

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



Contract Number

20-488- A-3

SAP Number

4400014179

Department of Behavioral Health

| | |
|---|---|
| Department Contract Representative | <u>Rebecca Lombard</u> |
| Telephone Number | <u>909-383-3978</u> |
| Contractor | <u>High Desert Child, Adolescent and Family Services Center, Inc.</u> |
| Contractor Representative | <u>Shannon Baird</u> |
| Telephone Number | <u>760-243-7151</u> |
| Contract Term | <u>July 1, 2020 – December 31, 2024</u> |
| Original Contract Amount | <u>\$1,949,499</u> |
| Amendment Amount | <u>\$ 161,150</u> |
| Total Contract Amount | <u>\$2,110,649</u> |
| Cost Center | <u>1018611000</u> |
| Grant Number (If applicable) | <u>N/A</u> |

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 October 1, 2024:

- I. ARTICLE IV FUNDING, paragraphs K and L are hereby amended to read as follows:
 - K. The Contract amendment amount of \$161,150 shall increase the total contract amount from \$1,949,499 to \$2,110,649 for the contract term.
 - Fiscal Year 2024-2025 – Increase of \$161,150

- L. This amendment hereby revises Schedules A and B for FY 2024-2025 as set forth in Exhibit II. All previously approved schedules remain in effect.
- II. ARTICLE XV DURATION and TERMINATION, paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2020 through December 31, 2024 inclusive.
- III. This amendment hereby adds Exhibit II Schedules A and B for FY 2024-2025.

- IV. All other terms, conditions and covenants in the basic agreement remain in full force and effect.
- V. 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: SEP 24 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



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

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

By

Shannon Baird

(Authorized signature - sign in blue ink)

Name Shannon Baird

(Print or type name of person signing contract)

Title Executive Director

(Print or Type)

Dated: 9/15/2024

Address 16248 Victor Street

Victorville CA, 92395

FOR COUNTY USE ONLY

Approved by Legal Form

Dawn Martin

Dawn Martin, Deputy County Counsel

Date 9/13/2024

Reviewed by Contract Compliance

Ellayna Hoatson

Ellayna Hoatson, Contracts Supervisor

Date 9/16/2024

Reviewed by Department

Georgina Yoshioka

Georgina Yoshioka, Director

Date 9/13/2024

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

BUDGET PERIOD: 10/1/2024-12/31/2024

PROVIDER NAME: High Desert Center
 FACILITY ADDRESS: 16241 Victor st.
Victorville
 PROVIDER NUMBER : (36XX) 3634

PREPARER: Shannon Baird
 DATE PREPARED: 8/21/2024

| 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 | \$ 61,440 | \$ 6,144 | \$ 67,584 | 100.0% | \$ 67,584 |
| Counselor 1 | \$ 61,440 | \$ 6,144 | \$ 67,584 | 20.0% | \$ 13,517 |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |

| | |
|-------------------|------------------|
| TOTAL COST | \$ 81,101 |
|-------------------|------------------|

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

BUDGET PERIOD: 10/1/2024-12/31/2024

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 | \$ 81,101 | |

Equipment, Materials and Supplies

| | | |
|---|--------|--|
| Depreciation - Equipment | | |
| Maintenance - Equipment | | |
| Medical, Dental and Laboratory Supplies | | |
| Membership Dues | \$ 99 | Ratio and proportion allocated as a percentage of total cost |
| Rent and Lease Equipment | \$ 300 | Ratio and proportion allocated as a percentage of total cost |
| Clothing and Personal Supplies | | |
| Food | | |
| Laundry Services and Supplies | | |
| Small Tools and Instruments | | |
| Training | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Miscellaneous Supplies | | |

Operating Expenses

| | | |
|--|----------|--|
| Communications | \$ 800 | Ratio and proportion allocated as a percentage of total cost |
| Depreciation - Structures and Improvements | | |
| Household Expenses | \$ 2,500 | Ratio and proportion allocated as a percentage of total cost |
| Insurance | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Interest Expense | | |
| Lease Property Maintenance, Structures, Improvements and Grounds | | |
| Maintenance - Structures, Improvements, and Grounds | \$ 200 | Ratio and proportion allocated as a percentage of total cost |

EXHIBIT II

| | | |
|--|------------------|---|
| Miscellaneous Expense | | |
| Office Expense | \$ 3,000 | Ratio and proportion allocated as a percentage of total cost |
| Publications and Legal Notices | | |
| Rents & Leases - Land, Structure, and Improvements | \$ 6,000 | Ratio and proportion allocated as a percentage of total cost |
| Taxes and Licenses | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Drug Screening and Other Testing | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Utilities | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Other | | |
| Professional and Special Services | | |
| Pharmaceutical | | |
| Professional and Special Services | \$ 300 | Ratio and proportion allocated as a percentage of total cost |
| Transportation | | |
| Transportation | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Travel | \$ 100 | Ratio and proportion allocated as a percentage of total cost |
| Gas, Oil, & Maintenance - Vehicles | | |
| Rents & Leases - Vehicles | | |
| Depreciation - Vehicles | | |
| Other Costs | | |
| Administrative Indirect Costs | \$ 1,000 | 10 percent of admin allocation for administrative, program manager, and executive director. |
| OTHER: | \$ 7,000 | Medical Director |
| TOTAL OPERATING EXPENSES | \$ 27,899 | |
| FEES/OTHER AGENCY REVENUE | \$ 2,850 | Fees from clients |

| | |
|---------------------------|-------------------|
| TOTAL EXPENDITURES | \$ 106,150 |
|---------------------------|-------------------|

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES
SCHEDULE A - Proposed Budget
BUDGET PERIOD: 10/1/2024-12/31/2024

Contractor Name: High Desert Center Prepared by: Shannon Biard
 Facility Address: 16241 Victor st. Title: Executive Director
Victorville Date Prepared: 8/21/2024
 Provider Number (36xx): 3634

| Service Level | FUNDING SOURCE | Drug Medi-Cal | Juvenile Drug Court | Drug Court | TOTAL |
|--------------------------------|---------------------------------------|---------------|---------------------|------------|------------|
| | Gross Expenses | \$ 98,225 | \$ 7,925 | \$ - | \$ 106,150 |
| | Less Applicable Revenue | | | | \$ - |
| | Net Expenses | \$ 98,225 | \$ 7,925 | \$ - | \$ 106,150 |
| 1.0 | Outpatient Treatment | | | | |
| | Cost - Individual Counseling | \$ 1,700 | \$ 2,000 | | \$ 3,700 |
| | Units of Service | 74 | 87 | | 161 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 40,000 | \$ 3,000 | | \$ 43,000 |
| | Units of Service | 1,739 | 130 | | 1,870 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| 2.1 | Intensive Outpatient Treatment | | | | |
| | Cost - Individual Counseling | \$ 12,525 | \$ 400 | | \$ 12,925 |
| | Units of Service | 545 | 17 | | 562 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 6,000 | \$ 1,150 | | \$ 7,150 |
| | Units of Service | 261 | 50 | | 311 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Case Management | | | | |
| | Cost - Outpatient Case Management | \$ 2,000 | \$ 1,000 | | \$ 3,000 |
| | Units of Service | 87 | 43 | | 130 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Cost - IOT Case Management | \$ 1,000 | \$ 125 | | \$ 1,125 |
| | Units of Service | 43 | 5 | | 49 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Recovery Services | | | | |
| | Cost - Individual Counseling | \$ 15,000 | \$ 125 | | \$ 15,125 |
| | Units of Service | 652 | 5 | | 658 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 20,000 | \$ 125 | | \$ 20,125 |
| | Units of Service | 870 | 5 | | 875 |
| | Interim Rate | \$ 23.00 | \$ 23.00 | \$ 0.00 | \$ 23.00 |
| SUMMARY OF ALL SERVICES | | | | | |
| | Total Costs | \$ 98,225 | \$ 7,925 | \$ 0 | \$ 106,150 |
| | Units of Service | 4,271 | 345 | 0 | 4,615 |

* Round Costs to nearest dollar

| | | |
|--|--------------------|--------------|
| APPROVED: <u>Shannon Biard</u> <small>Shannon Biard (Aug 26, 2024 11:56 PM)</small> | Shannon Biard | Aug 25, 2024 |
| PROVIDER AUTHORIZED SIGNATURE <u>Anthony Altamirano</u> <small>Anthony Altamirano (Aug 27, 2024 12:44 PM)</small> | Anthony Altamirano | Aug 27, 2024 |
| DBH FISCAL SERVICES AUTHORIZED SIGNATURE <u>Matty Grounds</u> <small>Matty Grounds (Aug 27, 2024 09:43 PM)</small> | Matty Grounds | Aug 27, 2024 |
| DBH PROGRAM MANAGER or DESIGNEE SIGNATURE | | |

| 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 |

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

BUDGET PERIOD: 10/1/2024-12/31/2024

PROVIDER NAME: High Desert Center PREPARER: Shannon Baird
 FACILITY ADDRESS: 58945 Business Center Dr. J.P.N DATE PREPARED: 8/21/2024
Yucca Valley
 PROVIDER NUMBER : (36XX) 86BM

| 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 | \$ 61,440 | \$ 6,144 | \$ 67,584 | 50.0% | \$ 33,792 |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |

| | |
|------------|-----------|
| TOTAL COST | \$ 33,792 |
|------------|-----------|

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

BUDGET PERIOD: 10/1/2024-12/31/2024

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 | \$ 33,792 | |

| Equipment, Materials and Supplies | | |
|--|----------|--|
| Depreciation - Equipment | | |
| Maintenance - Equipment | | |
| Medical, Dental and Laboratory Supplies | | |
| Membership Dues | \$ 98 | Ratio and proportion allocated as a percentage of total cost |
| Rent and Lease Equipment | \$ 300 | Ratio and proportion allocated as a percentage of total cost |
| Clothing and Personal Supplies | | |
| Food | | |
| Laundry Services and Supplies | | |
| Small Tools and Instruments | | |
| Training | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Miscellaneous Supplies | | |
| Operating Expenses | | |
| Communications | \$ 800 | Ratio and proportion allocated as a percentage of total cost |
| Depreciation - Structures and Improvements | | |
| Household Expenses | \$ 2,500 | Ratio and proportion allocated as a percentage of total cost |
| Insurance | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Interest Expense | | |
| Lease Property Maintenance, Structures, Improvements and Grounds | | |
| Maintenance - Structures, Improvements, and Grounds | \$ 200 | Ratio and proportion allocated as a percentage of total cost |

EXHIBIT II

| | | |
|--|------------------|---|
| Miscellaneous Expense | | |
| Office Expense | \$ 3,000 | Ratio and proportion allocated as a percentage of total cost |
| Publications and Legal Notices | | |
| Rents & Leases - Land, Structure, and Improvements | \$ 5,160 | Ratio and proportion allocated as a percentage of total cost |
| Taxes and Licenses | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Drug Screening and Other Testing | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Utilities | \$ 2,000 | Ratio and proportion allocated as a percentage of total cost |
| Other | | |
| Professional and Special Services | | |
| Pharmaceutical | | |
| Professional and Special Services | \$ 300 | Ratio and proportion allocated as a percentage of total cost |
| Transportation | | |
| Transportation | \$ 200 | Ratio and proportion allocated as a percentage of total cost |
| Travel | \$ 100 | Ratio and proportion allocated as a percentage of total cost |
| Gas, Oil, & Maintenance - Vehicles | | |
| Rents & Leases - Vehicles | | |
| Depreciation - Vehicles | | |
| Other Costs | | |
| Administrative Indirect Costs | \$ 1,000 | 10 percent of admin allocation for administrative, program manager, and executive director. |
| OTHER: | \$ 4,000 | Medical Director |
| TOTAL OPERATING EXPENSES | \$ 24,058 | |
| FEES/OTHER AGENCY REVENUE | \$ 2,850 | Fees from clients |
| TOTAL EXPENDITURES | \$ 55,000 | |

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES (SUDRS) - DRUG COURT SERVICES
SCHEDULE A - Proposed Budget
BUDGET PERIOD: 10/1/2024-12/31/2024

| | |
|--|-----------------------------------|
| Contractor Name: <u>High Desert Center</u> | Prepared by: <u>Shannon Baird</u> |
| Facility Address: <u>58945 Business Center Dr. J.P.N</u> | Title: <u>Executive Director</u> |
| <u>Yucca Valley</u> | Date Prepared: <u>8/21/2024</u> |

Provider Number (36xx): 86BM

| Service Level | FUNDING SOURCE | Drug Medi-Cal | Juvenile Drug Court | Drug Court | TOTAL |
|---------------|---------------------------------------|---------------|---------------------|------------|-----------|
| | Gross Expenses | \$ 55,000 | \$ - | \$ - | \$ 55,000 |
| | Less Applicable Revenue | | | | \$ - |
| | Net Expenses | \$ 55,000 | \$ - | \$ - | \$ 55,000 |
| | Outpatient Treatment | | | | |
| 1.0 | Cost - Individual Counseling | \$ 1,700 | | | \$ 1,700 |
| | Units of Service | 74 | | | 74 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 30,000 | | | \$ 30,000 |
| | Units of Service | 1,304 | | | 1,304 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Intensive Outpatient Treatment | | | | |
| 2.1 | Cost - Individual Counseling | \$ 3,000 | | | \$ 3,000 |
| | Units of Service | 130 | | | 130 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 6,000 | | | \$ 6,000 |
| | Units of Service | 261 | | | 261 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Case Management | | | | |
| | Cost - Outpatient Case Management | \$ 1,000 | | | \$ 1,000 |
| | Units of Service | 43 | | | 43 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Cost - IOT Case Management | \$ 500 | | | \$ 500 |
| | Units of Service | 22 | | | 22 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Recovery Services | | | | |
| | Cost - Individual Counseling | \$ 3,000 | | | \$ 3,000 |
| | Units of Service | 130 | | | 130 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | Cost - Group Counseling | \$ 9,800 | | | \$ 9,800 |
| | Units of Service | 426 | | | 426 |
| | Interim Rate | \$ 23.00 | \$ 0.00 | \$ 0.00 | \$ 23.00 |
| | SUMMARY OF ALL SERVICES | | | | |
| | Total Costs | \$ 55,000 | \$ 0 | \$ 0 | \$ 55,000 |
| | Units of Service | 2,391 | 0 | 0 | 2,391 |

* Round Costs to nearest dollar

| | | |
|---|--------------------|--------------|
| APPROVED: | | |
| <u>Shannon Baird</u> <small>Shannon Baird (Aug 25, 2024 11:57 PDT)</small> | Shannon Baird | Aug 25, 2024 |
| PROVIDER AUTHORIZED SIGNATURE | PRINTED NAME | DATE |
| <u>Anthony Altamirano</u> <small>Anthony Altamirano (Aug 27, 2024 07:44 PDT)</small> | Anthony Altamirano | Aug 27, 2024 |
| DBH FISCAL SERVICES AUTHORIZED SIGNATURE | PRINTED NAME | DATE |
| <u>Matty Grounds</u> <small>Matty Grounds (Aug 27, 2024 08:43 PDT)</small> | Matty Grounds | Aug 27, 2024 |
| DBH PROGRAM MANAGER or DESIGNEE SIGNATURE | PRINTED NAME | DATE |

| | | | |
|--|-----------------|-------------------|-----------------------|
| Federal funds include: | | | |
| CFDA title | CFDA No. | Award Name | Federal Agency |
| Substance Abuse Prevention & Treatment Block Grant | 93.059 | SABG | SAMHSA |
| MediCal Asst Prgm | 93.778 | DMC | DHHS |