

**Attachment B –
Tarzana Treatment Centers
FY 2023-27 Board Contract
First Amendment**



County of Santa Barbara

BOARD OF SUPERVISORS

Minute Order

February 11, 2025

Present: 5 - Supervisor Lee, Supervisor Capps, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino

BEHAVIORAL WELLNESS DEPARTMENT

File Reference No. 25-00091

RE: Consider recommendations regarding the First Amendment to the Agreement for Services of Independent Contractor with Tarzana Treatment Centers, Inc. for Alcohol and Drug Program Services (BC 23-078), as follows:

- a) Approve, ratify, and authorize the Chair to execute a First Amendment to the Agreement for Services of Independent Contractor with Tarzana Treatment Centers, Inc. (not a local vendor) (BC 23-078) to increase the contract amount by \$4,471,200.00 for the provision of Residential Treatment Services to an additional ten clients for a revised, total maximum contract amount not to exceed \$9,039,600.00, inclusive of \$1,142,100.00 for Fiscal Year (FY) 2023-2024, \$2,632,500.00 for FY 2024-2025, \$2,632,500.00 for FY 2025-2026, and \$2,632,500.00 for FY 2026-2027, for the period of July 1, 2023, through June 30, 2027; and
- b) Determine that the above-recommended actions are not a project that is subject to environmental review under the California Environmental Quality Act (CEQA), pursuant to CEQA Guidelines section 15378(b)[4], finding that the actions are governmental funding mechanisms and/or fiscal activity that will not result in direct or indirect physical changes in the environment.

A motion was made by Supervisor Hartmann, seconded by Supervisor Nelson, that this matter be acted on as follows:

- a) **Approved, ratified and authorized; Chair to execute; and**
- b) **Approved.**

The motion carried by the following vote:

Ayes: 5 - Supervisor Lee, Supervisor Capps, Supervisor Hartmann, Supervisor Nelson, and Supervisor Lavagnino



**BOARD OF SUPERVISORS
AGENDA LETTER**

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Submitted on:
(COB Stamp)

Department Name: Behavioral Wellness
Department No.: 043
Agenda Date: February 11, 2025
Placement: Administrative Agenda
Estimated Time: N/A
Continued Item: No
If Yes, date from: N/A
Vote Required: Majority

TO: Board of Supervisors

FROM: Department Director(s): Antonette Navarro, LMFT, Director, Department of Behavioral Wellness, 805-681-5220

Contact Info: Melissa Wilkins, MPH, CADC-II, CCPS, Division Chief of Alcohol and Drug Programs, Department of Behavioral Wellness, 805-681-5220

SUBJECT: First Amendment to FY 23-27 Services Agreement with Tarzana Treatment Centers, Inc. for Alcohol and Drug Program Services (BC 23-078)

DS
AN

County Counsel Concurrence

As to form: Yes

Other Concurrence: Risk Management

As to form: Yes

Auditor-Controller Concurrence

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- a) Approve, ratify, and authorize the Chair to execute a First Amendment to the Agreement for Services of Independent Contractor with Tarzana Treatment Centers, Inc. (not a local vendor) (BC 23-078) to increase the contract amount by \$4,471,200 for the provision of Residential Treatment Services to an additional ten clients for a revised, total maximum contract amount not to exceed **\$9,039,600**, inclusive of \$1,142,100 for FY 23-24, \$2,632,500 for FY 24-25, \$2,632,500 for FY 25-26, and \$2,632,500 for FY 26-27, for the period of July 1, 2023, through June 30, 2027; and
- b) Determine that the above-recommended actions are not a project that is subject to environmental review under the California Environmental Quality Act (CEQA), pursuant to CEQA Guidelines section 15378(b)(4), finding that the actions are governmental funding mechanisms and/or fiscal activity that will not result in direct or indirect physical changes in the environment.

Summary Text:

This item is on the agenda to request the Board of Supervisors (Board) approve, ratify, and authorize the Chair to execute a First Amended Agreement with Tarzana Treatment Centers, Inc., (BC 23-078) to increase the contract amount by \$4,471,200 for the provision of alcohol and drug programs

services for an additional ten clients in Residential Treatment Services for a revised, total maximum contract amount not to exceed **\$9,039,600**, inclusive of \$1,142,100 for FY 23-24, \$2,632,500 for FY 24-25, \$2,632,500 for FY 25-26, and \$2,632,500 for FY 26-27, for the period of July 1, 2023, through June 30, 2027.

Background:

The Department of Behavioral Wellness (BWell) provides mental health and substance use disorder services to Santa Barbara County residents, including through contracts with Community-Based Organizations. On October 4, 2022, BWell issued a Request for Proposal (RFP) for Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment Services for Fiscal Years 2023-2027, covering levels 3.1, 3.3, 3.5, and withdrawal management levels 3.2 and 3.7 for adults and adolescents. Bidders were asked to specify service regions in South, Mid, and North County.

Tarzana Treatment Centers, based in Tarzana, CA, submitted a proposal by the December 2, 2022 deadline, offering to provide out-of-county services for all levels of care. Tarzana was awarded contracts for:

- Residential Treatment Services (Levels 3.1, 3.3, 3.5, Perinatal/Non-Perinatal)
- Withdrawal Management (Levels 3.2 Perinatal and 3.7, for adults and adolescents)

On July 18, 2023, a Fiscal Year (FY) 23-27 Agreement for Services of Independent Contractor was executed with Tarzana Treatment Centers to provide Residential Treatment Services for 10 clients at any time, aimed at helping clients achieve sobriety. The total maximum contract amount was not to exceed \$4,568,400 for FY 23-27, with annual allocations of \$1,142,100 for each fiscal year from FY 23-24 through FY 26-27. The agreement covers the period from July 1, 2023, through June 30, 2027.

There is a shortage of male beds available in-county, and currently, there are no additional beds available in-county or in our neighboring counties of San Luis Obispo and Ventura. Therefore, Tarzana is the closest Substance Use Disorder (SUD) Residential Treatment provider with male beds and multiple levels of care (3.7, 3.2, 3.1, and 3.5). Tarzana is also the only provider offering adolescent treatment services.

Additionally, Tarzana is the only SUD Residential Treatment facility that offers WM 3.7 -withdrawal management services for individuals with co-occurring medical, SUD, and /or untreated Mental Health symptoms. BWell is continually looking for opportunities to expand care in partnership with local contractors within the county. Purchasing of a new facility by a subcontractor and certification will take a minimum of one-year or more once identified and then secured.

Amendment

This First Amendment is extending the Agreement for Services of Independent Contractor for the provision of alcohol and drug program services to accept an additional ten clients for residential treatment for a revised total maximum contract amount not to exceed **\$9,039,600** for FY 23-27, inclusive of \$1,142,100 for FY 23-24, \$2,632,500 for FY 24-25, \$2,632,500 for FY 25-26, and \$2,632,500 for FY 26-27, for the period of July 1, 2023 through June 30, 2027. The increase in contract maximum will allow for 10 additional residential clients to be served by Tarzana Treatment Centers.

Performance Measure(s) FY 2023-2024:

In FY 2023-24, Tarzana served 64 male adult clients, 14 female adult clients, and 22 adolescent clients.

Withdrawal Management 3.2

Served an average of 9 clients per quarter.

Clients Successfully Completed treatment: Goal 50%. Outcome: 71%

Clients Primary Drug Abstinence at Discharge: Goal 100%. Outcome: 71%

Withdrawal Management 3.7

Served an average of 1 client per quarter.

Clients Successfully Completed treatment: Goal 50%. Outcome: 100%

Clients Primary Drug Abstinence at Discharge: Goal 100%. Outcome: 100%

Adult Residential Treatment 3.1

Served an average of 4 clients per quarter.

Clients Engaged in treatment: Goal 60%. Outcome: 50%

Clients Primary Drug Abstinence at Discharge: Goal 80%. Outcome: 70%

Adult Residential Treatment 3.5

Served an average of 4 clients per quarter.

Clients Engaged in treatment: Goal 60%. Outcome: 67%

Clients Primary Drug Abstinence at Discharge: Goal 80%. Outcome: 67%

Youth Residential Treatment 3.1

Served an average of 2.5 clients per quarter.

Clients Engaged in treatment: Goal 60%. Outcome: 58%

Clients Primary Drug Abstinence at Discharge: Goal 80%. Outcome: 58%

Youth Residential Treatment 3.5

Served an average of 3 clients per quarter.

Clients Engaged in treatment: Goal 60%. Outcome: 67%

Clients Primary Drug Abstinence at Discharge: Goal 80%. Outcome: 67%

Fiscal and Facilities Impacts:

Budgeted: Yes

Fiscal Analysis:

Funding Source	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Total
State	\$571,050	\$1,316,250	\$1,316,250	\$1,316,250	\$4,519,800.00
Federal	\$571,050	\$1,316,250	\$1,316,250	\$1,316,250	\$4,519,800.00
Total	\$1,142,100.00	\$2,632,500.00	\$2,632,500.00	\$2,632,500.00	\$9,039,600.00

Narrative:

The above-referenced Agreement is funded with a combination of State and Federal funds. The fee-for-service portion of the contract will be funded with Drug Medi-Cal (DMC) Patient Revenue which primarily consists of Federal funds and a limited amount of State Realignment matching funds. The amount of Federal funds is contingent on the client's aid code and the State issued rate for the service. The Non-Drug-Medi-Cal portion of the contract is funded by State funds including State Realignment and Substance Use and Prevention Treatment Block Grant. This amendment will fund ten additional residential beds for out of county client services. The funding sources associated with this contract were included in the FY 2024-25 Adopted Budget and future year's recommended budgets.

Special Instructions:

Please email one (1) complete executed Amendment and one (1) minute order to msimongersuk@sbcbwell.org and bwellcontractsstaff@sbcbwell.org.

Attachments:

Attachment A – Tarzana Treatment Centers, Inc. FY 23-27 First Amendment

Attachment B – Tarzana Treatment Centers, Inc. FY 23-27 Board Contract 23-078

Authored by:

Jeannette Beaudelaire
Contract Analyst

Board Contract: 23-078

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

BETWEEN

**COUNTY OF SANTA BARBARA
DEPARTMENT OF BEHAVIORAL WELLNESS**

AND

TARZANA TREATMENT CENTERS, INC.

FOR

ALCOHOL AND DRUG PROGRAMS

FIRST AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, BC No. 23-078, is made by and between the **County of Santa Barbara** (County) and **Tarzana Treatment Centers, Inc.** (Contractor) for the continued provision of services specified herein (hereafter, First Amended Agreement).

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

WHEREAS, County and Contractor (collectively, the parties) entered into an Agreement for Services of Independent Contractor, BC No. 23-078, for the provision of Residential Treatment Services for a total maximum contract amount not to exceed **\$4,568,400**, inclusive of \$1,142,100 per fiscal year, for the period of July 1, 2023, through June 30, 2027, (Agreement); and

WHEREAS, the parties now wish to amend the Agreement to increase the contract amount by \$4,471,200 for the provision of Residential Treatment Services to additional clients for a revised total maximum contract amount not to exceed **\$9,039,600**, inclusive of \$1,142,100 for FY 23-24, \$2,632,500 for FY 24-25, \$2,632,500 for FY 25-26, and \$2,632,500 for FY 26-27, for the period of July 1, 2023, through June 30, 2027.

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

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

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$9,039,600**, inclusive of \$1,142,100 for FY 23-24, \$2,632,500 for FY 24-25, \$2,632,500 for FY 25-26, and \$2,632,500 for FY 26-27, in Alcohol and Drug Program funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1-ADP. 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.

II. Delete Exhibit B-1 – ADP (Schedule of Rates and Contract Maximum) FY 23-27 in its entirety, and replace it with the following:

**THIS SECTION INTENTIONALLY LEFT BLANK
EXHIBITS B-1 ADP FY 23-24 & FY 24-27 PAGES FOLLOW**

EXHIBIT B-1 – ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to program described in Exhibit A-3)

EXHIBIT B-1 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Tarzana Treatment Centers, Inc.

FISCAL YEAR: 23-24

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$250.00	1,095	\$273,800
			RESIDENTIAL 3.2	Bed Day	\$390.00	402	\$156,800
			RESIDENTIAL 3.3	Bed Day	\$274.00	201	\$55,100
			RESIDENTIAL 3.5	Bed Day	\$264.00	1,095	\$289,100
			RESIDENTIAL 3.7	Bed Day	\$1,000.00	201	\$201,000
	Outpatient Services Fee-For Service	Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$386.80	0	\$0
			LPHA / Assoc. LPHA	0.00	\$263.44	0	\$0
			Certified Peer Recovery Specialist	0.00	\$209.08	0	\$0
			Alcohol and Drug Counselor	0.50	\$219.53	416	\$91,400
				0.50		3,410	\$1,067,200

Contracted Service	Service Type	Reimbursement Method	Rate (if applicable)	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Board and Care (3)	Negotiated Rate & Contingent Cost Reimbursement	\$25.00 Per Day	\$74,900
				\$74,900

Total Contract Maximum Per Fiscal Year **\$1,142,100**

Contract Maximum by Program & Estimated Funding Sources						Total
Funding Sources (1)	PROGRAM(S)					
	Residential Treatment Programs					
Medi-Cal Patient Revenue (2)	\$ 1,067,200					\$ 1,067,200
Realignment/SAPT - Board and Care (3)	\$ 74,900					\$ 74,900
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL CONTRACT PAYABLE FY 23-24:	\$ 1,142,100	\$ -	\$ -	\$ -	\$ -	\$ 1,142,100

CONTRACTOR SIGNATURE:

Albert Senella

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FISCAL SERVICES SIGNATURE:

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(1) 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.

(2) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.

(3) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

EXHIBIT B-1 – ADP
SCHEDULE OF RATES AND CONTRACT MAXIMUM
(Applicable to program described in Exhibit A-3)

EXHIBIT B-1 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME:

Tarzana Treatment Centers, Inc.

FISCAL YEAR: 24-27

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	24-Hour Services	Residential	RESIDENTIAL 3.1	Bed Day	\$250.00	1,460	\$365,000
			RESIDENTIAL 3.2	Bed Day	\$390.00	402	\$156,800
			RESIDENTIAL 3.3	Bed Day	\$274.00	201	\$55,100
			RESIDENTIAL 3.5	Bed Day	\$264.00	4,380	\$1,156,400
			RESIDENTIAL 3.7	Bed Day	\$1,000.00	201	\$201,000
	Outpatient Services Fee-For Service	Prescriber	Physician	0.10	\$833.90	83	\$69,400
			Physicians Assistant	0.05	\$467.50	42	\$19,500
		Non-Prescriber	Nurse Practitioner (8 Cert Nurse Spec.)	0.05	\$518.35	42	\$21,600
			Registered Nurse	0.10	\$423.40	83	\$35,300
			Licensed Vocational Nurse	0.05	\$222.42	42	\$9,300
		Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	\$419.21	0	\$0
			LPHA / Assoc. LPHA	0.05	\$271.28	42	\$11,300
			Certified Peer Recovery Specialist	1.00	\$214.32	832	\$178,400
			Alcohol and Drug Counselor	1.00	\$225.02	832	\$187,300
					2.40	8,641	\$2,466,400
Contracted Service	Service Type		Reimbursement Method		Rate (if applicable)		Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Board and Care (3)		Negotiated Rate & Contingent Cost Reimbursement			\$25.00 Per Day	\$166,100
							\$166,100
Total Contract Maximum Per Fiscal Year							\$2,632,500
Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (1)	PROGRAM(S)						
	Residential Treatment Programs						
Medi-Cal Patient Revenue (2)	\$ 2,466,400						\$ 2,466,400
Realignment/SAPT - Board and Care (3)	\$ 166,100						\$ 166,100
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL CONTRACT PAYABLE PER FY:	\$ 2,632,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,632,500
TOTAL CONTRACT PAYABLE FY 24-27:	\$ 7,897,500	\$ by:	\$ -	\$ -	\$ -	\$ -	\$ 7,897,500

Albert Senella

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

—DocuSigned by:

melissa mango

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(1) 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.

(2) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.

(3) Provider is paid monthly at a provisional rate. Service type is subject to cost settlement. If costs are higher than the provisional rate, then reimbursement is subject to availability of SABG funds

IX. Delete Exhibit B-3 – ENTITY CODES BY SERVICE TYPE in its entirety, and replace it with the following:

THIS SECTION INTENTIONALLY LEFT BLANK
EXHIBITS B-3 ADP OUTPATIENT NON-MEDICAL DIRECT SERVICES, OUTPATIENT MEDICAL NON-PRESCRIBER SERVICES, OUTPATIENT MEDICAL DIRECT SERVICES PAGES FOLLOW

EXHIBIT B-3 – ADP
ENTITY RATES AND CODES BY SERVICE TYPE
Outpatient Non-Medical Direct Services

DEPARTMENT OF BEHAVIORAL WELLNESS
 SCHEDULE OF CODES
 Outpatient Non-Medical Direct Services

Provider type	Taxonomy Codes
Psychologist/ Pre-licensed Psychologist	102L, 103G, 103T
LPHA	1012, 101Y, 102X, 103K, 106H, 1714, 222Q, 225C, 2256
LCSW	106E, 104I
Peer Recovery Specialist	175T
Other Qualified Providers (including Alcohol and Drug Counselor)	101YA, 146D, 146L, 146M, 146N, 171M, 374K, 2258, 2260, 4053, 171R, 172V, 3726, 373H, 374U, 376J

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Services	Occurrence
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15
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	15
96130	Psychological Testing Evaluation, First Hour	Assessment	60
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment	60
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment	26
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5-14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
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	Care Coordination	60
H1000	Prenatal Care, at risk assessment.	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
99496	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	Discharge Services	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
90846	Family Psychotherapy (Without the Patient Present), 26-50 minutes	Family Therapy	38
90847	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy	38
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
H0025	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	Peer Support Service	15
H0038	Self-help/peer services, per 15 minutes	Peer Support Service	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Services	15
96170	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	Supplemental Services	30
96171	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	Supplemental Services	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Services	15
H2014	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15
H2027	Psychoeducational Service, per 15 minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library 'Specialty Mental Health Services Table' online at <https://www.dhcs.ca.gov/services/MHPages/MedGCC-Library.aspx> for a complete list of codes and associated billing requirements.

EXHIBIT B-3 – ADP
ENTITY RATES AND CODES BY SERVICE TYPE
Outpatient Medical Non-Prescriber Services

EXHIBIT B-3 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF CODES
Outpatient Medical Non-Prescriber Services

Provider type	Taxonomy Codes
Registered Nurse	163W, 3675, 376G
Pharmacist	1835
Licensed Psychiatric Technician	106S, 167G, 3747
Licensed Vocational Nurse	164W, 164X

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Services	Occurrence
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0003	Alcohol and/or drug screening. Laboratory analysis	Assessment	15
H0048	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
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	Care Coordination	60
H1000	Prenatal Care, at risk assessment.	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Services	15
H0034	Medication Training and Support, per 15 Minutes	Medication Services	15
H0008	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	Recovery Services	15
H0009	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	Recovery Services	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Services	15
96170	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	Supplemental Services	30
96171	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	Supplemental Services	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Services	15
H2014	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library 'Specialty Mental Health Services Table' online at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for a complete list of codes and associated billing requirements.

EXHIBIT B-3 – ADP
ENTITY RATES AND CODES BY SERVICE TYPE
Outpatient Medical Direct Services

EXHIBIT B-3 ADP
 DEPARTMENT OF BEHAVIORAL WELLNESS
 SCHEDULE OF CODES
 Outpatient Medical Prescriber Services

Provider type	Taxonomy Codes
Physician (including Psychiatrist)	202C, 202D, 202K, 204C, 204D, 204E, 204F, 204R, 207K, 207L, 207N, 207P, 207Q, 207R, 207S, 207T, 207U, 207V, 207W, 207X, 207Y, 207Z, 2080, 2081, 2082, 2083, 2084, 2085, 208C, 208D, 208G, 208M, 208U, 208V, 2098, 2086, 2087, 2088
Nurse Practitioner	363L
Physician's Assistant	363A

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Services	Occurrence
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15
90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Assessment	15
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	Assessment	15
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	15
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment	26
99202	Office or Other Outpatient Visit of a New Patient, 15-29 Minutes	Assessment	22
99203	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Assessment	37
99204	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Assessment	52
99205	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Assessment	67
99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Assessment	15
99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Assessment	25
99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Assessment	35
99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Assessment	47
99441	Telephone Evaluation and Management Service, 5-10 Minutes	Assessment	8
99442	Telephone Evaluation and Management Service, 11-20 Minutes	Assessment	16
99443	Telephone Evaluation and Management Service, 21-30 Minutes	Assessment	26
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment, 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment, 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0003	Alcohol and/or drug screening, Laboratory analysis	Assessment	15
H0048	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
99367	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Minutes or More	Care Coordination	60
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	Care Coordination	60
99451	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Care Coordination	17
H1000	Prenatal Care, at risk assessment	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
99495	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	Discharge Services	15
99496	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	Discharge Services	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
90846	Family Psychotherapy (Without the Patient Present), 26-50 minutes	Family Therapy	38
90847	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy	38
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes	Group Counseling	15
99408	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services, 15-30 minutes.	Individual Counseling	23
99409	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services, Greater than 30 minutes.	Individual Counseling	60
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15

EXHIBIT B-3 – ADP
ENTITY RATES AND CODES BY SERVICE TYPE
Outpatient Medical Direct Services (continued)

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Medication Services	15
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Services	15
H0034	Medication Training and Support, per 15 Minutes	Medication Services	15
H0008	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	Recovery Services	15
H0009	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	Recovery Services	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Services	15
96170	Health behavior intervention, family (patient not present), face-to-face. 16-30 Min.	Supplemental Services	30
96171	Health behavior intervention, family (patient not present), face-to-face. Each add'l.15 Min.	Supplemental Services	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Services	15
H2014	Skills training and development, per 15 minutes. (Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15
H2027	Psychoeducational Service, per 15 minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library 'Specialty Mental Health Services Table' online at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for a complete list of codes and associated billing requirements.

X. 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.

XI. 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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First Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Tarzana Treatment Centers, Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amended Agreement to be effective as of the date executed by **COUNTY**.

COUNTY OF SANTA BARBARA:

By:


LAURA CAPPES, CHAIR
BOARD OF SUPERVISORS

Date:

2-11-25

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By:


Shalee Altagracia
Deputy Clerk

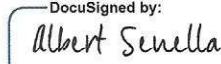
Date:

2-11-25

CONTRACTOR:

TARZANA TREATMENT CENTERS, INC.

By:


Albert Senella

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Authorized Representative

Albert Senella

Name:

President and CEO

Title:

1/30/2025

Date:

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

Signed by:


Bo Bae

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By:

Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFER, CPA
AUDITOR-CONTROLLER

DocuSigned by:


Betsy M. Schaffer

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By:

Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

DocuSigned by:


Antonette Navarro

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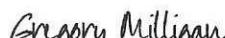
By:

Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER

DocuSigned by:


Gregory Milligan

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By:

Risk Manager