

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



Contract Number

22-475 A-2

SAP Number

4400019711 - Total Contract
4400014427 - Total Aggregate

Department of Behavioral Health

Department Contract Representative	Christopher Carso
Telephone Number	(909) 388-0856
Contractor	Social Science Services, Inc. dba 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
Total Contract Amount	\$1,530,295
Total Aggregate Contract Term	July 1, 2022 through June 30, 2025
Total Aggregate Amount – For Clients referred by CFS	\$2,400,000
Cost Center	1018601000

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:

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, 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 \$1,530,295 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 2022-23, 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.

II. ARTICLE XX PERSONNEL, paragraphs M and N, are hereby added to read as follows:

M. Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

N. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - 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.

- III. ATTACHMENT V Campaign Contribution Disclosure (SB 1439) is hereby added.
- IV. Exhibit I Schedules A and B for FY 2024-25 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

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

(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 18612 Santa Ana Ave., Bloomington,
CA 92316

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: **FY 2024-2025**

PROVIDER NAME:	Social Science Services, Inc.	PREPARER:	Lowell Lagare
FACILITY ADDRESS:	18612 Santa Ana Avenue	TITLE:	Controller
	Bloomington, CA 92316	DATE PREPARED:	4/22/2024
PROVIDER NUMBER : (36XX)	3645		

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	\$ 61,173	\$ 12,999	\$ 74,172	19.3%	\$ 14,350
Chief Operations Officer	\$ 161,803	\$ 34,383	\$ 196,186	0.7%	\$ 1,302
Case Manager (3)	\$ 157,373	\$ 33,442	\$ 190,815	94.8%	\$ 180,965
Clinical Director	\$ 119,475	\$ 25,388	\$ 144,864	6.6%	\$ 9,617
Clinical Therapist	\$ 85,155	\$ 18,095	\$ 103,251	9.5%	\$ 9,792
Maintenance (2)	\$ 80,454	\$ 17,097	\$ 97,551	2.4%	\$ 2,359
Housekeeping (2)	\$ 70,720	\$ 15,028	\$ 85,748	2.4%	\$ 2,074
Medical Liaison	\$ 55,789	\$ 11,855	\$ 67,644	5.7%	\$ 3,849
Nurse Practitioner	\$ 177,776	\$ 37,777	\$ 215,554	3.7%	\$ 7,961
Residential/Outpatient Coordinator	\$ 72,800	\$ 15,470	\$ 88,270	22.8%	\$ 20,091
Program Director	\$ 102,669	\$ 21,817	\$ 124,486	0.9%	\$ 1,181
QI Specialist	\$ 131,769	\$ 28,001	\$ 159,770	6.1%	\$ 9,702
			\$ -		\$ -
			\$ -		\$ -

TOTAL COST	\$ 263,243
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SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SUBSTANCE USE DISORDER RECOVERY SERVICES - OUTPATIENT CONTRACT

Budget Detail
 BUDGET PERIOD: FY 2024-2025
 PROVIDER NAME: Social Science Services, Inc.

*Split each expense by the %s. Provide an explanation for determination of all figures (rate, location, 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 Explanation*
TOTAL SALARIES AND BENEFITS	\$ 283,240	
Equipment, Utilities and Supplies		
Depreciation - Equipment	\$ 2,888	Depreciation of equipment
Maintenance - Equipment	\$ 88	Maintenance and repair of equipment
Medical, Dental and Laboratory Supplies	\$ 728	OTC meds and medical supplies
Membership Dues	\$ 502	Dues and subscriptions
Rent and Lease Equipment	\$ 8,830	Cooler and KPL
Clothing and Personal Supplies	\$ -	
Food	\$ -	
Laundry Services and Supplies	\$ -	
Small Tools and Instruments	\$ 60	Small tools and equipment
Training	\$ 585	Training and seminars
Miscellaneous Supplies	\$ -	
Operative Expenses		
Communications	\$ 4,828	Telephone and wireless communication
Depreciation - Structures and Improvements	\$ 1,561	Depreciation of building and building improvements
Household Expenses	\$ 1,260	Housekeeping supplies
Insurance	\$ 2,244	General Liability Insurance
Interest Expense	\$ 258	Commercial real estate loan to finance sewage system and other projects
Lease Property Maintenance, Structures, Improvements and Grounds	\$ -	
Maintenance - Structures, Improvements, and Grounds	\$ 2,208	Maintenance of the building
Miscellaneous Expense	\$ -	
Office Expense	\$ 8,488	Office supplies
Publications and Legal Notices	\$ -	
Rents & Leases - Land, Structure, and Improvements	\$ -	
Taxes and Licenses	\$ 1,828	Licensing for Outpatient
Drug Screening and Other Testing	\$ 4,727	Drug testing
Utilities	\$ 6,841	Water, gas, disposal, and electricity
Other	\$ -	
Professional and Special Services		
Pharmaceutical		
Professional and Special Services	\$ 4,415	Professional services (legal, audit, and other contract services)
Transportation		
Transportation		
Travel		
Gas, Oil, & Maintenance - Vehicles		
Rents & Leases - Vehicles		
Depreciation - Vehicles		
Other Costs		
Administrative-Indirect Costs	\$ 47,081	Indirect Cost @ 15%
OTHER		
TOTAL OPERATING EXPENSES	\$ 80,718	
PROBATION AGENCY REVENUE		

TOTAL EXPENDITURES	\$ 360,863
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Social Science Services, Inc. Provider Number: 202

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

BUDGET PERIOD: FY 2024-2025

Contractor Name: Social Science Services, Inc. Prepared by: Lowell Lagave
 Facility Address: 18012 Santa Ana Avenue Title: Controller
 Broomington, CA 92519 Date Prepared: 4/22/2024
 Provider Number (MCO): 3045

FUNDING SOURCE	Drug Med-Cal	CalWORKS	AB109	Youth	Block Grant	CFS	TOTAL
Outpatient Treatment (OOP)							
Cost - Individual Counseling	\$ 3,401.6		\$ 7,400		\$ 16,000	\$ 36,526	\$ 59,327
Units of Service (15 minute increment)	2,034		150		303	604	3,091
Unit Rate	\$ 1.67	\$ 0.00	\$ 49.33	\$ 0.00	\$ 52.81	\$ 60.48	\$ 16.29
Cost - Group Counseling	\$ 15,000		\$ 3,960		\$ 20,560	\$ 39,520	\$ 59,040
Units of Service (15 minute increment)	3,241		80		464	550	3,835
Unit Rate	\$ 4.63	\$ 0.00	\$ 49.50	\$ 0.00	\$ 44.26	\$ 71.85	\$ 15.63
Intensive Outpatient Treatment (IOT)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Early Intervention Treatment (EIT)							
Cost - Individual Counseling							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - Group Counseling							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Recovery Services (RS)							
Cost - Individual Counseling	\$ 2,500				\$ 800		\$ 3,300
Units of Service (15 minute increment)	75				160		235
Unit Rate	\$ 33.33				\$ 5.00		\$ 38.33
Cost - Group Counseling	\$ 1,500				\$ 360		\$ 1,860
Units of Service (15 minute increment)	30				72		102
Unit Rate	\$ 50.00				\$ 5.00		\$ 55.00
Cost - Family Therapy							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00				\$ 0.00		\$ 0.00
Cost - Recovery Monitoring							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00				\$ 0.00		\$ 0.00
Case Management (CM/ROT/ERS)							
Cost - OOP Case Management							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - ROT Case Management							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Cost - EIT Case Management							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00			\$ 0.00		\$ 0.00	\$ 0.00
Cost - RS Case Management							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00			\$ 0.00		\$ 0.00	\$ 0.00
Physician Consultation							
Cost							\$ 0
Units of Service (15 minute increment)							0
Unit Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medication Assisted Treatment (MAT)							
Cost	\$ 8,136						\$ 8,136
Units of Service (15 minute increment)	112						112
Unit Rate	\$ 72.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 72.64
SUMMARY OF ALL SERVICES							
Total Costs	\$ 297,000	\$ 0	\$ 11,360	\$ 0	\$ 47,840	\$ 56,384	\$ 362,584
Units of Service (15 minute increment)	5,324	0	241	0	902	1,112	7,579

*Round Costs to nearest dollar

APPROVED	PROVIDER NAME	
SIGNATURE: <i>Daniel Chagolla</i>	Daniel Chagolla	Apr 22, 2024
PROVIDER AUTHORIZING SIGNATURE: <i>Anthony Altamirano</i>	Anthony Altamirano	Apr 22, 2024
SM FISCAL EMPLOYEE AUTHORIZING SIGNATURE: <i>Michael Switzer</i>	Michael Switzer	Apr 25, 2024

Provider Name	CPA No.	Agency	Provider Address	City/County/State
Medicaid	00-000	SMCO	SMCOSA	San Diego, CA
Medicaid	00-000	DMC	DMCO	San Diego, CA



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: Social Sciences Services, Inc., dba Cedar House Life Change Center
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
Yes X 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	

6. 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 \$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.