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

SAN BERNARDINO COUNTY

Contract Number

16-409 A-4

SAP Number

4400002836

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	High Desert Child, Adolescent and Family Services, Inc.
Contractor Representative	Shannon Baird
Telephone Number	(760) 243-7157
Contract Term	July 1, 2016 – December 31, 2021
Original Contract Amount	$2,280,615
Amendment Amount	$228,062
Total Contract Amount	$2,508,677
Cost Center	1018511000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-409** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Substance Use Disorder Perinatal Services, which Contract first became effective July 1, 2016 the following changes are hereby made and agreed to, effective July 1, 2021:

I. ARTICLE IV Funding paragraph K is hereby amended and paragraph L is hereby added to read as follows:

K. The contract amendment amount of $228,062 shall increase the total contract amount from $2,280,615 to $2,508,677 for the contract term.

L. This amendment hereby adds Schedules A and B for fiscal year 2021-22. All previously approved Budget Schedules remain in effect.

II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

III. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, Board of Supervisors

Dated: MAY 04 2021

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

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

By _____
Deputy

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

By DocuSigned 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: 4/12/2021

Address 16248 Victor St.
Victorville, Ca. 92395

FOR COUNTY USE ONLY

Approved as to Legal Form
DocuSigned by:
► Dawn Martin
BFB744A788704F8...
Dawn Martin, Deputy County Counsel
Date 4/9/2021

Reviewed for Contract Compliance
DocuSigned by:
► Natalie Kessee
4AA4DEA056D0426...
Natalie Kessee, Contracts Manager
Date 4/12/2021

Reviewed/Approved by Department
DocuSigned by:
► Veronica Kelley
Veronica Kelley, Director
Date 4/12/2021

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2021- December 31, 2021

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: 3/10/2021

Service Level	FUNDING SOURCE	Drug Medi-Cal	CalWORKs	CFS	Perinatal	TOTAL
	Intensive Outpatient Treatment (IOT)					
	Cost - Individual IOT	$ 45,707				$ 45,707
	Units of Service (15 minute increment)	2,005				2,005
2.1	Interim Rate	$ 22.80	$ 0.00	$ 0.00	$ 0.00	$ 23
	Cost - Group IOT	$ 95,000				$ 95,000
	Units of Service (15 minute increment)	4,166				4,166
	Interim Rate	$ 22.80	$ 0.00	$ 0.00	$ 0.00	$ 23
	IOT Case Management					
	Cost					$ 0
	Units of Service (15 minute increment)					0
	Interim Rate	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0
	Physician Consultation					
	Cost					$ 0
	Units of Service (15 minute increment)					$ 0
	Interim Rate	$ 0	$ 0	$ 0	$ 0	$ 0
	Additional Medication Assisted Treatment (MAT)					
	Cost					$ 0
	Units of Service (15 minute increment)					$ 0
	Interim Rate	$ 0	$ 0	$ 0	$ 0	$ 0
	SUMMARY OF ALL SERVICES					
	Total Service Costs	$ 140,707	$ 0	$ 0	$ 0	$ 140,707
	Units of Service (15 minute increment)	6,171	0	0	0	6,171
	NON-DMC REIMBURSABLE COSTS				$ 87,355	$ 87,355
	GRAND TOTALS	$ 140,707	$ 0	$ 0	$ 87,355	$ 228,062

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

BUDGET PERIOD: July 1, 2021- December 31, 2021

PROVIDER NAME: High Desert Center
FACILITY ADDRESS: 16248 Victor Street
Victorville, Ca 92395
PROVIDER NUMBER : (36XX) 3634

PREPARER: Shannon Baird
TITLE: Executive Director
DATE PREPARED: 3/10/2021

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	$ 19,200	$ 1,843	$ 21,043	100.0%	$ 21,043
Counsleor 2	$ 19,200	$ 1,843	$ 21,043	100.0%	$ 21,043
Counsleor 3	$ 19,200	$ 1,843	$ 21,043	100.0%	$ 21,043
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			TOTAL COST		$ 63,129

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

BUDGET PERIOD: July 1, 2021- December 31, 2021

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) Schedule of Expenditures for Costs	(2) Costs	(3) Cost Assignment Explanation*
TOTAL SALARIES AND BENEFITS	$ 83,120	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	$ 200	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Rent and Lease Equipment	$ 1,100	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Printing and Periodical Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	$ 300	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Miscellaneous Supplies		
Operating Expenses		
Communications	$ 5,031	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Depreciation - Structures and Improvements		
Professional Expenses	$ 1,385	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Insurance	$ 3,000	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Interest Expenses		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	$ 2,532	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Miscellaneous Expense		
Office Expenses	$ 7,905	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Publications and Legal Notices		
Rents & Leases - Land, Structure, and Improvements	$ 6,750	Facilities costs of rent are allocated based on square footage used for this program.
Taxes and Licenses	$ 330	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Drug Screening and Other Testing	$ 5,100	Ratio and proportion allocated at 40% of total cost, due to perinatal is 40% of all services conducted.
Utilities	$ 5,230	Facilities costs of rent are allocated based on square footage used for this program.
Other		
Professional and Special Services		
Participant Food		
Professional and Special Services		
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	$ 5,672	10 percent of salaries of Admin, Program Manager, Executive Director and Financial Specialist
OTHER	$ 26,750	Medical Director (See Doctors budget)
TOTAL OPERATING EXPENSES	$ 77,978	
FEES/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	$ 140,787	

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
Non-DMC Personnel Expense Detail

BUDGET PERIOD: July 1, 2021- December 31, 2021

PROVIDER NAME: High Desert Center
FACILITY ADDRESS: 16248 Victor Street
Victorville, Ca 92395
PROVIDER NUMBER : (36XX) 3634

PREPARER: Shannon Baird
TITLE: Executive Director
DATE PREPARED: 3/10/2021

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
Van Driver	$ 15,360	$ 1,843	$ 17,203	100.0%	$ 17,203
Childcare Worker	$ 15,360	$ 1,843	$ 17,203	100.0%	$ 17,203
Therapist	$ 33,600	$ 4,032	$ 37,632	100.0%	$ 37,632
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -
			$ -		$ -

TOTAL COST	$ 72,038

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER & RECOVERY SERVICES - PERINATAL CONTRACT
Non-DMC Budget Detail

BUDGET PERIOD: July 1 2021- December 31, 2021

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) Schedule of Expenditures for Costs	(2) Costs	(3) Cost Allocation Methodology*
TOTAL SALARIES AND BENEFITS	$ 72,838	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues		
Rent and Lease Equipment	$ 613	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training	$ 53	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Miscellaneous Supplies		
Operating Expenses		
Communications	$ 317	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Depreciation - Structures and Improvements		
Household Expenses	$ 477	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Insurance	$ 393	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds		
Maintenance - Structures, Improvements, and Grounds	$ 261	Rate and proportion allocated at 10% of total cost, due to potential in 43% of all services conducted.
Miscellaneous Expense		
Office Expense		
Publications and Legal Notices		
Rents & Leases - Land, Structures, and Improvements	$ 1,200	Facilities costs of rent are allocated based on square footage used for this contract.
Taxes and Licenses		
Drug Screenings and Other Testings		
Utilities	$ 341	Facilities costs of rent are allocated based on square footage used for this contract.
Other	$ 1,672	Clinicians expenses for toys, projects, learning aid objects, baby wipes, ect.
Professional and Special Services		
Professional		
Professional and Special Services		
Transportation		
Travel-In-Vehicle		
Travel		
Gas, Oil, & Maintenance - Vehicles	$ 6,444	Rate is used to provide transportation to perinatal clients as daily task involved this contract.
Rents & Leases - Vehicles		
Depreciation - Vehicles	$ 1,379	Rate is used to vehicles to provide transportation to perinatal clients as this contract.
Other Costs		
Administrative Indirect Costs		
OTHER		
TOTAL OPERATING EXPENSES	$ 13,357	
PASS-THROUGH AGENCY EXPENSE		
TOTAL EXPENDITURES	$ 87,356	