

Attachment A:
TMHA FY 21-24 First Amendment

**FIRST AMENDMENT
TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, referenced as **BC 21-078**, (hereafter First Amended Agreement) is made by and between the **County of Santa Barbara** (County or Department) and **Transitions-Mental Health Association** (Contractor) for the continued provision of services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

WHEREAS, on June 22, 2021, the County Board of Supervisors authorized the County to enter into an Agreement for Services of Independent Contractor with **Transitions-Mental Health Association**, referred to as BC 21-078, for the provision of mental health services for a total maximum contract amount not to exceed \$5,271,572, inclusive of \$1,763,100 for FY 21-22, \$1,741,196 for FY 22-23, and \$1,767,276 for FY 23-24, for the period of July 1, 2021 through June 30, 2024;

WHEREAS, on June 30, 2021, the Behavioral Wellness Director, under Board-delegated authority, amended Exhibit E (Goals, Outcomes, and Measures) of the FY 21-24 Agreement for Services of Independent Contractor, replacing Exhibit E in its entirety; and

WHEREAS, this First Amended Agreement adds two new programs (LEAD and Growing Grounds); updates staffing for all programs; renames the Recovery Learning Centers to Wellness Centers; renames Supportive Community Services to North Community Full-Service Partnership; increases the budget for the Wellness Centers; adds client expense funds for Full-Service Partnerships (FSPs); implements California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform changes to the Agreement through the addition of a new Exhibit B-MHS (Financial Provisions) for FY 23-24, new Exhibit B-1-MHS (Schedule of Rates and Contract Maximum) for FY 23-24, new Exhibit B-2 (Entity Budget by Program) for FY 23-24, and Exhibit B-3 (Entity Rates and Codes by Service Type) for FY 23-24; and adds \$1,208,563, for a new total maximum contract amount not to exceed **\$6,480,135** (inclusive of \$1,763,100 for FY 21-22, \$1,989,075 for FY 22-23, and \$2,727,960 for FY 23-24) for the period of July 1, 2021 through June 30, 2024.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

- I. Delete Exhibit A-1 MHS General Provisions, Section 17 (Additional Program Requirements) and replace with the following:**

17. ADDITIONAL PROGRAM REQUIREMENTS.

- A. Beneficiary Handbook.** Contractor shall provide the County of Santa Barbara Beneficiary Handbook to each potential beneficiary and beneficiary in an approved method listed in the *Department of Behavioral Wellness' Policy and Procedures #4.008 Beneficiary Information Materials* when first receiving Specialty Mental Health Services and upon request. Contractor shall document the date and method of delivery to the beneficiary in the beneficiary's file. Contractor shall inform

beneficiaries that information is available in alternate formats and how to access those formats. (1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), at p. 26, attachments 3, 4; Cal. Code Regs., tit. 9, § 1810.360(e); 42 C.F.R. § 438.10.)

- B. Written Materials in English and Spanish.** Contractor shall provide all written materials for beneficiaries and potential beneficiaries, including provider directories, County of Santa Barbara Beneficiary Handbook, appeal and grievance notices, denial and termination notices, and Santa Barbara County's mental health education materials, in English and Spanish as applicable. (42 C.F.R. § 438.10(d)(3).) Contractor shall maintain adequate supply of County-provided written materials and shall request additional written materials from County as needed.
- C. Maintain Provider Directory.** Contractor shall maintain a provider directory on its agency website listing licensed individuals employed by the provider to deliver [mental health] services; the provider directory must be updated at least monthly to include the following information:
1. Provider's name;
 2. Provider's business address(es);
 3. Telephone number(s);
 4. Email address;
 5. Website as appropriate;
 6. Specialty in terms of training, experience and specialization, including board certification (if any);
 7. Services/ modalities provided;
 8. Whether the provider accepts new beneficiaries;
 9. The provider's cultural capabilities;
 10. The provider's linguistic capabilities;
 11. Whether the provider's office has accommodations for people with physical disabilities;
 12. Type of practitioner;
 13. National Provider Identifier Number;
 14. California License number and type of license; and
 15. An indication of whether the provider has completed cultural competence training.
- D. Policy and Procedure #2.001.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #2.001 Network Adequacy Standards and Monitoring.*
- E. Policy and Procedure #3.000.** Contractor shall comply with *Department of*

Behavioral Wellness' Policy and Procedures #3.000 Beneficiary Rights.

- F. Policy and Procedure #3.004.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #3.004* on advance directives and the County's obligations for Physician Incentive Plans, as applicable.
- G. Policy and Procedure #4.000.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #4.000 Authorization of Outpatient Specialty Services.*
- H. Policy and Procedure #4.001.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #4.001 Authorization of Therapeutic Behavioral Services (TBS), applicable to providers providing children services.*
- I. Policy and Procedure #4.008.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #4.008 Beneficiary Information Materials.*
- J. Policy and Procedure #4.012.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #4.012 Contracted Provider Relations.*
- K. Policy and Procedure #4.014.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #4.014 Service Triage for Urgent and Emergency Conditions.*
- L. Policy and Procedure #5.008.** Mandatory Trainings Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #5.008 Mandatory Training.*
- M. Policy and Procedure #8.100.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #8.100 Mental Health Client Assessment.*
- N. Policy and Procedure #8.101.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #8.101 Mental Health Client Treatment Plans.*
- O. Policy and Procedure #8.102.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #8.102 Mental Health Progress Notes.*
- P. Policy and Procedure #19.004.** Contractor shall comply with *Department of Behavioral Wellness' Policy and Procedures #19.004 MHSA Full Service Partnership Services.*
- Q. Accessibility.** Contractor shall ensure that it provides physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities. (42 C.F.R. § 438.206(b)(1) and (c)(3).)
- R. Hours of Operation.** Contractor shall maintain hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which Contractor offers services to non-Medi-Cal beneficiaries. If Contractor only offers services to Medi-Cal beneficiaries, maintain hours of operation which are comparable to the hours Contractor makes available for Medi-Cal services not covered by County or another Mental Health Plan.

- S. **Access to Routine Appointments.** Contractor shall provide access to routine appointments (1st appointment within 10 business days). When not feasible, Contractor shall give the client the option to re-contact the County's Access team toll free at (888) 868-1649 and request another provider who may be able to serve the client within the 10 business day standard.
- T. **Hold Harmless.** Contractor agrees to hold harmless the State and beneficiaries in the event the County cannot or does not pay for services performed by the Contractor.
- U. **Client Assessment, Problem List, and Treatment Plan (or Treatment Plan Progress Note).** Contractor shall complete an Assessment, Problem List, and Treatment Plan (or Treatment Plan Progress Note for targeted case management and peer support services) for each client receiving Program services in accordance with CalAIM requirements, applicable Behavioral Wellness Policies and Procedures, and the Behavioral Wellness Clinical Documentation Manual available at <https://www.countyofsb.org/behavioral-wellness/asset.c/5670>.

II. Delete Section 5 (Staffing) of Exhibit A-2 Statement of Work: MHS – Peer Technology Suite and replace with the following:

- 5. **STAFFING.** Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.
 - A. For FY 21-23, Contractor shall provide 0.86 full-time equivalent (FTE) positions for the operation of the Program consisting of the following:
 - 1. 0.10 FTE Program Manager to provide administrative oversight and management of the Wellness Centers and Technology Suite Program and its operations.
 - 2. 0.76 FTE Computer Lab Technicians/Teachers (0.38 at each Wellness Center Computer Lab location) to teach computer classes and offer computer/technology support to participants/users.
 - B. For FY 23-24, Contractor shall provide 0.88 full-time equivalent (FTE) positions for the operation of the Program consisting of the following:
 - 1. 0.10 FTE Program Manager to provide administrative oversight and management of the Wellness Centers and Technology Suite Program and its operations.
 - 2. 0.38 FTE Computer Lab Technicians/Teachers to teach computer classes and offer computer/technology support to participants/users.
 - 3. 0.40 FTE Support Host with duties to include, but not limited to, member oversight, group facilitation, meal preparation/lunches, and providing transportation to community members to access Wellness Center services.

III. Delete the heading and Section 1 (Program Summary) of Exhibit A-3 Statement of Work: MHS Recovery Learning Center and Family Advocates and replace with the following:

**EXHIBIT A-3
STATEMENT OF WORK: MHS
WELLNESS CENTERS AND FAMILY ADVOCATE**

- 1. PROGRAM SUMMARY.** The Contractor shall provide Santa Maria Wellness Center and Helping Hands of Lompoc Wellness Center (Wellness Centers) and Family Advocate services (hereafter “the Programs”), providing a combination of wellness and recovery-oriented services to persons with severe mental illness (SMI) (hereafter “clients”) and outreach, linkage to care, and recovery-oriented activities to their families (collectively referred to hereafter as “Participants”). The Wellness Centers are peer-run programs to provide peer services to consumers and family members to build bridges to local communities, engage natural community supports, and provide peer representation at the bi-monthly Consumer Family Member Action Team. The Wellness Centers will offer a variety of support groups, including job clubs, and support in developing coping skills, vocational support, and support in building a social network. Wellness Centers are linguistically and culturally capable of providing services to Spanish-speaking consumers who represent a large underserved ethnic population in Santa Barbara County. The Programs shall be headquartered at the location(s) set forth in this Section 1 (Program Summary) unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to the service location(s) do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.
- A.** Helping Hands of Lompoc located at Home Base on G – 513 N. G Street, Lompoc, California; and
 - B.** Santa Maria Wellness Center located at Rancho Hermosa – 225 E. Inger Drive, Suites 101 A & B, Santa Maria, California.

IV. Delete Section 6 (Staffing) of Exhibit A-3 Statement of Work: MHS Recovery Learning Center and Family Advocates and replace with the following:

- 6. STAFFING.** Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.
- A.** For FY 21-23, Contractor shall provide staff for the operation of the Program consisting of the following:
 - 1. Contractor shall staff the Helping Hands of Lompoc Wellness Center with 4.31 full-time equivalent (FTE) positions for the operation of the Program consisting of the following staff:
 - i. 0.08 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes, and reports.

- ii. 0.53 FTE Program Manager to provide administrative oversight and management of the Wellness Center program and operations.
 - iii. 0.80 FTE Program Supervisor responsible for day to day operations, providing direct services, and developing programming.
 - iv. 0.75 FTE Assistant Center Supervisor to provide direct services, oversee members and activities, and develop calendars.
 - v. 1.0 FTE Family Advocate to provide individual/group family support, parenting classes, and mental health/justice system navigation.
 - vi. 1.15 FTE Program Host with duties to include, but not limited to, member oversight, group facilitation, meal preparation/lunches, and providing transportation to community members to access Wellness Center services.
- 2 Contractor shall staff the Santa Maria Wellness Center with 4.52 FTE positions for the operation of the Program consisting of the following staff:
- i. 0.06 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes, and reports.
 - ii. 0.53 FTE Program Manager to provide administrative oversight and management of the Wellness Center program and operations.
 - iii. 0.80 FTE Program Supervisor responsible for day to day operations, providing direct services, and developing programming.
 - iv. 0.75 FTE Assistant Center Supervisor to provide direct services, oversee members and activities, and develop calendars.
 - v. 1.0 FTE Family Support Specialist to provide individual/group family support, parenting classes, and mental health/justice system navigation.
 - vi. 1.38 FTE Support Host with duties to include, but not limited to, member oversight, group facilitation, meal preparation/lunches, and providing transportation to community members to access Wellness Center services.
- B.** For FY 23-24, Contractor shall provide staff for the operation of the Program consisting of the following:
- 1. Contractor shall staff Helping Hands of Lompoc with 5.03 full-time equivalent (FTE) positions for the operation of the Program consisting of the following staff:
 - i. 0.10 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes, and reports.
 - ii. 0.53 FTE Program Manager to provide administrative oversight and management of the Wellness Center program and operations.
 - iii. 1.0 FTE Program Supervisor responsible for day to day operations, providing direct services, and developing programming.
 - iv. 0.75 FTE Assistant Center Supervisor to provide direct services, oversee members and activities, and develop calendars.
 - v. 1.0 FTE Family Support Specialist to provide individual/group family

support, parenting classes, and mental health/justice system navigation.

vi. 1.55 FTE Support Host with duties to include, but not limited to, member oversight, group facilitation, meal preparation/lunches, and providing transportation to community members to access Wellness Center services.

vii. 0.10 FTE Executive Assistant.

2 Contractor shall staff the Santa Maria Wellness Center with 5.16 FTE positions for the operation of the Program consisting of the following staff:

i. 0.10 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes, and reports.

ii. 0.53 FTE Program Manager to provide administrative oversight and management of the Wellness Center program and operations.

iii. 1.0 FTE Program Supervisor responsible for day to day operations, providing direct services, and developing programming.

iv. 0.75 FTE Assistant Center Supervisor to provide direct services, oversee members and activities, and develop calendars.

v. 1.0 FTE Family Support Specialist to provide individual/group family support, parenting classes, and mental health/justice system navigation.

vi. 1.68 FTE Support Host with duties to include, but not limited to, member oversight, group facilitation, meal preparation/lunches, and providing transportation to community members to access Wellness Center services.

vii. 0.10 FTE Executive Assistant.

C. During situations when the Support Host Program staff are absent, depending on availability, Contractor may choose to cover some of the Program hours with volunteers or relief workers paid via incentive cards or stipends in accordance with applicable law and all staffing requirements in this Agreement.

D. All Program staff shall have experience in leading client activities and shall demonstrate responsiveness to Participant issues and concerns.

E. Contractor shall ensure the Computer Lab is staffed by a minimum of 0.38 FTE Computer Lab Technicians at all times during operating hours.

V. **Delete the heading and Section 1 (Program Summary) of Exhibit A-4 Statement of Work: MHS Supportive Community Services – North and replace as follows:**

**EXHIBIT A-4
STATEMENT OF WORK: MHS**

1. **North Community Full Service Partnership (FSP) PROGRAM SUMMARY.** The North Community Full-Service Partnership (hereafter Program) shall provide individuals 18 years of age or older, 24 hours, 7 days a week, 365 days a year response outpatient mental health to individuals in mental health crisis, treatment, rehabilitative and supportive services to clients "in vivo" in regular community settings (e.g., home, apartment, job site) through a

full-service partnership (FSP) model. Program clients have significant personal difficulties functioning in major life domains such as maintaining affordable safe and stable housing, meaningful daily pursuits such as employment and job placement as well as satisfying interpersonal relationships. The role of the FSP team is to address the rehabilitation needs of clients in these key domain areas so as to stabilize their housing and enhance the wellbeing of the clients by also addressing these other key domain areas. This program requires a flexible approach to program delivery using a whatever-it-takes principal. The Program will be located at:

A. 1265 Furukawa Way, Santa Maria, CA 93458.

VI. Add a new subsection R under Section 3 (Services) of Exhibit A-4 Statement of Work: MHS – North Community Full Service Partnership (FSP) as follows:

R. Full Service Partnership (FSP) Service Requirements.

Contractor shall, when they have the capacity, provide clients who have FSP agreements with a full spectrum of community services including, but not limited to, the following mental health services and supports:

1. Mental health treatment, including alternative, culturally specific treatments;
2. Peer support;
3. Wellness centers;
4. Alternative treatment and culturally specific treatment approaches;
5. Personal service coordination/case management to assist the client (and, when appropriate, the client's family) in accessing needed medical, educational, social, vocational, rehabilitative, and/or other community services;
6. Needs assessments;
7. Individual Service and Support Plan (ISSP), or Treatment Plan, development;
8. Crisis intervention/stabilization services;
9. Non-mental health services and supports, including but not limited to:
 - i. Food;
 - ii. Clothing;
 - iii. Housing, including but not limited to:
 - a. Rent subsidies;
 - b. Housing vouchers;
 - c. House payments;
 - d. Residence in drug/alcohol rehabilitation programs and transitional and temporary housing;
 - e. Cost of health care treatment;
 - f. Cost of treatment of co-occurring conditions, such as substance abuse; and/or
 - g. Respite care.

VII. Delete Section 4 (Admission Criteria) of Exhibit A-4 Statement of Work: MHS – North Community Full Service Partnership (FSP) and replace with the following:

4. ADMISSION CRITERIA. Clients selected for participation in the FSP service category shall be eighteen years of age and older and must meet the following eligibility criteria:

A. Adults must meet criteria for a serious mental disorder and must meet one of the following:

1. Be unserved and one of the following:
 - i. Homeless or at risk of becoming homeless;
 - ii. Involved in the criminal justice system; or
 - iii. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
2. Be unserved and at risk of one of the following:
 - i. Homelessness;
 - ii. Involvement in the criminal justice system; or
 - iii. Institutionalization.

B. Older adults must meet criteria for serious mental disorder and must meet one of the following criteria:

1. Be unserved and one of the following:
 - i. Experiencing a reduction in personal and/or community functioning;
 - ii. Homeless;
 - iii. At risk of becoming homeless;
 - iv. At risk of becoming institutionalized;
 - iv. At risk of out-of-home care; or
 - v. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
2. Be underserved and at risk of one of the following:
 - i. Homelessness;
 - ii. Institutionalization;
 - iii. Nursing home or out-of-home care;
 - iv. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment; or
 - v. Involvement in the criminal justice system.

VIII. Delete Section 9 (Staffing Requirements) of Exhibit A-4 Statement of Work: MHS – North Community Full Service Partnership (FSP) and replace with the following:

9. STAFFING. Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a

formal amendment to this Agreement and shall not alter the Maximum Contract Amount. Contractor shall provide 24 hours staff availability 7 days a week for on-call staff response.

- A.** The Program shall include qualified bilingual and bicultural clinicians and staff able to meet the diverse needs represented in the local community. Hiring activities to meet this goal shall be a major operational priority of the Program. As needed, the Supportive Community Team shall have access to qualified interpreters and interpreter services experienced in behavioral healthcare, appropriate to the needs of the clients served. In the event that the Program must seek interpretation services outside of the Supportive Community Team, Contractor shall maintain a list of qualified interpreters to assist in providing this service.
- B.** In hiring all positions for the Program, Contractor shall give strong consideration to qualified individuals who are or have been recipients of mental health services.
- C.** Staff shall work collaboratively with Behavioral Wellness Psychiatrists who are program-based to deliver necessary services.
- D.** Program staff shall be licensed mental health professionals or waived/registered professionals as defined in Title 9 CCR Sections 1810.223 and 1810.254, respectively; licensed professional clinical counselors as defined in Business and Professions Code section 4999.12; or graduate student interns/trainees or interns/trainees, Mental Health Rehabilitation Specialists (MHRS), Qualified Mental Health Workers (QMHW), or Mental Health Workers (MHW) as specified below.
 - 1. Licensed mental health professional under 9 CCR Section 1810.223 means:
 - i. Licensed physicians;
 - ii. Licensed psychologists;
 - iii. Licensed clinical social workers;
 - iv. Licensed marriage and family therapists;
 - v. Licensed psychiatric technicians;
 - vi. Registered Nurses; and
 - vii. Licensed Vocational Nurses.
 - 2. Waivered/Registered Professional under 9 CCR section 1810.254 means an individual who:
 - i. Has a waiver of psychologist licensure issued by DHCS; or
 - ii. Has registered with the corresponding state licensing authority for psychologists, marriage and family therapists, or clinical social workers to obtain supervised clinical hours for psychologist, marriage and family therapist, or clinical social worker licensure.
 - 3. Licensed Professional Clinical Counselor (LPCC) under Business and Professions Code section 4999.12 means a person licensed under chapter 16 of the Business and Professions Code to practice professional clinical counseling, as defined in Business and Professions Code section 4999.20.

4. Graduate Student Interns/Trainees and Interns/Trainees. Contractor may utilize interns or trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and under direct supervision as specified in *Behavioral Wellness Policy and Procedure #8.400, Clinical Supervision of Pre-Licensed Providers*, as may be amended.
 5. Mental Health Rehabilitation Specialist (MHRS) is defined in *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Re-Credentialing*, as may be amended.
 6. Qualified Mental Health Worker (QMHW) is defined in *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Re-Credentialing*, as may be amended.
 7. Mental Health Worker (MHW) is defined in *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Re-Credentialing*, as may be amended.
- E.** For FY 21-23, Contractor shall provide 10.80 Full Time Equivalent (FTE) staff consisting of at a minimum, the following staffing requirements:
1. 0.70 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes and reporting.
 2. 1.0 FTE Clinician participates in clinical operations: assessments, treatment planning, and provides individual and group therapy.
 3. 1.0 FTE Program Leader who is the clinical and administrative supervisor of the Program and who shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.
 4. 1.0 FTE Registered Nurse coordinates and implements medical treatment and services to clients in conjunction with medical provider.
 5. 1.0 FTE Psychiatric Technician or Licensed Vocational Nurse supports registered nurse, implements medical policies and procedures, conducts medical monitoring of clients.
 6. 1.0 FTE Master's level Lead Clinician Mental Health Professional to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assist with the provision of side-by-side supervision to staff, provide supportive counseling to individuals and families and work interchangeably with the Registered Nurses. The Lead Clinician will provide support and back-up to the Supportive Community Team Leader in his or her absence.
 7. 4.0 FTE Rehabilitation Specialists who shall be Qualified Mental Health Workers (QMHWs), with direct experience working with adults with mental illness or related training or life experiences. The following are required to be included as part of the four (4) Rehabilitation Specialist:
 - i. 2.0 FTE Rehabilitation Specialists shall have primary responsibility for assuring that supported employment services are integrated into the

Program's service delivery. These Rehabilitation Specialists shall have experience providing individualized job development and supported employment on behalf of persons with physical or mental disabilities or a related field.

- ii. 1.0 FTE Rehabilitation Specialist shall have responsibility for strengthening the Program's capacity to respond to the needs of clients with addictions disorders. This staff person shall help to support the Program's implementation of Integrated Treatment of Co-Occurring Disorders. This Rehabilitation Specialist shall have supervisory experience in providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
 - iii. 1.0 FTE Rehabilitation Specialist comprised of one full-time or several part-time staff who are or have been recipients of mental health services for serious mental illness. Peer Specialists may be individuals who do not meet the qualifications of QMHW, as described above, and may be classified as Mental Health Workers (MHW). MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this Agreement with prior approval of the Behavioral Wellness QCM Division and Contractor shall ensure the Peer Specialist(s) comply with all standards/requirements established by the Behavioral Wellness QCM Division. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.
- 8. 1.0 FTE Office Manager/Support who is responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, and providing receptionist activities including triaging calls and coordinating communication between the Supportive Community Team and clients.
 - 9. 0.10 FTE Quality Assurance Staff who is responsible for reviewing and training staff on County and Contractor policies and procedures, and who will conduct periodic chart reviews, including Medi-Cal documentation, assessments, and client treatment plans and attend the monthly County QIC meetings.
- F.** For FY 23-24, Contractor shall provide 11.63 Full Time Equivalent (FTE) staff consisting of at a minimum, the following staffing requirements:
- 1. 0.73 FTE Clinical Director to provide clinical and administrative oversight of teams, services, outcomes and reporting.
 - 2. 1.0 FTE Team Leader is the administrative supervisor of the Program and shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.

3. 1.05 FTE Master's level Lead Clinician Mental Health Professional to provide clinical leadership during Client Service Planning meetings, conduct psychosocial assessments, assist with the provision of side-by-side supervision to staff, provide supportive counseling to individuals and families and work interchangeably with the Registered Nurses. The Lead Clinician will provide support and back-up to the Supportive Community Team Leader in his or her absence.
4. 0.50 FTE Registered Nurses coordinate and implement medical treatment and services to clients in conjunction with medical provider. Oversee Psychiatric Technicians/Licensed Vocational Nurses within the program.
5. 2.0 FTE Psychiatric Technician or Licensed Vocational Nurse supports registered nurse, implements medical policies and procedures, conducts medical monitoring of clients.
6. 5.0 FTE Rehabilitation Specialists who shall be Qualified Mental Health Workers (QMHWs), with direct experience working with adults with mental illness or related training or life experiences. The following are required to be included as part of the four (4) Rehabilitation Specialist:
 - i. 2.0 FTE Rehabilitation Specialists shall have primary responsibility for assuring that supported employment services are integrated into the Program's service delivery. These Rehabilitation Specialists shall have experience providing individualized job development and supported employment on behalf of persons with physical or mental disabilities or a related field.
 - ii. 1.0 FTE Rehabilitation Specialist shall have responsibility for strengthening the Program's capacity to respond to the needs of clients with addictions disorders. This staff person shall help to support the Program's implementation of Integrated Treatment of Co-Occurring Disorders. This Rehabilitation Specialist shall have supervisory experience in providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
 - iii. 2.0 FTE Rehabilitation Specialist comprised of one full-time or several part-time staff who are or have been recipients of mental health services for serious mental illness. Peer Specialists may be individuals who do not meet the qualifications of QMHW, as described above, and may be classified as Mental Health Workers (MHW). MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this Agreement with prior approval of the Behavioral Wellness QCM Division and Contractor shall ensure the Peer Specialist(s) comply with all standards/requirements established by the Behavioral Wellness QCM Division. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate

in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.

7. 0.10 FTE Quality Assurance Specialist who is responsible for reviewing and training staff on County and Contractor policies and procedures, and who will conduct periodic chart reviews, including Medi-Cal documentation, assessments, and client treatment plans and attend the monthly County QIC meetings.
8. 1.0 FTE Office Coordinator who is responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, and providing receptionist activities including triaging calls and coordinating communication between the Supportive Community Team and clients.
9. 0.25 Executive Assistant.

G. Contractor shall not provide Psychiatric support to clients served by the Program. Psychiatric support for the individuals served will be provided by the treating Behavioral Wellness County Psychiatrist, based at the Program Site. Contractor staff shall work in conjunction with County staff to deliver provision of seamless multi-disciplinary treatment, rehabilitation and support services.

IX. Delete Section 10 (Documentation Requirements) of Exhibit A-4 Statement of Work: MHS – North Community Full Service Partnership (FSP) and replace with the following:

10. DOCUMENTATION REQUIREMENTS. Contractor shall complete the following for each client:

- A.** A diagnostic assessment that establishes the presence of a serious mental illness, providing a basis for the medical necessity of FSP-level services. The diagnostic assessment shall be completed by the FSP Team Psychiatrist or by another team member who is a properly licensed mental health professional within sixty (60) days of admission, and shall be updated when there is a transition or change in level of care needed, or as clinically indicated by the FSP Team;
- B.** Enter partner/client data into the state's Data Collection and Reporting (DCR) system. This data includes the Partnership Assessment Form (PAF) at intake, Key Event Tracking (KETs) as needed, and Quarterly Reports (3Ms) completed every three months from admission date. A designated program staff will be assigned to enter all partner/client data into the state's DCR system as required within the designated time frames.
- C. Client Problem List and Treatment Plan.** Contractor shall complete an Assessment, Problem List, and Treatment Plan (or Treatment Plan Progress Note for targeted case management and peer support services) for each client receiving Program services in accordance with CalAIM requirements, applicable Behavioral Wellness Policies and Procedures, and the Behavioral Wellness Clinical Documentation Manual.

D. Full Service Partnership Agreement. Contractor shall enter into a full-service partnership agreement with each client served in the Program, and when appropriate, have contact with the client's family.

X. Delete Section 4 (Staffing) of Exhibit A-5 Statement of Work: MHS – Vocational Rehabilitation and replace with the following:

4. STAFFING. Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.

A. For FY 21-23, Contractor shall provide 1.02 full-time equivalent (FTE) positions for the operation of the Program consisting of the following:

1. 1.0 FTE Vocational Specialist to provide job support efforts of client and conduct routine follow-up with both the client and the employer if needed; and
2. 0.02 FTE Program Manager to provide administrative support, oversight and submit reporting.

B. For FY 23-24, Contractor shall provide 2.11 full-time equivalent (FTE) positions for the operation of the Program consisting of the following:

3. 2.0 FTE Vocational Specialist to provide job support efforts of client and conduct routine follow-up with both the client and the employer if needed; and
4. 0.11 FTE Program Manager to provide administrative support, oversight and submit reporting.

XI. Add Exhibit A-6 Statement of Work: MHS – LEAD as follows:

**EXHIBIT A-6
STATEMENT OF WORK: MHS
LEAD**

Effective January 1, 2024 – June 30, 2024

1. Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit A-6 Statement of Work: MHS Lived Experience Advocacy Development, hereafter LEAD, on January 1, 2024, and end performance upon completion, but no later than June 30, 2024, unless otherwise directed by County or unless earlier terminated.
2. **PROGRAM SUMMARY.** Contractor shall implement the *LEAD project*, an outreach and education program for behavioral health stigma and discrimination reduction, funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds. LEAD provides a combination of evidence-based trainings and community presentations that are delivered primarily by people with lived mental health experience (hereafter “the Program”). These trainings and presentations will deliver mental health education and

information targeted to reduce mental health stigma and discrimination. The Program will provide Community Gatekeepers (as defined in Section 4 (Services), subsection A.1) with the mental health knowledge and training necessary to identify people with mental health and substance use challenges, respond in a supportive manner, and refer them to local resources. Contractor will utilize two of Contractor's existing programs: LEAD, and the Wellness Centers, as well as Contractor's long-standing relationships with community agencies and organizations as a springboard to launch the Program. The Program shall serve the cities of Santa Maria, Lompoc, Guadalupe, and Santa Ynez.

3 PROGRAM GOALS. Contractor shall:

- A. Improve knowledge and awareness of mental health services and supports available;
- B. Increase access to and utilization of evidence-based training through a broad reach of Community Gatekeepers; and
- C. Reduce stigma and discrimination surrounding mental health diagnoses and needs.

4 SERVICES. Contractor shall provide the following services:

A. Community Outreach. Engage in outreach through activities at TMHA's Wellness Centers and partner community agencies and organizations. Engagement activities will vary depending on the intended audience but will be in the preferred language of the audience and intended to appeal to the specific audience (e.g., a sticker-making workshop intended to engage middle school students). The engagement activities will inform Community Gatekeepers of trainings, resources, and services offered in the community which serve to educate gatekeepers about resources, recognizing suicidal warning signs, increasing recognition of early signs of mental illness and substance use, and reduce stigma and discrimination around mental health diagnosis and treatment. Contractor shall provide eight (8) outreach activities per fiscal year to Community Gatekeepers.

- 1. Community Gatekeepers include parents, friends, neighbors, law enforcement, case workers, therapists, promotores, faith leaders, specialty agencies, school personnel, jail staff and inmates, and others positioned to refer someone for help.
- 2. Program staff will provide intentional outreach efforts to partner community agencies and organizations to promote mental health presentations, offer trainings, and provide information and materials about community resources and services.

B. Presentations. Develop and host mental health presentations designed to reduce stigma and discrimination around mental illness. Presentations shall be offered in both English and Spanish. Contractor shall provide at least 10 Community Presentations per fiscal year with a goal of approximately 10-15 attendees per Presentation.

- 1. Presentations will largely be given by a LEAD speaker with lived mental health experience and a personal story of recovery. Presentations will be available to school classrooms, churches, youth groups, family members, colleges, the jail, and the general public.
- 2. Program staff shall conduct a pre and post survey that will measure changes in attitudes, knowledge and/or behavior related to understanding mental health.
- 3. Program staff shall conduct a pre and post survey that will measure changes in

attitudes, knowledge, and/or behavior related to seeking mental health services.

C. Trainings. Contractor shall provide Community Gatekeepers with education and training to help them recognize early warning signs of mental illness and identify people with mental health and substance use challenges, respond in a supportive manner, and refer them to local resources. Contractor shall provide Question, Persuade, Refer (QPR) which helps participants identify someone in a suicidal crisis, intervene in a supportive manner, and refer them to an appropriate resource. Trainings shall be offered in both English and Spanish. Contractor shall:

1. Organize and provide the following Evidence-Based Trainings to assist individuals to identify, understand, and respond to signs of mental illnesses, substance use disorders, and suicidal ideation:
 - i. Mental Health First Aid (MHFA);
 - ii. Youth Mental Health First Aid (YMHFA); and
 - iii. Question, Persuade, Refer (QPR).
2. Certify a minimum of two (2) trainers in MHFA, YMHFA, and QPR for all trainings.
3. Provide at least 10 Evidence-Based Trainings per fiscal year with a goal of approximately 10-15 attendees per Training.
4. Conduct pre and post survey that will measure changes in attitudes, knowledge and/or behavior related to mental health.
5. Conduct pre and post survey that will measure changes in attitudes, knowledge, and/or behavior related to seeking mental health services.

4. OPERATIONS.

A. Location. Contractor will conduct and host community presentations and trainings at locations in the cities of Santa Maria, Lompoc, Guadalupe, and Santa Ynez.

5. CLIENTS/PROGRAM CAPACITY.

A. Contractor shall provide trainings and presentations to Community Gatekeepers as defined in Section 3 (Services), subsection A.1.

6. STAFFING REQUIREMENTS. Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.

A. Program staff shall be Mental Health Workers (MHW) as defined in *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Re-Credentialing*, as may be amended.

1. 1.0 Full Time Equivalent (FTE) **Community Outreach and Education Coordinator** shall coordinate and participate in all outreach, training, and presentation activities; recruit and train outreach workers and presenters; schedule presentations throughout the community. In addition, the Community Outreach and Education Coordinator shall be responsible for scheduling MHFA, YMHFA, QPR

trainings and mental health presentations in addition to instructing classes. For this position, lived mental health experience is preferred. Contractor will provide the necessary training needed to ensure that Community Outreach and Education Coordinator is certified to teach MHFA, YMHFA and QPR trainings. The Community Outreach and Education Coordinator shall also work with TMHA staff to market and publicize classes; submit requests for payment for instructor stipends and class expenses; track all class attendance; and collect evaluation surveys from attendees.

2. 1.0 FTE **Assistant Coordinator** shall teach MHFA, YMHFA, QPR and provide mental health presentations in the community. For this position, lived mental health experience is preferred. Contractor will provide the necessary training needed to ensure that the Assistant Coordinator is certified to teach MHFA, YMHFA and QPR trainings. They shall assist the Community Outreach and Education Coordinator with outreach to agencies, business, schools, churches, etc. to promote trainings and presentation, and assist with the coordination and scheduling of trainings and presentations as well as tracking and reporting outcomes.

3. 0.05 FTE Executive Assistant.

- B. The Community Outreach and Engagement Coordinator and Assistant Coordinator shall be certified trainers in Mental Health First Aid, Youth Mental Health First Aid and Question, Persuade, Refer trainings.

7. DOCUMENTATION REQUIREMENTS.

- A. Contractors receiving MHSA PEI funding shall track and report to County individual-level data by demographic category in accordance with the MHSA PEI Regulations, as may be amended, currently available at https://mhsoac.ca.gov/wp-content/uploads/PEI-Regulations_As_Of_July-2018.pdf. The specific data reporting requirements will be outlined in Exhibit E (Program Goals, Outcomes, and Measures).

8. PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES.

A. Key Outreach & Education Outcomes.

1. Provide at least eight (8) Outreach Activities per fiscal year with the goal of engaging at least 10-15 attendees per engagement activity.
2. Provide at least 10 Community Presentations per year with a goal of approximately 10-15 attendees per Presentation.
3. Provide at least 10 Evidence-Based Training per year with a goal of approximately 10-15 attendees per Training.

B. Key Outcomes for Community Presentations, MHFA Training, and YMHFA Training.

1. Attendees will report an increase in understanding of challenges facing people with mental illness (stigma, discrimination, and access to resources).
2. Contractor will measure through pre- and post- surveys changes in attitudes, knowledge, and/or behavior related to mental health.
3. Contractor will measure through pre- and post- surveys changes in attitudes, knowledge, and/or behavior related to seeking mental health services.

C. Key Outcomes for QPR Training.

1. Attendees will report a 20% increase in familiarity of services available in our community.
2. Attendees will report a 20% increase in their ability to recognize suicide warning signs.
3. Attendees will report a 20% increase in confidence in connecting someone with suicide warning signs to an appropriate resource.
4. Contractor will measure through pre- and post-surveys changes in attitudes, knowledge, and/or behavior related to seeking behavioral health services.
5. Attendees will report an increase in Gatekeeper skills (ability to engage in active listening, ask clarifying questions, and make an appropriate referral).

D. Survey Measures.

1. Pre/post surveys conducted of each MHFA and YMHA course, with 100% of participants offered the surveys.
2. Pre/post surveys conducted of each QPR training, with 100% of participants offered the surveys.
3. Pre/post surveys conducted at each presentation, with 100% of participants offered the surveys.
4. Report on total number of trainings and total number of presentations provided during the fiscal year and total number of attendees.

XII. Add Exhibit A-7 Statement of Work: MHS – Growing Grounds as follows:

EXHIBIT A-7
STATEMENT OF WORK: MHS
GROWING GROUNDS

1. **PROGRAM SUMMARY.** Growing Grounds (hereafter “The Program”), funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding, provides vocational training support, horticultural therapy, and direct work experience in a farm business setting for adult clients (over the age of 18) of Behavioral Wellness and other Community-Based Organizations (CBOs) at the Growing Grounds facility in Santa Maria. The goal for all participants is to develop the skills necessary to enter the workforce and participate fully in the community while also preventing a mental health relapse. The Program helps clients build protective factors, including vocational training, with the overall goal of having work participation be a pillar of a client’s recovery process. Clients may be offered paid employment based on their work readiness. Clients are encouraged to engage with community and behavioral health resources, including the Supported Employment Program, Wellness Centers, and eventually local businesses. The Program shall be headquartered at the location(s) set forth in this Section 1 (Program Summary) unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to the service location(s) do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.
 - A. 820 West Foster Road, Santa Maria, CA 93455.
2. **PROGRAM GOALS.** Contractor shall:
 - A. Provide employment and vocational training that engages, orients, prepares, and supports an at-risk population of adults living with a mental illness (client employees) to work independently in the community;
 - B. Provide horticultural therapy as a component of daily employment and vocational training;
 - C. Provide a structured, supervised environment to enable clients to develop and exercise skills promoting independence, meaningful daily activity, and self-esteem; and
 - D. Reduce the stigma and stereotypes of mental illness through Contractor’s social enterprise that directly serves the community.
3. **SERVICES.** All services are provided on a fiscal year calendar.
 - A. Contractor shall provide employment to at least fifty (50) client employees annually. Client employees shall work in all aspects of the program including, but not limited to: vegetable and flower cultivation, pre- and post-harvest handling, flower arranging, nursery work, and retail sales.
 - B. Contractor shall provide at least fifty (50) vocational planning trainings to all client employees when they commence working at the Program. Vocational Planning will include client employee’s developing career goals.
 - C. Contractor will provide at least twelve (12) vocational trainings per quarter to all client

employees on job preparation, and essential job skills training to assist clients in gaining competitive employment in the community. The job skills development will include basic work skills such as: interviewing, showing up on time, following instructions, engaging with the public, wearing work appropriate dress, and professional communication. Job skills development is offered daily to participants.

- D.** Contractor shall refer at least ten (10) client employees to the Contractor's Supported Employment Program (SEP) annually. Participants are referred to SEP separately. The SEP provides weekly and monthly opportunities for eligible clients including job readiness, assessments, and linkages to outside work opportunities. Participants who are not in the SEP are always informed of SEP trainings and activities and encouraged to participate.
- E.** Contractor shall provide at least twelve (12) horticultural therapy workshops quarterly for client employees that enable client employees to develop and exercise skills promoting independence, meaningful daily activity, and self-esteem.
- F.** Contractor will disseminate at least fifty (50) educational and informational materials to visitors at the site intended to reduce the stigma and stereotypes of mental illness through Contractor's social enterprise that directly serves the community. Signage will be prominently displayed, detailing how Growing Grounds is an MHSA program.
- G.** Contractor will provide pre- and post-surveys which are given to client employees working at Growing Grounds Farm to measure increases in understanding of the skills and tools needed to find employment in the greater community
- H.** Contractor will offer annual survey to all client employees to measure overall well-being, knowledge of available behavioral health services, and willingness to engage in services.

4 OPERATIONS.

- A. Hours of Operation and Staff Coverage.** Growing Grounds will operate Monday through Friday, 8am-4:30pm.

5 CLIENTS AND PROGRAM CAPACITY.

- A.** The Program shall serve a minimum of 50 client employees annually.

6 REFERRALS.

- A.** All referrals must be Adults (eighteen years or older) with a Serious Mental Illness. Contractor shall accept referrals from BWell and other CBOs.
- B.** Contractor will determine appropriateness of the placement based on clients' needs and potential benefit from the Program. The Program is intended only to serve adults eighteen years or older. Individuals not suited to the Program include, but are not limited to, persons who, due their mental illness, are unable to function without close supervision, persons who are a danger to themselves or others, physically impaired persons requiring nursing care, and/or physically impaired persons who are unable to perform the physical requirements of the vocational rehabilitation program, or who are not able to safely work, or be accommodated to work, in the particular vocational setting.

7 DOCUMENTATION REQUIREMENTS.

- A. Any revenues received from other sources such as product sales and grants shall be used to offset operating expenses of the program. All revenues shall be documented by Contractor in their financial statements. Financial statements shall be submitted monthly to BWell Fiscal at financecbo@sbcbswell.org.
- B. Contractors receiving MHSA PEI funding shall track and report to County individual-level data by demographic category in accordance with the MHSA PEI Regulations, currently available at https://mhsoac.ca.gov/wp-content/uploads/PEI-Regulations_As_Of_July-2018.pdf. The specific data reporting requirements will be outlined in Exhibit E (Program Goals, Outcomes, and Measures).
- 8. STAFFING REQUIREMENTS.** Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Any changes to these requirements do not require a formal amendment to this Agreement and shall not alter the Maximum Contract Amount.
- A. Program staff shall be Mental Health Workers (MHW) as defined in *Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Re-Credentialing*, as may be amended.
1. 0.33 Full Time Equivalent (FTE) Program Manager shall provide direct supervision of the program and staff to ensure effective and therapeutic operations;
 2. 1.0 FTE Wellness Program Supervisor shall be responsible for leading mindfulness exercises, collaborating with client employees to create recovery goals, and promotion of events and informational materials on mental health, and providing linkages to County mental health services;
 3. 1.0 FTE Farm Production Supervisor shall be responsible for supporting the Assistant Manager with farm production, grounds maintenance, irrigation management, and supporting client employees in the performance of their tasks and duties;
 4. 0.11 FTE Division Director shall provide direct oversight of the Program Manager, act as liaison with County staff, and provide administrative oversight and support to the program and staff;
 5. 1.0 FTE Assistant Manager shall oversee the farm production, provide support and training to client employees, provide direct oversight and supervision of the Farm Production Supervisor, and provide administrative support to the Program Manager; and
 6. 3.30 FTE client employees (Farmworkers) are involved in all phases of the farm, including planting, maintaining plants, selecting plants, loading the delivery truck, assisting with deliveries, and quality control. Clients also assist in office support such as bookkeeping, processing invoices, customer service, and answering phones.
- 9. TRAINING.** Contractor shall provide Growing Grounds staff with horticultural therapy training upon hiring and annually thereafter. Work on the farm will be done from a perspective of healing. Horticultural therapy is embedded into the daily activities.

10. PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES.

- A.** Growing Grounds Farm will provide paid employment to at least fifty (50) client employees working in the program per fiscal year.
- B.** Twenty percent (20%) or ten (10) of the client employees at the Growing Grounds Farm will elect to receive job development services through Contractor's Supported Employment Program or will move into a more independent work setting in the community.
- C.** By participating in job skills development and employment, twenty-five percent (25%) of client employees will demonstrate increased understanding of the skills and tools needed to find employment in the greater community as indicated in pre- and post-surveys which are given to fifty-one percent (51%) of client employees working at Growing Grounds Farm.
- D.** Contractor shall offer an annual survey to all participants. The survey will include questions regarding overall well-being, knowledge of available behavioral health services, and willingness to engage in services.

XIII. Delete and replace the heading of Exhibit B Financial Provisions – MHS with the following:

**EXHIBIT B – FY 21-23
FINANCIAL PROVISIONS- MHS
Effective July 1, 2021 – June 30, 2023**

(Applicable to programs described in Exhibits A2-A5)

With attached *Exhibit B-1* MHS (Schedule of Rates and Contract Maximum) and *Exhibit B-2* (Entity Budget by Program).

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit B – FY 21-23 Financial Provisions – MHS on July 1, 2021, and end performance upon completion, but no later than June 30, 2023, unless otherwise directed by County or unless earlier terminated.

XIV. Delete Section II (Maximum Contract Amount) of Exhibit B Financial Provisions – MHS and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$6,480,135** in Mental Health funding, inclusive of \$1,763,100 for FY 21-22 and \$1,989,075 for FY 22-23, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MHS and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

XV. Add a new Exhibit B – FY 23-24 Financial Provisions – MHS as follows:

**EXHIBIT B – FY 23-24
FINANCIAL PROVISIONS- MHS
Effective July 1, 2023 – June 30, 2024**

(Applicable to programs described in Exhibits A2-A7)

With attached *Exhibit B-1* MHS (Schedule of Rates and Contract Maximum), *Exhibit B-2* (Entity Budget by Program) and *Exhibit B-3* (Entity Rates and Codes by Service Type).

Notwithstanding any other provision of this Agreement, Contractor shall commence performance under this Exhibit B – FY 23-24 Financial Provisions – MHS on July 1, 2023, and end performance upon completion, but no later than June 30, 2024, unless otherwise directed by County or unless earlier terminated.

This Agreement provides for reimbursement for services up to the Maximum Contract Amount, reflected in Section II below and Exhibit B-1-MHS. For Medi-Cal and all other services provided

under this Agreement, Contractor shall comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code (WIC) §§ 14705-14711, and other applicable Federal, State and local laws, regulations, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES.

A. Performance of Services.

1. Medi-Cal Programs. For Medi-Cal specialty mental health programs, the County reimburses all eligible providers on a fee-for-service basis pursuant to a fee schedule. Eligible providers claim reimbursement for services using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. Exhibit B-3 MHS contains a rate for each Eligible Practitioner or Service Type and the relevant CPT®/HCPCS code.

2. Non-Medi-Cal Programs. For Non-Medi-Cal programs and costs, Contractor shall be compensated on a cost reimbursement basis, subject to the limitations described in this Agreement and all exhibits hereto, for deliverables as established in the Exhibit B(s) based on satisfactory performance of the services described in Exhibit A(s).

B. Medi-Cal Billable Services. The services provided by Contractor as described in Exhibit A(s) that are covered by the Medi-Cal program will be paid based on the satisfactory performance of services and the fee schedule(s) as incorporated in Exhibit B-1 MHS of this Agreement.

C. Non-Medi-Cal Billable Services. County recognizes that some of the services provided by Contractor's Program(s), described in the Exhibit A(s), may not be reimbursable by Medi-Cal or may be delivered to ineligible clients. Such services may be reimbursed by other County, State, and Federal funds to the extent specified in Exhibit B-1-MHS and pursuant to Section I.E (Funding Sources) of this Exhibit B MHS. Funds for these services are included within the Maximum Contract Amount.

Specialty mental health services delivered to Non-Medi-Cal clients will be reimbursed at the same fee-for-service rates in the Exhibit B-3 MHS as for Medi-Cal clients, subject to the maximum amount specified in the Exhibit B-1 MHS. Due to the timing of claiming, payment for Non-Medi-Cal client services will not occur until fiscal year end after all claims have been submitted to DHCS and the ineligible claims are identifiable.

When the entire program is not billable to Medi-Cal (i.e. Non-Medi-Cal Program), reimbursement will be on cost reimbursement basis subject to other limitations as established in Exhibit A(s) and B(s).

D. Limitations on Use of Funds Received Pursuant to this Agreement. Contractor shall use the funds provided by County exclusively for the purposes of performing the services described in Exhibit A(s) to this Agreement. For Contractor Programs that are funded with Federal funds other than fee-for-service Medi-Cal, expenses shall comply with the requirements established in OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and all other applicable regulations. Violation of this provision or use of County funds for purposes other than those described in the Exhibit A(s) shall constitute a material breach of this Agreement.

E. Funding Sources. The Behavioral Wellness Director or designee may reallocate between funding sources with discretion, including to utilize and maximize any additional funding

or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.

F. Beneficiary Liability for Payment.

1. Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments. (Cal. Code Regs., tit. 9, § 1810.365 (a).)
2. Contractor shall not hold beneficiaries liable for debts in the event that County becomes insolvent; for costs of covered services for which the State does not pay County; for costs of covered services for which the State or County does not pay to Contractor; for costs of covered services provided under a contract, referral or other arrangement rather than from the County; or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary. (42 C.F.R. § 438.106 and Cal. Code Regs. tit 9, § 1810.365(c).)
3. Contractor shall not bill beneficiaries, for covered services, any amount greater than would be owed if the Contractor provided the services directly. (42 C.F.R. § 483.106(c).)

G. DHCS assumes no responsibility for the payment to Contractor for services used in the performance of this Agreement. County accepts sole responsibility for the payment of Contractors in the performance of this Agreement per the terms of this Agreement.

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$6,480,135** in Mental Health funding, inclusive of \$2,727,960 for FY 23-24, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MHS and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

III. OPERATING BUDGET AND FEE FOR SERVICE RATES

A. Fee-For-Service Rates. For Medi-Cal services, County agrees to reimburse Contractor at a Negotiated Fee-For-Service rate (the “Negotiated Fee”) during the term of this Agreement as specified in the Exhibit B-3 MHS. Specialty mental health services provided to Non-Medi-Cal clients will be paid at the same rates, subject to the maximum amount specified in the Exhibit B-1 MHS.

B. Operating Budget. For Non Medi-Cal Programs, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, based on costs of net of revenues as described in this Exhibit B-MHS, Section VI (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Contractor shall request, in advance, approval from County for any budgetary changes. Indirect costs are limited to 15% of direct costs for each program and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost

Principles, and Audit Requirements for Federal Awards.

IV. CLIENT FLEXIBLE SUPPORT FUNDS.

For Medi-Cal FSP programs, Contractor will receive a funding allocation to provide clients with flexible support for costs including but not limited to housing, items necessary for daily living, and therapeutic support. Contractor shall abide by requirements in the Behavioral Wellness Policy and Procedure for client flexible support costs. Documentation must be kept on file to support costs and financial statements should be submitted monthly in accordance with Exhibit B MHS, Section VIII.B below.

V. QUALITY ASSURANCE (QA) / UTILIZATION MANAGEMENT (UM) INCENTIVE PAYMENT.

A. County will provide Contractor with an incentive payment at fiscal year-end should the following deliverables be achieved. The incentive payment will be equal to 4% of total approved Medi-Cal claims (2% Quality Assurance and 2% Utilization Management) and will be payable upon proof of completion of deliverables and conclusion of regular Medi-Cal claiming for the fiscal period. The incentive payment will not be applied to unclaimed and/or denied services. Documentation must be maintained to substantiate completion of the deliverables.

1. QA deliverables include:

- i. Contractor shall hire or designate existing staff to implement quality assurance type activities. The designated QA staff member shall be communicated to the County.
- ii. Contractor shall provide a monthly report to QCM consisting of documentation reviews performed, associated findings, and corrective action. The QA reports shall be received by County no later than 30 calendar days following the end of the month being reported.
- iii. Contractor QA staff shall attend bi-monthly County Quality Improvement Committee (QIC) meetings. Attendance to be monitored via sign-in sheets.

2. UM deliverables include:

- i. Contractor shall hire or utilize existing staff to implement utilization management type activities. The designated UM staff member shall be communicated to the County.
- ii. Contractor shall implement procedures to monitor productivity including the submission of monthly reports on productivity for each direct service staff member (direct billed hours to total paid hours). Total paid hours is equal to 2,080 per full time equivalent (FTE) position and should be adjusted for part time employment. Reports will be due within 30 calendar days following the end of the reporting month.

3. The Behavioral Wellness Director or designee may reallocate between the contract allocations on the Exhibit B-1 MHS at his/her discretion to increase or decrease the incentive payment. Reallocation of the contract allocations does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.

VI. ACCOUNTING FOR REVENUES.

- A. **Accounting for Revenues.** Contractor shall comply with all County, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) Sections 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP), (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. For Non-Medi-Cal programs, grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget.
- B. **Internal Procedures.** Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by Contractor only for the delivery of service units specified in the Exhibit A(s) to this Agreement.

VII. REALLOCATION OF PROGRAM FUNDING.

Funding is limited by program to the amount specified in Exhibit B-1-MHS. Contractor cannot move funding between programs without explicit approval by Behavioral Wellness Director or designee. Contractor shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1-MHS between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Behavioral Wellness Director's or designee decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor. The Behavioral Wellness Director or designee also reserves the right to reallocate between programs in the year end settlement and will notify Contractor of any reallocation during the settlement process.

VIII. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS.

A. **Submission of Claims and Invoices.**

1. **Submission of Claims for Medi-Cal Services.** Services are to be entered into SmartCare based on timeframes prescribed in the Behavioral Wellness Clinical Documentation Manual. Late service data and claims may only be submitted in accordance with State and federal regulations. Behavioral Wellness shall provide to Contractor a report that: i) summarizes the Medi-Cal services approved to be claimed for the month, multiplied by the negotiated fee in effect at the time of service, ii) states the amount owed by County, and iii) includes the Agreement number.

Contractor agrees that it shall be solely liable and responsible for all data and information submitted to the County and submitted by the County to the State on behalf of Contractor.

If any services in the monthly Medi-Cal claim for the Contractor are denied by DHCS then these will be deducted from the subsequent monthly claim at the same value for which they were originally claimed.

2. Submission of Claims for Non Medi-Cal Programs. Contractor shall submit a written invoice within 15 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VIII.A.1 (Submission of Claims for Medi-Cal Services) of this Exhibit B MHS. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.
3. The Program Contract Maximums specified in Exhibit B-1-MHS and this Exhibit B MHS are intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall Contractor cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide services during the entire term of the Agreement may be considered a breach of contract and subject to the Termination provisions specified in the Agreement.

The Behavioral Wellness Director or designee shall review the monthly claim(s) and invoices to confirm accuracy of the data submitted. County shall make payment for approved Medi-Cal claims within thirty (30) calendar days of the generation of said claim(s) by County subject to the contractual limitations set forth in this Agreement and all exhibits hereto. Non-Medi-Cal programs will be paid within 30 days of the receipt of a complete invoice and all requested supporting documentation.

- B. Monthly Financial Statements.** For Non-Medi-Cal programs and costs, within 15 calendar days of the end of the month in which services are delivered, Contractor shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for Contractor's programs described in the Exhibit A(s).
- C. Withholding of Payment for Non-submission of Service Data and Other Information.** If any required service data, invoice, financial statement or report is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Behavioral Wellness Director or designee. Behavioral Wellness Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- D. Withholding of Payment for Unsatisfactory Clinical Documentation.** Behavioral Wellness Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards. County may also deny payment for services that are provided without a current client service plan when applicable authorities require a plan to be in place.

E. Claims Submission Restrictions.

1. 12-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 12 months from the month of service to avoid denial for late billing.
2. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

F. Claims Certification and Program Integrity. Contractor shall certify that all services entered by Contractor into County's EHR for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.

G. Overpayments. If the Contractor discovers an overpayment, Contractor must notify the County in writing of the reason for the overpayment. Any overpayments of contractual amounts must be returned via direct payment within 30 calendar days to the County after the date on which the overpayment was identified. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within the required timeframe.

IX. REPORTS.

- A. Audited Financial Reports. Contractor is required to obtain an annual financial statement audit and submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.
- B. Single Audit Report. If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

X. AUDITS AND AUDIT APPEALS.

- A. Audit by Responsible Auditing Party. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with State and Federal law including but not limited to WIC Section 14170 et seq., authorized representatives from the County, State or Federal governments (Responsible Auditing Party) may conduct an audit or site review of Contractor regarding the mental health services/activities provided under this Agreement.
- B. Settlement. Settlement of the audit findings will be conducted according to the Responsible Auditing Party's procedures in place. In the case of a State Medi-Cal audit, the State and County will perform a post-audit Medi-Cal settlement that is based on State audit

findings. Such settlement will take place when the State initiates its settlement action which customarily is after the issuance of the audit report by the State and before the State's audit appeal process. However, if the Responsible Auditing Party stays its collection of any amounts due or payable because of the audit findings, County will also stay its settlement of the same amounts due or payable until the Responsible Auditing Party initiates its settlement action with County. If an audit adjustment is appealed then the County may, at its own discretion, notify Contractor but stay collection of amounts due until resolution of the State administrative appeals process.

- C. Invoice for Amounts Due.** County shall issue an invoice to Contractor for any amount due to the County after the Responsible Auditing Party issues an audit report. The amount on the County invoice is due by Contractor to County thirty (30) calendar days from the date of the invoice.
- D. Appeal.** Contractor may appeal any such audit findings in accordance with the audit appeal process established by the Responsible Auditing Party performing the audit.

XVI. Delete Exhibit B-1 – MHS Schedule of Rates and Contract Maximum FY 22-23 in its entirety and replace it with the following:

EXHIBIT B-1 – FY 22-23
SCHEDULE OF RATES AND CONTRACT MAXIMUM
 (Applicable to programs described in Exhibit A-2 through A-5)

CONTRACTOR NAME: Transitions Mental Health Association **FISCAL YEAR:** 2022-2023

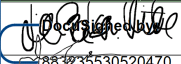
Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.69
			Collateral	Minutes	10	\$3.47
			*MHS- Assessment	Minutes	30	\$3.47
			MHS - Plan Development	Minutes	31	\$3.47
			*MHS- Therapy (Family, Individual)	Minutes	11, 40	\$3.47
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.47
			Medication Support and Training	Minutes	61, 62	\$6.42
			Crisis Intervention	Minutes	70	\$5.17
Non - Medi-Cal Billable Services	Support Services	60	Client Housing Support	N/A	70	Actual Cost
			Client Flexible Support	N/A	72	Actual Cost
			Other Non Medi-Cal Client	N/A	78	Actual Cost

	PROGRAM					
	Supported Community Services	Recovery Learning Centers-Lompoc	Recovery Learning Centers-SM	Peer Technology Suite	Vocational Rehab	TOTAL
GROSS COST:	\$ 1,299,159	\$ 362,016	\$ 336,230	\$ 24,870	\$ 136,500	\$2,158,775
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						\$ -
CONTRIBUTIONS			\$ 12,700			\$ 12,700
OTHER: Department of Rehabilitation Funding					\$ 134,000	\$ 134,000
OTHER: Foundations and Trusts	\$ 8,000					\$ 8,000
OTHER: Other Government Funding		\$ 15,000				\$ 15,000
TOTAL CONTRACTOR REVENUES	\$ 8,000	\$ 15,000	\$ 12,700	\$ -	\$ 134,000	\$169,700
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 1,291,159	\$ 347,016	\$ 323,530	\$ 24,870	\$ 2,500	\$ 1,989,075

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 1,162,043					\$ 1,162,043
NON-MEDI-CAL		\$ 347,016	\$ 323,530	\$ 24,870	\$ 2,500	\$ 697,916
SUBSIDY	\$ 129,116					\$ 129,116
OTHER (LIST):						\$ -
MAXIMUM 22-23 CONTRACT AMOUNT PAYABLE:	\$ 1,291,159	\$ 347,016	\$ 323,530	\$ 24,870	\$ 2,500	\$ 1,989,075

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

DocuSigned by:

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- (1) Additional services may be provided if authorized by Director or designee in writing.
- (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
- (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the Intern/Trainee.

XVII. Delete Exhibit B-1 – MHS Schedule of Rates and Contract Maximum FY 23-24 in its entirety and replace it with the following:

**EXHIBIT B-1 – FY 23-24
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

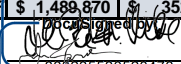
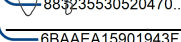
CONTRACTOR NAME: Transitions Mental Health Association FISCAL YEAR: 2023-2024

Contracted Service	Service Type	Provider Group	Practitioner Type (6)	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Non-Prescriber	Registered Nurse	0.50	\$342.11	374	\$ 127,948
			Licensed Vocational Nurse	0.00	\$188.43	0	\$ -
			Licensed Psychiatric Technician	2.00	\$160.99	1,496	\$ 240,843
		Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$338.45	0	\$ -
			LPHA / Assoc. LPHA	1.78	\$230.51	1,331	\$ 306,810
			Specialist	0.00	\$182.95	0	\$ -
			Rehabilitation Specialists & Other Qualified Providers	5.00	\$173.80	3,739	\$ 649,830
			9.28			6,940	\$1,325,431

Contracted Service	Service Type	Program	Reimbursement Method	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Outpatient Non-Medi-Cal Services (1)	North Community FSP	Fee-For-Service	\$ 26,422
	Quality Assurance & Utilization Management (2)	North Community FSP	Incentive	\$ 53,017
	Peer Services	Wellness Centers	Cost Reimbursement	\$ 703,978
		Peer Technology Suite	Cost Reimbursement	\$ 28,681
	Vocational Services	Vocational Rehabilitation	Cost Reimbursement	\$ 2,500
	Prevention Services	Growing Grounds	Cost Reimbursement	\$ 385,000
		LEAD	Cost Reimbursement	\$ 117,931
Client Flexible Funds (3)	North Community FSP	Cost Reimbursement	\$ 85,000	
				\$1,402,529

Total Contract Maximum **\$2,727,960**

Contract Maximum by Program & Estimated Funding Sources									Total
Funding Sources (4)	PROGRAM(S)								
	North Community FSP	Wellness Center Lompoc	Wellness Center Santa Maria	Peer Technology Suite	Vocational Rehabilitation	Growing Grounds	LEAD		
Medi-Cal Patient Revenue (5)	\$ 1,325,431	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,325,431
MHSA QA / UM Incentive	\$ 53,017	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 53,017
MHSA Non-Medi-Cal Services	\$ 26,422	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,422
MHSA Non-Medi-Cal Program	\$ -	\$ 352,630	\$ 351,348	\$ 28,681	\$ 2,500	\$ 385,000	\$ 117,931	\$ -	\$ 1,238,090
MHSA Client Flexible Support	\$ 85,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 85,000
TOTAL CONTRACT PAYABLE PER F	\$ 1,489,870	\$ 352,630	\$ 351,348	\$ 28,681	\$ 2,500	\$ 385,000	\$ 117,931	\$ -	\$ 2,727,960

CONTRACTOR SIGNATURE: 
 FISCAL SERVICES SIGNATURE: 
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- (1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Service rates as noted for Medi-Cal clients.
- (2) Quality Assurance and Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section V of the agreement for required deliverables.
- (3) Client flexible support costs must comply with Behavioral Wellness policy guidelines. Supporting documentation is to be maintained by the contractor with costs tracked separately and monthly financial statements submitted.
- (4) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
- (5) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.
- (6) Refer to taxonomy codes in Exhibit B-3 for billable practitioner types within each provider group.

(Applicable to programs described in Exhibit A-2 through A-7)

XVIII. Delete Exhibit B-2 - Entity Budget by Program FY 22-23 in its entirety and replace it with the following:

EXHIBIT B-2 – FY 22-23
ENTITY BUDGET BY PROGRAM

AGENCY NAME: Transitions-Mental Health Association

COUNTY FISCAL YEAR: FY 2022-23

LINE#	COLUMN #	1	2	3	4	5	6	7
	I. REVENUE SOURCES:		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Supportive Community Services	Santa Maria Resource Learning Center & Family Advocates	Lompoc Resource Learning Center & Family Advocates	Tech Suite	Vocational Rehab
1	Contributions		\$ 12,700	\$ -	\$ 12,700	\$ -	\$ -	\$ -
2	Foundations/Trusts		\$ 8,000	\$ 8,000	\$ -			\$ -
3	Behavioral Wellness Funding		\$ 1,989,075	\$ 1,291,159	\$ 323,530	\$ 347,016	\$ 24,870	\$ 2,500
4	Other Government Funding		\$ 15,000	\$ -	\$ -	\$ 15,000		\$ -
5	Other: Dept of Rehab		\$ 134,000	\$ -	\$ -			\$ 134,000
6	Total Other Revenue		\$ 2,158,775	\$ 1,299,159	\$ 336,230	\$ 362,016	\$ 24,870	\$ 136,500
	II. Client and Third Party Revenues:							
7	Client Fees		\$ -	\$ -	\$ -			
8	SSI		\$ -	\$ -	\$ -			
9	Total Client and Third Party Revenues		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	GROSS PROGRAM REVENUE BUDGET		\$ 2,158,775	\$ 1,299,159	\$ 336,230	\$ 362,016	\$ 24,870	\$ 136,500
	III. DIRECT COSTS		COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Supportive Community Services	Santa Maria Resource Learning Center & Family Advocates	Lompoc Resource Learning Center & Family Advocates	Tech Suite	Vocational Rehab
	III.A. Salaries and Benefits Object Level							
11	Salaries (Complete Staffing Schedule)		\$ 1,218,524	\$ 727,578	\$ 189,067	\$ 197,752	\$ 17,870	\$ 86,257
12	Employee Benefits		\$ 231,001	\$ 127,291	\$ 44,105	\$ 42,815	\$ 1,435	\$ 15,355
13	Payroll Taxes		\$ 102,611	\$ 63,217	\$ 15,535	\$ 14,975	\$ 2,285	\$ 6,599
14	Salaries and Benefits Subtotal		\$ 1,552,136	\$ 918,086	\$ 248,707	\$ 255,542	\$ 21,590	\$ 108,211
	III.B Services and Supplies Object Level							
15	Office Rent		\$ 63,798	\$ 46,125	\$ -	\$ 14,673	\$ -	\$ 3,000
16	Office & Program Supplies		\$ 43,148	\$ 22,500	\$ 8,250	\$ 10,000	\$ 1,000	\$ 1,398
17	Insurance		\$ 23,600	\$ 13,500	\$ 3,900	\$ 4,800	\$ 400	\$ 1,000
18	Utilities		\$ 12,000	\$ 8,000	\$ 1,500	\$ 2,500	\$ -	\$ -
19	Staff Development & Training		\$ 18,500	\$ 10,000	\$ 4,550	\$ 2,550	\$ 400	\$ 1,000
20	Repairs & Maintenance		\$ 5,250	\$ 3,000	\$ 1,500	\$ 750	\$ -	\$ -
21	Telephone		\$ 28,956	\$ 18,500	\$ 6,900	\$ 2,200	\$ -	\$ 1,356
22	Transportation		\$ 39,600	\$ 24,000	\$ 4,800	\$ 10,800	\$ -	\$ -
23	Mileage Reimbursement		\$ 3,155	\$ 750	\$ 225	\$ 225	\$ 50	\$ 1,905
24	Pre-Employment		\$ 680	\$ 500	\$ 100	\$ 80	\$ -	\$ -
25	Marketing/Public Relations		\$ 250	\$ 150	\$ 100	\$ -	\$ -	\$ -
26	Courier Expense		\$ 175	\$ 175	\$ -	\$ -	\$ -	\$ -
27	Contract Services		\$ 17,000	\$ 17,000	\$ -	\$ -	\$ -	\$ -
28	Dues & Subscriptions		\$ 3,900	\$ 500	\$ 3,200	\$ 200	\$ -	\$ -
29	Professional Fees		\$ 51,400	\$ 51,400	\$ -	\$ -	\$ -	\$ -
30	Printed Material & Postage		\$ 700	\$ 400	\$ 50	\$ 50	\$ -	\$ 200
31	Computers		\$ 5,600			\$ 3,000		\$ 2,600
32	Services and Supplies Subtotal		\$ 317,712	\$ 216,500	\$ 35,075	\$ 51,828	\$ 1,850	\$ 12,459
	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)							
33	Client Expenses		\$ 32,400	\$ 8,000	\$ 13,200	\$ 11,200	\$ -	\$ -
34	Groceries		\$ 22,000	\$ -	\$ 12,000	\$ 10,000	\$ -	\$ -
35	Recreation		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37	SUBTOTAL DIRECT COSTS		\$ 1,902,248	\$ 1,142,586	\$ 296,982	\$ 318,570	\$ 23,440	\$ 120,670
	IV. INDIRECT COSTS							
38	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 256,527	\$ 156,573	\$ 39,248	\$ 43,446	\$ 1,430	\$ 15,830
39	GROSS DIRECT AND INDIRECT COSTS		\$ 2,158,775	\$ 1,299,159	\$ 336,230	\$ 362,016	\$ 24,870	\$ 136,500

XIX. Delete Exhibit B-2 - Entity Budget by Program FY 23-24 in its entirety and replace it with the following:

**EXHIBIT B-2 – FY 23-24
ENTITY BUDGET BY PROGRAM**

AGENCY NAME: Transitions-Mental Health Association

COUNTY FISCAL YEAR: FY 2023-24

LINE #	COLUMN #	1	2	3	4	5	6	7	8
I. REVENUE SOURCES:			COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Wellness Center Santa Maria (Formerly Santa Maria RLC)	Wellness Center Lompoc (Formerly Lompoc RLC)	Peer Technology Suite	Vocational Rehab	Growing Grounds	LEAD (January - June 2024)
1	Contributions		\$ 55,364	\$ 10,000	\$ 15,000			\$ 30,364	
2	Foundations/Trusts		\$ 8,000	\$ -				\$ 8,000	
3	Behavioral Wellness Funding		\$ 1,238,090	\$ 351,348	\$ 352,630	\$ 28,681	\$ 2,500	\$ 385,000	\$ 117,931
4	Other Government Funding		\$ -						
5	Other: Dept of Rehab		\$ 161,876				\$ 161,876		
6	Total Other Revenue		\$ 1,463,330	\$ 361,348	\$ 367,630	\$ 28,681	\$ 164,376	\$ 423,364	\$ 117,931
II. Client and Third Party Revenues:									
7	Sales Revenue		120,000					\$ 120,000	
8	Donations		-						
9	Total Client and Third Party Revenues		\$ 120,000	\$ -	\$ -	\$ -		\$ 120,000	\$ -
10	GROSS PROGRAM REVENUE BUDGET		\$ 1,583,330	\$ 361,348	\$ 367,630	\$ 28,681	\$ 164,376	\$ 543,364	\$ 117,931
III. DIRECT COSTS			COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Wellness Center Santa Maria (Formerly Santa Maria RLC)	Wellness Center Lompoc (Formerly Lompoc RLC)	Peer Technology Suite	Vocational Rehab	Growing Grounds	LEAD (January - June 2024)
III.A. Salaries and Benefits Object Level									
11	Salaries (Complete Staffing Schedule)		\$ 895,757	\$ 214,559	\$ 213,776	\$ 21,154	\$ 103,398	\$ 293,574	\$ 49,296
12	Employee Benefits		\$ 191,752	\$ 43,492	\$ 42,075	\$ 1,877	\$ 26,751	\$ 60,006	\$ 17,551
13	Payroll Taxes		\$ 68,525	\$ 16,414	\$ 16,354	\$ 1,618	\$ 7,910	\$ 22,458	\$ 3,771
14	Salaries and Benefits Subtotal		\$ 1,156,035	\$ 274,464	\$ 272,205	\$ 24,649	\$ 138,059	\$ 376,039	\$ 70,619
III.B Services and Supplies Object Level									
15	Office Rent/Occupancy		\$ 24,820	\$ -	\$ 13,746	\$ -		\$ 2,074	\$ 9,000
16	Office & Program Supplies		\$ 18,510	\$ 5,500	\$ 5,500	\$ 250	\$ 500	\$ 1,760	\$ 5,000
17	Meals		\$ 350					\$ 350	
18	Insurance		\$ 11,070	\$ 2,472	\$ 2,472	\$ 206	\$ 1,030	\$ 4,290	\$ 600
19	Utilities		\$ 8,724	\$ 1,548	\$ 960	\$ -	\$ -	\$ 5,016	\$ 1,200
20	Staff Development & Training		\$ 12,250	\$ 1,500	\$ 1,500		\$ 250	\$ 5,000	\$ 4,000
21	Repairs & Maintenance		\$ 6,430	\$ 1,500	\$ 700	\$ -	\$ -	\$ 3,630	\$ 600
22	Telephone		\$ 14,200	\$ 7,000	\$ 1,800	\$ -	\$ 1,000	\$ 3,500	\$ 900
23	Transportation/Mileage Reimbursement		\$ 12,045	\$ 2,640	\$ 3,240	\$ -	\$ 1,500	\$ 4,500	\$ 165
24	Pre-Employment		\$ 580	\$ 100	\$ 80	\$ -	\$ -	\$ 300	\$ 100
25	Marketing/Public Relations		\$ 2,300	\$ 200	\$ 200	\$ -	\$ 100	\$ 800	\$ 1,000
26	Cost of Goods Sold		\$ 61,200	\$ -	\$ -	\$ -	\$ -	\$ 61,200	\$ -
27	Dues & Subscriptions		\$ 7,640	\$ 3,090	\$ 710	\$ -	\$ 1,240	\$ 600	\$ 2,000
28	Taxes, Licenses, Fees, Meal Penalties		\$ 2,650	\$ -	\$ -	\$ -	\$ -	\$ 2,650	\$ -
29	Furniture, Equipment, Computers		\$ 2,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,300
30	Professional / Contract Fees		\$ 8,142	\$ -	\$ -	\$ -	\$ -	\$ 3,400	\$ 4,742
31	Printed Material & Postage		\$ 1,850	\$ 75	\$ 75	\$ -	\$ 200	\$ 500	\$ 1,000
32	Services and Supplies Subtotal		\$ 195,061	\$ 25,625	\$ 30,983	\$ 456	\$ 5,820	\$ 99,570	\$ 32,607
III.C. Client Expense Object Level Total (Not Medical Reimbursable)									
33	Client Expenses		\$ 34,800	\$ 16,200	\$ 18,600	\$ -			\$ -
34	Groceries		\$ 4,800	\$ 1,200	\$ 3,600	\$ -	\$ -	\$ -	\$ -
35	Recreation		\$ 22,000	\$ 11,000	\$ 11,000	\$ -	\$ -	\$ -	\$ -
36			\$ 8,000	\$ 4,000	\$ 4,000	\$ -	\$ -	\$ -	\$ -
37	SUBTOTAL DIRECT COSTS		\$ 1,385,896	\$ 316,289	\$ 321,788	\$ 25,105	\$ 143,879	\$ 475,609	\$ 103,226
IV. INDIRECT COSTS									
38	Administrative Indirect Costs (Reimbursement limited to 15%)		\$ 197,435	\$ 45,059	\$ 45,842	\$ 3,576	\$ 20,497	\$ 67,755	\$ 14,706
39	GROSS DIRECT AND INDIRECT COSTS		\$ 1,583,330	\$ 361,348	\$ 367,630	\$ 28,681	\$ 164,376	\$ 543,364	\$ 117,931

XX. Add Exhibit B-3 – FY 23-24 Entity Budget by Program Behavioral Health Provider Fees and Non-Prescriber Fees as follows:

**EXHIBIT B-3 – FY 23-24
ENTITY BUDGET BY PROGRAM
Behavioral Health Provider Fees**

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate	Psychologist/Pre-licensed Psychologist	LPHA & LCSW	MHRS & Other Designated	Peer Recovery Specialist
90785	Interactive Complexity	Supplemental Service Codes	Occurrence	\$8.00	\$8.00	\$8.00	\$8.00
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63		
90832	Psychotherapy, 30 Minutes with Patient	Therapy Codes	27	\$152.30	\$103.73		
90834	Psychotherapy, 45 Minutes with Patient	Therapy Codes	45	\$253.84	\$172.88		
90837	Psychotherapy, 60 Minutes with Patient	Therapy Codes	60	\$338.45	\$230.51		
90839	Psychotherapy for Crisis, First 30-74 Minutes 84	Crisis Intervention Codes	52	\$293.32	\$199.78		
90840	Psychotherapy for Crisis, Each Additional 30 Minutes	Crisis Intervention Codes	30	\$169.22	\$115.26		
90845	Psychoanalysis, 15 Minutes	Therapy Codes	15	\$84.61	\$57.63		
90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Therapy Codes	50	\$282.04	\$192.09		
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Therapy Codes	15	\$84.61	\$57.63		
90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	Therapy Codes	15	\$84.61	\$57.63		
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63		
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15	\$84.61	\$57.63		
96105	Assessment of Aphasia, per Hour	Assessment Codes	60	\$338.45			
96110	Developmental Screening, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63		
96112	Developmental Testing, First Hour	Assessment Codes	60	\$338.45			
96113	Developmental Testing, Each Additional 30 Minutes	Assessment Codes	30	\$169.22			
96116	Neurobehavioral Status Exam, First Hour	Assessment Codes	60	\$338.45	\$230.51		
96121	Neurobehavioral Status Exam, Each Additional Hour	Assessment Codes	60	\$338.45	\$230.51		
96125	Standardized Cognitive Performance Testing, per Hour	Assessment Codes	60	\$338.45			
96127	Brief Emotional/Behavioral Assessment, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63		
96130	Psychological Testing Evaluation, First Hour	Assessment Codes	60	\$338.45			
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment Codes	60	\$338.45			
96132	Neuropsychological Testing Evaluation, First Hour	Assessment Codes	60	\$338.45			
96133	Neuropsychological Testing Evaluation, Each Additional Hour	Assessment Codes	60	\$338.45			

EXHIBIT B-3 – FY 23-24
ENTITY BUDGET BY PROGRAM
Behavioral Health Provider Fees (cont.)

96136	Psychological or Neuropsychological Test Administration, First 30 Minutes	Assessment Codes	30	\$169.22				
96137	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Assessment Codes	30	\$169.22				
96146	Psychological or Neuropsychological Test Administration, 15 Minutes	Assessment Codes	15	\$84.61				
96161	Caregiver Assessment Administration of Care-Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15	\$84.61	\$57.63			
98966	Telephone Assessment and Management Service, 5-10	Assessment Codes	8	\$45.13	\$30.73			
98967	Telephone Assessment and Management Service, 11-20	Assessment Codes	16	\$90.25	\$61.47			
98968	Telephone Assessment and Management Service, 21-30	Assessment Codes	26	\$146.66	\$99.89			
99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Plan Development Codes	60	\$338.45	\$230.51			
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Plan Development Codes	60	\$338.45	\$230.51			
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes	Plan Development Codes	60	\$338.45	\$230.51			
G2212	Prolonged Outpatient Service beyond the Maximum Time; Each Additional 15 Minutes (automatically added by SmartCare as appropriate)	Add-on Code	15	\$84.61	\$57.63			
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Peer Support Services Codes	15					\$45.74
H0031	Mental Health Assessment by Non-Physician, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H0038	Self-help/peer services per 15 minutes	Peer Support Services Codes	15					\$45.74
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15	\$84.61	\$57.63	\$43.45		\$45.74
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15	\$84.61	\$57.63	\$43.45		\$45.74
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15	\$84.61	\$57.63	\$43.45		\$45.74

Provider type	Tax1	Tax2	Tax3	Tax4	Tax5	Tax6	Tax7	Tax8	Tax9
Psychologist/ Pre-licensed Psychologist	102L	103G	103T						
LPHA	1012	101Y	102X	103K	106H	1714	222Q	225C	2256
LCSW	106E	1041							
Peer Recovery Specialist	175T								
Mental Health Rehab Specialist	146D	146L	146M	146N	171M	174H	1837		
	2217	224Y	224Z	2254	2258	225A	2260	2263	
	246Y	246Z	2470	274K	374T	376K	3902	4053	
Other Qualified Providers - Other Designated MH staff that bill medical	171R	172V	3726	373H	374U	376J			

EXHIBIT B-3 – FY 23-24
ENTITY BUDGET BY PROGRAM
Non-Prescriber Fees

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate	RN	LVN	Licensed Psychiatric Technician
90785	Interactive Complexity	Supplemental Service Codes	Occurrence	\$8.00	\$8.00	\$8.00
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15			
96110	Developmental Screening, 15 Minutes	Assessment Codes	15	\$85.53		
96116	Neurobehavioral Status Exam, First Hour	Assessment Codes	60	\$342.11		
96121	Neurobehavioral Status Exam, Each Additional Hour	Assessment Codes	60	\$342.11		
96127	Brief Emotional/Behavioral Assessment, 15 Minutes	Assessment Codes	15	\$85.53		
96138	Psychological or Neuropsychological Test Administration by Technician, First 30 Minutes	Assessment Codes	30			\$80.50
96139	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Assessment Codes	30			\$80.50
96161	Caregiver Assessment Administration of Care-Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15	\$85.53	\$47.11	
96365	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Medication Support Codes	46	\$262.28		
96366	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Medication Support Codes	45	\$256.58		
96367	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Medication Support Codes	31	\$176.76		
96368	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Medication Support Codes	15	\$85.53		
96369	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Medication Support Codes	38	\$216.67		
96370	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369	Medication Support Codes	45	\$256.58		
96371	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes	Medication Support Codes	15	\$85.53		
96372	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Medication Support Codes	15	\$85.53		
96373	Therapeutic, Prophylactic, or Diagnostic Injection; Intra-Arterial, 15 Minutes	Medication Support Codes	15	\$85.53		
96374	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Medication Support Codes	15	\$85.53		
96375	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Medication Support Codes	15	\$85.53		
96376	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Medication Support Codes	15	\$85.53		
96377	Application of On- body Injector for Timed Subcutaneous Injection, 15 Minutes	Medication Support Codes	15	\$85.53		

EXHIBIT B-3 – FY 23-24
ENTITY BUDGET BY PROGRAM
Non-Prescriber Fees (cont.)

99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Plan Development Codes	60	\$342.11		
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	Plan Development Codes	60	\$342.11		
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes	Plan Development Codes	60	\$342.11	\$188.43	\$160.99
99605	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with New Patient with Assessment and Intervention, 15 Minutes	Medication Support Codes	15			
99606	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with Established Patient with Assessment and Intervention, 15 Minutes	Medication Support Codes	15			
99607	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with Patient with Assessment and Intervention, each Additional 15 Minutes beyond 99605 or 99606.	Medication Support Codes	15			
G2212	Prolonged Outpatient Service beyond the Maximum Time; Each Additional 15 Minutes (automatically added by SmartCare as appropriate)	Add-on Code	15	\$85.53	\$47.11	\$40.25
H0031	Mental Health Assessment by Non- Physician, 15 Minutes	Assessment Codes	15	\$85.53	\$47.11	\$40.25
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15	\$85.53	\$47.11	\$40.25
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15	\$85.53	\$47.11	\$40.25
H0034	Medication Training and Support, per 15 Minutes	Medication Support Codes	15	\$85.53	\$47.11	\$40.25
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15	\$85.53	\$47.11	\$40.25
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15	\$85.53	\$47.11	\$40.25
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15	\$85.53	\$47.11	\$40.25
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15	\$85.53	\$47.11	\$40.25
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15	\$85.53	\$47.11	\$40.25
T1001	Nursing Assessment/Evaluation, 15 Minutes	Assessment Codes	15	\$85.53	\$47.11	\$40.25
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15	\$85.53	\$47.11	\$40.25
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15	\$85.53	\$47.11	\$40.25

Provider type	Tax1	Tax2	Tax3
Pharmacist	1835		
RN	163W	3675	376G
LVN	164W	164X	
Licensed Psychiatric Technician	106S	167G	3747

XXI. Delete Exhibit E – Program Goals, Outcomes, and Measures in its entirety and replace with the following:

**EXHIBIT E
PROGRAM GOALS, OUTCOMES, AND MEASURES**

*Changes to Exhibit E do not require a formal amendment to this Agreement but shall be agreed to in writing by the Contractor and the Director of the Department of Behavioral Wellness or designee and shall not alter the Maximum Contract Amount.

Transitions Mental Health Association Program Evaluation – Wellness Centers, Family Advocate, & Peer Technology Suite			
Goals	Outcomes	Measures	
		North	West
1. Create peer-run supports and services that build bridges to local communities and engage natural community supports.	A. # Unduplicated clients	250	200
	B. Client visits	4,500	3,600
	C. Outreach Events	12 (1/month)	12 (1/month)
	D. # Outreach Event Attendees	400	400
	E. Support Group Meetings	24 (2/month)	24 (2/month)
2. Increase participant access to technology and training.	A. # Computer Classes	40 (10/quarter)	40 (10/quarter)
	B. # Client visits to computer lab	200	200
	C. # Attendees of tech suite groups (vendor to coordinate and host)	160 (40/quarter)	160 (40/quarter)
	D. # Digital literacy education and support services events hosted	48 (1/week)	48 (1/week)
3. Support family members throughout the County.	A. Outings, Educational Events with Clients	12 (1/mo)	12 (1/mo)
	B. Linked to additional services	25 (10% of clients served)	20 (10% of clients served)

Transitions Mental Health Association Program Evaluation – North Community FSP		
(all outcomes are in %)		
Program Goals	Outcomes	Measures
1. Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems.	A. Incarcerations / Juvenile Hall	≤ 5
	B. Psychiatric Inpatient Admissions	≤ 5
	C. Physical Health Hospitalizations	≤ 5
	D. Physical Health Emergency Care	≤ 10
2. Assist clients in their mental health recovery process and with developing the skills necessary to lead independent, healthy and productive lives in the community.	A. Stable/Permanent Housing	≥ 90
	B. Engaged in Purposeful Activity	≥ 15
	C. Of those who discharged (#dc = denominator): % who transitioned to a higher level of care	≤ 15
	D. Of those who discharged (#dc = denominator): % who transitioned to a lower level of care (or graduated/discharged bc care no longer needed or medical necessity not met)	≥ 85
	E. Incidents requiring a higher level of supervision	N/A
	F. Percent of clients who “showed improvement” on the Milestones of Recovery (MORS)	≥ 20

Transitions Mental Health Association LEAD the Conversation & Growing Grounds (PEI)			
Program Goals	Outcomes	Measures	
		LEAD the Conversation PEI: STIGMA & DISCRIMINATION REDUCTION	Growing Grounds PEI: PREVENTION
1. Educate unserved communities about mental health conditions specific to that community and in the appropriate language, as applicable	A. Number of community presentations/trainings (hosted)	10/year (B: Presentations)	N/A
	B. Number of Educational and Informational Publications disseminated in English and the appropriate language	Yes	50/year
	C. Unique # Clients Served	Yes	Yes (goal: 50/year)
2. Serve as liaison to settings where mental health services are not traditionally located	A. Disseminate information/resources at community events (health fairs, other outreach activities)	8/year (A: Community Outreach)	N/A
	B. Number of meetings with community leaders	N/A	12/quarter (B: Horticultural workshops)
3. Empower individuals, family members, and community members to identify and enhance culturally specific wellness practices	A. Number of workshops / activities	10/year (C: Trainings)	12/quarter (Vocational Trainings)
4. Prevent the onset of serious mental illness and/or provide early intervention services for individuals who may experience an emerging mental health condition	A. Number of support groups and/or individuals served over time	N/A	50/year (Vocational Planning Trainings)
5. Reduce disparities in availability of mental health support for unserved/underserved communities	A. Number of unserved/underserved linked or referred to MH/other services	Yes	Yes
	B. % Referred that engaged in services	N/A	N/A
	C. # individuals referred to SEP for further job development	N/A	10/year
	D. # Individuals who obtained employment	N/A	Yes
6. Individualized Pre-Post Assessment of changes in recognition of early signs of mental illness	A. % of participants who completed pre and post assessments and results	Yes (using MOQA or other measure of Stigma and Discrimination Reduction)	Yes Satisfaction Survey, Job Training Survey

XXII. Effectiveness. The terms and provisions set forth in this First Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amended Agreement, are ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.

XXIII. Execution of Counterparts. This First Amended Agreement may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

First Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Transitions-Mental Health Association**.

IN WITNESS WHEREOF, the parties have executed this First Amendment to the Agreement for Services of Independent Contractor to be effective on the date executed by the County.

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

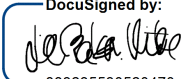
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

**TRANSITIONS-MENTAL HEALTH
ASSOCIATION**

By:  _____
Authorized Representative


Name: Jill Bolster-White

Title: Executive Director

Date: 11/30/2023

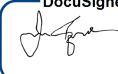
APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:  _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By:  _____
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT,
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By:  _____
Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By:  _____
Risk Manager