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

Contract Number

22-475 A-3

SAP Number 4400019711 – Total Contract 4400025549 – Total Aggregate

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
	Social Science Services, Inc. dba
Contractor	Cedar House Life Change Center
Contractor Representative	Danielle Chagolla
Telephone Number	(909) 421-7120 ext. 115
Contract Term	July 1, 2022 through June 30, 2027
Original Contract Amount	\$1,530,295
Amendment Amount	\$0.00
Total Contract Amount	\$1,530,295
Total Aggregate Contract Term	July 1, 2022 through June 30, 2026
Total Aggregate Amount – For Clients	\$3,200,000
Referred by CFS	
Cost Center	1018601000
Grant Number (If applicable)	N/A

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Social Science Services, Inc. dba Cedar House Life Change Center referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

SAN BERNARDINO

OUNT

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-475** 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, 2022, the following changes are hereby made and agreed to, effective July 1, 2025:

- I. ARTICLE V <u>FUNDING</u>, paragraphs 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 \$2,400,000 to \$3,200,000 that may be applied (but not necessarily ensured) for any clients referred from San Bernardino County Children and Family Services for fiscal years 2022-23, 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 <u>PERSONNEL</u>, 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 Contribution Disclosure (SB 1439) 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 replaced.

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				e Services, Inc. dba Cedar House Life Change Center e of corporation, company, contractor, etc.)
Dawn Rowe, Chair, Board of Supervisors		Ву	(Aut	thorized signature - sign in blue ink)
Dated: SIGNED AND CERTIFIED THAT A COPY DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD		Name Title CI		t or type name of person signing contract)
Lynna Monell Clerk of the Board of S of San Bernardino Co				(Print or Type)
By Deputy		Dated:		
Deputy		Address	186	12 Santa Ana Ave., Bloomington,
			CA	92316
FOR COUNTY USE ONLY				
Approved as to Legal Form	Reviewed for Co	ontract Compliance		Reviewed/Approved by Department
Dawn Martin, Deputy County Counsel	Michael Shin, Contracts Administrative Manager		nager	► Georgina Yoshioka, Director
Date	Date			Date

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

BUDGET PERIOD: FY 2025-2026

PROVIDER NAME: FACILITY ADDRESS:

Social Science Services, Inc. 18612 Santa Ana Avenue Bloomington, CA 92316 3645

PREPARER: Lowell Lagare TITLE: Controller DATE PREPARED: 10/28/2024

PROVIDER NUMBER : (36XX)

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	s	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	•	075 504

TOTAL 275,534 \$ COST

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAMORAL HEALTH SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail

BUDGET PERIOD: FY 2025-2026
PROVIDER NAME: Sodial Science Services, Inc.

*Explain each expense by line item. Provide	an explanation for d	etermination 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	\$ 275,53	
Equipment, Materials and Supplies		
Depreciation - Equipment	\$ 3,000	Depreciation of equipment
Maintenance - Equipment		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	s -	
Food	s -	
Laundry Services and Supplies	s -	
Small Tools and Instruments	\$ 68	Smail tools and equipment
Training		Training and seminars
Miscellaneous Supplies	s -	
Operating Expenses		
Communications	\$ 4,845	Telephone and wireless communication
Depreciation - Structures and Improvements		Depreciation of building and building improvements
Household Expenses		Housekeeping supples
Insurance		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		Office supplies
Publications and Legal Notices	\$ -	
Rents & Leases - Land, Structure, and Improvements	s -	
Taxes and Licenses	\$ 1,914	Licensing for Outpatient
Drug Screening and Other Testing		Drug lesting
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, OI, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative Indirect Costs	\$ 49,279	Indirect Cost @ 15%
OTHER:		
TOTAL OPERATING EXPENSES	\$ 102,27	2
FEES/OTHER AGENCY REVENUE		

\$ 377,806 TOTAL EXPENDITURES Social Science Services, Inc. Provider Number 3845

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

	BUDGET PERIOD:		EY 202	5-2026	-			
Contractor Name:	Social Science S				Prepared by:	Lowell Lagare		
Facility Address:	18612 Sarta Ana			-	Title:	Controller		
	Bloomington, CA			-	Date Prepared:			
Provider Number (36xx):	3645			-				
FUNDING SO	URCE	Drug Medi-Cal	CalWORKs	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (ODF)		_	_	_	_	_		
Cost - Individual Counseling		\$ 129,309		\$ 2,639		\$ 18,639		192,339
Units of Service (15 minute in	remert)	2,296		4		331	741	3,415
Interim Rate		\$ 56.32	\$ 0.00	\$ 56.3	2 \$ 0.00			54
Cost - Group Counseling Units of Service (15 minute inv	and a second	\$ 87,352 1,551		\$ 1,783		\$ 13,472 239	\$ 29,994 \$ 533	132,600
Interim Rate		\$ 56.32	\$ 0.00					2,354
		* 00.02	• 0.00			a 00.02	• • • • •	~
Intensive Outpatient Treatm								
Cost - Individual Counseling							\$	0
Units of Service (15 minute in Interim Rate	a enhert)	\$ 0.00	\$ 0.00	S 0.0	s 0.00	S 0.00	\$ 0.00 S	0
Cost - Group Counseling		• 000	a 0.00	a 0.0	a 0.00	a 0.00	- 0.00 S	
Units of Service (15 minute in	remert)						•	
Interim Rate		\$ 0.00	\$ 0.00	\$ 0.0	S 0.00	S 0.00	\$ 0.00 \$	
Early Intervention Treatmen								
Cost - Individual Counseling					-		e	
Units of Service (15 minute in							•	
Interim Rate					S 0.00	1	\$ 0.00 S	
Cost - Group Counseling							\$	0
Units of Service (15 minute inv	zement)							0
Interim Rate					\$ 0.00)	\$ 0.00 \$	0
Recovery Services (R S)								
Cost - Individual Counseling		\$ 28,596				\$ 858	\$	29,454
Units of Service (15 minute in	rement)	508				15		523
Interim Rate		\$ 56.32				\$ 56.32	\$ 0.00 \$	56
Cost - Group Counseling		\$ 18,181				\$ 1,455	\$	19,636
Units of Service (15 minute in	rement)	323				26		349
Interim Rate Cost - Family Therapy		\$ 56.32				\$ 55.32	\$ 0.00 S	56
Units of Service (15 minute in	Temert						•	
Interim Rate	2 CHINNEY	\$ 0.00				\$ 0.00	\$ 0.00 S	
Cost - Recovery Monitoring							5	
Units of Service (15m inute in	rement)							0
Interim Rate		\$ 0.00				\$ 0.00	\$ 0.00 \$	0
Case Management (ODF/IO1	VEVRS)	·	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
Cost - ODF Case Manageme	at						5	0
Units of Service (15minute in								0
Interim Rate		\$ 0.00	\$ 0.00	\$ 0.0	\$ 0.00	\$ 0.00	\$ 0.00 \$	ĺ.
Cost - IOT Case Managemen							\$	0
Units of Service (15 minute in	zemert)							0
Interim Rate		\$ 0.00	\$ 0.00	\$ 0.0	\$ 0.00	\$ 0.00	\$ 0.00 \$	
Cost - El Case Management Units of Service (15 minute in							\$	0
Interim Rate					\$ 0.00		S 0.00 S	
Cost - RS Case Managemen	t						- 0.00 5	
Units of Service (15minute in								
Interim Rate		\$ 0.00				\$ 0.00	\$ 0.00 \$	
Physician Consultation								
Cost							2	0
Units of Service (15 minute inc	remert)						s	
Interim Rate		\$ 0.00	\$ 0.00	\$ 0.0	S 0.00	\$ 0.00	\$ 0.00 \$	0
Medication Assisted Treatm	ent (MAT)			-				
Cost		\$ 3776					s	3,776
Units of Service (15 minute in	remert)	67					ŝ	67
Interim Rate		\$ 56.32	\$ 0.00	\$ 0.0	\$ 0.00	\$ 0.00	\$ 0.00 \$	56
SUMMARY OF ALL SERVIC	ES							
Total Costs		\$ 267,214	\$ 0	\$ 4,42	2 5 0	\$ 34,423	\$ 71,747 \$	377,806
Units of Service (15 minute		4744						6,708

APPROVED: PRINTED NAME: SKONATURE: Lowell Lagare Lowell Lagare Jan 23, 2025 ROMDER AUTHORIZED SIGNATURE PRINTED NAME DATE Thelma Rodriguez 7kelma Rodriguez Jan 23, 2025 PRINTED NAME DBH RISCAL SER VICES AUTHORIZED SIGNATURE DATE Michael Sweitzer Michael Sweitzer Jan 23, 2025 PRINTED NAME DBH IR OGRAM MANAGER or DESIGNEE SIGNATURE DATE

Federal funds includ	e:			
CFDA title	OFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & MediCal Asst Prom	93,959	SABG	SAMHSA	State DHCS
MediCal Asst Prom	93,778	DMC	DHHS	State DH CS



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.

<u>Agent:</u> A third-party individual or firm who, for compensation, <u>is representing</u> 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.

<u>Otherwise related entity</u>: 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) <u>a controlling</u> 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.

<u>Parent-Subsidiary Relationship:</u> 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 <u>respond</u> N/A or Not Applicable.

- 1. Name of Contractor: Social Science Services, Inc. dba Cedar House Life Change Center
- 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 □

- 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: Jamie Lamb, CEO
- 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):

<u>N/A</u>

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	

Name of agent(s) of Contractor:

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

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	

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 I 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.