

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



**Contract Number**

**23-601 A-2**

**SAP Number**

**4400010735 – Total Contract  
4400025570 – CFS Aggregate**

**Department of Behavioral Health**

<b>Department Contract Representative</b>	Christopher Carso
<b>Telephone Number</b>	(909) 388-0856
<b>Contractor</b>	CLARE MATRIX
<b>Contractor Representative</b>	Matt Walton
<b>Telephone Number</b>	(310) 314-6200
<b>Contract Term</b>	July 1, 2023 through June 30, 2027
<b>Original Contract Amount</b>	\$1,520,000
<b>Amendment Amount</b>	\$0.00
<b>Total Contract Amount</b>	\$1,520,000
<b>Total Aggregate Contract Term</b>	July 1, 2023 through June 30, 2026
<b>Total Aggregate Amount – For Clients Referred by CFS</b>	\$2,400,000
<b>Cost Center</b>	1018511000
<b>Grant Number (If applicable)</b>	N/A

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, 2025:

- I. 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 \$1,520,000 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$1,600,000 to \$2,400,000 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, 2024-25, and 2025-26.

- L. This amendment hereby adds Schedules A and B for FY 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.

II. ARTICLE XX PERSONNEL, paragraph N is hereby replaced in its entirety and revised as follows:

- N. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act Campaign Contribution Disclosure Senate Bill (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 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 \$500 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.

- III. ATTACHMENT V Campaign Contributions Disclosure (SB1439) is hereby replaced with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.
- IV. Exhibit I Schedules A and B for FY 2025-26 are hereby added.

V. 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

*Dawn Rowe*

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

By *Matt Walton*

Dawn Rowe, Chair, Board of Supervisors

(Authorized signature - sign in blue ink)

Dated: MAR 25 2025

Name Matt Walton  
(Print or type name of person signing contract)

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

Title Executive Director/CEO  
(Print or Type)

Lynne Motell  
Clerk of the Board of Supervisors  
County of San Bernardino

B. *[Signature]*  
Deputy

Dated: 3/12/2025

Address 909 Pico Blvd,  
Santa Monica, CA 90405



FOR COUNTY USE ONLY

Approved by Legal Form  
*Dawn Martin*  
Dawn Martin, Deputy County Counsel  
Date 3/11/2025

Reviewed for Contract Compliance  
*Michael Shin*  
Michael Shin, Contracts Administrative Manager  
Date 3/11/2025

Reviewed/Approved by Department  
*Georgina Yoshioka*  
Georgina Yoshioka, Director  
Date 3/14/2025

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

BUDGET PERIOD: July 1, 2025 to June 30, 2026

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>12/23/2024</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	\$ 38,406	\$ 12,290	\$ 50,695	50.0%	\$ 25,347
Admissions and Intake Coordinator	\$ 45,987	\$ 14,718	\$ 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
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -

<b>TOTAL COST</b>	<b>\$ 258,050</b>
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SAN BERNARDINO COUNTY  
 DEPARTMENT OF BEHAVIORAL HEALTH  
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT  
 Budget Detail

BUDGET PERIOD: July - Dec 31, 2018 to July  
 PROJECT NAME: COUNSELING

*Replace each agency by the text. Provide an explanation for construction of all figures (rate, duration, quantity, hours, etc.). For examples, show how indirect costs or overhead rates calculated.		
(1)	(2)	(3)
Schedule of Expenditures for Costs	Costs	Cost Accounting Categories
<b>TOTAL SALARIES AND BENEFITS</b>	<b>\$ 288,000</b>	
<b>Equipment, Materials and Supplies</b>		
Depreciation - Equipment		
Insurance - Equipment		
Medical, Dental and Laboratory Supplies		
Materials - Books	\$ 1,500	Program - Program cost of annual book orders
Rent and Lease - Equipment	\$ 3,000	Multiple program expenses of leased copier
Clothing and Personal Supplies		
Fuel		
Laundry Services and Supplies		
Small Tools and Instruments		
Training		
Miscellaneous Supplies	\$ 4,000	Program supplies including research, binder, etc and office supplies including pens, paper, staples, etc.
<b>Construction Expenses</b>		
Contributions	\$ 4,200	Annual expense for shoes, Team accounts and other compensation
Depreciation - Structures and Improvements		
Household Expenses		
Insurance		
Interest Expense		
Lease Property Maintenance, Structures, Improvements and Grounds	\$ 4,800	Annual expense for anticipated maintenance, repair and clearing costs for program
Maintenance - Structures, Improvements, and Grounds		
Miscellaneous Capital		
Office Expenses	\$ 18,100	Share of cost for program's CRM (CRM) system
Publications and Large Prints	\$ 1,300	Printing Costs
Rent & Lease - Land, Structure, and Improvements	\$ 54,400	Share of the contracts annual rent for the clinic
Taxes and Licenses	\$ 800	Clinic Licensing and operation fees
Drug Monitoring and Other Testing	\$ 11,400	Annual expense for drug screening, testing and testing supplies
Utilities	\$ 8,000	Annual share of utility expenses (includes water, gas, electric, etc. water, etc)
Other	\$ 350	Program share of costs of each firm re Physical performance and health performance
<b>Professional and Special Services</b>		
Professional		
Proficiency and Special Services	\$ 3,700	Program share of cost for medical consultants and clinical supervision consultants
<b>Transportation</b>		
Transportation		
Travel	\$ 400	Travel costs associated with the program
Gas, Oil, & Maintenance - Vehicles		
Rent & Lease - Vehicles		
Depreciation - Vehicles		
<b>Other Costs</b>		
Administrative Indirect Costs	\$ 55,000	10% Indirect Federally Approved Indirect Rate agreement
OTHER		
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 171,800</b>	
FUNDOTHER AGENCY INDEMBLE		
<b>TOTAL EXPENDITURES</b>	<b>\$ 430,000</b>	




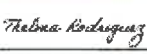

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT  
SCHEDULE A - Proposed Budget**

BUDGET PERIOD: July 1, 2025 to June 30, 2026

Contractor Name: CLARIMATRIX Prepared by: Rami Asad  
 Facility Address: 812 N Euclid Ave. Title: \_\_\_\_\_  
Ontario, CA 91762 Date Prepared: 12/23/2024  
 Provider Number (if any): 35DY

FUNDING SOURCE	Drug	Medi-Cal	CalWORKs	AS189	Youth	Erick Grant	CFS	TOTAL
<b>Outpatient Treatment (ODT)</b>								
Cost - Individual Counseling	\$ 75,274	\$ -	\$ -	\$ -	\$ 4,833	\$ 47,270	\$ 19,133	\$ 146,510
Units of Service (15 minute increment)	1,495	0	0	0	92	903	365	2,855
Interim Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.37	\$ 52.37	\$ 52.37	\$ 52
Cost - Group Counseling	\$ 60,035	\$ -	\$ -	\$ -	\$ 940	\$ 40,915	\$ 23,525	\$ 125,415
Units of Service (15 minute increment)	1,150	0	0	0	18	782	449	2,409
Interim Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.37	\$ 52.37	\$ 52.37	\$ 52
<b>Intensive Outpatient Treatment (IOT)</b>								
Cost - Individual Counseling	\$ 45,073	\$ -	\$ -	\$ -	\$ -	\$ 54,724	\$ -	\$ 99,797
Units of Service (15 minute increment)	861	0	0	0	0	1,045	0	1,906
Interim Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.37	\$ 0.00	\$ 52
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
<b>Early Intervention Treatment (EIT)</b>								
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -	\$ 0
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -	\$ 0
<b>Recovery Services (RS)</b>								
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0
Cost - Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0
Cost - Recovery Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0
<b>Case Management (ODFIOT/EURS)</b>								
Cost - ODF Case Management	\$ 15,952	\$ -	\$ -	\$ -	\$ 1,506	\$ 15,551	\$ 7,342	\$ 40,351
Units of Service (15 minute increment)	303	0	0	0	29	287	140	759
Interim Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.37	\$ 52.37	\$ 52.37	\$ 52
Cost - ROT Case Management	\$ 3,050	\$ -	\$ -	\$ -	\$ -	\$ 11,276	\$ -	\$ 14,326
Units of Service (15 minute increment)	58	0	0	0	0	215	0	273
Interim Rate	\$ 52.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.37	\$ 0.00	\$ 52
Cost - EI Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ 0.00	\$ 0
Cost - RS Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0
<b>Physician Consultation</b>								
Cost	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0
<b>Medication Assisted Treatment (MAT)</b>								
Cost	\$ 0	\$ 0	\$ -	\$ -	\$ -	\$ 0	\$ -	\$ 0
Units of Service (15 minute increment)	0	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ 0.00	\$ 0
<b>SUMMARY OF ALL SERVICES</b>								
Total Costs	\$ 202,947	\$ 0	\$ 0	\$ 0	\$ 7,285	\$ 169,788	\$ 50,000	\$ 430,000
Units of Service (15 minute increment)	3,875	0	0	0	139	3,242	955	8,211

\* Round Costs to nearest dollar

APPROVED: SIGNATURE:  Ken Simms (Jan 16, 2025 10:51 AM PST)	PRINTED NAME: <b>Ken Simms</b>	DATE: <b>Jan 16, 2025</b>
PROVIDER AUTHORIZED SIGNATURE:  Thelma Rodriguez	PRINTED NAME: <b>Thelma Rodriguez</b>	DATE: <b>Jan 16, 2025</b>
DBH FISCAL SERVICE AUTHORIZED SIGNATURE:  Michael Sweitzer (Jan 16, 2025 11:56 PST)	PRINTED NAME: <b>Michael Sweitzer</b>	DATE: <b>Jan 16, 2025</b>
DBH PROGRAM MANAGER or DESIGNEE SIGNATURE:	PRINTED NAME:	DATE:

Federal Funds Include:	CFDA Title	CFDA No.	Award Name	Federal Agency	Pass-Through Agency
Substance Abuse Prevention & Medical Assistance	84.999	84.999	SABG	SABG	State DHS
	88.778	88.778	DMC	DHHS	State DHS



## Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

### DEFINITIONS

Actively supporting or opposing 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-subsidiary 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: CLAREIMATRIX
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: \_\_\_\_\_
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
N/A	N/A

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A	N/A	N/A

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):
N/A	N/A	N/A

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
N/A	N/A

9. Was a campaign contribution, of more than \$500, 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 \$500 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.