

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

<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
<b>Total Contract Amount</b>	\$1,520,000
<b>Total Aggregate Contract Term</b>	July 1, 2023 through June 30, 2025
<b>Total Aggregate Amount – For Clients referred by CFS</b>	\$1,600,000
<b>Cost Center</b>	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

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

(Print or type name of corporation, company, contractor, etc.)  
By *Matt Walton*  
03D612FE8718F7  
(Authorized signature - sign in blue ink)

Dated: JUN 11 2024  
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Name MATT WALTON  
(Print or type name of person signing contract)

Title Executive Director/CEO  
(Print or Type)

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

Dated: 5/30/2024

Address 2644 30<sup>th</sup> Street, Suite 100,  
Santa Monica, CA 90405



FOR COUNTY USE ONLY

Approved as to Legal Form  
► *Dawn Martin*  
Dawn Martin, Deputy County Counsel  
Date 5/28/2024

Reviewed as to Contract Compliance  
► *Ellayna Hoatson*  
Ellayna Hoatson, Contracts Supervisor  
Date 5/28/2024

Reviewed/Approved by Department  
► *Georgina Yoshioka*  
Georgina Yoshioka, Director  
Date 5/28/2024

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: CLARE MATRIX  
 FACILITY ADDRESS: 812 N. Euclid Ave.  
Ontario, CA 91762  
 PROVIDER NUMBER : (36XX) 36DY

PREPARER: Rami Assad  
 TITLE: \_\_\_\_\_  
 DATE PREPARED: 4/15/2024

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	\$ 18,890	\$ 77,890	50.0%	\$ 38,940
Counselor	\$ 47,520	\$ 15,206	\$ 62,726	50.0%	\$ 31,363
Counselor	\$ 38,405	\$ 12,290	\$ 50,695	50.0%	\$ 25,347
Admissions and Intake Coordinator	\$ 45,957	\$ 14,716	\$ 60,703	50.0%	\$ 30,351
Administrative Coordinator	\$ -	\$ -	\$ -	50.0%	\$ -
Administrative Assistant	\$ 36,655	\$ 11,739	\$ 48,424	50.0%	\$ 24,212
Quality Assurance	\$ 55,367	\$ 18,677	\$ 77,044	10.0%	\$ 7,704
Biller	\$ 53,000	\$ 16,960	\$ 69,960	10.0%	\$ 6,996
Evaluator	\$ 69,000	\$ 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 1, 2018 to June 30, 2019  
 PROVIDER NAME: in Association

\*To print each expense by line item. Provide an explanation for determination of all figures (rate, quantity, benefits, P.E. etc.). For example, where have indirect costs or overhead costs calculated.

Q1	Q2	Q3	Q4	Q5	Q6	
Schedule of Expenditures for Costs			Costs	Cost Allocation Rationales		
<b>TOTAL SALARIES AND BENEFITS</b>			\$	238,000		
<b>Equipment, Materials and Supplies</b>						
Depreciation - Equipment						
Maintenance - Equipment						
Medical, Dental and Laboratory Supplies						
Membership Dues	\$	1,500			Shared Program cost of annual dues and fees	
Rent and Lease Equipment	\$	2,000			Monthly shared expense of leased copier	
Clothing and Personal Supplies						
Food						
Laundry Services and Supplies						
Small Tools and Instruments						
Training						
Miscellaneous Supplies	\$	4,400			Program supplies including manuals, books, etc. and office supplies including pens, paper, staples, etc.	
<b>Operating Expenses</b>						
Communications	\$	4,000			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	\$	4,000			Annual expense for anticipated maintenance, repair and painting costs for program	
Maintenance - Structures, Improvements, and Grounds						
Miscellaneous Expense						
Office Expense	\$	10,000			Share of cost for programs (HR, CRM) system	
Publications and Legal Notices	\$	1,000			Printing costs	
Rents & Leases - Land, Structure, and Improvements	\$	30,000			Share of the programs annual rent for the clinic	
Taxes and Licenses	\$	500			clinic expenses and certification fees	
Drug Screening and Other Testing	\$	20,000			equal expense for drug screening, testing and testing supplies	
Utilities	\$	8,000			equal shared utility expense including such items as electricity, gas, water, etc.	
Other	\$	500			Programs share of costs of such items as Payroll platform and bank platform costs	
<b>Professional and Special Services</b>						
Pharmaceutical						
Professional and Special Services	\$	2,000			Program share of cost for medical consultants and clinical supervision consultants	
<b>Transportation</b>						
Transportation						
Travel	\$	400			Travel costs associated with the program	
Oil, Oil, & Maintenance - Vehicles						
Rents & Leases - Vehicles						
Depreciation - Vehicles						
<b>Other Costs</b>						
Administrative Related Costs	\$	30,000			10% Util. Expense Approved indirect Rate attachment	
OTHER						
<b>TOTAL OPERATING EXPENSES</b>			\$	171,000		
<b>FEES/OTHER AGENCY REVENUE</b>						

<b>TOTAL EXPENDITURES</b>	\$	<b>433,000</b>
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**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: CLASIMATRY Prepared by: Sam Assad  
 Facility Address: 312 N. Euclid Ave Title: \_\_\_\_\_  
Orange, CA 92783 Date Prepared: 4/15/2024  
 Provider Number (Hica): 3007

FUNDED SOURCE	Drug/Med-Cat	CaWORKS	AD188	Youth	Block Grant	CFE	TOTAL
<b>Outpatient Treatment (OOP)</b>							
Cost - Individual Counseling	\$ 70,274	\$ -	\$ -	\$ 4,000	\$ 41,273	\$ 14,783	\$ 119,610
Units of Service (15 minute increment)	1,495	0	0	60	900	265	3,080
Interim Rate	\$ 32.27	\$ 0.00	\$ 0.00	\$ 32.27	\$ 32.27	\$ 32.27	\$ 32.27
Cost - Group Counseling	\$ 80,688	\$ -	\$ -	\$ 940	\$ 42,342	\$ 23,022	\$ 124,114
Units of Service (15 minute increment)	1,129	0	0	10	732	449	2,408
Interim Rate	\$ 32.27	\$ 0.00	\$ 0.00	\$ 32.27	\$ 32.27	\$ 32.27	\$ 32.27
<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	1,045	0	1,906
Interim Rate	\$ 32.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 32.27	\$ 0.00	\$ 32.27
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Early Intervention Treatment (EIT)</b>							
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -	\$ -
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -	\$ -
<b>Recovery Services (RS)</b>							
Cost - Individual Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Group Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Recovery Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00
<b>Case Management (OOP/NOT/RS/CA)</b>							
Cost - OOP Case Management	\$ 15,000	\$ -	\$ -	\$ 1,000	\$ 13,551	\$ 7,343	\$ 46,264
Units of Service (15 minute increment)	300	0	0	25	267	140	764
Interim Rate	\$ 32.27	\$ 0.00	\$ 0.00	\$ 32.27	\$ 32.27	\$ 32.27	\$ 32.27
Cost - NOT Case Management	\$ 3,050	\$ -	\$ -	\$ -	\$ 11,273	\$ -	\$ 14,223
Units of Service (15 minute increment)	50	0	0	0	215	0	274
Interim Rate	\$ 32.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 32.27	\$ 0.00	\$ 32.27
Cost - CA Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ 0.00	\$ 0.00
Cost - RS Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00
<b>Physician Consultation</b>							
Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Medication Assisted Treatment (MAT)</b>							
Cost	\$ 0	\$ 0	\$ -	\$ -	\$ 0	\$ -	\$ -
Units of Service (15 minute increment)	0	0	0	0	0	0	0
Interim Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SUMMARY OF ALL SERVICES</b>							
Total Costs	\$ 202,447	\$ 0	\$ 0	\$ 7,262	\$ 169,780	\$ 50,000	\$ 439,669
Units of Service (15 minute increment)	3,872	0	0	139	3,243	652	8,214

\* Round Costs to nearest dollar

<b>APPROVED:</b>	<b>PRINTED NAME:</b>	
<b>SIGNATURE:</b> 	Rami B. Assad	Apr 17, 2024
<b>PROVIDER AUTHORIZED SIGNATURE:</b> 	Anthony Altamirano	Apr 17, 2024
<b>DEPARTMENTAL SERVICES AUTHORIZED SIGNATURE:</b> 	Michael Sweitzer	Apr 18, 2024
<b>DEPARTMENTAL MANAGER or DESIGNEE SIGNATURE:</b>		

CPDA ID#	CPDA No.	Agency Name	Federal Agency	Fund/Account
Substance Abuse Prevention & Medical Assistance	00-000	NAHS	SAMHSA	State 10-413
Legal	00-718	SAC	CHHS	State 10-413



## 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.