



Contract Number

22-471 A-5

SAP Number

4400019649 – Total Contract

4400025545 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>High Desert Child, Adolescent and Family Services Center, Inc.</u>
Contractor Representative	<u>Shannon Baird</u>
Telephone Number	<u>(760) 243-7151</u>
Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Original Contract Amount	<u>\$3,897,773</u>
Amendment Amount	<u>\$0.00</u>
Total Contract Amount	<u>\$3,897,773</u>
Total Aggregate Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Total Aggregate Amount – For Clients referred by CFS	<u>\$4,000,000</u>
Cost Center	<u>1018511000</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5:

San Bernardino County (County) and High Desert Child, Adolescent and Family Services Center, Inc., (Contractor) hereby agree to amend Contract No. 22-471 as follows:

I. ARTICLE IV PERFORMANCE, paragraph D is hereby amended to read as follows:

D. Data Collection and Performance Outcome Requirements

Contractor shall maintain compliance with all applicable federal, state, and county laws, regulations, policies, and guidance, including but not limited to requirements issued by DBH and DHCS, including Behavioral Health Services Act (BHSA) requirements. Such requirements may be issued in draft or final form and may be updated or modified during the term of this Agreement. Contractor shall implement applicable changes within timeframes established by DBH.

Contractor shall comply with all requests regarding local, State and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

II. ARTICLE V FUNDING, paragraph K and L are hereby amended to read as follows:

K. The maximum financial obligation under this contract shall not exceed \$3,897,773 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$3,200,000 to \$4,000,000 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, 2024-25, 2025-26, and 2026-27.

L. This amendment hereby adds Schedules A and B for FY 2026-27. All previously approved schedules remain in effect.

III. ARTICLE XXII LICENSING, CERTIFICATION AND ACCREDITATION, paragraph F.4 is hereby amended to read as follows:

F.4 Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is “excluded” or “suspended” from any federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**ATTACHMENT II**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

IV. ARTICLE XXV LAWS AND REGULATIONS, paragraph F.2.b.ii and F.2.c.i are hereby amended to read as follows:

F.2.b.ii Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH’s Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

F.2.c.i Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code prior to implementation to the following DBH Program for review and approval:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

V. **ATTACHMENTS:**

SCHEDULE A Planning Estimates and SCHEDULE B Program Budget for FY 2026-27 are hereby added.

VI. All other terms, conditions and covenants in Contract No. 22-471 remain in full force and effect.

This Amendment 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 Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

IN WITNESS WHEREOF, San Bernardino County and Contractor have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

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

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title _____ Executive Director
(Print or Type)

By _____
Deputy

Dated: _____

Address _____ 16248 Victor St.

Victorville, CA 92385

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Charles Phan, Supervising Deputy County
Counsel
Date _____

Reviewed for Contract Compliance
►
Michael Shin, Administrative Manager
Date _____

Reviewed/Approved by Department
►
Joshua Dugas, Acting Director
Date _____

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

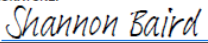

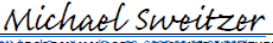
BUDGET PERIOD: July 1, 2026 - June 30, 2027

Contractor Name: <u>High Desert Center</u>	Prepared by: <u>Shannon Baird</u>
Facility Address: <u>225 Barstow Rd</u>	Title: <u>Executive Director</u>
<u>Barstow, Ca. 92311</u>	Date Prepared: <u>12/15/2025</u>
Provider Number (36xx): <u>8631</u>	

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 30,000			\$ 1,000	\$ 3,000	\$ 25,000	\$ 59,000
Units of Service (15 minute increment)	1,961			65	196	1,634	3,856
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30	\$ 15
Cost - Group Counseling	\$ 16,000			\$ 200	\$ 1,000	\$ 26,250	\$ 43,450
Units of Service (15 minute increment)	1,046			13	65	1,716	2,840
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30	\$ 15
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 38,000				\$ 1,600		\$ 39,600
Units of Service (15 minute increment)	2,483				105		2,588
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 0.00	\$ 15
Cost - Group Counseling	\$ 55,000				\$ 1,200		\$ 56,200
Units of Service (15 minute increment)	3,595				78		3,673
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 0.00	\$ 15
Early Intervention Treatment (EI)							
Cost - Individual Counseling				\$ 1,000			\$ 1,000
Units of Service (15 minute increment)				65			65
Interim Rate				\$ 15.30		\$ 0.00	\$ 15
Cost - Group Counseling				\$ 500			\$ 500
Units of Service (15 minute increment)				33			33
Interim Rate				\$ 15.30		\$ 0.00	\$ 15
Recovery Services (RS)							
Cost - Individual Counseling	\$ 16,100				\$ 3,000		\$ 19,100
Units of Service (15 minute increment)	1,053				196		1,249
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Group Counseling	\$ 11,213				\$ 1,000		\$ 12,213
Units of Service (15 minute increment)	733				65		798
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Family Therapy	\$ 1,000				\$ 500		\$ 1,500
Units of Service (15 minute increment)	65				33		98
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Recovery Monitoring	\$ 500				\$ 500		\$ 1,000
Units of Service (15 minute increment)	33				33		65
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15

Cost - ODF Case Management	\$ 500			\$ 200	\$ 200		\$ 900
Units of Service (15 minute increment)	33			13	13		59
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 0.00	\$ 15
Cost - IOT Case Management	\$ 500			\$ 200	\$ 200		\$ 900
Units of Service (15 minute increment)	33			13	13		59
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 0.00	\$ 15
Cost - EI Case Management				\$ 200			\$ 200
Units of Service (15 minute increment)				13			13
Interim Rate				\$ 15.30			\$ 15
Cost - RS Case Management	\$ 200				\$ 174		\$ 374
Units of Service (15 minute increment)	13				11		24
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
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	\$ 169,013	\$ 0	\$ 0	\$ 3,300	\$ 12,574	\$ 51,250	\$ 236,137
Units of Service (15 minute increment)	11,046	0	0	216	822	3,350	15,434

* Round Costs to nearest dollar

APPROVED:	
SIGNATURE:  <small>Shannon Baird (Rev 22-2825-1681-56 PST)</small>	PRINTED NAME: Shannon Baird
PROVIDER AUTHORIZED SIGNATURE:  <small>Natalie Sanders (Dec 21, 2025 08:24:00 PST)</small>	DATE: 12/22/25
DBH FISCAL SERVICES AUTHORIZED SIGNATURE:  <small>Michael Sweitzer</small>	DATE: 12/23/25

CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & MediCal Asst From	93.959	SABG	SAMHSA	State DHCS
	93.778	DMC	DHHS	State DHCS

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: 16248 Victor Street
Victorville, Ca. 92395
Provider Number (36xx): 3634

Prepared by: Shannon Baird
Title: Executive Director
Date Prepared: 12/15/2025

FUNDING SOURCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)							
Cost - Individual Counseling	\$ 61,000			\$ 4,000	\$ 12,000	\$ 25,000	\$ 102,000
Units of Service (15 minute increment)	3,988			261	784	1,634	6,668
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30	\$ 15
Cost - Group Counseling	\$ 36,000			\$ 3,000	\$ 10,875	\$ 26,250	\$ 76,125
Units of Service (15 minute increment)	2,353			196	711	1,716	4,976
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 15.30	\$ 15
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 38,000				\$ 1,600		\$ 39,600
Units of Service (15 minute increment)	2,483				105		2,588
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 0.00	\$ 15
Cost - Group Counseling	\$ 65,000				\$ 1,200		\$ 66,200
Units of Service (15 minute increment)	4,248				78		4,326
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.30	\$ 0.00	\$ 15
Early Intervention Treatment (EI)							
Cost - Individual Counseling				\$ 500			\$ 500
Units of Service (15 minute increment)				33			33
Interim Rate				\$ 15.30			\$ 15
Cost - Group Counseling				\$ 700			\$ 700
Units of Service (15 minute increment)				46			46
Interim Rate				\$ 15.30			\$ 15
Recovery Services (RS)							
Cost - Individual Counseling	\$ 16,100				\$ 4,000		\$ 20,100
Units of Service (15 minute increment)	1,053				261		1,314
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Group Counseling	\$ 11,213				\$ 3,000		\$ 14,213
Units of Service (15 minute increment)	733				196		929
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Family Therapy	\$ 1,000				\$ 500		\$ 1,500
Units of Service (15 minute increment)	65				33		98
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
Cost - Recovery Monitoring	\$ 500				\$ 500		\$ 1,000
Units of Service (15 minute increment)	33				33		65
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15

Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management	\$ 500			\$ 200	\$ 200		\$ 900
Units of Service (15 minute increment)	33			13	13		59
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 0.00	\$ 15
Cost - IOT Case Management	\$ 500			\$ 200	\$ 200		\$ 900
Units of Service (15 minute increment)	33			13	13		59
Interim Rate	\$ 15.30	\$ 0.00	\$ 0.00	\$ 15.30	\$ 15.30	\$ 0.00	\$ 15
Cost - EI Case Management				\$ 200			\$ 200
Units of Service (15 minute increment)				13			13
Interim Rate				\$ 15.30			\$ 15
Cost - RS Case Management	\$ 200				\$ 174		\$ 374
Units of Service (15 minute increment)	13				11		24
Interim Rate	\$ 15.30				\$ 15.30	\$ 0.00	\$ 15
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	\$ 230,013.00	\$ -	\$ -	\$ 8,800.00	\$ 34,449.00	\$ 51,250.00	\$ 324,512.00
Units of Service (15 minute increment)	15,033.93	-	-	575.13	2,251.49	3,350.00	21,210.55

* Round Costs to nearest dollar

APPROVED:		PRINTED NAME:		DATE	
SIGNATURE:	<i>Shannon Baird</i>	Shannon Baird		12/22/25	
	<small>Shannon Baird (Doc 35-2025-1645035-FG7)</small>				
PROVIDER AUTHORIZED SIGNATURE	<i>Natalie Sanders</i>	Natalie Sanders		12/23/25	
	<small>Natalie Sanders (Doc 12-2025-082309-FG1)</small>				
DBH FISCAL SERVICES AUTHORIZED SIGNATURE	<i>Michael Sweitzer</i>	Michael Sweitzer		12/23/25	
	<small>Michael Sweitzer (Doc 23-2025-08-36-11-FG1)</small>				
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE					

Federal funds include:				
CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Med/Cal Asst Prom	93.050	SABG	SAMHSA	State DHCS
	93.778	DMC	DHHS	State DHCS

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

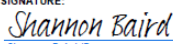
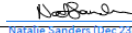

BUDGET PERIOD: July 1, 2026 - June 30, 2027

Contractor Name:	High Desert Center	Prepared by:	Shannon Baird
Facility Address:	58945 Business Center Dr.	Title:	Executive Director
	Yucca Valley, Ca 92284	Date Prepared:	12/15/2025
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	\$ 30,000	\$ 85,000
Units of Service (15 minute increment)	2,174				217	1,304	3,695
Interim Rate	\$ 23.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.00	\$ 23.01	\$ 23
Cost - Group Counseling	\$ 50,000				\$ 5,000	\$ 31,250	\$ 86,250
Units of Service (15 minute increment)	2,174				217	1,359	3,750
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

Cost - Recovery Monitoring								\$	0	
Units of Service (15 minute increment)									0	
Interim Rate	\$	0.00				\$	0.00	\$	0.00	
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	\$	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	\$	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	
Physician Consultation										
Cost								\$	0	
Units of Service (15 minute increment)									0	
Interim Rate	\$	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
SUMMARY OF ALL SERVICES										
Total Costs	\$	185,000	\$	0	\$	0	\$	16,000	\$	67,240
Units of Service (15 minute increment)		8,043		0		0		696		2,923
										11,662

* Round Costs to nearest dollar

APPROVED:		
SIGNATURE:  <small>Shannon Baird (086212125 12/22/25) (PST)</small>	PRINTED NAME: Shannon Baird	12/22/25
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME	DATE
 <small>Natalie Sanders (086212125 12/23/25) (PST)</small>	Natalie Sanders	12/23/25
DBH FISCAL SERVICES AUTHORIZED SIGNATURE	PRINTED NAME	DATE
 <small>Michael Sweitzer (086212125 12/23/25) (PST)</small>	Michael Sweitzer	12/23/25
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE	PRINTED NAME	DATE

Federal funds include:				
CEDA title	CEDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Asst	03.959	SABG	SAMHSA	State DHCS
From	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, 2026 - June 30, 2027**

PROVIDER NAME:	High Desert Center	PREPARER:	Shannon Baird
FACILITY ADDRESS:	225 Barstow Rd	TITLE:	Executive Director
	Barstow, Ca. 92311	DATE PREPARED:	12/15/2025
PROVIDER NUMBER : (36XX)	8831		

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	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
Counselor 2	\$ 58,000	\$ 5,800	\$ 63,800	80.0%	\$ 51,040
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
TOTAL COST					\$ 114,840

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

Budget Detail
BUDGET PERIOD: July 1, 2025 - 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	\$ 114,840	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 3,690	Xerox
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		
Operating Expenses		
Communications	\$ 4,248	Phone and Internet
Depreciation - Structures and Improvements		
Household Expenses	\$ 6,660	Toilet Paper, paper towels, and cleaning supplies
Insurance	\$ 3,280	Workers Comp. and Anthem Insurance
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$ 6,153	Paper, post its, staples, ect
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 24,124	Rental of property
Taxes and Licenses		
Drug Screening and Other Testing	\$ 18,102	Drug testing supplies and lab testing
Utilities	\$ 5,820	Edison and Gas
Other		

Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 1,658	IT and Accounting firm
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 15,075	10 percent de minimis of Admin, Program Manager, Executive Director and Financial Specialist
OTHER:	\$ 32,487	DIRECT COST-Contractor-Medical Director
TOTAL OPERATING EXPENSES	\$ 121,297	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 236,137
---------------------------	-------------------

High Desert Center Provider Number 8631

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:	16248 Victor Street	TITLE:	Executive Director
	Victorville, Ca. 92395	DATE PREPARED:	12/15/2025
PROVIDER NUMBER : (36XX)	3634		

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	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
Counselor 2	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
Counselor 3	\$ 58,000	\$ 5,800	\$ 63,800	65.0%	\$ 41,470
Counselor 4	\$ 58,000	\$ 5,800	\$ 63,800	40.0%	\$ 25,520
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
TOTAL COST					\$ 194,590

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	\$ 194,590	

Equipment, Materials and Supplies

Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	\$ 3,417	Xerox
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies		

Operating Expenses

Communications	\$ 3,248	Phone and Internet
Depreciation - Structures and Improvements		
Household Expenses	\$ 4,660	Toilet Paper, paper towels, and cleaning supplies
Insurance	\$ 2,240	Workers Comp. and Arthem Insurance
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$ 4,153	Paper, post its, staples, ect
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	\$ 24,120	Rental of property
Taxes and Licenses		
Drug Screening and Other Testing	\$ 18,000	Drug testing supplies and lab testing
Utilities	\$ 3,720	Edison and Gas
Other		

Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 1,648	IT and Accounting firm
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 24,108	10 percent de minimis of Admin, Program Manager, Executive Director and Financial Specialist
OTHER:	\$ 40,606	DIRECT COST-Contractor-Medical Director
TOTAL OPERATING EXPENSES	\$ 129,922	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 324,512
---------------------------	-------------------

High Desert Center Provider Number 3634

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:	12/15/2025
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	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
Counselor	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
Counselor	\$ 58,000	\$ 5,800	\$ 63,800	100.0%	\$ 63,800
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 191,400
------------	------------

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	\$ 191,400	
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	\$ 3,000	Ratio and proportion allocated at a percentage of total cost
Depreciation - Structures and Improvements		
Household Expenses	\$ 3,000	Ratio and proportion allocated at a percentage of total cost
Insurance	\$ 3,000	Ratio and proportion allocated at a percentage of total cost
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	\$ 2,000	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	\$ 5,000	Ratio and proportion allocated at a percentage of total cost
Utilities	\$ 5,000	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	\$ 7,980	10 percent de minimis of admin allocation program manager, executive director and financial specialist.
OTHER:	\$ 18,260	Medical director
TOTAL OPERATING EXPENSES	\$ 76,840	
FEES/OTHER AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 268,240
---------------------------	-------------------

High Desert Center Provider Number 8631