



Contract Number

20-321 A-2

SAP Number

Department of Behavioral Health

| | |
|---|---|
| Department Contract Representative | Amanda Figueroa |
| Telephone Number | (909) 388-0859 |
| Contractor | Riverside – San Bernardino County Indian Health, Inc. |
| Contractor Representative | Vernon Motschman |
| Telephone Number | (909) 864-1097 |
| Contract Term | July 1, 2020 through December 31, 2027 |
| Original Contract Amount | \$3,000,000 |
| Amendment Amount | \$ 750,000 |
| Total Contract Amount | \$3,750,000 |
| Cost Center | 9203362200 |
| Grant Number (if applicable) | N/A |

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

San Bernardino County (County) and Riverside – San Bernardino County Indian Health, Inc. (Contractor) hereby agree to amend Contract No. 20-321 as follows:

- I. ARTICLE I. Definition of Terminology, paragraph K, is hereby added to read as follows:
 - K. Behavioral Health Services Act (BHSA) – Proposition 1 Behavioral Health Services Act (BHSA): The BHSA, passed in 2024, replaces the Mental Health Services Act (MHSA) of 2004. The MHSA imposed a one percent (1%) tax on personal income over one million dollars (\$1,000,000) to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The BHSA reforms funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.
- II. ARTICLE III. Performance, paragraph E, is hereby amended to read as follows:
 - E. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs and/or Behavioral Health Services Act (BHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA/BHSA Component Plan and most recent update.

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.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
 - a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.
 - c. The "Data Collection and Reporting" (DCR) system, which collects and manages Full Service Partnership (FSP) information.
 - d. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
 - e. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.
 - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:

- a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
 - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
 - c. Required information about FSP clients, including assessment data, quarterly updates and key events shall be entered into the DCR online system by the due date or within 48 hours of the event or evaluation, whichever is sooner.
- 5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
 - 6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
 - 7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
 - 8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

III. ARTICLE IV. Funding and Budgetary Restrictions, paragraph H, is hereby amended to read as follows:

H. The contract amendment amount of \$750,000 shall increase the total contract amount from \$3,000,000 to \$3,750,000 for the contract term.

IV. ARTICLE XIII. Duration and Termination, paragraph A, is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2020, through December 31, 2027, inclusive.

V. ARTICLE XVI. Personnel, paragraph L, is hereby amended to read as follows:

L. 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 (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 \$500 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.

- VI. ARTICLE XVIII. Licensing, Certification and Accreditation, paragraph G.3.a is hereby amended to read as follows:
 - a. S&I List can be accessed at <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>.
- VIII. SCHEDULE A Planning Estimates FY 2026-27 through 2027-28 and SCHEDULE B Program Budget FY 2026-27 through 2027-28 are hereby added as attached.
- IX. ATTACHMENT III Campaign Contribution Disclosure (SB 1439) is hereby removed and replaced with Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439) as attached.
- X. All other terms, conditions and covenants in the basic agreement 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, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

► _____
Dawn Rowe, Chair, Board of Supervisors

Dated: _____

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

Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County

By _____
Deputy

Riverside – San Bernardino County Indian Health, Inc.

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

By ► _____
(Authorized signature - sign in blue ink)

Name Mark LaBeau
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: _____

Address 11980 Mt. Vernon Avenue
Grand Terrace, CA 92313

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____
Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

► _____
Joshua Dugas, Acting Director

Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
PREVENTION AND EARLY INTERVENTION

Actual Cost Contract (cost reimbursement)




Contractor Name: **Riverside-San Bernardino
County Indian Health, Inc.**
Region:
Contract #:
Address: **11980 Mount Vernon Avenue
Grand Terrace, Ca 92313**
Date Form Completed: **05/04/2026**
Updated: **05/04/2026**

Prepared by: **Vernon Motschman**
Title: **Program Coordinator**

FY 2026 - 2027
July 1, 2026 to June 30, 2027

| PEI County Program: NATIVE AMERICAN RESOURCE CENTER | | | | | | | | TOTAL |
|--|---|-----------------------------|--|-------------------------------------|---------------------------------------|--|--|------------|
| State Defined Program: PREVENTION and EARLY INTERVENTION | | | | | | | | |
| Distribution | | 10.00% | 10.00% | 40.00% | 40.00% | | | |
| # | COMPONENTS | Mode 15 | | Mode 45 | | | | |
| | | Early Intervention Services | | Prevention Services | | | | |
| | | Case Management 01-09 | Mental Health Services 10-19; 30-38; 40-48; 50-57 | Mental Health Promotion 10-19 | Community Client Services 20-29 | | | |
| 1 | EXPENSES | | | | | | | |
| 2 | SALARIES | \$ 31,250 | \$ 31,250 | \$ 125,000 | \$ 125,000 | | | \$ 312,500 |
| 3 | BENEFITS | \$ 7,813 | \$ 7,813 | \$ 31,250 | \$ 31,250 | | | \$ 78,125 |
| 4 | (2+3 must equal total staffing costs) | \$ 39,063 | \$ 39,063 | \$ 156,250 | \$ 156,250 | | | \$ 390,625 |
| 5 | OPERATING EXPENSES | \$ 10,938 | \$ 10,938 | \$ 43,750 | \$ 43,750 | | | \$ 109,375 |
| 6 | TOTAL EXPENSES (2+3+5) | \$ 50,000 | \$ 50,000 | \$ 200,000 | \$ 200,000 | | | \$ 500,000 |
| 7 | AGENCY REVENUES | | | | | | | |
| 8 | PATIENT FEES | | | | | | | \$ - |
| 9 | PATIENT INSURANCE | | | | | | | \$ - |
| 10 | GRANTS/OTHER | | | | | | | \$ - |
| 11 | TOTAL AGENCY REVENUES (8+9+10) | \$ - | \$ - | \$ - | \$ - | | | \$ - |
| 12 | CONTRACT AMOUNT (6-11) | \$ 50,000 | \$ 50,000 | \$ 200,000 | \$ 200,000 | | | \$ 500,000 |
| 13 | FUNDING | | | | | | | |
| 14 | MHSA | \$ 50,000 | \$ 50,000 | \$ 200,000 | \$ 200,000 | | | \$ 500,000 |
| 15 | TOTAL FUNDING | \$ 50,000 | \$ 50,000 | \$ 200,000 | \$ 200,000 | | | \$ 500,000 |
| 17 | TARGET COST PER UNIT OF SERVICE (Minutes) | \$ 0.84 | \$ 0.84 | | | | | |
| 18 | UNITS OF TIME (Minutes) | 59,280 | 59,280 | | | | | |
| 19 | UNDUPLICATED PARTICIPANTS | | | | | | | |
| 20 | TOTAL UNDUPLICATED PARTICIPANTS | 175 | 175 | 525 | 876 | | | 1,751 |
| 21 | COST PER UNDUPLICATED PARTICIPANT | \$ 285.71 | \$ 285.71 | \$ 380.95 | \$ 228.31 | | | \$ 285.55 |
| 22 | SERVICES | | | | | | | |
| 23 | TOTAL SERVICES | 396 | 228 | 720 | 1,200 | | | 2,544 |
| 24 | COST PER TOTAL SERVICES | \$ 126.26 | \$ 219.30 | \$ 277.78 | \$ 166.67 | | | \$ 196.54 |

APPROVED:

| | | | | | |
|---|----------|---|----------|--|----------|
|  Mo Zayed (May 19, 2026 14:00:07 PDT) | 05/19/26 |  Thelma Rodriguez | 05/19/26 |  Jeanine Wymer (May 19, 2026 15:04:32 PDT) | 05/19/26 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH FISCAL SERVICES | DATE | DBH PROGRAM MANAGER | DATE |
| Mo Zayed | | Thelma Rodriguez | | Jeanine Wymer | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH FISCAL SERVICES (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL

FY 2026 - 2027
July 1, 2026 to June 30, 2027 (12 months)

Riverside-San Bernardino County Indian
Contractor Name: Health, Inc.
Contract # _____

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Riverside-San Bernardino County Indian Health, Inc.

| Name | Degree/ License | Position Title | Full Time Annual Salary | Full Time Fringe Benefits | Total Full Time Salaries & Benefits | % Time Spent on Contract Services | Total Salaries and Benefits Charged to Contract Services | Service Hours of Contract Services | Total Salaries Charged to Contract Services | Total Benefits Charged to Contract Services |
|------------------|--------------------|---------------------|-------------------------------|---------------------------------|---|--|---|--|--|---|
| Vernon Motschman | LAADC | Program Coordinator | 150,000 | 37,500 | 187,500 | 75.00% | 140,625 | 1,560 | 112,500 | 28,125 |
| Natalie Funmaker | Diploma/Degree | Prevention Educator | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 2,080 | 50,000 | 12,500 |
| Kesti Tsoie | Diploma/Degree | Prevention Educator | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 2,080 | 50,000 | 12,500 |
| Cecilia White | Diploma/Degree | Prevention Educator | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 2,080 | 50,000 | 12,500 |
| Sarah Fonseca | Diploma/Degree | Clerk | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 2,080 | 50,000 | 12,500 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | | | | | 312,500 | 78,125 |

| | | |
|------------------|---------|-------|
| TOTAL COST A: | 390,625 | 9,880 |
|------------------|---------|-------|

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation,
Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

Riverside-San Bernardino County Indian
Contractor Name: Health, Inc.
Region: _____
Contract #: _____
Address: 11980 Mount Vernon Avenue
Grand Terrace, Ca 92313
Date Form Completed: 05/04/2026
Updated: 05/04/2026

FY 2026 - 2027

Prepared by: Vernon Motschman
Title: Program Coordinator

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

July 1, 2026 to June 30, 2027

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT CHARGED TO CONTRACT | TOTAL COST TO CONTRACT |
|---|----------------------------|-----------------------------------|------------------------------------|-----------------------------|------------------------|
| 1 Promotional Items | \$15,000 | 0% | \$0 | 100% | \$15,000 |
| 2 Educational Items | \$15,000 | 0% | \$0 | 100% | \$15,000 |
| 3 Transportation | \$12,000 | 0% | \$0 | 100% | \$12,000 |
| 4 Office Equipment | \$9,686 | 0% | \$0 | 100% | \$9,686 |
| 5 Staff Training | \$6,000 | 0% | \$0 | 100% | \$6,000 |
| 6 Consultant | \$10,000 | 0% | \$0 | 100% | \$10,000 |
| 7 Indirect Cost | \$41,689 | 0% | \$0 | 100% | \$41,689 |
| 8 | | 100% | \$0 | | \$0 |
| 9 | | 100% | \$0 | | \$0 |
| 10 | | 100% | \$0 | | \$0 |
| 11 | | 100% | \$0 | | \$0 |
| 12 | | 100% | \$0 | | \$0 |
| 13 | | 100% | \$0 | | \$0 |
| 14 | | 100% | \$0 | | \$0 |
| SUBTOTAL B: | \$109,375 | | \$0 | | \$109,375 |
| GROSS TOTAL STAFFING AND OPERATING COSTS | | | | | \$500,000 |

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2026 - 2027**

Riverside-San Bernardino County
Contractor Name: Indian Health, Inc.
Region: _____
Contract #: _____
Address: 11980 Mount Vernon Avenue
 Grand Terrace, Ca 92313
Date Form Completed: 05/04/2026
Updated: 05/04/2026

Prepared by: Vernon Motschman
 Title: Program Coordinator

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2026 to June 30, 2027

| ITEM | Justification of Cost |
|---------------------|---|
| 1 Promotional Items | Purchase of pens, notepad, tolbags, water bottles, etc during fiscal year July 1 2026 - June 30, 2027 in the amount of \$ 15,000.00 |
| 2 Educational Items | Purchase of therapy materials for group activities during fiscal year July 1, 2026 - June 30, 2027 in the amount of \$ 15,000.00 |
| 3 Transportation | Leasing of GSA vehicle during the fiscal year of July 1, 2026 - June 30, 2027 in the amount of \$ 12,000.00 |
| 4 Office Equipment | Computers, cell phones, ink, paper supplies, printers, etc during the fiscal year of July 1, 2027 - June 30, 2027 in the amount of \$9,686.00 |
| 5 Staff Training | Staff development training including cultural competency during the fiscal year July 1, 2026 - June 30, 2027 in the amount of \$ 6,000.00 |
| 6 Consultant | Job placement activities, wellness activites for program during the fiscal year of July 1, 2026 - June 30, 2027 in the amount of \$ 10,000.00 |
| 7 Indirect Cost | Indirect cost calculated at 10% \$ 500,000.00/1.10 = \$ 41,689.00 fuing the fiscal year July 1, 2026 - June 30, 2027 |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 FY 2026 - 2027

July 1, 2026 to June 30, 2027

Contractor Name: Riverside-San Bernardino County Indian Health, Inc.
 Region
 Contract #
 Address: 11980 Mount Vernon Avenue
 Grand Terrace, Ca 92313
 Date Form Completed: 05/04/2026
 Updated 05/04/2026

| Year to Date Unduplicated Participant Count | | | | |
|---|-----|-------------------------|-----------------------|---------|
| Early Intervention | | Mental Health Promotion | Comm. Client Services | Program |
| Case Management | MHS | | | |
| 175 | 175 | 525 | 876 | 1,751 |

PEI County Program: NATIVE AMERICAN RESOURCE CENTER
 State Defined Program: PREVENTION and EARLY INTERVENTION

| Service Projections for: | | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Jan-27 | Feb-27 | Mar-27 | Apr-27 | May-27 | Jun-27 | TOTAL |
|-----------------------------|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Early Intervention Services | Case Management | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 396 |
| | Mental Health Services | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 228 |
| Mental Health Promotion | | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 720 |
| Community Client Services | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1200 |
| TOTAL | | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 212 | 2544 |
| Hours Projections for: | | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Jan-27 | Feb-27 | Mar-27 | Apr-27 | May-27 | Jun-27 | TOTAL |
| Early Intervention Services | Case Management | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 988 |
| | Mental Health Services | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 988 |
| Mental Health Promotion | | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 3,952 |
| Community Client Services | | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 329 | 3,952 |
| TOTAL | | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 823 | 9,880 |
| Cost Projections for: | | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Jan-27 | Feb-27 | Mar-27 | Apr-27 | May-27 | Jun-27 | TOTAL |
| Early Intervention Services | Case Management | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 50,000 |
| | Mental Health Services | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 50,000 |
| Mental Health Promotion | | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 200,000 |
| Community Client Services | | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 16,667 | \$ 200,000 |
| TOTAL | | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 41,667 | \$ 500,000 |

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Prevention and Early Intervention

Actual Cost Contract (cost reimbursement)




Contractor Name: **Riverside-San Bernardino County Indian Health, Inc.**
 Region:
 Contract #:
 Address: 119880 Mount Vernon Avenue
 Grand Terrace, Ca. 92313
 Date Form Completed: 05/04/2026
 Updated: 05/04/2026

Prepared by: **Vernon Mtschman**
 Title: **Program Coordinator**

FY 2027 - 2028
July 1, 2027 - December 31, 2027

| Native American Family Resource Center | | | | | | | TOTAL |
|--|---|--|---|---|---|------------|-------|
| # | COMPONENTS | Distribution | | | | | |
| | | 15.00% | 20.00% | 30.00% | 35.00% | | |
| | | Mode 15 Early Intervention Services Case Management 01-09 | Mode 45 Prevention Services Mental Health Services 10-19; 30-38; 40-48; 50-57 | Mode 45 Prevention Services Mental Health Promotion 10-19 | Mode 45 Prevention Services Community Client Services 20-29 | | |
| 1 | EXPENSES | | | | | | |
| 2 | SALARIES | \$ 23,438 | \$ 31,250 | \$ 46,875 | \$ 54,688 | \$ 156,250 | |
| 3 | BENEFITS | \$ 5,859 | \$ 7,813 | \$ 11,719 | \$ 13,672 | \$ 39,063 | |
| 4 | (2+3 must equal total staffing costs) | \$ 29,297 | \$ 39,063 | \$ 58,594 | \$ 68,359 | \$ 195,313 | |
| 5 | OPERATING EXPENSES | \$ 8,203 | \$ 10,937 | \$ 16,406 | \$ 19,140 | \$ 54,687 | |
| 6 | TOTAL EXPENSES (2+3+5) | \$ 37,500 | \$ 50,000 | \$ 75,000 | \$ 87,500 | \$ 250,000 | |
| 7 | AGENCY REVENUES | | | | | | |
| 8 | PATIENT FEES | | | | | \$ - | |
| 9 | PATIENT INSURANCE | | | | | \$ - | |
| 10 | GRANTS/OTHER | | | | | \$ - | |
| 11 | TOTAL AGENCY REVENUES (8+9+10) | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 12 | CONTRACT AMOUNT (6-11) | \$ 37,500 | \$ 50,000 | \$ 75,000 | \$ 87,500 | \$ 250,000 | |
| 13 | FUNDING | | | | | | |
| 14 | MHSA | \$ 37,500 | \$ 50,000 | \$ 75,000 | \$ 87,500 | \$ 250,000 | |
| 15 | TOTAL FUNDING | \$ 37,500 | \$ 50,000 | \$ 75,000 | \$ 87,500 | \$ 250,000 | |
| 16 | TARGET COST PER UNIT OF SERVICE (Minutes) | \$ 1.69 | \$ 1.69 | | | | |
| 17 | UNITS OF TIME (Minutes) | 22,230 | 29,640 | | | | |
| 18 | UNDUPLICATED PARTICIPANTS | | | | | | |
| 19 | TOTAL UNDUPLICATED PARTICIPANTS | 88 | 88 | 262 | 438 | 876 | |
| 20 | COST PER UNDUPLICATED PARTICIPANT | \$ 426 | \$ 568 | \$ 286 | \$ 200 | \$ 285 | |
| 21 | SERVICES | | | | | | |
| 22 | TOTAL SERVICES | 480 | 300 | 1,050 | 1,200 | 3,030 | |
| 23 | COST PER TOTAL SERVICES | \$ 78.12 | \$ 166.67 | \$ 71.43 | \$ 72.92 | \$ 82.51 | |

APPROVED:

| | | | | | |
|---|----------|---|----------|--|----------|
|  Mo Zayed (May 19, 2026 13:59:19 PDT) | 05/19/26 |  Thelma Rodriguez | 05/19/26 |  Jeanine Wymer (May 19, 2026 15:05:25 PDT) | 05/19/26 |
| PROVIDER AUTHORIZED SIGNATURE | DATE | DBH PSAS | DATE | DBH PROGRAM MANAGER | DATE |
| Mo Zayed | | Thelma Rodriguez | | Jeanine Wymer | |
| PROVIDER AUTHORIZED SIGNER (PRINT NAME) | | DBH PSAS (PRINT NAME) | | DBH PROGRAM MANAGER (PRINT NAME) | |

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B

STAFFING DETAIL
FY 2027 - 2028

Contractor Name: Riverside-San Bernardino County Indian Health, Inc.
Contract # _____

July 1, 2027 - December 31, 2027

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: **Riverside-San Bernardino County Indian Health, Inc.**

| Name | Degree/License | Position Title | Full Time Annual Salary | Full Time Fringe Benefits | Total Full Time Salaries & Benefits | % Time Spent on Contract Services | Total Salaries and Benefits Charged to Contract Services | Service Hours of Contract Services | Total Salaries Charged to Contract Services | Total Benefits Charged to Contract Services |
|------------------|----------------|-------------------------------|-------------------------|---------------------------|-------------------------------------|-----------------------------------|--|------------------------------------|---|---|
| Vernon Mutschman | LAADC | Program Coordinator | 150,000 | 37,500 | 187,500 | 75.00% | 140,625 | 780 | 56,250 | 14,063 |
| Natalie Funmaker | LCSW | Mental Health Provider | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 1,040 | 25,000 | 6,250 |
| Cecilia White | OCAPP | Chemical Dependency Counselor | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 1,040 | 25,000 | 6,250 |
| Kestli Tsoale | Diploma/Degree | Prevention Educator | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 1,040 | 25,000 | 6,250 |
| Sarah Fonseca | Diploma/Degree | Clerk | 50,000 | 12,500 | 62,500 | 100.00% | 62,500 | 1,040 | 25,000 | 6,250 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | 0 | | 0 | 0 | 0 | 0 |
| | | | | | | | | | 156,250 | 39,063 |

| | | |
|---------------|---------|-------|
| TOTAL COST A: | 195,313 | 4,940 |
|---------------|---------|-------|

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

SCHEDULES A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B

July 1, 2027 - December 31, 2027

Prepared by: Vernon Motschman
Title: Program Coordinator

Riverside-San Bernardino County Indian
Contractor Name: Health, Inc.
Region _____
Contract # _____
Address: 119880 Mount Vernon Avenue
Grand Terrace, Ca. 92313
Date Form Completed: 05/04/2026
Updated 05/04/2026

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

0

| ITEM | TOTAL COST TO ORGANIZATION | % CHARGED TO OTHER FUNDING SOURCE | TOTAL COST TO OTHER FUNDING SOURCE | PERCENT (%) CHARGED TO CONTRACT | TOTAL COST TO CONTRACT | Budget Revision | |
|---|----------------------------|-----------------------------------|------------------------------------|---------------------------------|------------------------|-----------------|----------------|
| | | | | | | Request Change | Revised Budget |
| 1 Promotional Items | \$9,142 | 0% | \$0 | 100% | \$9,142 | | 9,142 |
| 2 Educational Items | \$7,200 | 0% | \$0 | 100% | \$7,200 | | 7,200 |
| 3 Transportation | \$8,000 | 0% | \$0 | 100% | \$8,000 | | 8,000 |
| 4 Office Equipment | \$2,000 | 0% | \$0 | 100% | \$2,000 | | 2,000 |
| 5 Staff Training | \$4,000 | 0% | \$0 | 100% | \$4,000 | | 4,000 |
| 6 Consultant | \$3,500 | 0% | \$0 | 100% | \$3,500 | | 3,500 |
| 7 Indirect Rate | \$20,845 | 0% | \$0 | 100% | \$20,845 | | 20,845 |
| 8 | | 100% | \$0 | | \$0 | | 0 |
| 9 | | 100% | \$0 | | \$0 | | 0 |
| 10 | | 100% | \$0 | | \$0 | | 0 |
| 11 | | 100% | \$0 | | \$0 | | 0 |
| 12 | | 100% | \$0 | | \$0 | | 0 |
| 13 | | 100% | \$0 | | \$0 | | 0 |
| 14 | | 100% | \$0 | | \$0 | | 0 |
| 15 | | 100% | \$0 | | \$0 | | 0 |
| SUBTOTAL B: | \$54,687 | | \$0 | | \$54,687 | 0 | 54,687 |
| GROSS TOTAL STAFFING AND OPERATING COSTS | | | | | \$250,000 | | |

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 SCHEDULE B
 BUDGET NARRATIVE

July 1, 2027 - December 31, 2027

Riverside-San Bernardino
 Contractor Name: County Indian Health, Inc.
 Region: _____
 Contract #: _____
 Address: 119880 Mount Vernon Avenue
Grand Terrace, Ca. 92313
 Date Form Completed: 05/04/2026
 Updated: 05/04/2026

Prepared by: Vernon Motschman
 Title: Program Coordinator

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

0

| ITEM | Justification of Cost |
|---------------------|--|
| 1 Promotional Items | Purchase of pens, totbages, water bottles, etc during the fiscal July 01, 2027 - December 31, 2027 in the amount of \$ 9,142.00 |
| 2 Eductional Items | Purchas of therapy materials activities during the fiscal year July 01, 2027 - December 31, 2027 in the amount of \$ 7,200.00 |
| 3 Transportation | Leasing of GSA vehicles duiring the fiscal year of July 01, 2027 - December 31, 2027 in the amount of \$ 8,000.00 |
| 4 Office Equipment | Computer, cell phones, ink, paper supplies, printers, etc dring the fiscal year of July 01, 2027 - December 31, 2027 in the amout of \$ 2,000.00 |
| 5 Staff Training | Staff development training including cultural competency during the fical year of July 01, 2027 - December 31, 2027 in the amount of \$ 4,000.00 |
| 6 Consultant | Job placement activities, wellness activities for program during the fiscal year of July 01, 2027 - December 31, 2027 in the amount of \$ 3,500.00 |
| 7 Indirect Rate | Indirect cost calculated at 10%/1.10 = \$ 20,845.00 during the fiscal year July 01, 2027- December 31,2027. |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

SCHEDULES A & B

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2027 - 2028

July 1, 2027 - December 31, 2027

Contractor Name: Riverside-San Bernardino County Indian Health, Inc.
Region
Contract #
Address: 119880 Mount Vernon Avenue
Grand Terrace, Ca. 92313
Date Form Completed: 05/04/2026
Updated 05/04/2026

| Year to Date Unduplicated Participant Count | | | | |
|---|-----|-------------------------|-----------------------|---------|
| Early Intervention | | Mental Health Promotion | Comm. Client Services | Program |
| Case Management | MHS | | | |
| 88 | 88 | 262 | 438 | 876 |

Native American Family Resource Center

0

| Service Projections for: | | Jul-27 | Aug-27 | Sep-27 | Oct-27 | Nov-27 | Dec-27 | Jan-28 | Feb-28 | Mar-28 | Apr-28 | May-28 | Jun-28 | TOTAL |
|-----------------------------|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|--------|--------|--------|--------|--------|--------|------------|
| Early Intervention Services | Case Management | 80 | 80 | 80 | 80 | 80 | 80 | | | | | | | 480 |
| | Mental Health Services | 50 | 50 | 50 | 50 | 50 | 50 | | | | | | | 300 |
| Mental Health Promotion | | 175 | 175 | 175 | 175 | 175 | 175 | | | | | | | 1050 |
| Community Client Services | | 200 | 200 | 200 | 200 | 200 | 200 | | | | | | | 1200 |
| TOTAL | | 505 | 505 | 505 | 505 | 505 | 505 | 0 | 0 | 0 | 0 | 0 | 0 | 3030 |
| | | | | | | | | | | | | | | |
| Hours Projections for: | | Jul-27 | Aug-27 | Sep-27 | Oct-27 | Nov-27 | Dec-27 | Jan-28 | Feb-28 | Mar-28 | Apr-28 | May-28 | Jun-28 | TOTAL |
| Early Intervention Services | Case Management | 62 | 62 | 62 | 62 | 62 | 62 | | | | | | | 371 |
| | Mental Health Services | 82 | 82 | 82 | 82 | 82 | 82 | | | | | | | 494 |
| Mental Health Promotion | | 124 | 124 | 124 | 124 | 124 | 124 | | | | | | | 741 |
| Community Client Services | | 144 | 144 | 144 | 144 | 144 | 144 | | | | | | | 865 |
| TOTAL | | 412 | 412 | 412 | 412 | 412 | 412 | 0 | 0 | 0 | 0 | 0 | 0 | 2,470 |
| | | | | | | | | | | | | | | |
| Cost Projections for: | | Jul-27 | Aug-27 | Sep-27 | Oct-27 | Nov-27 | Dec-27 | Jan-28 | Feb-28 | Mar-28 | Apr-28 | May-28 | Jun-28 | TOTAL |
| Early Intervention Services | Case Management | \$ 3,125 | \$ 3,125 | \$ 3,125 | \$ 3,125 | \$ 3,125 | \$ 3,125 | | | | | | | \$ 37,500 |
| | Mental Health Services | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | \$ 4,167 | | | | | | | \$ 50,000 |
| Mental Health Promotion | | \$ 6,250 | \$ 6,250 | \$ 6,250 | \$ 6,250 | \$ 6,250 | \$ 6,250 | | | | | | | \$ 75,000 |
| Community Client Services | | \$ 7,292 | \$ 7,292 | \$ 7,292 | \$ 7,292 | \$ 7,292 | \$ 7,292 | | | | | | | \$ 87,500 |
| TOTAL | | \$ 20,833 | \$ 20,833 | \$ 20,833 | \$ 20,833 | \$ 20,833 | \$ 20,833 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 250,000 |



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-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 pages. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Riverside-San Bernardino County Indian Health Inc
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 |
|--------------|--------------|
| None | |
| | |

6. Name of agent(s) of Contractor:

| Company Name | Agent(s) | Date Agent Retained (if less than 12 months prior) |
|--------------|----------|---|
| None | | |
| | | |

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): |
|--------------|-------------------|----------------------------|
| None | | |
| | | |

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 |
|--------------|--------------------|
| None | |
| | |

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

Yes If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No

Yes If **yes**, please provide the contribution information in Question 11.

11. 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 acknowledges that agents are prohibited from making any campaign contributions, regardless of amount, to any member of the Board of Supervisors or other County elected officer involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County. Contractor understands that the other individuals and entities (excluding agents) 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 involved with this Contract, while award of this Contract is being considered and for 12 months after a final decision by the County.