



Contract Number

22-475 A-4

SAP Number

4400019711 – Total Contract

4400025549 – Total Aggregate

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>Social Science Services, Inc. dba Cedar House Life Change Center</u>
Contractor Representative	<u>Danielle Chagolla</u>
Telephone Number	<u>(909) 421-7120 ext. 115</u>
Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Original Contract Amount	<u>\$1,530,295</u>
Amendment Amount	<u>\$0.00</u>
Total Contract Amount	<u>\$1,530,295</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>1018601000</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 4:

San Bernardino County (County) and Social Science Services, Inc. dba Cedar House Life Change Center (Contractor) hereby agree to amend Contract No. 22-475 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 \$1,530,295 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 FY 2026-27 are hereby added.

Case Management (ODF/IOT/EI/RS)							
Cost - ODF Case Management							
Units of Service (15 minute increment)							\$ 0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0
Cost - IOT Case Management							
Units of Service (15 minute increment)							\$ 0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0
Cost - EI Case Management							
Units of Service (15 minute increment)							\$ 0
Interim Rate				\$ 0.00			\$ 0
Cost - RS Case Management							
Units of Service (15 minute increment)							\$ 0
Interim Rate	\$ 0.00				\$ 0.00		\$ 0
Physician Consultation							
Cost							
Units of Service (15 minute increment)							\$ 0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0
Medication Assisted Treatment (MAT)							
Cost							
Units of Service (15 minute increment)	\$ 8,139						\$ 8,139
Interim Rate	\$ 291.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 292
Interim Rate	\$ 27.89	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 28
SUMMARY OF ALL SERVICES							
Total Costs	\$ 228,508	\$ 0	\$ 11,452	\$ 0	\$ 66,099	\$ 71,747	\$ 377,806
Units of Service (15 minute increment)	5,382	0	253	0	1,514	1,586	7,148

* Round Costs to nearest dollar

APPROVED:		PRINTED NAME:	
SIGNATURE: <i>Jamie L Lamb</i>		Jamie L Lamb	01/12/20
PROVIDER AUTHORIZED SIGNATURE <i>Jamie L Lamb</i> Jamie L Lamb (Jan 12, 2026 12:03:52 PST)		PRINTED NAME	DATE
SIGNATURE: <i>Natalie Sanders</i>		Natalie Sanders	01/12/26
DBH FISCAL SERVICES AUTHORIZED SIGNATURE <i>Natalie Sanders</i> Natalie Sanders (Jan 12, 2026 12:05:01 PST)		PRINTED NAME	DATE
SIGNATURE: <i>Michael Sweitzer</i>		Michael Sweitzer	01/12/26
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE <i>Michael Sweitzer</i> Michael Sweitzer (Jan 12, 2026 13:42:37 PST)		PRINTED NAME	DATE

Federal funds include:				
CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Asst	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
Personnel Expense Detail

BUDGET PERIOD: **FY 2026-2027**

PROVIDER NAME:	Social Science Services, Inc.	PREPARER:	Lowell Lagare
FACILITY ADDRESS:	18612 Santa Ana Avenue	TITLE:	CFO
	Bloomington, CA 92316	DATE PREPARED:	1/6/2026
PROVIDER NUMBER : (36XX)	3645		

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
Billing Specialist	\$ 63,253	\$ 13,283	\$ 76,536	19.3%	\$ 14,807
Chief Operations Officer	\$ 161,808	\$ 33,980	\$ 195,788	0.7%	\$ 1,300
Case Manager (3)	\$ 168,480	\$ 35,381	\$ 203,861	97.3%	\$ 198,339
Clinical Director	\$ 119,469	\$ 25,089	\$ 144,558	6.6%	\$ 9,597
Clinical Therapist	\$ 87,360	\$ 18,346	\$ 105,706	9.5%	\$ 10,025
Maintenance	\$ 82,184	\$ 17,259	\$ 99,443	2.4%	\$ 2,405
Housekeeping	\$ 52,000	\$ 10,920	\$ 62,920	2.4%	\$ 1,522
Medical Liaison	\$ 60,320	\$ 12,667	\$ 72,987	5.7%	\$ 4,153
Nurse Practitioner	\$ 135,200	\$ 28,392	\$ 163,592	3.7%	\$ 6,042
Residential/Outpatient Coordinator	\$ 72,800	\$ 15,288	\$ 88,088	22.8%	\$ 20,050
Program Director	\$ 102,960	\$ 21,622	\$ 124,582	0.9%	\$ 1,182
QI Specialist	\$ 83,200	\$ 17,472	\$ 100,672	6.1%	\$ 6,113
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 275,534
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SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT
Budget Detail

BUDGET PERIOD: FY 2026-2027
PROVIDER NAME: Social Science Services, Inc.

*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	\$ 276,684	
<u>Equipment, Materials and Supplies</u>		
Depreciation - Equipment	\$ 3,000	Depreciation of equipment
Maintenance - Equipment	\$ 90	Maintenance and repair of equipment
Medical, Dental and Laboratory Supplies	\$ 763	OTC meds and medical supplies
Membership Dues	\$ 525	Dues and subscriptions
Rent and Lease Equipment	\$ 10,080	Copier and KIPU
Clothing and Personal Supplies	\$ -	
Food	\$ -	
Laundry Services and Supplies	\$ -	
Small Tools and Instruments	\$ 68	Small tools and equipment
Training	\$ 624	Training and seminars
Miscellaneous Supplies	\$ -	
<u>Operating Expenses</u>		
Communications	\$ 4,845	Telephone and wireless communication
Depreciation - Structures and Improvements	\$ 1,634	Depreciation of building and building improvements
Household Expenses	\$ 1,144	Housekeeping supplies
Insurance	\$ 2,348	General Liability Insurance
Interest Expense	\$ 355	Commercial real estate loan to finance sewage system and other projects
Lease Property Maintenance, Structures, Improvements and Grounds	\$ -	
Maintenance - Structures, Improvements, and Grounds	\$ 2,312	Maintenance of the building
Miscellaneous Expense	\$ -	
Office Expense	\$ 8,865	Office supplies
Publications and Legal Notices	\$ -	
Rents & Leases - Land, Structure, and Improvements	\$ -	
Taxes and Licenses	\$ 1,914	Licensing for Outpatient
Drug Screening and Other Testing	\$ 4,948	Drug testing
Utilities	\$ 4,857	Water, gas, disposal, and electricity
Other	\$ -	

	\$	-	
Professional and Special Services			
Pharmaceutical			
Professional and Special Services	\$	4,621	Professional services (legal, audit, and other contract services)
Transportation			
Transportation			
Travel			
Gas, Oil, & Maintenance - Vehicles			
Rents & Leases - Vehicles			
Depreciation - Vehicles			
Other Costs			
Administrative Indirect Costs	\$	49,279	Indirect Cost @ 15%
OTHER:			
TOTAL OPERATING EXPENSES	\$	102,272	
FEES/OTHER AGENCY REVENUE			

TOTAL EXPENDITURES	\$	377,806
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Social Science Services, Inc. Provider Number 3645

NET COST excl Allocated Admin \$ 328,527
 Allocated Admin Ratio to Direct Costs 15.00%