

FIRST AMENDMENT

This First Amendment to Agreement No. 23-318 (“First Amendment”) is made and entered into as of the last date signed below, by and between the County of Yolo (“County”) and Granite Wellness Centers (“Contractor”), jointly referred to as the “Parties” herein.

WHEREAS, on or about January 12, 2024 the Parties entered into Agreement No. 23-318 (“Agreement”); and

WHEREAS, on or about May 7, 2024, the County exercised its option to extend the Agreement under the same terms and conditions via Option Letter #1; and

WHEREAS, the Parties would now like to amend the Agreement to:

1. Revise **Section I. of Article 1** to reflect the current term and remaining option years; and
2. Revise **Paragraph III.D.1. of Article 1** to add funding in the amount of \$126.87 to Fiscal Year (FY) 2023-24 and add \$275,000 for FY 2024-25 for a new contract maximum of \$987,626.87; and
3. Revise **Paragraph III.D.2. of Article 1** to update the remaining option years and lifetime maximum; and
4. Revise **Paragraph IV.A. of Article 1** to amend the Exhibit list to include Exhibits A.6 and A.7; and
5. Revise **Paragraph III.B. of Article 2** to update County email addresses; and
6. Revise **Paragraph XI.B. of Article 2** to update Specific County Authority; and
7. Revise **Paragraph VI.F. of Article 9** to update County email addresses; and
8. Revise **Section IV. of Article 11** to update County email address; and
9. Revise **Paragraph IV.A. of Article 12** to update County email address; and
10. Revise **Paragraph III.A.3 of Article 15** to update County email address; and
11. Revise **Paragraph III.B.2.a. of Article 15** to update County email address; and
12. Revise **Paragraph III.B.3. of Article 15** to update County email address; and
13. Revise **Sections III.C. and III.D of Article 15** to update County email addresses; and
14. Add **Exhibits A.6 and A.7** to the Agreement; and
15. Revise **Paragraph III.B.2. of Exhibit B.1** to update County email addresses; and
16. Revise **Paragraph III.C.2. of Exhibit B.1.** to update County email address; and
17. Revise **Paragraph IV.C. of Exhibit B.1** to update County email address; and
18. Revise **Exhibit B.2** to add rates for FY2024-25; and
19. Revise **Paragraph 2(d) of Exhibit D** to update County Risk Manager contact; and update county email addresses; and
20. Revise **Exhibit E** to update County email addresses.

NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

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1. **Section I. of Article 1.** of the Agreement is hereby amended to read as follows:

I. TERM

The term of this Agreement shall be from **January 1, 2024 through June 30, 2025** unless sooner terminated as provided for in Article 2, Section VII. of this Agreement. At the County’s option, this Agreement may be extended for three (3) additional twelve (12) month periods and one (1) additional six (6) month period on the same terms and conditions as set forth in this Agreement upon written notice to the Contractor by the Yolo County Health and Human Services Agency Director or their designee (“Director”).

2. **Paragraph III.D.1. of Article 1.** of the Agreement is hereby amended to read as follows:

D.1. The maximum financial obligation of County under this Agreement for the term of this Agreement shall not exceed **NINE HUNDRED EIGHTY-SEVEN THOUSAND SIX HUNDRED TWENTY SIX DOLLARS AND EIGHTY- SEVEN CENTS (\$987,626.87)** as follows:

Fiscal Year 2023-24 January 1, 2024 through June 30, 2024	Fiscal Year 2024-25 July 1, 2024 through June 30, 2025	Total
\$237,626	\$750,000	\$987,626.87

These amounts are not guaranteed but shall be paid only for services rendered and received in conformance with this Agreement.

3. **Paragraph III.D.2. of Article 1.** of the Agreement is hereby amended to read as follows:

D.2. Option Years: The County may exercise its option to extend the term of the Agreement pursuant to Paragraph I. above. In the event that the County elects to exercise an option, County shall notify the Contractor in writing. The notice shall include the revised agreement term, approved funding amount to be added to the Agreement; and revised agreement maximum payment obligation, subject to the maximums set forth below:

Option Year/ Fiscal Year (OY/FY)	Revised Agreement Expiration Date Per OY/FY	Maximum Increased Funding Amount Per OY/FY	Revised Agreement Lifetime Maximum Per OY/FY
OY/FY 2025-26	On or before June 30, 2026	Less than or equal to \$475,000	Less than or equal to \$1,462,626.87
OY/FY 2026-27	On or before June 30, 2027	Less than or equal to \$475,000	Less than or equal to \$1,937,626.87
OY/FY 2027-28	On or before June 30, 2028	Less than or equal to \$475,000	Less than or equal to \$2,412,626.87
6 months OY/FY 2028-29	On or before December 31, 2028	Less than or equal to \$237,500	Less than or equal to \$2,650,126.87

In no event shall the term of the Agreement extend beyond **December 31, 2028**, nor shall the total contract maximum exceed the amount of **TWO MILLION SIX HUNDRED FIFTY THOUSAND ONE HUNDRED TWENTY-SIX DOLLARS AND EIGHTY-SEVEN CENTS (\$2,650,126.87)**, unless otherwise agreed to in writing by the parties and in conformity with the then-current Yolo County Procurement Policy approved by the Yolo County Board of Supervisors.

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4. Paragraph IV.A. of Article 1. of the Agreement is hereby amended to read as follows:

- A. Exhibits A.1-A.7 Scope of Services
- Exhibit B-1 Terms of Payment
- Exhibit B-2 Rate Schedule
- Exhibit C Indemnification and Insurance
- Exhibit D Business Associate/Qualified Services Organization Agreement Addendum
- Exhibit E Performance Measures
- Attachment 1 State Contract DHCS-Yolo DMC-ODS Intergovernmental Agreement

5. Paragraph III.B. of Article 2 of the Agreement is hereby amended to read as follows:

- B. In lieu of written notice to the above addresses, any Party may provide notices by email provided the following email addresses are used:

Contractor:

vblacksmith@granitewellness.gov

County:

Contracts Unit: HHSAContracts@yolocounty.gov

Contract Administrator: julie.freitas@yolocounty.gov

6. Paragraph XI.B. of Article 2 of the Agreement is hereby amended to read as follows:

B. Specific County Authority

1. Director’s Authority: The Director may exercise optional extensions, if any, and execute related option notices in conformance with the conditions of Section III of Article 1. The Director may also issue any other general notices regarding the administration of this Agreement.
2. County Procurement Manager’s Authority: The Yolo County Deputy Director/Manager of Procurement (“Procurement Manager”) may approve and execute amendments regarding allocation of funds between categories of services, scope of services, billing rates, and other contract language changes set forth elsewhere in this Agreement provided the modifications are generally consistent with the original approved scope of the contract. This authority includes the ability to approve and execute amendments to increase to the maximum payment obligation, provided the increase is within the Procurement Manager’s Authority, as prescribed in the then current Yolo County Procurement Policy. The Yolo County Procurement Manager may also issue termination notices in conformance with Section VII. of this Article.
3. Yolo County Board of Supervisors’ Authority: All other authority related to this Agreement is reserved by the Yolo County Board of Supervisors

7. Paragraph VI.F. of Article 9 of the Agreement is hereby amended to read as follows:

- F. All disclosures required under this section shall be emailed to: HHSA.BHCompliance@yolocounty.gov, HHSAQualityManagement@yolocounty.gov and the Contract Administrator listed in Article 2, Section III.B.

8. Section IV. of Article 11 of the Agreement is hereby amended to read as follows:

- IV. Any requests for technical assistance by Contractor regarding any part of this Agreement shall be emailed to the Contract Administrator listed in Article 2, Section III.B and the HHSA Behavioral Health Quality Management team at HHSAQualityManagement@yolocounty.gov.

9. Paragraph IV.A. of Article 12 of the Agreement is hereby amended to read as follows:

- A. Contractor shall submit audited financial reports from an independent Certified Public Accountant

(CPA) firm on an annual basis to County due by June 30th. The audit shall be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. Audited financial reports shall be submitted via email to HHSA-BHClaims@yolocounty.gov.

10. Paragraph III.A.3. of Article 15 of the Agreement is hereby amended to read as follows:

3. Member information reports shall be submitted via email to: HHSA-BHClaims@yolocounty.gov.

11. Paragraph III.B.2.a of Article 15 of the Agreement is hereby amended to read as follows:

- a. Practitioner Enrollment Form: available on the Yolo County website, or by request to HHSAQualityManagement@yolocounty.gov.

12. Paragraph III.B.3. of Article 15 of the Agreement is hereby amended to read as follows:

3. The Practitioner Enrollment Form and any accompanying documentation must be submitted to Yolo County HHSA, Behavioral Health Quality Management before any payments for services can be issued. Reports may be faxed to the phone number listed on the practitioner enrollment form or submitted via email to HHSAQualityManagement@yolocounty.gov.

13. Sections III.C. and III.D of Article 15 of the Agreement are hereby amended to read as follows:

C. Annual Training Report

This report shall summarize all training provided to Contractor's staff and all outreach training performed by Contractor's staff. Due date: July 31, following the completion of a fiscal year. Submit electronically via email to HHSAQualityManagement@yolocounty.gov.

D. Equipment Report (See Article 2. Section XV.)

Due date: July 31, following the completion of a fiscal year. Submit electronically via email to HHSA-BHClaims@yolocounty.gov.

14. Exhibits A.6 and A.7 are hereby added to the Agreement to read as attached.

15. Paragraph III.B.2. of Exhibit B.1 to the Agreement is hereby amended to read as follows:

2. If the Contractor does not have access to AVATAR, shall submit claims data with invoices in the format specified by the County to HHSA-BHClaims@yolocounty.gov.

16. Paragraph III.C.2. of Exhibit B.1 to the Agreement is hereby amended to read as follows:

2. The codes are subject to change in accordance with changes in federal, state or County guidelines. Changes to the Yolo County DMC Code Workbook do not require an amendment to this Agreement and County may implement these changes upon written notice to the Contractor. To obtain a copy of the then current codes, please email HHSA-QualityManagement@yolocounty.gov.

17. Paragraph IV.C. of Exhibit B.1 to the Agreement is hereby amended to read as follows:

- C. Invoices for payment may be submitted to County in an electronic format to HHSA-BHClaims@yolocounty.gov. All invoices shall be submitted with any required supporting documentation accompanying the invoice. If an invoice or any of the supporting documents contains confidential member information, the invoice and supporting documentation must be encrypted for transmission.

18. Exhibit B.2 to the Agreement is hereby amended to read as attached.

19. Paragraph 2(d) of **Exhibit D** to the Agreement is hereby amended to read as follows:

(d) Report, as soon as reasonably practicable, and within twenty-four (24) hours for security incidents, as defined in Title 45 of the Code of Federal Regulations section 164.304, and within one (1) hour for breaches of unsecured PHI as defined by Title 45 of the Code of Federal Regulations to:

- i. Herbert Lester, County’s Risk Manager/Safety Officer herbert.lester@yolocounty.gov; and
- ii. Lee Gerney, County’s Information Security Officer-Chief Technology Officer at lee.gerney@yolocounty.gov; and
- iii. Charles Egbert, HHSa Privacy Officer at charles.egbert@yolocounty.gov; and
- iv. Katherine Barrett, HHSa Behavioral Health Compliance Officer at HHSa.BHCompliance@yolocounty.gov.

This report will include at least the following information:

- (i) the nature of the non-permitted or violating use or disclosure or Security Incident; and
- (ii) the PHI and EPHI used or disclosed.

This report does not relieve Business Associate of his/her/their continuing obligations under the underlying Agreement or any State or Federal reporting requirements.

20. Exhibit E to the Agreement is hereby amended to read as attached.

21. All attachments to this First Amendment are incorporated herein by this reference.

22. Except as specifically amended by this First Amendment the Agreement shall remain in full force and effect according to its terms.

[Signatures Follow]

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BOS No. Orig. # 23-318
Contract No. 5260
Cobblestone ID No. 1864

IN WITNESS WHEREOF the Parties have executed this First Amendment as of the day and year last set forth below.

CONTRACTOR

COUNTY OF YOLO

Victoria Blacksmith, CEO
Granite Wellness Centers

Lucas Frerichs, Chair
Board of Supervisors

Date: _____

Date: _____

Nolan Sullivan, Director
Health and Human Services Agency

Attest:
Julie Dachtler, Senior Deputy Clerk
Board of Supervisors

By _____
Deputy (Seal)

Approved as to Form:
Philip J. Pogledich, County Counsel

By Hope P. Welton
Hope P. Welton, Senior Deputy

EXHIBIT A.6 – RECOVERY RESIDENCE

Contractor shall provide services in accordance with the following provisions.

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

139 Golf Side Brentwood Dr.
Grass Valley, CA 95945

139 Street Side Brentwood Dr.
Grass Valley, CA 95945

303 Bennett St.
Grass Valley, CA 95945

187 Brentwood Dr.
Grass Valley, CA 95945

187 B Brentwood Dr.
Grass Valley, CA 95945

194 Brentwood Dr.
Grass Valley, CA 95945

153 Arcadia
Grass Valley, CA 95945

152 Brentwood Dr.
Grass Valley, CA 95945

13480 Highway 49
Grass Valley, CA 95945

Service Hours for All Locations:
24 hours a day, 7 days a week

II. PURPOSE

To provide safe and sober housing services to support Yolo County residents 18 years and older with successful treatment and recovery.

III. TARGET POPULATION

These services will be provided to any eligible Criminal Justice Involved (AB109) or CalWORKs eligible Yolo County resident referred through an access point established by Yolo County or referred by the Probation Department for direct placement. Members who meet recovery residence criteria and have an open outpatient or recovery services episode may use opioid settlement funding if they are not probation or CalWORKs.

IV. SERVICES

- A. Only provide these services to **one (1) to two (2)** clients per month.
- B. There is no formal treatment provided at these facilities, however, residents are required to actively participate in outpatient treatment and/or recovery supports during their stay. While meant to be a transitional living situation, maximum stay is twenty-four (24) months.
- C. Contractor must have the ability to identify member referral sources.

EXHIBIT A.6 – RECOVERY RESIDENCE

- D.** Contractor shall track who is open to an outpatient episode and report that back to the county monthly.
- E.** Contractor shall have an orientation process that clearly communicates residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information.
- F.** Drug testing of members at appropriate intervals, as determined by the treatment provider.
- G.** Ensure the transitional housing facility is secure, safe, and alcohol and drug free.
- H.** Should a member provide a positive urine screen while living in transitional housing, the contractor will support member in obtaining an assessment to determine appropriate level of care for substance use services. A positive urine screen does not necessitate automatic discharge from transitional housing, but member may be discharged as deemed appropriate by contractor and/or Criminal Justice partners.
- I.** Contractor shall establish policies and procedures for members to adhere to while residing in transitional living, including but not limited to:
 - 1.** No alcohol or illegal drugs on the premises at any time
 - 2.** Attendance at house meetings to address any concerns or issues as they arise for members
 - 3.** A signed residential agreement with each member
 - 4.** Contractor shall monitor member's participation in 12-step groups or other pro-social activities to support ongoing recovery. Contractor shall also monitor open outpatient episodes of care.
 - 5.** Contractor shall maintain sign-in and sign-out sheets to monitor member's location and engagement in pro-social activities throughout the day

V. REQUIREMENTS

- 1.** Contractor shall adhere to any applicable city, county, and state building, fire, and zoning code.

[End of Exhibit A.6]

EXHIBIT A.7 – OUTPATIENT SERVICES (ASAM Level 1.0)

Contractor shall provide services in accordance with the following provisions.

I. SERVICE LOCATIONS

180 Sierra College Dr
Grass Valley, CA 95945

NPI- 170500237

Service Hours: Monday through Friday 9:00AM to 6:00PM

II. PURPOSE

To provide alcohol and drug treatment services in an outpatient setting with or without medication, including counseling and/or supportive services.

III. TARGET POPULATION

These services will be provided to County residents referred through an access point established by Yolo County or directly requesting services through the provider and will include, but not be limited to the following populations/programs: CalWORKs; Child Welfare Services; Perinatal; Criminal Justice Involved (AB109), including PC1000; Indigent; and Co-Occurring severely mentally ill and substance using members.

IV. SERVICES

Contractor shall provide the following medically necessary covered SUD services, as defined in the Drug Medi-Cal Billing Manual available in the DHCS County Claims Customer Services Library page at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> or subsequent updates to this billing manual, to members who meet access criteria for receiving SUD services. Contractor shall provide these services to only **one (1)** to **two (2)** clients per month.

A. Outpatient Treatment Program Requirements

1. Outpatient services consisting of up to nine (9) hours per week of medically necessary services for adults. Services may exceed the maximum based on individual medical necessity. These services are determined by a Medical Director or Licensed Practitioner of Healing Arts (LPHA) and in accordance with an individualized treatment plan. Interventions may be offered by a licensed professional or certified counselor in any appropriate community-based setting certified to provide ASAM Level 1 services.
2. **Problem List** See Article 4, Section V. of the Agreement.
3. **Episode Management** Providers are responsible for their own episode management in AVATAR. This includes opening and closing member episodes.
4. **Drug Testing** of members at appropriate intervals, as determined by the treatment provider.
5. **MAT Services** Providers shall either offer MAT directly or have effective referral mechanisms in place to clinically appropriate MAT services (defined as facilitating access to MAT off-site for members while they are receiving services if not provided on-site. Providing a member the contact information for a treatment program is insufficient).
 - a. Licensed and/or certified SUD recovery or treatment facilities are required to follow the additional MAT requirements as outlined in BHIN 23-054

EXHIBIT A.7 – OUTPATIENT SERVICES (ASAM Level 1.0)

6. Coordination with Other HHS Programs

When applicable, Contractor shall coordinate with other HHS programs as follows:

a. If a CalWORKs involved member:

Provider will send their CalWORKs case manager a monthly progress report that includes member's progress towards their treatment plan goals and finding gainful employment. Also, please notify their CalWORKs case manager of positive urine screens and if a member exits the program.

b. If a Child Welfare involved member:

- i.** Provider will send their Child Welfare case worker a monthly progress report that includes member's progress towards their treatment plan goals and finding gainful employment.
- ii.** Notify their Child Welfare case worker within one (1) working day if member has positive urine screens or if a member exits the program.
- iii.** Coordinate significant changes in a member's substance use services with their Child Welfare case worker.
- iv.** Prior to a planned discharge, ensure member, provider staff, and Child Welfare case worker have discussed member's next steps in treatment and collaborate around a discharge plan, as appropriate.

B. Outpatient Program Service Components. Contractor shall provide an outpatient treatment program that contains all of the following service components: assessment, care coordination, counseling (individual and group), family therapy, medication services, MAT for OUD, MAT for AUD and non-opioid SUDs, patient education, recovery services, SUD crisis intervention services as follows:

1. Assessment. Contractor shall provide assessment activities to evaluate or monitor the status of a member's behavioral health and determine the appropriate level of care and course of treatment for that member. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member.

a. Assessment services may include one or more of the following components:

- i.** Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- ii.** Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination necessary for treatment and evaluation.
- iii.** Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the member's needs, planned interventions and to address and monitor a member's progress and restoration of a member to their best possible functional level.

2. Care Coordination

a. Contractor shall provide care coordination. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the member with linkages to services and supports designed to restore the member to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and can be provided in person, by telehealth, or by telephone.

b. Care coordination shall be provided to a member in conjunction with all levels of treatment. Care coordination may also be delivered and claimed as a standalone service. Through executed memoranda of understanding, Contractor shall implement care coordination services

EXHIBIT A.7 – OUTPATIENT SERVICES (ASAM Level 1.0)

with other SUD, physical, and/or mental health services in order to ensure a member-centered and whole-person approach to wellness.

- c. Care coordination services shall be provided by an LPHA or a registered/certified counselor.
 - d. Care coordination services shall include one or more of the following components:
 - i. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
 - ii. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
 - iii. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- 3. Individual Counseling.** Contractor shall provide Individual Counseling. Individual Counseling consists of contacts with a member. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals.
- 4. Group Counseling.** Contractor shall provide Group Counseling Services. Group Counseling consists of contacts with multiple members at the same time. Group Counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes 2-12 individuals.
- 5. Family Therapy.** Contractor shall provide Family Therapy Services. Family therapy is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the member's recovery as well as the holistic recovery of the family system. Family members can provide social support to the member and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the member is not present during the delivery of this service, but the service is for the direct benefit of the member.
- 6. Medication Services.** Contractor shall provide Medication Services.
- a. Medication Services includes:
 - i. Prescription or administration of medication related to use disorder services or
 - ii. The assessment of the side effects or results of the medication or
 - iii. Monitoring medication used in the treatment or management of SUD and or/ withdrawal management not included in the definitions of MAT for OUD or MAT for AUD Services.
 - b. Medication Services does not include:
 - i. MAT for Opioid Use Disorders (OUD)
 - ii. MAT for Alcohol Use Disorders (AUD)
 - iii. MAT for other Non-Opioid Substance Use disorders.
- 7. MAT for OUD.** Contractor shall provide MAT for OUD services.
- a. These services may be provided in a clinical or non-clinical setting and can be delivered as a standalone service or as a service delivered as part of a level of care. When MAT is being provided as a standalone service, MAT includes the following components:
 - i. Assessment
 - ii. Care Coordination
 - iii. Counseling (individual and group)

EXHIBIT A.7 – OUTPATIENT SERVICES (ASAM Level 1.0)

- iv. Family therapy
- v. Medication Services
- vi. Patient Education
- vii. Prescribing and monitoring for MAT for OUD
- viii. Recovery Services
- ix. SUD Crisis Intervention Services
- x. Withdrawal Management Services

8. MAT for AUD and Non-Opioid Substance Use Disorders.

- a. Contractor shall provide MAT for AUD services and Non-Opioid Substance Use Disorders. These services may be provided in a clinical or non-clinical setting and can be delivered as a standalone service or as part of a level of care. When MAT is being provided as a standalone service, MAT includes the following components:
 - i. Assessment
 - ii. Care Coordination
 - iii. Counseling (individual and group)
 - iv. Family therapy
 - v. Medication Services
 - vi. Patient Education
 - vii. Prescribing and monitoring for MAT for OUD
 - viii. Recovery Services
 - ix. SUD Crisis Intervention Services
 - x. Withdrawal Management Services

9. **Patient Education.** Contractor shall provide Patient Education Services, which is education for the member on addiction, treatment recovery and associated health risks.

10. **Recovery Services.** Contractor shall provide Recovery Services. These services are designed to support recovery and prevent relapse with the objective of restoring the member to their best possible functional level.

- a. Recovery Services emphasize the member’s central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
- b. Members may receive Recovery Services based on self-assessment or provider assessment of relapse risk.
- c. Members do not need to be diagnosed as being in remission to access Recovery Services.
- d. Members may receive Recovery Services while receiving MAT services, including NTP services.
- e. Members may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD.
- f. Services may be provided in person, by telehealth, or by telephone.
- g. Recovery Services can be delivered and claimed as a standalone service, concurrently with the other levels of care described in the State Contract as a “Covered DMC-ODS Services” or as a service delivered as part of these levels of care. Recovery Services include:
 - i. Assessment
 - ii. Care Coordination
 - iii. Counseling (individual and group)
 - iv. Family therapy
 - v. Recovery monitoring, which includes recovery coaching and monitoring designed for maximum reduction of the member’s SUD.

EXHIBIT A.7 – OUTPATIENT SERVICES (ASAM Level 1.0)

- vi. Relapse Prevention, which includes interventions designed to teach members with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the member's SUD.
- 11. SUD Crisis Intervention Services.** Contractor shall provide SUD Crisis Intervention Services consisting of contacts with a member in crisis. Sud Crisis means an actual relapse or an unforeseen event or circumstance which presents to the member an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the member's immediate situation and be provided in the least intensive level of care that is medically necessary to treat their condition.
- 12. Perinatal DMC Services.**
- a. Contractor shall provide Perinatal DMC Service. Perinatal DMC Services means covered services as well as parent/child habilitative and rehabilitative services; services access (i.e., provision or arrangement of transportation to and from medically necessary treatment); education to reduce harmful effects of alcohol and drugs on the parent and fetus or infant; and coordination of ancillary services (Cal. Code Regs., tit. 22, § 51341.1(c)(4)).
 - b. Perinatal Services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.
 - c. Perinatal Services shall include:
 - i. Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative childcare pursuant to Health and Safety Code section 1596.792).
 - ii. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
 - iii. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
 - iv. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
 - d. Postpartum as defined for DMC purposes, means the 365-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 365th day occurs.
 - e. Contractor shall maintain medical documentation that substantiates the member's pregnancy and the last day of pregnancy in the member record. See also Article 5.
 - f. Contractor shall comply with the perinatal program requirements as outlined in the DHCS-Perinatal Practice Guidelines. see Department of Health Care Services-SABG Perinatal Guidelines available to the Contractor at https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf and hereby incorporated by this reference. The Contractor must comply with the then current version of these guidelines. The incorporation of any new perinatal practice guidelines into this Agreement shall not require a formal amendment.
 - g. Provide written reports to the CWS case worker using the CWS confidential fax number: (530) 668-8028.

[END EXHIBIT A.7]

EXHIBIT B.2 – RATE SCHEDULES

I. Rates Effective January 1,2024 through June 30, 2024

SUD RESIDENTIAL RATES		DAILY RATE	R&B DAILY RATE
3.1	Residential	\$170.00	\$36.00
3.2	Withdrawal Management	\$229.00	\$36.00
3.5	Residential	\$231.00	\$36.00
	Perinatal Room and Board (one child)		\$50.00
	Perinatal Room and Board (two children)		\$75.00

SUD OUTPATIENT RATES BY PROVIDER TYPE		PER HOUR	PER MINUTE
SUD	Physician’s Assistant	\$ 338.78	\$ 5.64
SUD	Nurse Practitioner	\$ 375.63	\$ 6.26
SUD	RN	\$ 306.82	\$ 5.11
SUD	Pharmacist	\$ 433.89	\$ 7.23
SUD	MD	\$ 604.49	\$ 10.07
SUD	Psychologist/Pre-licensed Psych	\$ 364.54	\$ 6.07
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$268.81	\$4.48
SUD	Alcohol and Drug Counselor	\$ 202.19	\$ 3.36
SUD	Peer Recovery Specialist	\$ 186.36	\$ 3.10

II. Rates Effective July 1, 2024

SUD RESIDENTIAL RATE		DAILY RATE	R&B DAILY RATE
3.1	Residential	\$177	\$37.50
3.2	Withdrawal Management 3.23	\$238	\$37.50
3.5	Residential	\$239	\$37.50
	Perinatal Room and Board (one child)		\$52
	Perinatal Room and Board (two children)		\$78
	Recovery Residences	\$38	

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EXHIBIT B.2 – RATE SCHEDULES

SUD OUTPATIENT RATES BY PROVIDER TYPE		PER HOUR
SUD	Physician's Assistant	\$438
SUD	Nurse Practitioner	\$529
SUD	RN	\$396
SUD	Pharmacist	\$467
SUD	MD	\$975
SUD	Psychologist/Pre-licensed Psych	\$392
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$277
SUD	Alcohol and Drug Counselor	\$253
SUD	Peer Recovery Specialist	\$201
SUD	Licensed Vocational Nurse	\$202
SUD	Medical Assistant	\$143
SUD	LPT	\$178.53
SUD	Occupational Therapist	\$338.11

[END EXHIBIT B.2]

EXHIBIT E – PERFORMANCE MEASURES

Substance Abuse Services	Granite Wellness Centers	Victoria Blacksmith
Program Purpose	Decrease incidences of substance abuse, reduce incarcerations, and improve the quality of life for members.	
Program Information	Residential Treatment, Case Management, and Physician Consultation for any eligible Yolo County resident who has been referred to treatment through an authorized Yolo County Substance Use Access Point or directly requesting services through the provider. Services can include individual and group counseling, drug testing, care coordination for level of care placement, linkage to other necessary services, oversight of complicated co-morbid or co-occurring member cases, and a safe and secure place to live while receiving other services when appropriate.	
PM1: How much did we do?		
1.1	Bi-Annually Reported # of Members Demographics: 1. Age 2. Gender 3. Race/Ethnicity 4. Disability 5. Culture	
1.2	Bi-Annually Reported # of referrals/ coordination for other services and referral dispositions	
1.3	Bi-Annually Reported # of referrals/ coordination to/with other substance use disorder providers for continued care	
1.4	Bi-Annually Reported # of referrals/ coordination to/with other substance use disorder providers for continued care	
1.5	Bi-Annually Reported # of total members who completed their treatment episode	
PM2: How well did we do it?		
2.1	Bi-Annually Reported # Number of Members satisfied with services provided % Percentage of members satisfied with services provided (As collected by question #1-3 on the Consumer Perception Survey) 1. I like the services that I received here 2. If I had other choices, I would still get services from this agency 3. I would recommend this agency to a friend or family member	
2.2	Annually Reported # of members satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS). % of members satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS). (As collected by TPS Survey – HHSA Reportable Data)	

EXHIBIT E – PERFORMANCE MEASURES

2.3	<p>Bi-Annually Reported</p> <p>Initiation Rate</p> <p># of members who receive at least one (1) service (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility.</p> <p>% of members who receive at least one (1) or more services (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility.</p>
2.4	<p>Bi-Annually Reported</p> <p>Engagement Rate</p> <p>#of members who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility.</p> <p>% of members who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility.</p>
2.5	<p>Bi-Annually Reported</p> <p>Retention Rate:</p> <p># of members who stayed for a minimum of two weeks that completed their entire treatment episode</p> <p>% of members who stayed for a minimum of two weeks that completed their entire treatment episode.</p>
2.6	<p>Bi-Annually Reported</p> <p># of members who were satisfied with access to services.</p> <p>% of members who were satisfied with access to services</p> <p>(As collected by question #4-8 on the Consumer Perception Survey)</p> <ol style="list-style-type: none"> 1. The location of service was convenient (parking, public transportation, distance, etc.) 2. Staff were willing to see me as often as I felt it was necessary 3. Staff returned my calls within 24 hours 4. Services were available at times that were good for me 5. I was able to get all the services I thought I needed.
PM3: Is anyone better off?	
3.1	<p>Bi-Annually Reported</p> <p># of members reporting a reduction in substance use at completion of the program, and</p> <p>% of members reporting a reduction in substance use at completion of the program</p>
3.2	<p>Bi-Annually Reported</p> <p># of members reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months</p> <p>% of members reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months.</p>
3.3	<p>Bi-Annually Reported</p> <p>% reduction of days incarcerated during treatment (1- days incarcerated in treatment/days incarcerated 6 months prior to treatment)</p>

EXHIBIT E – PERFORMANCE MEASURES

3.4	<p>Bi-Annually Reported</p> <p>% of members reporting an improvement in outcomes as a result of receiving these services (as collected by questions 21-28 on the Consumer Perception Survey):</p> <ol style="list-style-type: none">1. I deal more effectively with daily problems2. I am better able to control my life3. I am better able to deal with crisis4. I am getting along better with my family5. I do better in social situations6. I do better in school and/or work7. My housing situation has improved8. My symptoms are not bothering me as much
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Performance Measures Reports are due Bi-Annually as follows:

Submit January 1st for the period of July 1st through December 31st

Submit July 30th for the period of January 1st through June 30th

Contractor shall submit the Performance Outcome Measures report electronically via email to:

kerrie.covert@yolocounty.gov, and glenn.johnson@yolocounty.gov and julie.freitas@yolocounty.gov

[END EXHIBIT E]