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



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20-321 A-1

SAP Number

Department of Behavioral Health

Department Contract Representative Telephone Number	Desiree Alfaro (909) 388-0932
Contractor	Riverside – San Bernardino County Indian Health, Inc.
Contractor Representative	Vernon Motschman
Telephone Number	(909) 864-1097
Contract Term	July 1, 2020 through June 30, 2026
Original Contract Amount	\$2,500,000
Amendment Amount	\$500,000
Total Contract Amount	\$3,000,000
Cost Center	9203362200
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1:

It is hereby agreed to amend Contract No. Contract No. 20-321, as follows:

- I. ARTICLE IV. FUNDING AND BUDGETARY TERMS, paragraph H is hereby amended to read as follows:
 - The contract amendment amount of \$500,000 shall increase the total contract amount from \$2,500,000 to the amount not to exceed \$3,000,000 for the contract term.
- II. ARTICLE XIII. <u>DURATION and TERMINATION</u>, paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2020 through June 30, 2026 inclusive.
- III. ARTICLE XVI. PERSONNEL, Paragraph L, is hereby added to read as follows:

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

Contractor has disclosed to the County using Attachment III – Levine Act – Campaign Contributions (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 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 Purchasing Department. 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 County elected officer for 12 months after the County's consideration of the Contract.

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. This amendment hereby adds revised Schedules A and B for Fiscal Years 2025-2026.
- V. ATTACHMENT III CAMPAIGN CONTRIBUTION DISCLOSURE (SB 1439) is hereby replaced with the Levine Act Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached.

All other terms and conditions of Contract No. 20-321 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	Riverside – San Bernardino County Indian Health, Inc. (Print or Type Anime of corporation, company, contractor, etc.) By (Authorized signature - sign in blue ink)
Dated: MAY 2 0 2025 SIGNED AND CERTIFIED THAT A COPY OF THIS	Name Bill Thomsen (Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO THE	
CHAIRMAN OF THE BOARD	Title CEO
OF SULynna Monell	(Print or Type)
Clerk of the Board of Supervisors San Bernarono County	Dated:
By AN BEZ ARTIE	Address 11980 Mt. Vernon Ave.,
Ceputy 3	Grand Terrace, CA 92313
1855	
ARDINO COLLEGA	

FOR COUNTY USE ONLY		
Approved aby Legal Form	Reviewerfor Contract Compliance	Reviewed/Approved by Department
Dawn Martin	Michael Shim	Scoraina Yoshioka
Dawn Martin, Deputy County Counsel	Michael Shin, Contracts Manager	Georgina Xashioka, Director
Date 5/6/2025	Date 5/6/2025	Date 5/6/2025

Riversido-San Bernardino Contractor:Name: County Indian Health, inc Contract # 28-321
Address: 11980 Mount Vernon Ave.
Grand Terrace, Ce 92313 Date Form Completed: SAN BERNARDING COUNTY DEPARTMENT OF BEHAVIORAL HEALTH PREVENTION AND EARLY INTERVENTION FY 2025 - 2026 July 1, 2025 to June 30, 2026 Actual Cost Contract (cost reimbursement) Vernon Motschman SCHEDULE A. Planning Estimates Prepared by

	PEI County Program:		NATIVE AMERICAN RESOURCE CENTER	ESOURCE CE	NTER			Γ
	State Defined Program:	ogram: PREVI	PREVENTION and EARLY INTERVENTION	ARLY INTERV	INTION	-52		
	Distribution	10,00%	10:00%	2000%	30.00%			
		Mod	Mode 15		Mode 45			
		Early Interver	Early Intervention Services	breventio	Prevention Services		TOTAL	
*	COMPONENTS	Case Management 01-09	Mental Health Services 10-19; 30-38;	Mental Health Promotion 10-19	Community Clent Services 20-29			
1	EXPENSES							
2	SALARIES	\$ 27.305	\$ 27:305	\$ 138.525	\$ 81915		18 273 050	050
£13	BENEFITS			39.570				79 139
*	(2+3 must oqual total staffing costs)			10	\$ 105,657		100	189
ND.	OPERATING EXPENSES	14.781	5 14,781	\$ 73,906	5 44.343		147,811	611
9	TOTAL EXPENSES (2+3+5)			60)				000
1	AGENCY REVENUES							
60	PATIENT FEES						65	
œ	PATIENT INSURANCE						46	,
10	GRANTSOTHER						w	
11	TOTAL AGENCY REVENUES (8+9+10)			1 40	00		105	
12	CONTRACT AMOUNT (6-11)	\$ 50,000	\$ 50,000	\$ 250,000	\$ 150,000		\$ 500,000	000
13	FUNDING							
14	MHSA	\$ 50,000	\$ 50,000	\$ 250,000	\$ 150,000		000,008	000
16	TOTAL FUNDING	96	8 60,000	\$ 250,000	\$ 150,000		\$ 500,000	000
93	COUNTY CONTRACT RATE	2.20	2 99					e poor
117	TARGET COST PER UNIT OF SERVICE (Minutes)	5 0.87	50.07					
18	UNITS OF TIME (Minutes)	\$ 51,792	\$ 61,792					Γ
1.0	UNDUPLICATED PARTICIPANTS							
50	TOTAL UNDUPLICATED PARTICIPANTS		176	525	878		1,	,751
51	COST PER UNDUPLICATED PARTICIPANT	\$ 285.71	\$ 285.71	\$ 476.19	\$ 171.23		\$ 285	285.55
77	SERVICES							
23	TOTAL SERVICES							2.544
\$	COST PER TOTAL SERVICES	\$ 126.26	\$ 218.30	\$ 347.22	\$ 125.00		\$ 186	196.54
APPROVED								
MOZ	Mo Zayed Apr 22, 202	1 22, 2025 Talma Andrigues	E Bridge	Apr 22, 2025	Teanine Wymer	Wymaer	Apr 22, 2025	52
PROVIE	PROVIDER AUTHORIZED SIGNATURE DATE	DBH FISCAL SERVICES	ERVICES	DATE	DBH PROGRAM MANAGER	MANAGER	DATE	
Mo Zayed	yed	Thelma Rodriguez	odriguez		Jean	Jeanine Wymer		
ľ	PROVIDER AUTHORIZED SIGNER (PRINT NAME)	DBH FISCA	DBH FISCAL SERVICES (PRINT NAME)	RINT NAME)	DBH	obh program Manager (print name)	(PRINT NAME)	

Page 1 of 1

SAN BERNARDING COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Docusign Envelope ID: C849ECD0-9CD9-4520-9F18-3C8C8394B08E

STAFFING DETAIL

FY 2025 - 2026

July 1, 2025 to June 30, 2026

(12 months)

Contractor Name: Health, inc Contract # 2020

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

Schedule B

Riverside-San Bernardino County Indian Health, inc CONTRACTOR NAME:

		8,632	352,189	COSTA:						
79,139	273,050			TOTAL						
0	0	0	0	0.00%	0					
0	0	0	0	0.00%	0					
0	G	0	0	0.00%	0					
0	0	0	0	0.00%	0					
0	0	0	0	0.00%	0					
0	0	0	0	0.00%	0					
13,874	48,000	2,080	61,874	100.00%	61,874	13,874	48,000	Office Assistant	Diplama/Degree	arah Fonceca
15,080	52,000	2,080	67,080	100.00%	67,080	15,080	52,000	Prevention Educator	Diplama/Degree	atalie Fumaker
15,080	52,000	2,080	67,080	100.00%	67,080	15,080	52,000	Prevention Educator	Bachelors Degree	ecilis White
13,572	46,800	1.248	60,372	%00'09	100,620	22,620	78,000	Licensed Clinical Social Worker	resw	ie Andrews
21,533	74,250	1.144	95,783	55.00%	174,150	39,150	135,000	Program Coordinator	LADC	emon Matschnan
Total Benefits Charged to Contract Services	Total Salaries Charged to Contract Services	Service Hours of Contract Services	Total Salaries and Service Hours to Contract Services Services	% Time Spent on Contract Services	Total Pull Time Salaries & Benefits	Full Time Fringe Benefits	Full Time Anattal Salary	Position Tide	Degree/ Litense	Name

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

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Vernon Motschman

Riverside-San Bernardino County Indian

Contractor Name: Health, inc Region Contract#20-21

Address: 11980 Mount Vernon Ave. Grand Terrace, Cs 92313

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. Date Form Completed: Updated Title: Coordinator

July 1, 2025 to June 30, 2026

	1TEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
4-	1 Office supplies	\$7,000	% 0	0\$	100%	000'2\$
2	Educational supplies	\$20,000	%0	0\$	100%	\$20,000
ო	Promotional items	\$10,000	%0	0\$	100%	\$10,000
4	Transportation	\$15,956	%0	0\$	100%	\$15,956
ည	5 Communications	\$7,000	% 0	0\$	100%	000'2\$
φ	Staff training	\$12,000	%0	0\$	100%	\$12,000
7	Equipment	\$1,900	%0	\$0	100%	\$1,900
60	Duplication	\$1,500	960	0\$	100%	\$1,500
ග	9 Consultants	\$27,000	%0	0\$	100%	\$27,000
9	10 Indirect Cost	\$45,455	%0	0\$	100%	\$45,455
1			%0	0\$	100%	0\$
12			%0	0\$	100%	0\$
13			%0	0\$	100%	\$
4			%0	0\$	100%	0\$
3	SUBTOTAL B:	\$147,811		\$0		\$147,811
GA	GROSS TOTAL STAFFING AND OPERAT	D OPERATING COSTS	S			\$500,000

, g 31

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAWORAL HEALTH SCHEDULE B BUDGET NARRATIVE

FY 2025 - 2026

Riverside-San Bernardino County Contractor Name: Indian Health, inc

Region
Contract # 20-321
Address: 11980 Mount Vernon Ave.
Grand Terrace, Ce 92313

Date Form Completed:

Updated

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.

Prepared by. Vernon Motschman

Title: Coordinator

July 1, 2025 to June 30, 2026

MAL	Tracking of Crast
1 Office supplies	Purchase of print paper, ink, deaning supplies, notebooks, sticky pads, etc. = \$7,000.00
2 Educational supplies	Pamphlets, books, DVD's, therapy materials, posters, group materials= \$20,000.00
3 Promotional items	Purchase of pens, water bottle, cups, shirts, portfolios, sticky pads, etc.= \$7,000.00
4 Transportation	Lease of GSA vehicles for 1 fiscal year 15,956.00
5 Communications	Staff celiphone, telephone and fax = \$7,000.00
6 Staff training	Staff training for CEU, cultural competency training and evidence base model training= \$12,000.00
7 Equipment	Software= \$1,900.00
8 Duplication	Lease of duplication machine for fiscal year= \$1,500.00
9 Consultants	Consultant for collaboration on mental health event, food and supends for events during fiscal year= \$27,000.00
10 Indirect Cost	Indirect cost for FY 2025-2026 is based on \$ 500,000.001.10 = \$ 45,455.00
11	
12	
13	
14	

SAN BERNARDING COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

SCHEDALE B FY 2025 - 2026 July 1, 2025 to June 30, 2026

Contractor Name: Péverside-San Bernardino County Indian Health, înc Region Contract, \$ 20.221 Address: 11980 Mount Vernon Ave. Gread Torsoo, Ca 02313

Date Form Completed: Updated

| Case Management | Miles | Participant Count | Program | Mental | Colont | Program | Miles | Promption | Services | 1/21 | 1/25 | 1/25 |

PEI County Program: NATIVE AMERICAN RESOURCE CENTER

		S	State Defin	efined Program	ram: PR	EVENTIC	e Defined Program: PREVENTION and EARLY INTERVENTION	EARLY INTER	TERVENTIO	TON				
Service Projections for.		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	TOTAL
Easty Intervention	Case Management	8	33	33	33	33	33	33	33	33	33	33	939	386
Services	Mental Neatth Services	<u>6</u>	16	0	10	19	10	16	18	16	đ.	*	40	228
Mental Health Promotion		89	8	99	60	60	60	99	89	99	09	90	80	720
Community Offert Services	25	901	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-18	Aup-18	Sep-18	Oct-18	Nov-18	Dec-18	J8n-19	Feb-19	Mar-19	Apr-18	May-10	Jun-19	TOTAL
Early intervention	Case Management	R	22	72	22	22	22	72	72	72	72	72	22	863
Services	Mental Health Services	22	72	72	7.2	72	72	72	72	72	72	72	72	863
Martal Hoalth Promotion		360	090	360	360	980	360	360	390	360	360	340	980	4,316
Community Client Services	2	216	216	216	216	216	216	218	218	216	216	216	216	2,590
TOTAL		718	719	719	719	719	719	718	ar.	719	719	719	719	8,632
Cost Projections for:		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb. 19	Mar-10	Apr. 18	May-19	Jun-19	TOTAL
Early Intercention	Case Management	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,187	\$ 4,167	\$ 4,167	\$ 50,000
Services	Wentel Health Services	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,167	\$ 4,187	\$ 4,187	\$ 4,167	\$ 4,187	\$ 50,000
Mental Health Promotion		\$ 20,833	\$ 20,633	\$ 20,633	\$ 20,833	\$ 20,633	\$ 20,603	\$ 20,633	\$ 20,633	\$ 20,633	\$ 20,633	\$ 20,633	\$ 20,833	\$ 250,000
Community Cient Services	2	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 12,500	\$ 150,000
TOTAL		\$ 41,867	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,687	\$ 41,667	\$ 41,687	\$ 41,667	\$ 41,687	\$ 41,667	\$ 500,000

Page 4 of 4



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 Assessor-Recorder-Clerk, District Attornev. Auditorelected officer [Sheriff, other County 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, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidiary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

<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 respond
N/A or Not Applicable.	

۱.	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, <u>if</u> the individual actively supports the matter <u>and</u> has a financial interest in the decision: <u>Bill Thomsen</u>
1.	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): $_{\rm N/a}$

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 <u>and</u> (2) has a financial interest in the decision <u>and</u> (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 <u>and</u> (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/a	

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.

10. Name of Board of Supervisor Member or other County elected officer:

Name of Contributor:

Date(s) of Contribution(s):

Amount(s):

Yes \Box If yes, please continue to complete this form.

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.