

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

<b>Department Contract Representative</b>	Christopher Carso
<b>Telephone Number</b>	(909) 388-0856
<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, 2022 through June 30, 2027
<b>Original Contract Amount</b>	\$3,101,210
<b>Amendment Amount</b>	\$0
<b>Total Contract Amount</b>	\$3,101,210
<b>Total Aggregate Amount Term</b>	July 1, 2022 through June 30, 2025
<b>Total Aggregate Amount – For Clients referred by CFS</b>	\$2,400,000
<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. 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

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

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

By \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
of San Bernardino County

Title \_\_\_\_\_  
*(Print or Type)*

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

Dated: \_\_\_\_\_

Address 16248 Victor St., 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 \_\_\_\_\_



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: HHS HealthCare

*Specify each expense by the line. Provide an explanation for determination of all figures (rate, duration, quantity, benefits, PFR, 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 BALANCE AND BENEFITS</b>	\$ 85,363	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 3,000	Rent
Printing and Personal Supplies		
Fuel		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
<b>Operational Expenses</b>		
Communications	\$ 4,200	Phone and Internet
Depreciation - Structures and Improvements		
Household Expenses	\$ 6,000	Toilet Paper, paper towels, and cleaning supplies
Insurance	\$ 3,700	Workers Comp. and Auto/Boat Insurance
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$ 6,100	Paper and file storage, etc.
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 24,100	Costs of occupancy
Taxes and Licenses		
Drug Screening and Other Testing	\$ 18,100	Drug testing supplies and kit testing
Utilities	\$ 6,600	Electric and Gas
Other		
<b>Professional and Special Services</b>		
Pharmaceutical		
Professional and Special Services	\$ 1,000	IT and Association
<b>Travel/Per Diem</b>		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Indirect Costs	\$ 15,300	10 percent de minima of Admin. Program Manager, Executive Director and Financial Specialist
OTHER:	\$ 32,663	INDIRECT COST-Contractor Medical Director
<b>TOTAL OPERATING EXPENSES</b>	\$ 125,827	
<b>PERIODIC AGENCY REVENUE</b>		
<b>TOTAL EXPENDITURES</b>	\$ 124,867	

HHS Health Care Provider Number: 8521

SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
**SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT**  
 SCHEDULE A - Proposed Budget  
 July 1, 2024 - June 30, 2025

Contractor Name: High Desert Center  
 Prepared by: Shannon Baird  
 Address: 220 Marlow Rd  
 Title: Executive Director  
 Location: CA, 92411  
 Date Prepared: 04/09/2024  
 Provider Number (800): 8001

FUNDING SOURCE	Drug Med-Cat	CM/MORHA	AS 109	Youth	Block Grant	TOTAL
<b>Outpatient Treatment (OOP)</b>						
Coat - Individual Counseling	\$ 30,000			\$ 1,000	\$ 3,000	\$ 34,000
Units of Service (15 minute increments)	1,800			60	180	2,040
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - Group Counseling	\$ 16,000			\$ 200	\$ 1,000	\$ 17,200
Units of Service (15 minute increments)	1,040			13	65	1,118
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
<b>Intensive Outpatient Treatment (IOT)</b>						
Coat - Individual Counseling	\$ 30,000				\$ 1,800	\$ 31,800
Units of Service (15 minute increments)	2,400				120	2,520
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30
Coat - Group Counseling	\$ 35,000				\$ 1,200	\$ 36,200
Units of Service (15 minute increments)	2,300				80	2,380
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30
<b>Early Intervention Treatment (EIT)</b>						
Coat - Individual Counseling				\$ 1,000		\$ 1,000
Units of Service (15 minute increments)				60		60
Rate				\$ 15.30		\$ 15.30
Coat - Group Counseling				\$ 500		\$ 500
Units of Service (15 minute increments)				33		33
Rate				\$ 15.30		\$ 15.30
<b>Recovery Services (RS)</b>						
Coat - Individual Counseling	\$ 16,100				\$ 3,000	\$ 19,100
Units of Service (15 minute increments)	1,050				180	1,230
Rate	\$ 15.30				\$ 15.30	\$ 15.30
Coat - Group Counseling	\$ 11,213				\$ 1,000	\$ 12,213
Units of Service (15 minute increments)	732				65	797
Rate	\$ 15.30				\$ 15.30	\$ 15.30
Coat - Family Therapy	\$ 1,000				\$ 500	\$ 1,500
Units of Service (15 minute increments)	65				33	98
Rate	\$ 15.30				\$ 15.30	\$ 15.30
Coat - Recovery Monitoring	\$ 500				\$ 500	\$ 1,000
Units of Service (15 minute increments)	33				33	66
Rate	\$ 15.30				\$ 15.30	\$ 15.30
<b>Case Management (CM/MORHA)</b>						
Coat - OOP Case Management	\$ 500			\$ 200	\$ 200	\$ 900
Units of Service (15 minute increments)	33			13	13	59
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - IOT Case Management	\$ 500			\$ 200	\$ 200	\$ 900
Units of Service (15 minute increments)	33			13	13	59
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - RS Case Management				\$ 200		\$ 200
Units of Service (15 minute increments)				13		13
Rate				\$ 15.30		\$ 15.30
Coat - RB Case Management	\$ 200				\$ 174	\$ 374
Units of Service (15 minute increments)	13				11	24
Rate	\$ 15.30				\$ 15.30	\$ 15.30
<b>Physician Consultation</b>						
Coat						\$ 0
Units of Service (15 minute increments)						0
Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Medication Assisted Treatment (MAT)</b>						
Coat						\$ 0
Units of Service (15 minute increments)						0
Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SUMMARY OF ALL SERVICES</b>						
Total Coats	\$ 189,213	\$ 0.00	\$ 0.00	\$ 3,000	\$ 12,574	\$ 204,787
Units of Service (15 minute increments)	11,240	0	0	276	927	12,443
*Round Coats to nearest dollar						

<b>APPROVAL</b>	<b>PRINTED NAME</b>	<b>DATE</b>
	Shannon Baird	Apr 11, 2024
<b>PROVIDER AUTHORIZED SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>
	Anthony Altamirano	Apr 11, 2024
<b>DMH PHYSICAL SERVICES AUTHORIZED SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>
	Michael Sweitzer	Apr 16, 2024
<b>DMH PROGRAM MANAGER or DIRECTOR SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>

Program/Service	CMH RA	CMH MA	AS 109	Medicaid	DMH Special Agency
Recovery Case	00.000	0.000	0.000	0.000	0.000
Recovery S.	00.778	0.000	0.000	0.000	0.000



SARASOTA COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT  
 Budget Detail  
 BUDGET PERIOD: July 1, 2021 - June 30, 2022  
 PROVIDER NUMBER: 100 - Desert Center

*Specify each expense by the item. Provide an explanation for distribution of all figures (date, duration, quantity, benefit, PTE, etc.). For example, show how indirect costs are overhead were calculated.		
(1)	(2)	(3)
Schedule of Expenses for Code	2048	Cost Allocation Subcategory
<b>TOTAL SALARIES AND BENEFITS</b>	<b>\$ 63,814</b>	
<b>Depreciation, Repairs and Rentals</b>		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent/Lease Equipment	\$ 3,477	Office
Printing and Personal Supplies		
Fuel		
Laundry Services and Supplies		
Food Trucks and Refreshments		
Traveling		
Maintenance Supplies		
<b>Construction Expenses</b>		
Construction	\$ 3,748	Office and Support
Depreciation - Structures and Improvements		
Renewal Expenses	\$ 4,680	Tutor Pease, paper towels, and cleaning supplies
Utilities	\$ 7,740	Utilities, Phone, and Office Supplies
Travel Expenses		
Lease Property, Maintenance, Structures, Improvements and Supplies		
Maintenance - Structures, Improvements, and Supplies		
Maintenance Expenses		
Other Expenses	\$ 4,100	Transportation, Office, and
Publications and Legal Notices		
Rent & Lease - Land, Structures, and Improvements	\$ 26,120	Office of Support
Taxes and Licenses		
Drug Screening and Other Testing	\$ 18,000	Drug testing supplies and lab testing
Salaries	\$ 3,770	Salaries and Dues
Other		
<b>Professional and Special Services</b>		
Professional		
Professional and Special Services	\$ 1,840	IT and Assembly Rm
<b>Transportation</b>		
Transportation		
Taxes		
Gas, Oil & Maintenance - Vehicles		
Rent & Lease - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Other Costs	\$ 20,820	IT Support, Supplies of Office, Property Support, Facilities Support and Personal Services
OTHER	\$ 40,844	PROPERTY COSTS (Includes Medical Records)
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 126,864</b>	
<b>PROSPECTIVE AGENCY REVENUE</b>		

**TOTAL EXPENDITURES** \$ 275,280  
 High Desert Center Provider Number: 300

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT  
SCHEDULE A - Proposed Budget  
July 1, 2024 - June 30, 2025

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

**Contractor Name:** High Desert Center      **Prepared by:** Shannon Baird  
**Facility Address:** 10448 Victor Street      **Title:** Executive Director  
 10448 Victor Street      **Date Prepared:** 3/14/2024  
 Redlands, Ca. 92373

**Provider Number (BBA):** 2024

FUNDING SOURCE	Drug Med-Cat	CaWORKs	AB109	Youth	Block Grant	TOTAL
<b>Outpatient Treatment (OOP)</b>						
Coat - Individual Counseling	\$ 81,000			\$ 4,000	\$ 12,000	\$ 97,000
Units of Service (15 minute increment)	3,488			261	784	4,533
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - Group Counseling	\$ 36,000			\$ 3,000	\$ 10,815	\$ 49,815
Units of Service (15 minute increment)	2,321			198	711	3,230
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
<b>Intensive Outpatient Treatment (IOT)</b>						
Coat - Individual Counseling	\$ 38,000				\$ 1,000	\$ 39,000
Units of Service (15 minute increment)	2,493				65	2,558
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30
Coat - Group Counseling	\$ 65,000				\$ 1,200	\$ 66,200
Units of Service (15 minute increment)	4,248				78	4,326
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30
<b>Early Intervention Treatment (EIT)</b>						
Coat - Individual Counseling				\$ 500		\$ 500
Units of Service (15 minute increment)				39		39
Rate				\$ 15.30		\$ 15.30
Coat - Group Counseling				\$ 700		\$ 700
Units of Service (15 minute increment)				45		45
Rate				\$ 15.30		\$ 15.30
<b>Recovery Services (RS)</b>						
Coat - Individual Counseling	\$ 16,100			\$ 4,000		\$ 20,100
Units of Service (15 minute increment)	1,053			261		1,314
Rate	\$ 15.30			\$ 15.30		\$ 15.30
Coat - Group Counseling	\$ 11,200				\$ 3,000	\$ 14,200
Units of Service (15 minute increment)	732				195	927
Rate	\$ 15.30				\$ 15.30	\$ 15.30
Coat - Family Therapy	\$ 1,000				\$ 500	\$ 1,500
Units of Service (15 minute increment)	65				33	98
Rate	\$ 15.30				\$ 15.30	\$ 15.30
Coat - Recovery Monitoring	\$ 300				\$ 300	\$ 600
Units of Service (15 minute increment)	30				30	60
Rate	\$ 15.30				\$ 15.30	\$ 15.30
<b>Case Management (CM/PRO/TRANS)</b>						
Coat - OOP Case Management	\$ 500			\$ 200	\$ 200	\$ 900
Units of Service (15 minute increment)	33			13	13	59
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - IOT Case Management	\$ 500			\$ 200	\$ 200	\$ 900
Units of Service (15 minute increment)	33			13	13	59
Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30
Coat - EIT Case Management				\$ 200		\$ 200
Units of Service (15 minute increment)				13		13
Rate				\$ 15.30		\$ 15.30
Coat - RS Case Management	\$ 200				\$ 114	\$ 314
Units of Service (15 minute increment)	13				7	20
Rate	\$ 15.30				\$ 15.30	\$ 15.30
<b>Physician Consultation</b>						
Coat						\$ 0
Units of Service (15 minute increment)						0
Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Medication Assisted Treatment (MAT)</b>						
Coat						\$ 0
Units of Service (15 minute increment)						0
Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SUMMARY OF ALL SERVICES</b>						
Total Coats	\$ 201,013.00	\$ -	\$ -	\$ 8,000.00	\$ 34,496.00	\$ 243,509.00
Units of Service (15 minute increment)	13,233.83	-	-	875.13	2,251.49	16,360.45

\* Round Coats to nearest dollar

<b>AUTHORIZED:</b>	<b>PRINTED NAME:</b>	<b>DATE:</b>
	Shannon Baird	Apr 11, 2024
<b>PROVIDER AUTHORIZED SIGNATURE:</b>	<b>PRINTED NAME:</b>	<b>DATE:</b>
	Anthony Altamirano	Apr 11, 2024
<b>DBH FACIL SERVICES AUTHORIZED SIGNATURE:</b>	<b>PRINTED NAME:</b>	<b>DATE:</b>
	Michael Sweitzer	Apr 16, 2024
<b>DBH PROGRAM MANAGER or DESIGNER SIGNATURE:</b>	<b>PRINTED NAME:</b>	<b>DATE:</b>

Payment Funds Include:

COVA No.	COVA No.	Medicaid	Medi-Cal	Medi-Cal	Medi-Cal
01.000	01.000	01.000	01.000	01.000	01.000
01.000	01.000	01.000	01.000	01.000	01.000