

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



Contract Number

23-601 A-1

SAP Number

**400010735 – Total Contract
4400014427 – CFS Aggregate**

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	CLARE MATRIX
Contractor Representative	Matt Walton
Telephone Number	(310) 314-6200
Contract Term	July 1, 2023 through June 30, 2027
Original Contract Amount	\$1,520,000
Amendment Amount	\$0
Total Contract Amount	\$1,520,000
Total Aggregate Contract Term	July 1, 2023 through June 30, 2025
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 CLARE|MATRIX referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 23-601** 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, 2023, the following changes are hereby made and agreed to, effective July 1, 2024:

- I. **ARTICLE V FUNDING**, paragraph K and L are hereby amended and paragraph M is hereby added to read as follows:

- K. The maximum financial obligation under this contract shall not exceed \$1,520,000 for the contract term.

Separately, The contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$800,000 to \$1,600,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family Services for fiscal years 2023-24 and 2024-25.

- L. This amendment hereby adds Schedules A and B for FY 2024-25 as set forth in Exhibit I. All previously approved schedules remain in effect.

- M. The allowable funding sources for this Contract may Include: 2011 Realignment, Substance Use Prevention, Treatment and Recovery Services Block Grant, Federal Financial Participation 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 federal funds.

III. ARTICLE XX PERSONNEL, paragraph N is hereby added to read as follows:

- 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 other 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.

IV. ATTACHMENT V Campaign Contribution Disclosure (SB1439) is hereby added.

V. Exhibit I Schedules A and B for FY 2024-25 are hereby added.

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

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

SAN BERNARDINO COUNTY

CLARE|MATRIX

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

►

Dawn Rowe, Chair, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name _____
(Print or type name of person signing contract)

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address 2644 30th Street, Suite 100,

Santa Monica, CA 90405

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Ellayna Hoatson, Contracts Supervisor
Date _____

Reviewed/Approved by Department
►
Georgina Yoshioka, Director
Date _____

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

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

PROVIDER NAME:	<u>CLAREIMATRIX</u>	PREPARER:	<u>Rami Assad</u>
FACILITY ADDRESS:	<u>812 N. Euclid Ave.</u>	TITLE:	
	<u>Ontario, CA 91762</u>	DATE PREPARED:	<u>4/15/2024</u>
PROVIDER NUMBER : (36XX)	<u>36DY</u>		

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
Program Manager	\$ 71,200	\$ 22,784	\$ 93,984	50.0%	\$ 46,992
Behavioral Health Clinician	\$ 56,314	\$ 18,020	\$ 74,334	50.0%	\$ 37,167
Behavioral Health Clinician	\$ 59,000	\$ 18,880	\$ 77,880	50.0%	\$ 38,940
Counselor	\$ 47,520	\$ 15,208	\$ 62,728	50.0%	\$ 31,363
Counselor	\$ 38,405	\$ 12,290	\$ 50,695	50.0%	\$ 25,347
Admissions and Intake Coordinator	\$ 45,987	\$ 14,716	\$ 60,703	50.0%	\$ 30,351
Administrative Coordinator	\$ -	\$ -	\$ -	50.0%	\$ -
Administrative Assistant	\$ 36,685	\$ 11,739	\$ 48,424	50.0%	\$ 24,212
Quality Assurance	\$ 58,367	\$ 18,677	\$ 77,044	10.0%	\$ 7,704
Biller	\$ 53,000	\$ 16,960	\$ 69,960	10.0%	\$ 6,996
Evaluator	\$ 68,000	\$ 21,760	\$ 89,760	10.0%	\$ 8,976
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 258,050
------------	------------

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

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

PROVIDER NAME: C1 Addiction

*Please enter expense by line item. Provide an explanation for distribution of all figures (date, duration, quantity, benefits, PFS, etc.). For example, where how indirect costs or overhead were calculated.

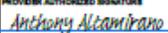
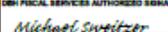
(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Allocation Explanations*
TOTAL SALARIES AND BENEFITS	\$ 286,000	
Equipment, Materials and Supplies		
Depreciation - Equipment		
Maintenance - Equipment		
Medical, Dental and Laboratory Supplies		
Membership Dues	\$ 1,534	Shared Program cost of annual dues and fees
Rent and Lease Equipment	\$ 2,049	Monthly shared expense of leased copier
Clothing and Personal Supplies		
Food		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies	\$ 4,480	Program supplies, including napkins, gloves, etc. and office supplies including pens, paper, staples, etc.
Operating Expenses		
Communications	\$ 4,228	Annual expense for phones, Zoom accounts and other communications
Depreciation - Structures and Improvements		
Household Expenses		
Insurance		
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 4,869	Annual expense for anticipated maintenance, repair and cleaning costs for program
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Expense		
Office Expense	\$ 16,156	Share of cost for program's EHR (EMR) system
Publications and Legal Notices	\$ 1,368	Printing Costs
Rents & Leases - Land, Structure, and Improvements	\$ 34,437	Share of the program's annual rent for the clinic
Taxes and Licenses	\$ 591	Clinic operation and certification fees
Drug Screening and Other Testing	\$ 25,456	Annual expense for drug screening, testing and testing supplies
Utilities	\$ 8,679	Annual shared utility expense including but not limited to electricity, gas, water, etc.
Other	\$ 550	Program share of costs of such items as Payroll platform and bank platform costs
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 2,787	Program share of cost for medical consultants and clinical supervision consultants
Transportation		
Transportation		
Travel	\$ 40	Travel costs associated with the program
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 38,000	10% used Federally Approved Indirect Rate assessment
OT/HR:		
TOTAL OPERATING EXPENSES	\$ 171,460	
FEE/OTHER AGENCY REVENUE		
TOTAL EXPENDITURES	\$ 430,000	

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

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

Contractor Name: CLARENATUX Prepared by: Rami Assad
 Facility Address: 812 N. Euclid Ave Title:
 Ontario, CA 91762 Date Prepared: 4/15/2024
 Provider Number (MHC): 2007

FUNDING SOURCE	Drug Med-Cal	CaWORKS	AB199	Youth	Block Grant	CPS	TOTAL
Outpatient Treatment (OOP)							
Cost - Individual Counseling	\$ 78,274	\$ -	\$ -	\$ 4,833	\$ 47,215	\$ 19,133	\$ 149,455
Units of Service (15 minute increment)	1,462	0	0	92	920	395	2,069
Market Rate	\$ 53.51	\$ 0.00	\$ 0.00	\$ 52.31	\$ 51.31	\$ 48.39	\$ 51.31
Cost - Group Counseling	\$ 60,696	\$ -	\$ -	\$ 945	\$ 45,945	\$ 23,025	\$ 130,611
Units of Service (15 minute increment)	1,159	0	0	18	732	448	2,457
Market Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 52.37	\$ 62.37	\$ 51.37	\$ 52.37
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling	\$ 45,075	\$ -	\$ -	\$ -	\$ 56,724	\$ -	\$ 101,799
Units of Service (15 minute increment)	861	0	0	0	1,045	0	1,906
Market Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53.37	\$ 0.00	\$ 53.37
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Early Intervention Treatment (EIT)							
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Recovery Services (RS)							
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Recovery Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Case Management (OOP/OT/ECR)							
Cost - OOP Case Management	\$ 15,050	\$ -	\$ -	\$ 1,200	\$ 18,561	\$ 7,362	\$ 42,273
Units of Service (15 minute increment)	301	0	0	20	297	140	768
Market Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 60.00	\$ 62.37	\$ 52.37	\$ 52.37
Cost - OT Case Management	\$ 3,000	\$ -	\$ -	\$ -	\$ 11,275	\$ -	\$ 14,275
Units of Service (15 minute increment)	60	0	0	0	210	0	270
Market Rate	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53.70	\$ 0.00	\$ 53.70
Cost - RS Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - RS Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Physician Consultation							
Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medication Assisted Treatment (MAT)							
Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Market Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SUMMARY OF ALL SERVICES							
Total Costs	\$ 202,241	\$ 0	\$ 0	\$ 7,282	\$ 186,788	\$ 65,000	\$ 451,291
Units of Service (15 minute increment)	3,879	0	0	130	3,242	855	8,106
* Round Costs to nearest dollar							

APPROVAL	PRINTED NAME	DATE
SIGNATURE: 	Rami B. Assad	Apr 17, 2024
PROVIDER AUTHORIZED SIGNATURE: 	Anthony Altamirano	Apr 17, 2024
DBH PSICAL SERVICES AUTHORIZED SIGNATURE: 	Michael Sweitzer	Apr 18, 2024
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE		

Federal Funds Include:	CFDA No.	Account Title	Federal Agency	Fiscal Calendar
Substance Abuse	93.858	5490	5490-04	State (FYCS)
Recovery & Health Care	93.779	5490	5490-04	State (FYCS)



ATTACHMENT V

Campaign Contribution Disclosure (SB 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: CLARE | MATRIX
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: Matt Walton
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
Not Applicable	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
Not Applicable		

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):
Not Applicable		

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
Not Applicable	

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.