied to determine placement into the appropriate level of assessed services.
- d) The Adult Drug Court Treatment Program shall provide or arrange round trip transportation to ensure clients attend scheduled court dates.

**Note:** Only drivers licensed for the type of vehicle operated shall be permitted to transport clients. Manufacturers rated seating capacity of vehicles shall not be exceeded. Motor vehicles used to transport clients shall be maintained in safe operating condition.

- e) The Adult Drug Court Treatment Program shall utilize the implementation of the four-phase program as detailed below and described hereafter, in close cooperation with the DCT, and other stakeholders. While some of the activities described do not directly involve the Contractor, it is expected that the Contractor will cooperate with the Court and other stakeholders and will provide motivation for the adult client to participate in and complete those activities.
- f) Each Adult Drug Court District is limited to a maximum capacity of clients at any given time in Drug Court Program Services in phases I through III
  - Rancho = 60 Clients
  - Fontana = 50 Clients
  - San Bernardino = 60 Clients
  - Redlands = 50 Clients
  - Joshua Tree = 50 Clients
  - Victorville = 50 Clients

For any contract awarded as a result of the RFP, no minimum or maximum number of referrals or enrollment's will be guaranteed by the County.

3) Program Scope of Services

Utilization of at minimum two evidence-based models will be used for all Drug Courts. Drug Court structure is based on at minimum two evidence-based models consisting of cognitive behavioral therapy / bio psychosocial curriculum.

a) Adult Drug Court Treatment Curriculum

Phase I: Evidence-based model primary treatment.

Phase II: Evidence-based model support groups and gender specific groups.

Phase III: Evidence-based model support groups and/or gender specific groups.

Phase IV: Evidence-based model Continuing/Aftercare Services.

b) Adult Group Attendance

Phase I: Minimum of nine (9) hours per week. Phase II: up to nine (9) hours per week.

Phase III: up to (9) hours per week.

Phase IV: No minimum, as medically necessary based on the individual treatment plan.

c) Adult Drug Testing: random and observed Phase I:

Minimum of three (3) times per week. Phase II:

Minimum of two (2) times per week. Phase III:

Minimum of one (1) time per week.

Phase IV: Minimum of once a month

d) Adult Drug Court Program Phase Length

Adult Drug Court Program Services shall total no less than 12 months but no more than no more than 18 months.

Phase I: Minimum of fourteen (14) weeks. Phase

II: Minimum of thirteen (13) weeks.

Phase III: Minimum thirteen (13) weeks. Phase

IV: Maximum of thirty-two (32) weeks, with an option/referral to engage in Recovery

Services even if the court has terminated probation.

4) Adult Drug Court Program Phases

- a) In Phase I, the client will be participating in the Drug Court Treatment Program that is an Intensive Outpatient Treatment Program as defined by ASAM Level 2.1 for a minimum of sixteen (16) consecutive weeks. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. During this phase, the client shall attend individual counseling, group counseling, and be provided crisis intervention services when necessary. The client shall also attend three (3) weekly outside self- help groups of his/her choice. An Individual Treatment Plan will be completed within the first 30 days in this Phase. The client shall be randomly drug tested a minimum of three (3) times per week. All drug testing is in a controlled environment where the client is observed. A collected client fee of \$15 per week is to be paid to the selected Contractor.
- b) In Phase II, the client continues participating in the Drug Court Treatment Program that is an Intensive Outpatient Treatment Program as defined by ASAM Level 2.1 for a minimum of eight (8) weeks. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. During this phase, the program shall incorporate age appropriate evidenced-based curriculum addressing relapse prevention, reasoning, and recovery (may include gender specific groups). The client shall attend two (2) weekly outside self-help groups of his/her choice. The client shall be randomly drug tested a minimum of two (2) times per week. All drug testing is in a controlled environment where the client is observed. A collected client fee of \$15 per week is to be paid to the selected Contractor.
- c) In Phase III, the client will transition and be participating in the Drug Court Treatment Program that is an Outpatient Treatment Program as defined by **ASAM** Level 1. Phase III will provide support to the client who struggled in the early stages of recovery. Relapse prevention, reasoning and recovery portion shall continue in this outpatient level of care and will introduce the social skills development portion of the program. The client must be seeking employment (or be employed) or be involved in an education or vocational program or any other full time schedule approved by the DCT and appear in court at least once a month or as required by the OCT. The client shall attend three (3) weekly self-help groups of his/her choice. The client shall continue to be randomly drug tested a minimum of one

(1) time per month. All drug testing is in a controlled environment where the client is observed. A collected client fee of \$15 per week is to be paid to the selected Contractor.

- Program fees must be current in order for the client to graduate from phase III.
- In order to graduate from phase 111, the client must also participate in a pre-completion interview with the DCT. Prior to the interview, the client must answer in writing a series of questions that address his/her long and short term goals, support systems, engagement in the community, employment/education course/vocational training, and how he/she is going to maintain ongoing abstinence.
- Phase III is available to those who had a relapse and have not yet met the minimum six (6) month abstinence requirement from drug/alcohol use.
- Phase 111 is also available to those who have reached six (6) months abstinence yet have not obtained employment or a full time schedule of a productive person.

d) In Phase IV Recovery Services, there is no minimum weekly hour requirement, services are provided as medically necessary based on the individual treatment plan and provided by the Drug Court Treatment program. Recovery Services length of time is up to 38 weeks at the discretion of the DCT. Tracking the clients will be a multi-level responsibility between probation/law enforcement, and Contractor. Participation may include the following groups: Drug Education, Relapse Prevention/Aftercare, Parenting, Life Skills, Family Support, and Smoking Cessation. The client shall attend three (3) weekly self-help groups of his/her choice. The client shall continue to be randomly drug tested by Contractor once a month. All drug testing is in a controlled environment where the client is observed. A collected client fee of \$15 per month is to be paid to the selected Contractor.

Adult Drug Court Graduation will be based on:

- Minimum of six (6) months abstinence from drugs and/or alcohol.
- A full-time schedule of employment, education, vocational training or another purpose which the OCT determines to be beneficial to client success.
- Full payment of treatment fees.
- Completion of the treatment goals as indicated on the client's individual treatment plan.

c. Program Description - Juvenile Court Program

## 1) Juvenile Drug Court Programs (age 12 through 17)

Juvenile drug court programs provide the intensive judicial intervention and intensive community supervision of juveniles involved in substance abuse that is not generally available through the traditional juvenile court process. With the growing prevalence of substance abuse among juveniles and the complexity of their treatment, which must involve both the youth and his or her living environment, the traditional juvenile justice process may be unable to deal effectively with the whole problem that leads juveniles to commit drug offenses. The juvenile drug court approach is designed to fill this gap by providing immediate and continuous court intervention in the lives of youth using drugs or involved in family situations in which substance use disorders is present. This intervention includes requiring the youth to begin treatment, submit to frequent drug testing, appear at regular and frequent court status hearings, and comply with other court conditions geared to accountability, rehabilitation, long-term sobriety, and cessation of criminal activity.

## 2) Program Specific Responsibilities

- a) Juvenile Drug Court clients shall be considered eligible to participate in Drug Court Program Services if they are juvenile offenders between the ages of twelve (12) years and seventeen (17) years of age and meet the eligibility requirements of the court.
- b) The Juvenile Drug Court Treatment Program shall be a minimum of eight (8) months in length.

The Juvenile Drug Court Treatment Program shall utilize the implementation of the four-phase program as detailed below and described hereafter, in close cooperation with the OCT, and other stakeholders. While some of the activities described do not directly involve the Contractor, it is expected that the Contractor will cooperate with the Court and other stakeholders and will provide motivation for the juvenile client to participate in and complete those activities.

- c) Each Juvenile Court Treatment Program shall establish medical necessity through a comprehensive biopsychosocial multidimensional assessment. The initial medical necessity determination shall be provided through a review by a Medical Director or LPHA who will provide a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders). After establishing a diagnosis, the ASAM criteria will be applied to determine placement into the appropriate level of assessed

services.

- d) Each Juvenile Court Treatment Program shall refer clients to the appropriate ASAM criteria level of care for services that are not provided through the Outpatient Treatment and/or IOT Drug Court provider.
- e) Each Juvenile Court Treatment Program shall provide or arrange round trip transportation to ensure clients attend scheduled court dates.

**Note:** Only drivers licensed for the type of vehicle operated shall be permitted to transport clients. Manufacturers rated seating capacity of vehicles shall not be exceeded. Motor vehicles used to transport clients shall be maintained in safe operating condition.

- f) Each Juvenile Court District is limited to a maximum capacity of clients at any given time in Drug Court Program Services:
  - Rancho = 20 Clients
  - San Bernardino = 20 Clients
  - Victorville = 20 Clients

For any contract awarded as a result of the RFP, no minimum or maximum number of referrals or enrollment's will be guaranteed by the County.

3) Program Scope of Services

Utilization of at minimum two evidence-based models will be used for all Drug Courts. Drug Court structure is based on an evidence-based model of cognitive behavioral therapy / bio psychosocial curriculum.

4) Juvenile Drug Court Treatment Curriculum

Phase I: Evidence-based model primary treatment.

Phase II: Evidence-based model support groups and gender specific groups.

Phase III: Evidence-based model support groups and/or gender specific groups.

Phase IV: Evidence-based model Continuing/Aftercare Services.

- a) Juvenile Individual/Group Attendance Phase I: Minimum of six (6) hours per week. Phase II: Less than six (6) hours per week. Phase III: Less than six (6) hours per week.

Phase IV: No minimum requirement, as medically necessary based on the individual treatment plan.

b) Juvenile Drug Testing

Phase I: The client shall be randomly drug tested frequently as determined by the DCT. All drug testing is in a controlled environment where the client is observed (must attain 30 days of consecutive abstinence to be eligible for Phase II).

Phase II: The client shall be randomly drug tested frequently as determined by the DCT. All drug testing is in a controlled environment where the client is observed (must attain 45 days of consecutive abstinence to be eligible for Phase III).

Phase III: The client shall be randomly drug tested frequently as determined by the DCT. All drug testing is in a controlled environment where the client is observed (must attain 55 days of consecutive abstinence to be eligible for Phase IV).

Phase IV: The client shall be randomly drug tested frequently as determined by the DCT. All drug testing is in a controlled environment where the client is observed (must attain 60 days of consecutive abstinence to be eligible for graduation).

c) Juvenile Drug Court Program Phase Length

Phase I: Minimum of 60 days.

Phase II: Minimum of 60 days. Phase

III: Minimum of 60 days. Phase IV:

Minimum of 60 days.

d) Juvenile Drug Court Program Phases

- i. In Phase I the client will be participating in the Drug Court Treatment Program that is an Intensive Outpatient Treatment Program as defined by ASAM Level 2.1 (for the adolescent population), for a minimum of 60 days. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. During this phase, the client shall attend individual counseling, group counseling, and be provided crisis intervention services when necessary. The client shall also attend three (3) weekly outside self-help groups of his/her choice. An Individual Treatment Plan will be completed within the first 30 days in this Phase. Frequent and observed drug testing will be completed as determined by the OCT (Juvenile must attain 30 days of abstinence to be eligible for Phase II).

## ADDENDUM II

- ii. In Phase II, I the client will be participating in the Drug Court Treatment Program that is an Intensive Outpatient Treatment Program as defined by ASAM Level 2.1 (for the adolescent population), for a minimum of 60 days. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. During this phase, the program shall incorporate age appropriate evidenced-based curriculum addressing relapse prevention, reasoning, and recovery (may include gender specific groups). The client shall be encouraged to attend two (2) weekly outside self-help groups of his/her choice. Frequent and observed drug testing will be completed as determined by the OCT (Juvenile must attain 45 days of consecutive of abstinence to be eligible for Phase III).
- iii. In Phase 111, the client will transition and be participating in the Drug Court Treatment Program that is an Outpatient Treatment Program as defined by ASAM Level 1 (for the adolescent population), for a minimum of 60 days. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. Relapse prevention, reasoning and recovery portion shall continue in this outpatient level of care and will introduce the social skills development portion of the program. Frequent and observed drug testing will be completed as determined by the OCT (Juvenile must attain 55 days of consecutive of abstinence to be eligible for Phase IV).
- iv. In Phase IV, Recovery Services, there is no minimum weekly hour requirement, services are provided as medically necessary based on the individual treatment plan and provided by the Drug Court Treatment program, for a minimum of 60 days. Face-to-face group activities shall be conducted for a minimum of 90 minutes and an individual face-to-face contact shall be for a minimum of 45 minutes. Frequent and observed drug testing will be completed as determined by the OCT (Juvenile must attain 60 days of consecutive of abstinence to be eligible for graduation)

Juvenile Graduation will be based on:

- Minimum of 60 days of continuous abstinence from drugs and/or alcohol.
- Completion of the treatment goals as indicated on the client's individual treatment plan.

---END OF ADDENDUM



SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES  
 Budget Detail  
 BUDGET FISCAL YEAR: 2023/24 (1/1/2024-6/30/2024)  
 PROVIDER NAME: High Desert Center

\*Split 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 Allocation Explanation
<b>TOTAL SALARIES AND BENEFITS</b>	<b>\$ 85,040</b>	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 200	Ratio and proportion allocated at a percentage of total cost
Rent and Lease Equipment	\$ 4,000	Ratio and proportion allocated at a percentage of total cost
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 300	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Supplies		
<b>Operating Expenses</b>		
Communications	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Insurance	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 500	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Expense		
Office Expense	\$ 3,000	Ratio and proportion allocated at a percentage of total cost
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 7,200	Qualifies cost of rent are allocated based on square footage used for this contract
Taxes and Licenses	\$ 300	Ratio and proportion allocated at a percentage of total cost
Drug Screening and Other Testing	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 2,000	Facility cost of utilities 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	\$ 1,000	10 percent de minimis of admin allocation program manager, executive director and financial specialist
OTHER:	\$ 4,000	Medical Director
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 95,280</b>	
<b>FEES/OTHER AGENCY REVENUE</b>		
<b>TOTAL EXPENDITURES</b>	<b>\$ 127,290</b>	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES  
SCHEDULE A - Proposed Budget  
BUDGET PERIOD: FY 2023/24 (1/1/2024-6/30/2024)

Contractor Name:	<u>High Desert Center</u>	Prepared by:	<u>Shannon Baird</u>
Facility Address:	<u>58945 Business Center Dr.</u>	Title:	<u>Executive Director</u>
	<u>Yucca Valley, Ca 92284</u>	Date Prepared:	<u>2/14/2024</u>
Provider Number (36xx):	<u>0</u>		

Service Level	FUNDING SOURCE	Drug Medi-Cal	Juvenile Drug Court	Drug Court	TOTAL
	Gross Expenses	\$ 121,293	\$ -	\$ 6,000	\$ 127,293
	Less Applicable Revenue				-
	Net Expenses	\$ 121,293	\$ -	\$ 6,000	\$ 127,293
	<b>Outpatient Treatment</b>				
1.0	Cost - Individual Counseling	\$ 30,000		\$ 1,000	\$ 31,000
	Units of Service	1,304		43	1,348
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
	Cost - Group Counseling	\$ 30,000		\$ 2,000	\$ 32,000
	Units of Service	1,304		43	1,348
	Interim Rate	\$ 23.00	\$ 0.00	\$ 46.01	\$ 24.00
	<b>Intensive Outpatient Treatment</b>				
2.1	Cost - Individual Counseling	\$ 30,000		\$ 1,000	\$ 31,000
	Units of Service	1,304		43	1,348
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
	Cost - Group Counseling	\$ 20,893		\$ 2,000	\$ 22,893
	Units of Service			87	87
	Interim Rate	#DIV/0!	\$ 0.00	\$ 23.00	\$ 263.00
	<b>Case Management</b>				
	Cost - Outpatient Case Management	\$ 200			\$ 200
	Units of Service	9			9
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	Cost - IOT Case Management	\$ 200			\$ 200
	Units of Service	9			9
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	<b>Recovery Services</b>				
	Cost - Individual Counseling	\$ 5,000			\$ 5,000
	Units of Service	217			217
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	Cost - Group Counseling	\$ 5,000			\$ 5,000
	Units of Service	217			217
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	<b>SUMMARY OF ALL SERVICES</b>				
	Total Costs	\$ 121,293	\$ 0	\$ 6,000	\$ 127,293
	Units of Service	4,365	0	217	4,582

\* Round Costs to nearest dollar

<b>APPROVED:</b>		
<u>Shannon Baird</u> <small>Shannon Baird (Feb 27, 2024 10:56 PST)</small>	Shannon Baird	Feb 27, 2024
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME	DATE
<u>Anthony Altamirano</u> <small>Anthony Altamirano (Feb 27, 2024 09:25 PST)</small>	Anthony Altamirano	Feb 27, 2024
DBH FISCAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	DATE
<u>Matty Landa, LCSW</u>	Matty Landa	Feb 27, 2024
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE	PRINTED NAME	DATE

<b>Federal funds include:</b>			
<u>CFDA title</u>	<u>CFDA No.</u>	<u>Award Name</u>	<u>Federal Agency</u>
Substance Abuse Prevention & Treatment Block Grant	93.959	SABG	SAMHSA
MediCal Asst Prgm	93.778	DMC	DHHS



SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
**SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES**  
 Budget Detail  
 BUDGET PERIOD: FY 202405 (1750024-8002034)  
 PROVIDER NAME: High Desert Center

\*Explain each expense by the 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 Allocation Explanation*
<b>TOTAL SALARIES AND BENEFITS</b>	<b>\$ 31,880</b>	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 200	Ratio and proportion allocated at a percentage of total cost
Rent and Lease Equipment	\$ 4,000	Ratio and proportion allocated at a percentage of total cost
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 300	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Supplies		
<b>Operating Expenses</b>		
Communications	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Insurance		
Interest Expense	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 500	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Expense		
Office Expense	\$ 3,000	Ratio and proportion allocated at a percentage of total cost
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 7,000	Facilities cost of rent are allocated based on square footage used for this contract
Taxes and Licenses	\$ 300	Ratio and proportion allocated at a percentage of total cost
Drug Screening and Other Testing	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 2,000	Facilities cost of utilities 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	\$ 1,000	10 percent of original of state allocation program manager, executive director and financial specialist
OTHER:	\$ 8,888	Medical director
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 31,888</b>	
<b>FEES/OTHER AGENCY REVENUE</b>		
<b>TOTAL EXPENDITURES</b>	<b>\$ 63,646</b>	

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES

SCHEDULE A - Proposed Budget

BUDGET PERIOD: FY 2024/25 (7/1/2024-6/30/2024)

Contractor Name:	<u>High Desert Center</u>	Prepared by:	<u>Shannon Baird</u>
Facility Address:	<u>58945 Business Center Dr.</u>	Title:	<u>Executive Director</u>
	<u>Yucca Valley, Ca 92284</u>	Date Prepared:	<u>2/11/2024</u>

Provider Number (36xx): 0

Service Level	FUNDING SOURCE	Drug Medi-Cal	Juvenile Drug Court	Drug Court	TOTAL
	Gross Expenses	\$ 57,646	\$ -	\$ 6,000	\$ 63,646
	Less Applicable Revenue				-
	Net Expenses	\$ 57,646	\$ -	\$ 6,000	\$ 63,646
1.0	<b>Outpatient Treatment</b>				
	Cost - Individual Counseling	\$ 12,000		\$ 1,000	\$ 13,000
	Units of Service	522		43	565
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
	Cost - Group Counseling	\$ 12,000		\$ 2,000	\$ 14,000
	Units of Service	522		87	609
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
2.1	<b>Intensive Outpatient Treatment</b>				
	Cost - Individual Counseling	\$ 13,900		\$ 1,000	\$ 14,900
	Units of Service	604		43	648
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
	Cost - Group Counseling	\$ 15,346		\$ 2,000	\$ 17,346
	Units of Service	667		87	754
	Interim Rate	\$ 23.00	\$ 0.00	\$ 23.00	\$ 23.00
	<b>Case Management</b>				
	Cost - Outpatient Case Management	\$ 200			\$ 200
	Units of Service	9			9
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	Cost - IOT Case Management	\$ 200			\$ 200
	Units of Service	9			9
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	<b>Recovery Services</b>				
	Cost - Individual Counseling	\$ 2,000			\$ 2,000
	Units of Service	87			87
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
	Cost - Group Counseling	\$ 2,000			\$ 2,000
	Units of Service	87			87
	Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 23.00
<b>SUMMARY OF ALL SERVICES</b>					
	Total Costs	\$ 57,646	\$ 0	\$ 6,000	\$ 63,646
	Units of Service	2,506	0	261	2,767

\* Round Costs to nearest dollar

<b>APPROVED:</b>		
<u>Shannon Baird</u> <small>Shannon Baird (Feb 27, 2024 10:50 PST)</small>	Shannon Baird	Feb 27, 2024
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME	DATE
<u>Anthony Altamirano</u> <small>Anthony Altamirano (Feb 27, 2024 09:24 PST)</small>	Anthony Altamirano	Feb 27, 2024
DBH FISCAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	DATE
<u>Matty Landa, LCSW</u>	Matty Landa	Feb 27, 2024
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE	PRINTED NAME	DATE

<b>Federal funds include:</b>			
CFDA title	CFDA No.	Award Name	Federal Agency
Substance Abuse Prevention & Treatment Block Grant	93.959	SABG	SAMHSA
MediCal Asst Prgm	93.778	DMC	DHHS



## Campaign Contribution Disclosure (Senate Bill 1439)

### **DEFINITIONS**

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources, or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: High Desert Child Adolescent & Family Services Center, Inc
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5 No

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision:  
\_\_\_\_\_

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s):  
\_\_\_\_\_

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
None	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
High Desert Child Adolescent & Family Services Center, Inc	Shannon Baird	N/A

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
High Desert Child Adolescent & Family Services Center, Inc	Dr. Montana	Medical Director

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No  If **no**, please skip Question No. 10.

Yes  If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.