



Contract Number

20-321 A-1

SAP Number

Department of Behavioral Health

Department Contract Representative	Desiree Alfaro
Telephone Number	(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. 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 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

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
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 _____ Bill Thomsen
(Print or type name of person signing contract)

Title _____ CEO
(Print or Type)

Dated: _____

Address _____ 11980 Mt. Vernon Ave.,

Grand Terrace, CA 92313

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► _____ Dawn Martin, Deputy County Counsel	► _____ Michael Shin, Contracts Manager	► _____ Georgina Yoshioka, Director
Date _____	Date _____	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 # 20-321
Address: 11980 Mount Vernon Ave.
Grand Terrace, Ca 92313
Date Form Completed:
Updated:

Prepared by: Vernon Motschman
Title: Coordinator

**FY 2025 - 2026
July 1, 2025 to June 30, 2026**

	PEI County Program: NATIVE AMERICAN RESOURCE CENTER State Defined Program: PREVENTION and EARLY INTERVENTION							TOTAL
		Distribution	10.00%	10.00%	50.00%	30.00%		
			Mode 15		Mode 45			
			Early Intervention Services		Prevention Services			
		COMPONENTS	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	\$ 27,305	\$ 27,305	\$ 136,525	\$ 81,915	\$ 273,050	
3		BENEFITS	\$ 7,914	\$ 7,914	\$ 39,570	\$ 23,742	\$ 79,139	
4		(2+3 must equal total staffing costs)	\$ 35,219	\$ 35,219	\$ 176,095	\$ 105,657	\$ 352,189	
5		OPERATING EXPENSES	\$ 14,781	\$ 14,781	\$ 73,906	\$ 44,343	\$ 147,811	
6		TOTAL EXPENSES (2+3+5)	\$ 50,000	\$ 50,000	\$ 250,000	\$ 150,000	\$ 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	\$ 250,000	\$ 150,000	\$ 500,000	
13		FUNDING						
14		MHSA	\$ 50,000	\$ 50,000	\$ 250,000	\$ 150,000	\$ 500,000	
15		TOTAL FUNDING	\$ 50,000	\$ 50,000	\$ 250,000	\$ 150,000	\$ 500,000	
16		COUNTY CONTRACT RATE	\$ 2.20	\$ 2.99				
17		TARGET COST PER UNIT OF SERVICE (Minutes)	\$ 0.97	\$ 0.97				
18		UNITS OF TIME (Minutes)	\$ 51,792	\$ 51,792				
19		UNDULICATED PARTICIPANTS						
20		TOTAL UNDULICATED PARTICIPANTS	175	175	525	876	1,751	
21		COST PER UNDULICATED PARTICIPANT	\$ 285.71	\$ 285.71	\$ 476.19	\$ 171.23	\$ 285.55	
22		SERVICES						
23		TOTAL SERVICES	396	228	720	1,200	2,544	
24		COST PER TOTAL SERVICES	\$ 126.26	\$ 219.30	\$ 347.22	\$ 125.00	\$ 196.54	

APPROVED:

<u>Mo Zayed</u> Mo Zayed (Apr 22, 2025 15:41 PDT)	Apr 22, 2025	<u>Thelma Rodriguez</u> Thelma Rodriguez (Apr 22, 2025 15:41 PDT)	Apr 22, 2025	<u>Jeanine Wymer</u> Jeanine Wymer (Apr 22, 2025 15:41 PDT)	Apr 22, 2025
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 2025 - 2026

July 1, 2025 to June 30, 2026

(12 months)

Riverside-San Bernardino County Indian

Contractor Name: Health, inc

Contract # 2032

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	LADC	Program Coordinator	135,000	39,150	174,150	55.00%	95,783	1,144	74,250	21,533
Julie Andrews	LCSW	Licensed Clinical Social Worker	78,000	22,620	100,620	60.00%	60,372	1,248	46,800	13,572
Cecilia White	Bachelors Degree	Prevention Educator	52,000	15,080	67,080	100.00%	67,080	2,080	52,000	15,080
Natalie Fumaker	Diploma/Degree	Prevention Educator	52,000	15,080	67,080	100.00%	67,080	2,080	52,000	15,080
Sarah Fonceca	Diploma/Degree	Office Assistant	48,000	13,874	61,874	100.00%	61,874	2,080	48,000	13,874
					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	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
									273,050	79,139

	TOTAL COST A:	352.189	8.63
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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

FY 2025 - 2026

Prepared by: Vernon Motschman
Title: Coordinator

Riverside-San Bernardino County Indian
Contractor Name: Health, Inc
Region
Contract # ~~20-31~~
Address: 11980 Mount Vernon Ave.
Grand Terrace, Ca 92313
Date Form Completed:
Updated

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, 2025 to June 30, 2026

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 Office supplies	\$7,000	0%	\$0	100%	\$7,000
2 Educational supplies	\$20,000	0%	\$0	100%	\$20,000
3 Promotional items	\$10,000	0%	\$0	100%	\$10,000
4 Transportation	\$15,956	0%	\$0	100%	\$15,956
5 Communications	\$7,000	0%	\$0	100%	\$7,000
6 Staff training	\$12,000	0%	\$0	100%	\$12,000
7 Equipment	\$1,900	0%	\$0	100%	\$1,900
8 Duplication	\$1,500	0%	\$0	100%	\$1,500
9 Consultants	\$27,000	0%	\$0	100%	\$27,000
10 Indirect Cost	\$45,455	0%	\$0	100%	\$45,455
11		0%	\$0	100%	\$0
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
SUBTOTAL B:	\$147,811		\$0		\$147,811
GROSS TOTAL STAFFING AND OPERATING COSTS					\$500,000

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL 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, Ca 92313 _____

Date Form Completed: _____

Updated _____

Prepared by: Vernon Motschman
Title: 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, 2025 to June 30, 2026

ITEM	Justification of Cost
1 Office supplies	Purchase of print paper,ink, cleaning 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 cellphone, 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 stipends for events during fiscal year= \$27,000.00
10 Indirect Cost	Indirect cost for FY 2025-2026 is based on \$ 500,000.00/1.10 =\$ 45,455.00
11	
12	
13	
14	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2025 - 2026**

July 1, 2025 to June 30, 2026

Contractor Name: Riverside-San Bernardino County Indian Health, Inc
Region
Contract # 20-321
Address: 11980 Mount Vernon Ave.
Grand Terrace, Ca 92313
Date Form Completed:
Updated

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-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	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-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	TOTAL
Early Intervention Services	Case Management	72	72	72	72	72	72	72	72	72	72	72	72	863
	Mental Health Services	72	72	72	72	72	72	72	72	72	72	72	72	863
Mental Health Promotion		360	360	360	360	360	360	360	360	360	360	360	360	4,316
Community Client Services		216	216	216	216	216	216	216	216	216	216	216	216	2,590
TOTAL		719	719	719	719	719	719	719	719	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-19	Apr-19	May-19	Jun-19	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		\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 20,833	\$ 250,000
Community Client Services		\$ 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		\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 500,000



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 page. 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: Bill Thomsen
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):
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 and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and/or Agent(s):
N/a		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/a	

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No ☒ If **no**, please skip Question No. 10.

Yes ☐ If **yes**, please continue to complete this form.

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

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.