

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



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</u> <u>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.



VI. All other terms, conditions and covenants in Contract No. 22-475 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

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: APR 21 2026

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



By *[Signature]*
Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County
Deputy

Social Science Services, Inc. dba Cedar House Life Change Center

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

By ► *Jamie Lamb*
(Authorized signature - sign in blue ink)

Name Jamie Lamb
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 4/1/2026

Address 18612 Santa Ana Ave.
Bloomington, CA 92316

FOR COUNTY USE ONLY

Approved as to Legal Form
Signed by: *Charles Phan*
Charles Phan, Supervising Deputy County Counsel
Date 4/1/2026

Reviewed for Contract Compliance
Signed by: *Michael Shin*
Michael Shin, Administrative Manager
Date 4/2/2026

Reviewed/Approved by Department
Signed by: *Joshua Dugas*
Joshua Dugas, Acting Director
Date 4/2/2026

Case Management (ODF/OT/ERS)							
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 - OT 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	\$ 8,139						\$ 8,139
Units of Service (15 minute increment)	291.83						292
Interim Rate	\$ 27.89	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 28
SUMMARY OF ALL SERVICES							
Total Costs	\$ 228,608	\$ 0	\$ 11,452	\$ 0	\$ 66,099	\$ 71,747	\$ 377,808
Units of Service (15 minute increment)	5,382	0	263	0	1,514	1,586	7,145

* Round Costs to nearest dollar

APPROVED:		PRINTED NAME:	DATE:
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

CFDA title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Medical Asst	93.959	SABG	SAMHSA	State DHCS
	93.776	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:	<u>Social Science Services, Inc.</u>	PREPARER: <u>Lowell Lagare</u>
FACILITY ADDRESS:	<u>18612 Santa Ana Avenue</u>	TITLE: <u>CFO</u>
	<u>Bloomington, CA 92316</u>	DATE PREPARED: <u>1/6/2026</u>
PROVIDER NUMBER : (36XX)	<u>3645</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
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	\$ 15,266	\$ 88,066	22.6%	\$ 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	\$ 275,634
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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, benefit, FTE, etc.). For example, show how indirect costs or overhead were established.

(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Assignment Explanations*
TOTAL SALARIES AND BENEFITS	\$ 276,634	
Equipment, Materials and Supplies		
Depreciation - Equipment	\$ 3,000	Depreciation of equipment
Maintenance - Equipment	\$ 90	Maintenance and repair of equipment
Medical, Dental and Laboratory Supplies	\$ 793	OTC meds and medical supplies
Membership Dues	\$ 624	Dues and subscriptions
Rent and Lease Equipment	\$ 10,090	Copier and KPLU
Clothing and Personal Supplies	\$ -	
Food	\$ -	
Laundry Services and Supplies	\$ -	
Small Tools and Instruments	\$ 69	Small tools and equipment
Training	\$ 624	Training and seminars
Miscellaneous Supplies	\$ -	
Operating Expenses		
Communications	\$ 4,848	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	\$ 266	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	\$ 9,898	Office supplies
Publications and Legal Notices	\$ -	
Rents & Leases - Land, Structure, and Improvements	\$ -	
Taxes and Licenses	\$ 1,914	Licensing for Outpatient
Drug Screening and Center Testing	\$ 4,848	Drug testing
Utilities	\$ 4,837	Water, gas, disposal, and electricity
Other	\$ -	

	\$	-	
Professional and Special Services			
Pharmaceuticals			
Professional and Special Services	\$	4,621	Professional services (legal, audit, and other contract services)
Transportation			
Transportation			
Travel			
Gas, Oil, & Maintenance - Vehicles			
Rent & Leases - Vehicles			
Depreciation - Vehicles			
Other Costs			
Administrative Indirect Costs	\$	48,375	Indirect Cost @ 15%
OTHER:			
TOTAL OPERATING EXPENSES	\$	182,272	
FEE/OTHER AGENCY REVENUE			

TOTAL EXPENDITURES	\$	377,806
Social Science Services, Inc. Provider Number 3643		
NET COST less Allocated Admin	\$	328,527
Allocated Admin Ratio to Direct Costs		15.00%