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Contract Number

22-471 A-2

SAP Number

4400019649

Department of Behavioral Health

Department Contract Representative	Tamela Hutchinson
Telephone Number	909-388-0861
Contractor	High Desert Child, Adolescent and Family Services Center, Inc.
Contractor Representative	Shannon Baird
Telephone Number	760-243-7151
Contract Term	July 1, 2022 – June 30, 2027
Original Contract Amount	\$2,290,745
Amendment Amount	\$810,465
Total Contract Amount	\$3,101,210
Total Aggregate Contract Term	July 1, 2022 through June 30, 2024
Total Aggregate Amount – For Clients referred by CFS	\$1,600,000
Cost Center	1018511000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

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

- I. ARTICLE V 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 \$810,465 shall increase the total contract amount from \$2,290,745 to \$3,101,210 for the contract term.

- Fiscal Year 2023-2024 – increase of \$159,495 (Includes startup costs of \$51,000)
 - Fiscal Year 2024-2025 - increase of \$216,990
 - Fiscal Year 2025-2026 - increase of \$216,990
 - Fiscal Year 2026-2027 - increase of \$216,990
- L. This amendment hereby revises Schedules A and B for FYs 2023-24, 2024-25, 2025-26 and 2026-2027 as set forth in Exhibit I. All previously approved schedules remain in effect.
- M. Contractor will assume responsibility of Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment and Recovery 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 \$51,000 in addition to the standard invoicing done for the current program operations in the December 2023 through February 2024 invoices, which will be submitted in January through March 2024.
 3. Invoices for March 2024 forward will only include actual costs.
 4. The three invoices that include these start-up costs will be reconciled against actual start-up costs in the March invoice, to be submitted in April 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, Substance Use Prevention, Treatment and Recovery Services Block Grant, Drug Medi-Cal, California Work Opportunity and Responsibility to Kids, State Assembly Bill 109 and the Department of Children and Family Services, through a Memorandum of Understanding. Federal funds may not be used as match funds to draw down other federal funds.
- II. ARTICLE XX 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 V - 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 PROVISION of SUBSTANCE USE DISORDER SERVICES – EARLY INTERVENTION OUTPATIENT TREATMENT, INTENSIVE OUTPATIENT TREATMENT and RECOVERY SERVICES is hereby replaced with revised ADDENDUM II.

IV. This amendment hereby adds ATTACHMENT V CAMPAIGN CONTRIBUTION DISCLOSURE (SB 1439).

V. This amendment hereby adds Exhibit I Schedules A and B for FYs 2023-24, 2024-25, 2025-26 and 2026-27.

- 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

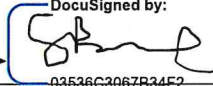
Dated: MAY 07 2024

SIGNED AND CERTIFIED THAT A COPY OF THIS

DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD


By Ellayna Hoatson
Clerk of the Board of Supervisors
San Bernardino County

By DeputyHigh Desert Child, Adolescent and Family
Services Center, Inc(Print or type name of corporation, company, contractor,
etc.)

By  03536C3067B34F2...
(Authorized signature - sign in blue ink)

Name Shannon Baird

(Print or type name of person signing
contract)

Title Executive Director


(Print or Type)

Dated: 4/25/2024

Address 16241 Victor Street
Victorville, Ca 92395

FOR COUNTY USE ONLY

Approved as to Legal Form


Dawn Martin, Deputy County Counsel


Date: 4/25/2024

Reviewed/Approved by Department


Ellayna Hoatson, Contracts Supervisor

Date: 4/25/2024

Reviewed/Approved by Department


Georgina Yoshioka, Director

Date: 4/26/2024

**AGREEMENT FOR THE PROVISION OF
SUBSTANCE USE DISORDER SERVICES
EARLY INTERVENTION, OUTPATIENT TREATMENT, INTENSIVE
OUTPATIENT TREATMENT AND RECOVERY SERVICES**

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

A. Contractor shall provide Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment and Recovery services as defined herein to San Bernardino County residents.

B. FACILITY LOCATIONS:

1. Contractor shall provide the above services in and from the following address(es) within nine (9) months of the execution of this amendment:
 - a. **High Desert Center**
16248 Victor St.
Victorville, CA 92395
 - b. **High Desert Center**
225 Barstow Rd.
Barstow, CA 92311
 - c. **High Desert Child, Adolescent, and Family Services Center, Inc**
58945 Business Center Dr.
Yucca Valley, CA 92284

2. Level of Care/Target Population/Region(s) to be served:

Level of Care	Target Population	Region(s)
<input checked="" type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Adult (Ages 18-20) <input checked="" type="checkbox"/> Youth (Ages 12-17)	<input type="checkbox"/> East Valley/San Bernardino Metropolitan Region <input type="checkbox"/> West Valley Region <input type="checkbox"/> Central Valley Region <input checked="" type="checkbox"/> Desert/Mountain Region
<input checked="" type="checkbox"/> Outpatient Treatment	<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Youth	<input type="checkbox"/> East Valley/San Bernardino Metropolitan Region <input type="checkbox"/> West Valley Region <input type="checkbox"/> Central Valley Region <input checked="" type="checkbox"/> Desert/Mountain Region
<input checked="" type="checkbox"/> Intensive Outpatient Treatment	<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Youth	<input type="checkbox"/> East Valley/San Bernardino Metropolitan Region <input type="checkbox"/> West Valley Region <input type="checkbox"/> Central Valley Region <input checked="" type="checkbox"/> Desert/Mountain Region

ADDENDUM II

<input checked="" type="checkbox"/> Recovery Services	<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Youth	<input type="checkbox"/> East Valley/San Bernardino Metropolitan Region <input type="checkbox"/> West Valley Region <input type="checkbox"/> Central Valley Region <input checked="" type="checkbox"/> Desert/Mountain Region
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3. Contractor shall provide Substance Use Disorder Services Early Intervention, Outpatient Treatment and/or Intensive Outpatient Treatment and Recovery Services as indicated in the chart above. Contractor shall provide services as described in Addendum II for each level of service and the population to be served (Adult/Youth), as applicable.

C. SERVICE DESCRIPTION:

Contractor shall provide Substance Use Disorder and Recovery Services Early Intervention, Outpatient Treatment and/or Intensive Outpatient Treatment (IOT), and Recovery 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), early intervention, outpatient, intensive outpatient treatment, recovery services 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.
3. Early Intervention (Level 0.5) (Ages 12-17 and 18-20) – Early Intervention services will be provided to clients when medically necessary. Early Intervention services are covered DMC-ODS services for clients under the age of 21. Any client under the age of 21 who is screened and determined to be at risk of developing a SUD may receive the following early intervention services: group and individual counseling and client education Services can be provided by a licensed professional or a registered or certified counselor in any appropriate setting in the community

The components of Early Intervention services are:

- a. Screening: to determine high-risk and need for this level of care
- b. Treatment Planning
- c. Interventions (individual and group counseling) - designed to affect change in high-risk substance use
- d. Client Education on risks of substance use
- e. Education on substances: at the request of the client, provide education on substances of abuse for Family/significant others willing to participate.

ADDENDUM II

- f. Discharge services: to prepare the client for a higher or lower level of care (for example: referral to Recovery Centers to provide a linkage to substance free activities and a place where they can continue to receive educational information and attend self-help groups)
- g. Case Management: to assist with client needs while attending Early Intervention Services, case managers shall initiate a cooperative transition to a case manager in the higher level of care, if initiated.
- h. Drug testing: if and when qualified staff determine it is clinically appropriate.

Note: Early Intervention services must be provided in duration/occurrence less than what would be provided in an Outpatient treatment level of care. If medical necessity warrants the need for longer periods of treatment/services, the client must be transitioned to the appropriate level of care to treat the needs of the client.

- 4. Outpatient Services (Level 1) (Ages 12-17 and 18+) counseling services are provided to clients (less than six (6) hours a week for youth and up to nine (9) hours a week for adults) when determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with an individualized treatment plan. Services can be provided by a licensed professional or a registered or certified counselor in any appropriate setting in the community. Services can be provided in-person, by telephone or by telehealth.

The Components of Outpatient Services are:

- a. Intake: The process of determining whether a client meets the medical necessity criteria and whether the client is admitted into a substance use disorder treatment program. Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral and substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing (e.g. body specimen screening) necessary for substance use disorder treatment and evaluation.
- b. Individual Counseling: Contact between a client and a therapist or counselor. Services provided in-person, by telephone or by telehealth.
 - All Outpatient Treatment and Intensive Outpatient Treatment (IOT) clients will at minimum, have available one (1) individual counseling session per month. Individual counseling shall be a minimum of 45 minutes.
- c. Group Counseling: Contact in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served.
 - All Outpatient Treatment clients will have available a minimum of two (2) groups per week.

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- Outpatient Treatment and IOT group counseling shall be a minimum of 90 minutes.
- d. Family Therapy: The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery as well as their own recovery can be conveyed. Family members can provide social support to the client, help motivate the client to remain in treatment, and receive help and support for their own family recovery as well.
 - e. Client Education: Provide research based education on addiction, treatment, recovery and associated health risks.
 - f. Medication Services: The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services.
 - g. Collateral Services: Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
 - h. Crisis Intervention Services: Contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the client's emergency situation.
 - i. Treatment Planning: The provider shall prepare a written Individualized Treatment Plan (ITP), based upon information obtained in the intake and assessment process. The ITP shall be completed upon intake and then updated every subsequent ninety (90) days unless there is a change in treatment modality or significant event that would then require a new ITP. The ITP shall include:
 - i. a statement of problems to be addressed,
 - ii. goals to be reached which address each problem, action steps which shall be taken by the provider and/or client to accomplish identified goals,
 - iii. target dates for accomplishment of action steps and goals, and a description of services including the type of counseling to be provided and the frequency thereof.
 - iv. specific quantifiable goal/treatment objectives related the client's substance use disorder diagnosis and multidimensional assessment.

ADDENDUM II

- v. identify the proposed type(s) of interventions/modality that includes a proposed frequency and duration.
 - vi. be consistent with the qualifying diagnosis and shall be signed by the client and the Medical Director or LPHA.
 - vii. Client progress in Outpatient Treatment and/or IOT will be reviewed every 30 days. At the end of the 90-day treatment period, the service provider shall evaluate and document the need for continued treatment.
 - j. Discharge Services: The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the client to essential community treatment, housing and human services.
5. Intensive Outpatient Treatment (ASAM Level 2.1) will provide structured programming services to clients (a minimum of nine hours with a maximum of 19 hours a week for adults provided at minimum 3 hours per day, 3 days per week, and a minimum of six hours with a maximum of 19 hours a week for adolescents).

This will be determined utilizing a biopsychosocial assessment and utilizing ASAM Criteria to determine the appropriate level of care. It's to be determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with an individualized treatment plan.

Lengths of treatment can be extended when determined to be medically necessary. Services consist primarily of counseling and education about addiction-related problems.

A therapist or a registered or certified counselor, in any appropriate setting in the community, can provide services. Services can be provided in-person, by telephone or by telehealth.

The Components of Intensive Outpatient are (see Outpatient Services for definitions):

- a. Intake
- b. Individual and/or Group Counseling
- c. Patient Education
- d. Family Therapy
- e. Medication Services
- f. Collateral Services
- g. Crisis Intervention Services
- h. Treatment Planning
- i. Discharge Services

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6. Case Management: The DBH Case management program is referred to as the "Care Coordination Program". Care coordination (case management) should be offered to all clients in SUD treatment services. For clients who agree to receive care coordination (case management) services, services shall be provided as described below.

Care Coordination is of particular importance to youth in SUD treatment for service coordination and collaboration, as stipulated in Youth Treatment Guidelines.

Services may be provided by a Licensed Practitioner of the Healing Arts or a registered or certified counselor. Care Coordination services are services that assist a client in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

These services focus on coordination of SUD care, integration around primary care especially for clients with a chronic substance use disorder, and interaction with the criminal justice system, if needed.

Care Coordination services may be provided face-to-face, by telephone, or by telehealth with the client and may be provided anywhere in the community.

Care Coordination services include:

- a. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of care coordination services;
 - b. Transition to a higher or lower level SUD of care;
 - c. Development and periodic revision of a client plan that includes service activities;
 - d. Communication, coordination, referral and related activities;
 - e. Monitoring service delivery to ensure client access to service and the service delivery system;
 - f. Monitoring the client's progress;
 - g. Client advocacy, linkages to physical and mental health care, transportation and retention in primary care services; and,
 - h. Care Coordination shall be consistent with and shall not violate confidentiality of alcohol or drug clients as set forth in 42 CFR Part 2, and California law.
7. Recovery Services: may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time.

Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk.

Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services.

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Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in person, by synchronous telehealth, or by telephone/audio-only.

Recovery services may be provided in the home or the community.

The service components of Recovery Services are:

- a. Individual and/or group outpatient counseling services;
 - b. Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
 - c. Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
 - d. Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
 - e. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
 - f. Support Groups: Linkages to self-help and support services, spiritual and faith based support;
 - g. Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.
8. For all levels of care:
- a. DBH requires prior-approval for all field-based services. If a Contractor wants to provide field-based services, DBH will provide information and approval for field-based services.
 - b. Contractor shall provide transportation to youth and women with children to medical necessary services. Need of beneficiaries living in remote locations shall be addressed.
 - c. Contractors shall provide outreach services to ensure individuals in need of SUD services can receive services.
 - d. The treatment/recovery methodology employed by the Contractor must be evidence-based and approved by DBH. Any deviations from these service provisions require the prior approval of DBH.
 - e. Contractor shall ensure that clients are encouraged and afforded every opportunity to participate in self-help groups of their choice.
 - f. A Department of Health Care Services "Client Health Questionnaire" (Form # DHCS 5103) shall be completed for each client at the time of admission. Qualified staff shall review each completed DHCS Client Health Questionnaire (DHCS 5103). The form is available at: <https://www.dhcs.ca.gov/provgovpart/Documents/DHCS-5103.pdf>

ADDENDUM II

- g. Clients shall be referred promptly for medical and/or psychiatric evaluation when deemed appropriate by staff.
- h. All Outpatient Treatment and IOT clients shall be required to complete random drug testing at minimum twice per month.
- i. Early Intervention and Recovery Services will be required to complete random drug testing if and when qualified staff determine it is clinically appropriate. Clinically appropriate staff will determine interval(s) for testing.
- j. Contractor may provide ancillary services which in the view of the Contractor supports a recovery lifestyle.
- k. Data must be entered, submitted and/or updated in a timely manner for:
 - i. CalOMS information to include:
 - Client Registration, Opening and Discharge
 - Error reconciliation
 - Open admissions
 - Annual updates
 - Private pay/funded clients CalOMS data is required to be submitted (limited to client registration/opening and discharge)
 - ii. DATAR entries
 - iii. Information and updates for the Provider Directory
 - iv. ASAM Level of Care Information

D. SPECIFIC RESPONSIBILITIES:

1. Substance Use Disorder and Recovery Services Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment and Recovery services are designed to achieve progressive changes in an individual's thinking and substance misusing behavior in order to prevent relapse. This must be accomplished by using evidence-based substance use disorder treatment services.
2. Substance Use Disorder and Recovery Services Early Intervention, Outpatient Treatment, Intensive Outpatient Treatment and Recovery services are provided to assist in supporting those at risk of developing, or living with, substance use disorder to allow them to achieve recovery and live a self-directed life. Such services, are not limited to, but must include:
 - a. Screening and/or assessment to determine appropriate level of care for each client;
 - b. Use of sufficiently trained staff;
 - c. Therapeutic services in frequency and duration to meet the individual needs of each client served.

ADDENDUM II

- d. Utilization of proven evidence-based treatment practices that result in measurable, positive outcomes.

3. PROGRAM REQUIREMENTS (SCOPE OF WORK)

Contractor will give preference in admittance to treatment in the following order:

- Pregnant injecting drug users;
- Pregnant substance abusers;
- Injecting drug users;
- All others

a. Program Requirements:

Contractor shall provide evidence-based substance use disorder Early Intervention, Outpatient Treatment and/or IOT and Recovery Services for clients who have demonstrated a need for a specific level of care as described herein. Services will incorporate DMC-ODS requirements, AOD Program Certification Standards, DMC Certification Standards and Youth Treatment Guidelines and any other guidelines that pertain to the delivery of such SUDRS services.

Contractors shall provide substance use disorder treatment and recovery services for clients who have been screened and assessed utilizing ASAM Criteria and medical necessity has been determined for the level of care provided. Contractor will utilize the necessary tools to determine whether Early Intervention Outpatient Treatment, IOT and Recovery Services is the appropriate level of care to address the needs of the client. Services will be provided by a DHCS Drug Medi-Cal certified facility, which is certified for Outpatient Treatment (DHCS Service Function Code 20) and IOT services (DHCS Service Function Code 25).

Operation Guidelines:

- i. Contractor shall deliver SUDRS Early Intervention, Outpatient Treatment and/or IOT and Recovery Services that conform to and follow applicable regulations and any regulations that govern specific funding to be utilized in the provision of services, such as but not limited to:
 - Drug Medi-Cal Organized Delivery System – Special Terms and Conditions (STC)
 - SABG Policy Manual
 - Minimum Quality Drug Treatment Standards for SABG
 - Alcohol and/or Other Drug Program Certification Standards
 - Youth Treatment Guidelines
- ii. Contractor shall complete a needs assessment to determine the demographic make-up and population trends of the service area(s)

ADDENDUM II

to identify the need for SUDRS Early Intervention, Outpatient Treatment and/or IOT services and Recovery Services, and the cultural and linguistic needs of the target population(s). Such assessments are critical to designing and planning for the provision of appropriate and effective services.

- iii. Assist clients who are not Medi-Cal eligible in applying for this benefit.
- iv. Provide services to San Bernardino County residents who have San Bernardino County Medi-Cal (County Code: 36). Clients seeking services with any other County Code for Medi-Cal eligibility shall be referred to their county of responsibility.
 - For clients who indicate they have permanently moved to San Bernardino County (as their Medi-Cal is indicating a different county), assist the client in contacting the Social Services Department in their former county of residence with a request to transfer their Medi-Cal case to San Bernardino County. Efforts made to transition the clients Medi-Cal shall be clearly documented in the client's chart.
- v. Verify Medi-Cal eligibility for all clients each month the client is enrolled in the program. *Documentation of monthly Medi-Cal eligibility shall be kept on file in the client chart.*
- vi. Establish medical necessity through a comprehensive assessment process.
 - 1) Clients 21 years and older: a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

To qualify for DMC services after the initial assessment process, beneficiaries 21 years of age and older must meet one of the following criteria:
 - a) Have at least one 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, OR
 - b) Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

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- 2) For beneficiaries under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or a SUD are considered to ameliorate the condition and are thus covered as EPSDT services. (Section 1396d(r)(5) of Title 42 of the United States Code; W&I Section 14059.5(b)(1)).
- vii. The initial medical necessity determination shall be provided through a review by a Medical Director or Licensed Practitioner of the Healing Arts (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 client’s determined by the Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be clinically appropriate.
 - Any and all services beyond six (6) months must have an appropriate and approved justification to continue treatment which shall be approved by DBH SUDRS Administration.
 - viii. Provide substance use disorder treatment utilizing at least two (2) evidence practices and other therapeutic interventions necessary for the target population(s) served.
 - ix. Contractor shall identify the evidence-based curriculum(s) to be utilized for program services.
 - x. When providing services for Youth Early Intervention, Outpatient Treatment and/or IOT and Recovery Services, the program shall serve male youth only or female youth only, unless;
 - The program addresses gender-specific issues in determining individual treatment needs and therapeutic approaches; and,
 - The program provides regular opportunities for separate gender group activities and counseling sessions.

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- xi. Contractor shall attend all meetings held by DBH regarding program updates, progress, and changes.
- b. Facility Requirements:
 - i. Provide all facilities, facility management, supplies and other resources necessary to establish and operate the program.
 - ii. Provide proper prior notification to DBH if the facility location will change.
 - iii. Business Hours: The clinic location shall maintain; **at minimum**, "normal business hours" (Monday – Friday 8 a.m. to 5 p.m.) to allow for public access, and County/State oversight.

Contractor shall offer clinical services that are sufficient to meet the needs of the clients to be served and the target population(s) enrolled. For example: Youth or employed clients may require business hours that are outside of "normal business hours" due to school or employment obligations. Contractor must be flexible to meet the needs of the clients being served.
 - iv. Contractor shall provide the following for each location by the contract start date and maintain these requirements in good standing throughout the term of any contract issued by the County:
 - 1) Current Alcohol and Other Drug (AOD) certification;
 - 2) Drug Medi-Cal Certification.
 - 3) Business Licenses and/or City/County permits as required
 - 4) Zoning and Fire clearances as required
 - v. Facility shall have sufficient space for services, activities, staff and administrative offices as necessary.
 - vi. 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.
 - vii. First aid supplies shall be maintained and readily available in the facility.
- c. Regulations and Standards:
 - i. Contractor shall maintain compliance with/and follow DMC-OSD/Title 22 requirements for Drug Medi-Cal SUD services, Alcohol and/or Other Drug Program Certification Standards, Youth

ADDENDUM II

Treatment Guidelines, Substance Abuse, Prevention and Treatment Block Grant, and DMC Certification Standards and any other standards and/or regulations as defined by funding source. No formal amendment to a contract is required for new regulations or guidelines to apply.

- ii. Maintain compliance with all non-discrimination laws and regulations and follow admission policies that ensure clients are admitted to services regardless of anticipated outcomes.
- iii. In order to effectively serve clients of San Bernardino County, Contractor shall have the ability to address the most recent threshold languages of the County whether by implementation of best practice, by having bilingual staff, or as a secondary process by utilizing formal interpreter services. San Bernardino County Threshold languages: Spanish, Mandarin and Vietnamese.
- iv. Contractor shall provide professional certified interpreter and translation services as needed for persons with Limited English Proficiency (LEP) and deaf/hearing impaired individuals.
- v. Contractor shall have the ability to offer treatment programs in other languages (other than English). This would be a program offered to clients whose primary-preferred language is, for example: Spanish, Vietnamese or Mandarin. (This would be over and above the required translation services. For example: the entire program is developed and provided to a target population of Spanish speaking individuals which can be either adults or youth).
- vi. Have the capacity, at a minimum, to screen and refer all clients with co-occurring disorders to appropriate co-occurring treatment.
- vii. Treatment facilities shall be free of alcohol and any non-prescription drugs that could be utilized in an illicit manner.
- viii. Comply with all State and Federal statutes and regulations regarding confidentiality, including but not limited to applicable provisions of Part 2, Title 42 Code of Federal Regulations; Welfare Institutions Code Sections 5328 et. seq., and 14100.2; Sections 11812 of the Health and Safety Code; Title 22, California Code of Regulations Section 51009; and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- ix. Ensure staff/volunteers/interns are knowledgeable about the DBH Grievance and Appeals Policies and Procedures and the SUDRS Notice of Personal and Civil Rights and ensure that any complaints by clients are referred to DBH at minimum, in accordance with the policy/procedure. The Policy consists of items such as:
 - 1) DBH-SUDRS follows-up on all complaints

ADDENDUM II

- 2) Strict timelines are followed for complaint resolution
- 3) DHCS can be contacted as well or if complaint remains unresolved
- 4) DBH ACCESS Unit shall be notified of all complaints.

A copy of the SUDRS Notice of Personal and Civil Rights shall be given to each client upon entry into the program and shall be displayed in an area accessible and conspicuous to all clients and staff/volunteers/interns. (**Attachment IV**).

- x. Contractor shall ensure all incidents with clients are reported on the "Unusual Occurrence/Incident Report" County Form QM053 (**Attachment V**). Incidents can be, but are not limited to:

- 1) Dangerous Behavior
- 2) Medical/Injury
- 3) Disturbance/Destruction of Property
- 4) Victimized
- 5) Death
- 6) Dangerous Behavior – Self
- 7) Sexual Behavior
- 8) Other's (not listed)

All incidents shall be reported to Contractor supervisory staff immediately. Staff witnessing the incident shall complete the QM053 form. Supervisory staff shall conduct an investigation and complete applicable sections of the QM053 form and submit a copy to the DBH Program Manager/designee by the next working day.

- xi. Establish protocols in the event of Program or Contract termination that provides for the responsible and orderly transition of clients to another DBH approved facility for services. The plan shall include a provision for furnishing DBH with all client information, any documents necessary for this transition and closure of client episodes in the DBH billing system and CalOMS prior to final program closure.

- d. **Administrative Requirements**

- i. Contractor shall maintain adequate files and records and meet statistical reporting requirements.
- ii. Contractor has the administrative and fiscal capability to provide and manage the proposed services to ensure an adequate audit trail.
- iii. Contractor shall develop and/or maintain a written Personnel Policy

ADDENDUM II

and Procedures Manual in accordance with current DBH standards. The written procedures and all updates shall be provided to all employees charging hours to this agreement. The written Personnel Policy and Procedures Manual shall be submitted to DBH, upon request. A change to any part of the Personnel Policy and Procedures requires a written change in the manual and submission of all changes to DBH, upon request.

The written Personnel Policy and Procedures Manual shall contain at minimum, the following for all staff, volunteers, and interns:

- Recruitment Procedures
 - Screening and Selection Procedures
 - Training and Orientation Process
 - Personnel File Documentation Requirements
 - Duties and Assignments (Job Description)
 - Supervision and Evaluation Responsibilities
 - Protection of Confidentiality Procedures
- iv. Maintain a separate and appropriate written policy and procedure regarding the utilization of volunteers/interns in services provided and standards they must follow and this shall be incorporated into the written Personnel Policy and Procedures Manual.
- v. Contractor shall maintain a policy and procedure manual of services which contains items such as, but not limited to: written procedures for treatment, assessment and admission to the appropriate level of care, application of ASAM Criteria, cost and fee assessments, policies for client payments, refund policy, reasons and actions for client's termination from the program and the evidence based practices and treatment curriculum utilized by the program, etc.
- e. Required Referrals:
- i. Contractor shall refer clients to the appropriate ASAM Criteria level of care for services that are not provided by the provider.
 - ii. Clients shall be referred promptly for medical and/or psychiatric evaluation when deemed appropriate by staff.
 - iii. Contractor shall act as a community referral resource, referring clients in need directly or by referral process to other services beyond their scope of service; such as, but not limited to; housing/shelters, food banks, clothing, tutoring services if needed for youth who remain in school, GED classes, higher education, vocational education, job training, resume writing, legal services, CalWORKs, CalFresh, Medi-Cal, etc.

ADDENDUM II

- iv. Contractor shall initiate collaborative community partnerships and service systems. Contractor 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.
- v. Contractor can offer medications for addiction treatment (MAT, also known as medication-assisted treatment) directly, or must have effective referral mechanisms in place to the most clinically appropriate MAT services (defined as facilitating access to MAT off-site for beneficiaries while they are receiving services if not provided on-site). (Providing a beneficiary contact information for a treatment program is insufficient). A cooperative transition shall be initiated utilizing the Substance Use Disorder Referral (SUDRS034) form. A copy of the referral will be provided to the client and placed in the client file.
- f. Quality Management:
 - i. Contractor shall maintain a Quality Management component designed to monitor and improve quality of care. The Quality Management component should monitor services and provide interventions as needed that are designed to achieve significant improvement in areas of client satisfaction and positive outcomes.
 - ii. Contractor shall maintain a written Quality Improvement Plan (QIP), which is updated at minimum every two (2) years. The QIP shall clearly define and establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement.
 - 1) The QIP shall include clearly defined goals, objectives, and activities that are client-centered and designed to achieve improvement in the quality of care and positive outcomes for clients being served by the program.
 - 2) Contractor shall provide client satisfaction surveys for clients participating in the program. Results of client satisfaction surveys shall be compiled and analyzed by the Contractor and shall be incorporated and utilized in the QIP.

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- 3) Contractor shall participate in the DBH outcomes program which will include; attending meetings, the development of system-wide outcomes, development of tools utilized to measure outcomes and analysis of quality improvement plans to ensure outcomes are improving client care.

Once DBH system-wide outcomes are developed, annual reports will be required and submitted to SUDRS Administration to allow DBH to compile and assess overall system-wide progress towards achieving defined goals, objectives and outcomes.

iii. The following are outcomes to be considered for the levels of care:

- 1) Ensure clients are engaged in the wellness/recovery process within the first thirty (30) days from admission.
- 2) Reduced recidivism rate for criminal justice involved clients.
- 3) Clients' abstinence from all illicit drugs and alcohol for a measured time-period.
- 4) Clients' obtainment or continuation of secure and adequate housing upon exit from the program.
- 5) Clients remain engaged in meaningful recovery efforts through their treatment program.
- 6) Clients increased understanding of the health benefits of regular attendance at medical/dental appointments as identified by reported attendance at scheduled appointments.
- 7) Clients increased understanding and reported/observed use of positive socialization skills.
- 8) Clients increased understanding of options for MAT and its possible benefits.
- 9) For Youth and Young Adults in Early Intervention services, increased understanding of the detriments of substance use.
- 10) For Youth, reductions in school related problems.
- 11) For Youth, reductions in family conflicts.
- 12) For Recovery Services, clients who have been triggered or have relapsed have realized a decrease in symptoms.
- 13) For Recovery Services, clients have developed skills to deter triggers.

ADDENDUM II

The Contractor shall work in collaboration with DBH so that Outcomes will be collected, reported and measured. Contractor 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.

- iv. Contractor shall submit annual written reports regarding outcomes specified in the QIP, 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.

- Annual reports - due no later than thirty (30) calendar days after each fiscal year.

g. Staffing Requirements:

- i. Contractor shall be knowledgeable of trainings required based on regulations and/or guidelines for the level(s) of care provided and/or target populations served, and hire/train staff to meet these requirements. (For example; Youth treatment guidelines indicate specific trainings required for programs working with the youth population.)
- ii. Staffing levels must meet current requirements of the State of California, Department of Health Care Services and any pertinent regulation.
- iii. Contractor shall administer and manage staff, volunteers, and interns and provide management systems and have a written Personnel Policy and Procedure Manual.
- iv. Contractor shall be required to provide services in a culturally competent manner by recruiting, hiring and maintaining staff that can provide services to a diverse population.
- v. Contractor shall have a Medical Director who prior to the delivery of services has enrolled with DHCS under applicable state regulations and has been screened in accordance with 42 CFR 455.450(a).
- vi. All staff providing treatment services will be regular, paid employees. Interns and volunteers utilized in other areas of the program shall be supervised by regular qualified staff. Clients of the program may not substitute for regular staff, interns, or volunteers.
- vii. Contractor shall ensure at minimum one (1) program staff member certified in cardiopulmonary resuscitation (CPR) and Basic First Aid shall be on-site to provide coverage all times clinics are open for

ADDENDUM II

services.

- viii. All staff/volunteers/interns providing services where clients receive treatment shall have the required criminal record review and clearance.
- ix. At least thirty (30) percent of staff providing counseling services in SUD programs shall 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(f).
- x. At a minimum, all selected Contractor management and staff conducting assessments shall complete, prior to the delivery of client services, two (2) ASAM e-Training modules:
 - 1) ASAM Multidimensional Assessment
 - 2) From Assessment to Service Planning and Level of CareA third module is highly recommended, but is not mandatory:
 - 3) Introduction to the ASAM Criteria.
- xi. Contractor shall provide all staff, volunteers, and interns regular and periodic training that covers the following and this shall be documented in the personnel file:
 - On site orientation (new hires only)
 - Emergency Procedures
 - Individual and Agency Emergency Preparedness
 - Emotional Responses to Emergency
 - Utility Shut-Off Procedures
 - Fire Suppression and Proper Use of Fire Extinguishers
- xii. All staff, volunteers, and interns shall be trained or have experience which provides knowledge of the skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and effective job performance and this shall be documented in the personnel file:
 - General knowledge of substance use disorders and the principles of recovery
 - Principles of communicable disease prevention and control
 - Recognition of early signs of illness and the need for professional assistance
 - Availability of community services and resources
 - Recognition of individuals under the influence of alcohol and/or drugs
- xiii. All licensed, certified, or registered counseling staff, if applicable,

ADDENDUM II

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>, and shall update registration or certification via the DBH Staff Master update at:

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

- xiv. Contractor shall either adopt the DBH Code of Conduct or develop its own code of Conduct.

- 1) Should the Contractor develop its own code of conduct, Contractor shall submit their code prior to implementation, to the following DBH division for review and approval:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to:

Compliance_Questions@dbh.sbcounty.gov.

- 2) Contractor shall distribute the code of conduct annually.
 - 3) The code of conduct shall be signed by both the Contractor representative or designee, and all employees, subcontractors, interns, volunteers, physicians and members of Board of Directors indicating such persons have received, read, understand and will abide by said code.

- xv. Contractor shall develop, maintain and implement an ongoing training program which shall include but not be limited to participation in County sponsored and other cultural competency training for all staff/volunteers/interns in addition to specific training related to their duties or required for their professional license/certification or for target populations served.

Staff/volunteer/intern participation in training shall be documented and kept in the personnel file for three (3) years.

- xvi. Contractor shall maintain complete personnel files for all staff/volunteers/interns.
- xvii. Personnel files contain confidential information and shall be stored appropriately. They shall be made available to Federal or State DHCS or applicable agency(ies) and DBH staff in any monitoring or audit as requested.

E. SERVICE COORDINATION AND QUALITY ASSURANCE

DBH SUDRS Administration shall monitor the progress and quality of care afforded each individual client through a quality improvement process in addition to an analysis of other

ADDENDUM II

client information made available through the computerized management information system. Contractor shall ensure that each client receives service at the appropriate ASAM Criteria level of care as determined by the comprehensive biopsychosocial assessment and continued evaluation of the individual client's needs. Contractor may appeal any recommended level of care through DBH- SUDRS Administration.

---END OF ADDENDUM---

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

BUDGET PERIOD: January 1, 2024 - June 30, 2024

PROVIDER NAME: High Desert Center PREPARER: Shannon Baird
FACILITY ADDRESS: 58945 Business Center Dr. TITLE: Executive Director
Yucca Valley, Ca 92284 DATE PREPARED: 2/28/2024
PROVIDER NUMBER : (36XX) _____

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	\$ 30,720	\$ 3,720	\$ 34,440	100.0%	\$ 34,440
Counselor 2	\$ 30,720	\$ 3,720	\$ 34,440	100.0%	\$ 34,440
			\$ -	100.0%	\$ -
			\$ -		\$ -
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TOTAL COST	\$ 68,880
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: January 1, 2024 - June 30, 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	\$ 88,830	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 4,000	Xerox
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 300	Training for SUD staff
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 1,000	Phone and Internet
Depreciation - Structures and Improvements		
Household Expenses	\$ 1,000	Toilet Paper, paper towels, cleaning supplies
Insurance	\$ 1,000	Workers comp. and Anthem Insurance
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 500	
Miscellaneous Expense		
Office Expense	\$ 3,000	Paper, post its, staples, ect
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 14,000	Rental of property
Taxes and Licenses	\$ 300	fees for DMG certification, AOD, ect
Drug Screening and Other Testing	\$ 2,000	Drug test supplies and lab testing
Utilities	\$ 2,000	Electric and Gas
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 1,000	IT and accounting firm
Transportation		
Transportation		
Travel	\$ 300	Travel expense
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 1,000	10 percent de minimis of Admin, Program Manager, Executive Director and Financial Specialist
OTHER:	\$ 8,215	Contractor Medical Director
TOTAL OPERATING EXPENSES	\$ 39,815	
FEE/MOTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 108,485	

High Desert Center Provider Number 8001

BUDGET PERIOD: January 1, 2024 - June 30, 2024

Prepared by: Shannon Hard
Title: Executive Director
Date Prepared: 2/28/2024

APPROVED:		PRINTED NAME:	Shannon Baird 12/29/
SIGNATURE:		PRINTED NAME:	Anthony Altamirano
PROBATION AUTHORIZED SIGNATURE		DATE	Feb 29, 2024
<u>Anthony Altamirano</u>		PRINTED NAME:	Michael Sweitzer
DATE: 1/29/2024		DATE	Feb 29, 2024
COPIES FISCAL SERVICES AUTHORIZED SIGNATURE		PRINTED NAME:	Michael Sweitzer
<u>Michael Sweitzer</u>		DATE	Feb 29, 2024
DATE: 1/29/2024		PRINTED NAME:	
CRN PROBATION MANAGER or DISPOSITIVE SIGNATURE		DATE	

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

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

PROVIDER NAME:

High Desert Center

PREPARER: Shannon Baird

FACILITY ADDRESS:

58945 Business Center Dr.

TITLE: Executive Director

Yucca Valley, Ca 92284

DATE PREPARED: 2/11/2024

PROVIDER NUMBER : (36XX)

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	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	95.0%	\$ 50,160
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TOTAL COST	\$ 155,760
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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: 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	\$ 155,760	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 400	Ratio and proportion allocated at a percentage of total cost
Rent and Lease Equipment	\$ 8,000	Ratio and proportion allocated at a percentage of total cost
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 600	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Insurance	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Expense		
Office Expense	\$ 6,000	Ratio and proportion allocated at a percentage of total cost
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 14,000	Facilities cost of rent are allocated based on square footage used for this contract
Taxes and Licenses	\$ 600	Ratio and proportion allocated at a percentage of total cost
Drug Screening and Other Testing	\$ 4,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 4,000	Facilities cost of utilities are allocated based on square footage used for this contract
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services		
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 2,370	10 percent de minimis of admin allocation program manager, executive director and financial specialist
OTHER:	\$ 15,250	Medical director
TOTAL OPERATING EXPENSES	\$ 62,230	
FEE/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 217,990
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High Desert Center Provider Number 8631

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

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

Contractor Name: High Desert Center
Facility Address: 58945 Business Center Dr.
Yucca Valley, Ca 92284
Provider Number (36xx): 0

Prepared by: Shannon Baird
Title: Executive Director
Date Prepared: 2/11/2024

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 30,000				\$ 2,000	\$ 2,000	\$ 34,000
Units of Service (15 minute increment)	1,304				87	87	1,478
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 30,000				\$ 4,000	\$ 3,990	\$ 37,990
Units of Service (15 minute increment)	1,304				174	173	1,652
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Early Intervention Treatment (EI)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00			\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Group Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Family Therapy							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - IOT Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 1,000						\$ 1,000
Units of Service (15 minute increment)	43						43
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 165,000	\$ 0	\$ 0	\$ 0	\$ 16,000	\$ 15,990	\$ 216,990
Units of Service (15 minute increment)	6,043	0	0	0	696	695	9,434

* Round Costs to nearest dollar

APPROVED:		PRINTED NAME:		Mar 1, 2024	
SIGNATURE:		Shannon baird			
PROVIDER AUTHORIZED SIGNATURE		PRINTED NAME		DATE	
Anthony Altamirano		Anthony Altamirano		Feb 29, 2024	
DBH FISCAL SERVICES AUTHORIZED SIGNATURE		PRINTED NAME		DATE	
Michael Sweitzer		Michael Sweitzer		Feb 29, 2024	
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE		PRINTED NAME		DATE	

CFDA Title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Asst	03 959	SABG	SAMHSA	State DHCS
Program	03 778	DMC	DHHS	State DHCS

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

BUDGET PERIOD: July 1, 2025 - June 30, 2026

PROVIDER NAME:

High Desert Center

PREPARER: Shannon Baird

FACILITY ADDRESS:

58945 Business Center Dr.

TITLE: Executive Director

Yucca Valley, Ca 92284

DATE PREPARED:

PROVIDER NUMBER : (36XX)

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	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	95.0%	\$ 50,160
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
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TOTAL
COST

\$ 155,760

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

BUDGET PERIOD: July 1, 2025 - June 30, 2026

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	\$ 155,760	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 400	Ratio and proportion allocated at a percentage of total cost
Rent and Lease Equipment	\$ 9,000	Ratio and proportion allocated at a percentage of total cost
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 600	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Insurance	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Expense		
Office Expense	\$ 6,000	Ratio and proportion allocated at a percentage of total cost
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 14,000	Facilities cost of rent are allocated based on square footage used for this contract
Taxes and Licenses	\$ 600	Ratio and proportion allocated at a percentage of total cost
Drug Screening and Other Testing	\$ 4,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 4,000	Facilities cost of utilities are allocated based on square footage used for this contract
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services		
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 2,370	10 percent de minimis of admin allocation program manager, executive director and financial specialist.
OTHER:	\$ 15,260	Medical director
TOTAL OPERATING EXPENSES	\$ 62,230	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 217,990
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High Desert Center Provider Number 8631


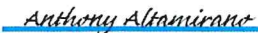

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2025 - June 30, 2026

Contractor Name: High Desert Center	Prepared by: Shannon Baird
Facility Address: 58945 Business Center Dr.	Title: Executive Director
Yucca Valley, Ca 92284	Date Prepared: 1/01/2020
Provider Number (36xx): 0	

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 30,000				\$ 2,000	\$ 2,000	\$ 34,000
Units of Service (15 minute increment)	1,304				87	87	1,478
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 30,000				\$ 4,000	\$ 3,990	\$ 37,990
Units of Service (15 minute increment)	1,304				174	173	1,652
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Early Intervention Treatment (EI)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00			\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Group Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Family Therapy							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - IOT Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 1,000						\$ 1,000
Units of Service (15 minute increment)	43						43
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 165,000	\$ 0	\$ 0	\$ 0	\$ 16,000	\$ 15,990	\$ 216,990
Units of Service (15 minute increment)	6,043	0	0	0	696	695	9,434

* Round Costs to nearest dollar

APPROVED:		PRINTED NAME:	
SIGNATURE:		Shannon baird	
		Mar 1, 2024	
PROVIDER AUTHORIZED SIGNATURE		DATE	
Anthony Altamirano		Feb 29, 2024	
			
DBH FISCAL SERVICES AUTHORIZED SIGNATURE		DATE	
Michael Sweitzer		Feb 29, 2024	
			
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE		DATE	

CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Med/Cal Asst Prog	93.059	SABG	SAMHSA	State DHCS
	93.775	DMC	DHHS	State DHCS

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

BUDGET PERIOD: July 1, 2026 - June 30, 2027

PROVIDER NAME:

High Desert Center

PREPARER: Shannon Baird

FACILITY ADDRESS:

58945 Business Center Dr.

TITLE: Executive Director

Yucca Valley, Ca 92284

DATE PREPARED: 2/11/2024

PROVIDER NUMBER : (36XX)

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	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	100.0%	\$ 52,800
Counselor	\$ 48,000	\$ 4,800	\$ 52,800	95.0%	\$ 50,160
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TOTAL COST	\$ 155,760
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: July 1, 2026 - June 30, 2027

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	\$ 155,760	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 400	Ratio and proportion allocated at a percentage of total cost
Rent and Lease Equipment	\$ 8,000	Ratio and proportion allocated at a percentage of total cost
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	\$ 600	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Insurance	\$ 2,000	Ratio and proportion allocated at a percentage of total cost
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 1,000	Ratio and proportion allocated at a percentage of total cost
Miscellaneous Expense		
Office Expense	\$ 6,000	Ratio and proportion allocated at a percentage of total cost
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 14,000	Facilities cost of rent are allocated based on square footage used for this contract
Taxes and Licenses	\$ 600	Ratio and proportion allocated at a percentage of total cost
Drug Screening and Other Testing	\$ 4,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 4,000	Facilities cost of utilities are allocated based on square footage used for this contract
Other		
Professional and Special Services		
Pharmaceutical		
Professional and Special Services		
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 2,370	10 percent de minimis of admin allocation program manager, executive director and financial specialist
OTHER:	\$ 15,260	Medical director
TOTAL OPERATING EXPENSES	\$ 62,230	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 217,990
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High Desert Center Provider Number 8831

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

BUDGET PERIOD: July 1, 2026 - June 30, 2027

Contractor Name: High Desert Center

Facility Address: 58945 Business Center Dr.
Yucca Valley, Ca 92284

Provider Number (36xx): 0

Prepared by: Shannon Baird

Title: Executive Director

Date Prepared: 2/11/2024

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 50,000				\$ 5,000	\$ 5,000	\$ 60,000
Units of Service (15 minute increment)	2,174				217	217	2,609
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 30,000				\$ 2,000	\$ 2,000	\$ 34,000
Units of Service (15 minute increment)	1,304				87	87	1,478
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Cost - Group Counseling	\$ 30,000				\$ 4,000	\$ 3,990	\$ 37,990
Units of Service (15 minute increment)	1,304				174	173	1,652
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.00	\$ 23
Early Intervention Treatment (EI)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00			\$ 0
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Recovery Services (RS)							
Cost - Individual Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Group Counseling	\$ 10,000						\$ 10,000
Units of Service (15 minute increment)	435						435
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Cost - Family Therapy							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00				\$ 0.00	\$ 0.00	\$ 0
Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - IOT Case Management	\$ 2,000						\$ 2,000
Units of Service (15 minute increment)	87						87
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23
Cost - EI Case Management							\$ 0
Units of Service (15 minute increment)							0
Interim Rate				\$ 0.00		\$ 0.00	\$ 0
Cost - RS Case Management	\$ 1,000						\$ 1,000
Units of Service (15 minute increment)	43						43
Interim Rate	\$ 23.00				\$ 0.00	\$ 0.00	\$ 23
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
Medication Assisted Treatment (MAT)							
Cost							\$ 0
Units of Service (15 minute increment)							0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
SUMMARY OF ALL SERVICES							
Total Costs	\$ 165,000	\$ 0	\$ 0	\$ 0	\$ 16,000	\$ 15,990	\$ 216,990
Units of Service (15 minute increment)	6,043	0	0	0	696	695	9,434

* Round Costs to nearest dollar

APPROVED:	PRINTED NAME:	
SIGNATURE:	Shannon baird	Mar 1, 2024
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME	DATE
Anthony Altamirano	Anthony Altamirano	Feb 29, 2024
DBH FISCAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	DATE
Michael Sweitzer	Michael Sweitzer	Feb 29, 2024
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE	PRINTED NAME	DATE

CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medi-Cal Asst. Prog.	93.059	SABG	SAMHSA	State DHCS
	93.775	DMC	DHHS	State DHCS



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.